

# MEETING THE NEEDS OF THE RAF FAMILY

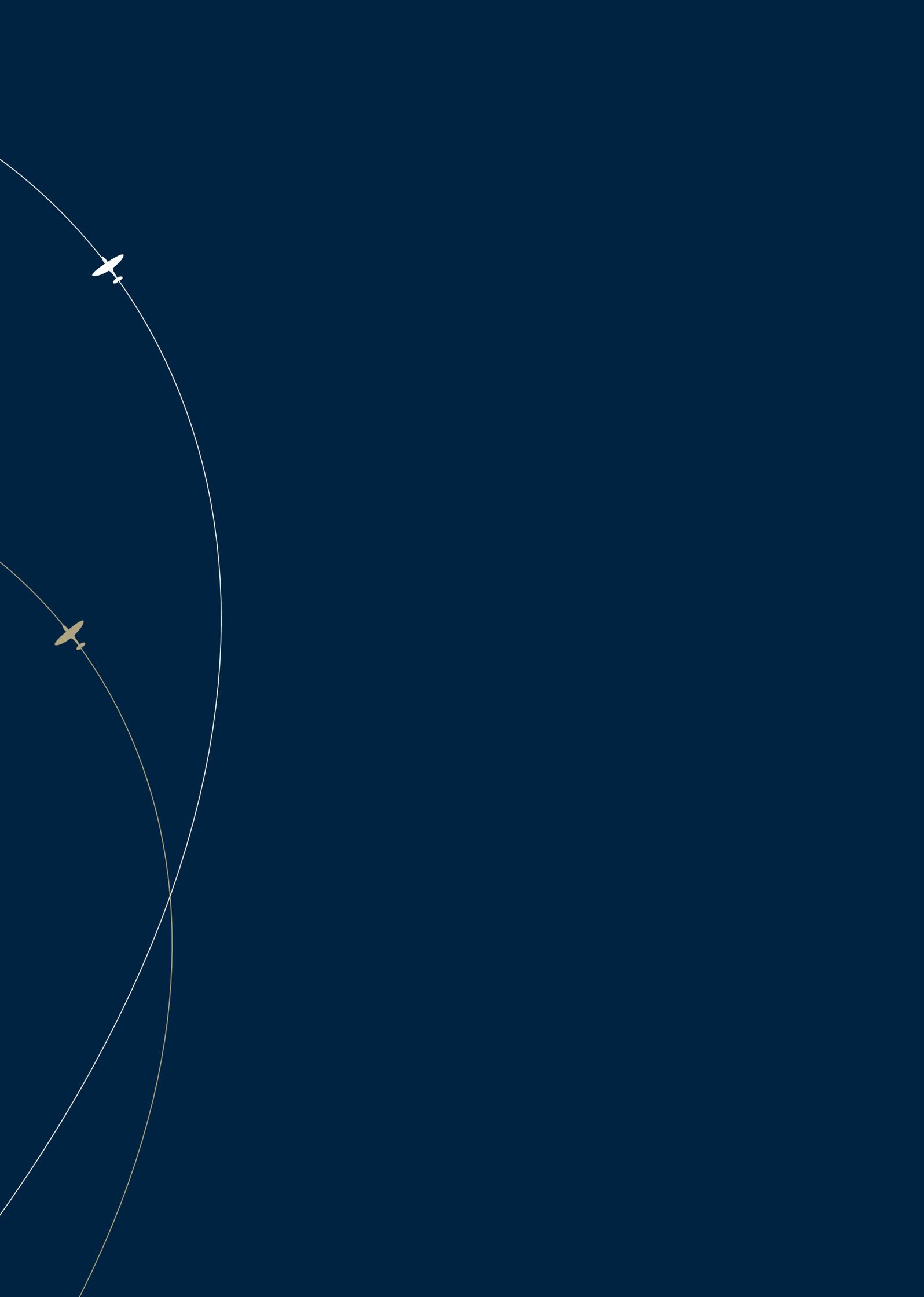


**Royal Air Force  
Benevolent Fund**



**Compass Partnership**







I am delighted to have been asked to write an introduction to this report commissioned by the RAF Benevolent Fund, the RAF's leading welfare charity. It provides an excellent insight into today's needs of those who have served this country in keeping our skies safe, as well as their families, and will enable them to receive support in their hour of need. The report outlines the size, profile and current needs among the generation who fought for our freedoms in the Battle of Britain, 75 years ago this year, as well as all those who followed them in RAF service. Key amongst the findings is the highlighting of self-care, mobility and relationships/ social isolation as the three top issues that are being faced by our older veterans. I know that the RAF Benevolent Fund, as well as other charities, is now working hard to increase the support available in these areas.

The RAF Benevolent Fund was founded almost 100 years ago with a remit to provide direct welfare assistance to those of the extended RAF Family in need or distress. Today, it offers an impressive portfolio of help and support right across the Spectrum of Care to members of the RAF past, present and future, from support for young people growing up on RAF stations, to welfare breaks for RAF families in need of a holiday, training for those transitioning back into civilian life, as well as providing a whole range of support to enable veterans and those with disabilities to remain living comfortably and independently in their own home for longer. It is an organisation that puts the beneficiary at the heart of all that it does.

I am greatly impressed with the broad range of support and initiatives which the RAF Benevolent Fund has developed to support their beneficiaries, and I am pleased to see that this research will enable it – and everyone else who supports the RAF Family – to develop and focus that support even more effectively. I commend it to you.

**Mark Lancaster TD MP**

Parliamentary Under Secretary of State and Minister  
for Defence Personnel and Veterans



## OUR WORK GOES ON!

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This report presents findings from research commissioned by the Royal Air Force Benevolent Fund into the size, profile and welfare needs of the RAF Family in 2015, as well as forecasting its future size and shape. It shows us that, despite helping so many, there are still a large number of people who fought in World War Two, completed National Service or who have served since who may not know of the support we can offer, despite our best efforts and many of them suffering from social isolation and underpinning/related issues.

The findings have enabled us to review how we can maximise the impact of our work and develop our support to help all members of the RAF Family, which includes those who are serving and their families, those who have served and their partners/spouses or their widows and widowers. It is also a call to arms for the public, as we remember the 75th anniversary of the Battle of Britain, to look out for and refer to us those who might be in need of our support.

As the RAF's leading welfare charity, the RAF Benevolent Fund has been committed to supporting the RAF Family through thick and thin for nearly 100 years. These research findings (building on the Royal British Legion's Household Survey) will help us – and the many other charities who assist the RAF Family - to better direct our support to those most in need of our help today and well into the future.

These are challenging times for serving RAF families, as they try to deal with the pressures that Service life brings, with extended periods away from home, living in remote locations and the challenge of transitioning to civilian life after their time in the Service. Working closely with the RAF, we provide support including individual grants, relationship counselling and financial assistance alongside our Airplay Programme that provides childcare facilities, play parks and structured youth activities.

The research shows that the RAF veteran community is significantly older than the general UK and ex-Armed Forces adult population, and that their three key welfare needs are centred on self-care, mobility and relationships/isolation. Financial hardship still exists, particularly among those of working age, but the emerging needs among the younger generations of RAF veterans and their families are related to independence, psychological wellbeing and living with dignity/social support.

Despite the RAF Benevolent Fund having provided a number of support services over the years to those who come forward, we are continuing to develop our range of assistance even further and have launched a number of new initiatives to ensure we focus that support on those who need it the most.

- We have launched a new Advice and Advocacy Service with specialist staff to guide the RAF Family through the complex state benefits system and to help ensure they are receiving the services they are entitled to from the Government, NHS and their local authority. This can include identifying entitlement to state benefits, as well as advocating on people's behalf to access domiciliary care and help to securing housing. Already within six months we have identified an extra £415,000 of annual

income that people were entitled to but not receiving; this will make an enormous difference to their quality of life.

- We are committed to ensuring that all those with care and mobility needs live as comfortably and independently as possible. We offer specialist Occupational Therapy assessments and loan Electrically Powered Vehicles to those who struggle to get out, due to limited mobility (currently we have a fleet of nearly 1600 EPVs). We are expanding our range of support to those with home care needs to ensure that they are fully supported, through the installation of stairlifts, the provision of wetrooms, additional home help or other more personal care.
- The research indicated that significant difficulties are being experienced in relation to social isolation. This is a problem of our time and can often be caused by very practical issues such as a loss of mobility. We hope that our approach to enhanced mobility support will provide an increased means to get out and about and meet other people. We will also continue to signpost people to Princess Marina House, our respite break centre, which meets such a vital need. And we have launched a new initiative, our Individual Support Service, to provide tailored support to the most vulnerable and isolated individuals, helping in this way to build self confidence and overcome loneliness and isolation, working with national and local bodies to achieve this.
- We recognise that there can be challenges in finding sustainable employment, particularly for those who leave the RAF with disabilities or injuries. We offer a programme of grants to fund training in order to secure sustainable employment, often working in conjunction with the RAF Personnel Recovery Unit. We work closely with the key employment support bodies and charities to help people into sustainable employment.

We are delighted that those who have already benefitted from our support have provided us with such positive feedback, with 88% of our beneficiaries rating the overall quality of assistance as excellent or very good. We are aware of areas where we can deliver an even better level of service, and we have already been making changes and improvements to our processes to enable this.

Following on from this research, we have carried out an extensive survey of caseworkers who play a vital role in assessing beneficiaries face-to-face on behalf of the Fund and to whom we are very grateful. That report shows very similar results, with the quality of service received by beneficiaries from the Fund being rated as excellent or very good by over 80% of caseworkers.

This important research, the first of its kind in the RAF Family, shows that much vital work remains for the RAF Benevolent Fund, the RAF's leading welfare charity, working in cooperation with other charities, most particularly those within Cobseo and those caseworkers who reach out to those in need. We have a sound base for this work and we have already started to adapt to the current and future needs of the RAF Family. We will continue to be alert to the changing landscape, but will be always guided by our desire to be at the heart of the RAF Family and to provide dignity to those in need. Your continued support and interest in our work will be crucial, as will active engagement by the public at large to help us to find those in need who we do not know or who are unaware that we could support them. Together we can help to give them the respect and dignity they deserve.

**Air Marshal Chris Nickols**

Controller, Royal Air Force Benevolent Fund

# EXECUTIVE SUMMARY

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## Introduction

This report provides estimates of the size, profile and welfare needs of the RAF Family, largely drawing upon recent research by Compass Partnership for The Royal British Legion, which included 500 respondents from the RAF ex-Service community. The profile and opinions of Royal Air Force Benevolent Fund (RAFBF) beneficiaries have been collected through an extensive postal survey asking about their needs and the quality and impact of charitable assistance received,

which achieved a very high response rate of 57%, yielding 1,600 replies. The RAFBF have also conducted some desk research into the size of the RAF Serving community, who make up the rest of 'the RAF Family', to whom the RAFBF provides support.

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## Size and composition of the RAF Family

- The size of the RAF ex-Service community is estimated to be around 1,460,000 people in year 2014, which includes:
  - 735,000 RAF veterans
  - 485,000 adult dependants
  - 170,000 dependent children (aged under 16)
  - 70,000 'hidden' population living in communal establishments.
- This community makes up 2.3% of the UK population and accounts for just under a quarter of the whole ex-Service community (24%).
- Additionally the RAF Serving community is estimated to be around 100,000 people: 37,170 in-Service RAF personnel, 30,000 adult dependants and 32,000 dependent children (0-19).
- Therefore, the size of the total RAF Family is estimated to be 1.56m people which accounts for 2.4% of the UK population.
- It is unlikely that the RAF Serving community will decline significantly over the next 15 years. Conversely, the RAF ex-Service community is forecast to decline in size by nearly 40% in the next 15 years to around 895,000 people by year 2030, by which time it will represent just 1.3% of the UK population.
- Nearly four in ten of RAF veterans served as post-war National Servicemen, which (along with their associated dependants) leads to a pronounced spike in the age profile of the RAF ex-Service community in the 75-84 age band.
- Three quarters of the adult RAF ex-Service community are aged 65+, compared with just under two thirds of the whole ex-Service community and a fifth of UK adults. Related to this older profile, the adult RAF ex-Service community are more likely to live alone and less likely to have children in their household.
- The RAF ex-Service community has fewer council tenants and a higher social grade profile than the whole ex-Service community. Geographically, there are skews towards the South West and East of England.

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## Welfare needs of the RAF ex-Service community

- The dominant welfare needs of the adult RAF ex-Service community are problems with self-care (affecting 205,000 people), mobility (195,000) or relationships/isolation (170,000). Although, amongst those of working age, the top three themes are relationships/isolation, finance and psychological problems.
- The top specific problems of the adult RAF ex-Service community are:
  - 15% getting around outside their home (185,000 people)
  - 10% exhaustion or pain (120,000)
  - 9% getting around inside their own home (110,000)
  - 8% poor bladder control (100,000)
  - 7% cite each of: loneliness, bereavement, depression, household/garden maintenance (85,000 people).
- The RAF ex-Service community are slightly more likely than the whole UK ex-Service community to cite mobility problems, or to have a long-term health condition or disability (58% vs. 54%).
- The RAF ex-Service community are slightly less likely than the whole UK ex-Service community to cite money problems, to be unemployed (5% vs. 8%), to receive means tested benefits, or to be living on very low household incomes below £7,500pa (10% vs. 15%).
- RAF veterans come from less challenging backgrounds, experiencing fewer adverse childhood experiences than do all UK veterans.

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## Demographics and welfare needs of RAFBF beneficiaries

- RAFBF beneficiaries were surveyed from eight different services provided by the RAFBF: regular financial assistance, general welfare grants, debt assistance (priority debts), care equipment, housing adaptations/repairs, mobility aids, Princess Marina House respite breaks and Housing Trust support.
- RAFBF beneficiaries have a somewhat different age profile to that of the wider RAF ex-Service community, with a smaller proportion aged 75-84, and a larger proportion aged 85-94 or aged 35-44. This is encouraging since the RBL research demonstrated that welfare needs are intensified among 85-94s and 35-44s.
- Relative to the wider RAF ex-Service community, RAFBF beneficiaries have a higher proportion of dependent widows, people living alone, the economically inactive and households on low incomes; suggesting that RAFBF charitable support is targeted towards those in greatest need.
- Among RAFBF beneficiaries, financial issues predominate, along with depression and mobility problems. Their top five difficulties experienced at the time just before they received help from the RAFBF recently were:
  - 45% not having enough savings to buy or replace items they needed
  - 34% lack of money for daily living expenses
  - 20% getting around outside their own home
  - 19% feeling depressed
  - 19% getting into debt.

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## Quality and impact of assistance received from the RAFBF

- 88% of beneficiaries surveyed rated the overall quality of the assistance they had received from the RAFBF as either excellent (65%) or very good (23%).
- Eight in ten thought the RAFBF standard of service exceeded their expectations and seven in ten would definitely recommend them to others in need.
- On generic aspects of quality of service, beneficiaries gave highest ratings on: their case being handled sensitively and being notified of the outcome of their application. Beneficiaries gave lowest ratings on: the amount of direct contact with the RAFBF, keeping them informed of the progress of their case, telling them about other RAFBF support services and referrals on to other organisations. So these are potential areas for improvement.
- The ratings on aspects of quality of service delivery specific to each type of assistance awarded, were generally very high. Although some *relatively* weaker aspects of service delivery were identified:
  - For property repairs and adaptations: the speed and quality of workmanship and inspecting for other jobs that needed doing around the house and offering to do these, although recognising that much of this rests with local caseworking organisations.
  - For respite breaks: improving the on-site activities and entertainments and helping guests to interact socially with each other.
  - For Housing Trust tenants: carrying out repairs promptly, and the service from the local surveyor.
- Caseworkers were generally highly regarded. 85% of beneficiaries surveyed rated the overall quality of service they had received from their caseworker as either excellent (64%) or very good (21%).
- Beneficiaries gave their lowest ratings to caseworkers for: the time to wait until the caseworker visited, ease of contacting them, their explanations of eligibility for assistance and assessing their needs fully.
- Over eight in ten who gave an opinion acknowledged that the RAFBF had made a lot of difference to their quality of life, thereby confirming the impact the RAFBF achieves.
- Around half of those beneficiaries who were given a mobility aid, care equipment or stairlift, or who received a repair or adaptation to their property said they used the item supplied or repaired on a daily basis.
- In terms of addressing the primary needs of the whole beneficiary pool, the RAFBF achieved 'high' impact in:
  - alleviating financial problems - lack of savings, money for daily living or debts
  - enhancing mobility outside their home
  - supporting the recently bereaved.
- The RAFBF achieved somewhat less, but still 'substantial' impact in helping people with:
  - their personal affairs and paperwork
  - finding out about statutory services or benefits to which they were entitled
  - house and garden maintenance.
- The RAFBF achieved only 'moderate' impact in:
  - helping people to deal with depression
  - helping people to cope with exhaustion or pain.

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## Recommendations

- This research was not a strategic review of RAFBF services, but the evidence suggests that:
  - there may be opportunities to achieve an even better 'fit' between the needs expressed by members of the RAF ex-Service community and the support services offered by the RAFBF
  - the RAFBF could consider how to provide greater assistance to prevalent problems that are more difficult to address such as depression, exhaustion, pain, social isolation and relationship difficulties
  - more could be done to meet the needs of working age RAF veterans and their families.
- It also suggests that greater attention be given to identifying other needs beyond the 'presenting' problem, responding more quickly and keeping beneficiaries better informed of the progress of their applications.

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## Ongoing assessment of impact

- Although we have not looked at current arrangements for reporting impact, our experience from other charities that have greatly enhanced performance reporting suggests that there are opportunities for improving reporting the outputs and outcomes of the RAFBF's support services.
- These could be combined with the results of this research to provide better reports on the overall impact of the RAFBF.

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# 1 INTRODUCTION

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The RAF Benevolent Fund (RAFBF) is seeking to better understand the profile and welfare needs of its target constituency, the RAF community, as well as measure the impact of current welfare provision. This will help the RAFBF focus its efforts on people with the greatest needs as well as focusing its resources on interventions which will have the greatest impact.

This report is effectively in two parts. First it sets out our best understanding of the size and demographic profile of the RAF ex-Service community, and thence the RAF Family. It goes on to explore the health and wellbeing, the financial situation and the housing, work and training needs of this community. These results are based upon desk research drawing upon bespoke analysis of extensive research recently commissioned by The Royal British Legion to profile the whole UK ex-Service community. We were able to drill down into the findings for the RAF veterans and their associated dependants.

The RBL research involved placing a module of questions placed on a nationally representative face to face omnibus survey of over 20,000 UK adults<sup>1</sup>. A similar survey was carried out in 2005 with a smaller sample. The larger sample for this 2014 research has enabled us for the first time to look in more detail at the size, profile and needs of the different sub-groups within the UK ex-service community, such as the different nations or by branch of Service.

However, even with the larger sample, the results for the RAF ex-Service community need to be treated with a degree of caution. From the 20,700 adults surveyed across the UK we found 2,203 in the ex-Service community, of whom 503 were members of the RAF ex-Service community<sup>2</sup>. These 500 people were interviewed in great detail and their responses provide the evidence for this report.

Overall, the responses were similar to those from the UK ex-Service community as a whole, giving us confidence in the findings.

Where appropriate we have referred to the findings for the UK ex-Service community to provide context or validation to the RAF findings. In a few key instances we have compared the stated needs of the RAF ex-Service community with the UK general population to determine whether and how their welfare needs differ.

To give the report greater salience we have in some places 'grossed up' our findings to give a feel for the number of people in the RAF ex-Service community with particular health, welfare and other needs. These population projections should be treated as indicative, rather than precise estimates.

The second part of this report is based upon primary research with the RAFBF's own beneficiaries - people who had received assistance since the beginning of 2013. This element explored their demographic profile and needs, their routes into the RAFBF assistance, opinions of caseworking organisations, opinions of the RAFBF quality of service and assessments of the impact of the assistance received on their quality of life.

We mailed 3,084 beneficiaries through a postal self-completion survey and received 1,606 replies, representing a net response rate of 57%. This is a very high response rate and indicative in itself of the gratitude and goodwill that beneficiaries feel towards the RAFBF. The reader is referred to Appendix 3 for a full description of the research methods employed.

Drawing the two strands of research together will enable the RAFBF to comment on the extent to which they are meeting the needs within the RAF Family and where they should focus their efforts in future.

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<sup>1</sup> The UK-wide results are published in the report: *'A UK Household Survey of the ex-Service community 2014'*, The Royal British Legion (November 2014).

<sup>2</sup> After weighting the sample of the UK ex-Service community was 2,121 and of the RAF ex-Service community 428.

## Format of this report

Chapters 2 and 3 draw upon the RBL research among the UK ex-Service community to profile the size, demographics and welfare needs of the RAF ex-Service community.

Chapters 4 and 5 report on the postal survey of RAFBF beneficiaries to compare their demographic profile and welfare needs with that of the wider RAF ex-Service community and to give their views on the quality and impact of the assistance received from the RAFBF.

Chapter 6 provides some emerging recommendations and chapter 7 comments on strategies for ongoing measurement of impact.

Throughout the report, findings are illustrated with tables and charts. Sometimes the percentages cited do not sum to 100%. The reasons for this are that either:

- (i) this is an artefact of reporting on weighted data, whereby 'rounding' may mean that responses sum to either 99% or 101%.
- (ii) the question was multiple choice, allowing respondents to code more than one category, in which case responses may sum to more than 100%.

In tables, a dash is used to signify zero and an asterisk signifies less than 0.5%.



## 2 SIZE AND COMPOSITION OF THE RAF FAMILY

This chapter reports on recent RBL survey findings on the approximate size of the RAF ex-Service community and the sort of people who make up this community, as well as desk research into the size of the RAF Serving community.

### Summary of key findings

- In 2014 the size of the RAF ex-Service community living in private residential households is estimated to be 1,390,000 people, comprising:
  - 735,000 RAF veterans
  - 485,000 adult dependants: mainly spouses/partners and widow(er)s, with smaller numbers of ex-partners divorced or separated and financially dependent 16-24 year olds
  - 170,000 dependent children (under 16).
- There are estimated to be around a further 70,000 people living in communal establishments such as care homes, bringing the total RAF ex-Service community to around 1,460,000 people or 2.3% of the UK population.
- The RAF ex-Service community makes up just under a quarter of the whole UK ex-Service community (24%).
- The size of the RAF Serving community is estimated to be just under 100,000 people:
  - 37,170 in-Service personnel (including RAF Reservists)
  - 30,000 adult dependants
  - 32,000 financially dependent children (0-19)

**The total size of the RAF Family is therefore estimated to be around 1,560,000 people or 2.4% of the UK population.**

- Over the next 15 years, the RAF Serving community is not expected to decline significantly. Conversely, the RAF ex-Service community is forecast to decline in size rapidly by nearly 40%, to around 895,000 people by year 2030.
- The adult RAF ex-Service community is split 26% of working age (16-64), equivalent to 315,000 people, vs. 74% of retirement age (65+), equivalent to 905,000 people.

- The proportion of the adult RAF ex-Service community who are aged 65+ is much higher (74%) than in the general adult population (22%) but also higher than among the whole UK adult ex-Service community (64%). So the RAF ex-Service community is even older than the total ex-Service community.
- Because there are so many aged 75+, members of the adult RAF ex-Service community are more likely to live alone (36%) than adults in the general UK population (21%).
- Members of the RAF ex-Service community are also less likely to have any children in their household (6%) than are the wider ex-Service community (11%).
- Members of the RAF ex-Service community are more likely to own their home outright and less likely to be Council tenants than members of the whole ex-Service community.
- The RAF ex-Service community has a higher social grade profile than the whole ex-Service community.
- There are some geographical skews in the profile of the RAF ex-Service community, with the South West and East of England particularly over-represented.
- Nearly all (97%) of RAF veterans served in the RAF Regular forces; 4% had served in the RAF Reserves (1% having served in both).
- 38% of RAF veterans served as post-war National Servicemen.
- Just under half (47%) of RAF veterans had been deployed on any overseas duties; which is lower than the equivalent proportion among all UK veterans (58%).
- On average, RAF veterans served for seven years. 54% left the military as an officer or NCO, slightly higher than the 51% among all UK veterans.

## 2.1 Size and age of the RAF ex-Service community in residential households

In 2014, the size of the RAF ex-Service community – RAF veterans, their adult dependants and minor dependants - living in private residential households is estimated from the RBL research survey to be around 1,390,000 people, comprising 1,220,000 adults and 170,000 children. This is equivalent to 2.2% of the total UK population of 64.51 million.

The reader is referred to Appendix 4 for the full calculations underlying estimates of the size of the RAF ex-Service community.

The total UK ex-Service community living in private residential households is estimated to be 5,910,000 comprising 4,920,000 adults and 990,000 children, equivalent to 9.2% of the UK general population.

**The RAF ex-Service community makes up just under a quarter (24%) of the total UK ex-Service community.**

The adult RAF ex-Service community living in private residential households of 1,220,000 people includes around:

- 735,000 RAF veterans (60%)
- 485,000 adult dependants (40%)<sup>3</sup>
- 660,000 men (54%)
- 560,000 women (46%)
- 315,000 people aged 16-64 (26%)
- 905,000 people aged 65+ (74%)<sup>4</sup>.

## 2.2 The 'hidden' RAF ex-Service community

The estimates above exclude members of the ex-Service community who were beyond the scope of this survey because they are not living in private residential dwellings; rather, they are living in institutions and communal establishments. These include:

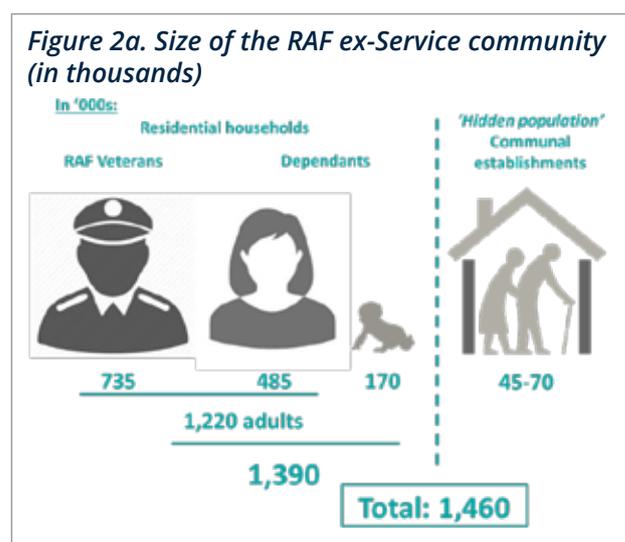
- residential homes or nursing homes
- hospitals
- prisons
- rehabilitation centres
- temporary accommodation such as hostels
- Armed Forces bases.

The homeless sleeping rough are also excluded.

Using desk research, **our best estimate is that the size of the hidden population in the RAF ex-Service community who are living in institutions and communal establishments is up to 70,000 people<sup>5</sup>.**

**The inclusion of RAF veterans and their dependants in these hidden populations could take the total of the whole RAF ex-Service community from 1,390,000 to around 1,460,000.** This is equivalent to around 2.3% of the total UK population of 64.51 million.

Figures 2a and 2b show graphically how the various components of the RAF ex-Service community build up to give a total community of around 1.46m people.

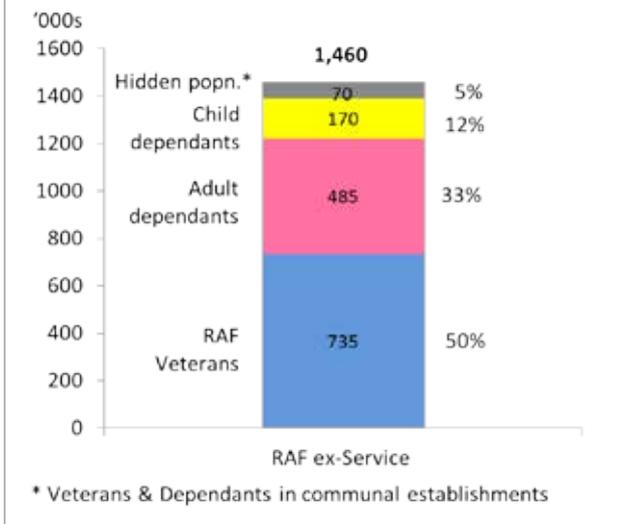


<sup>3</sup> Spouses, partners, ex-spouses, ex-partners, widow(er)s, 16-24 year olds still dependent on an ex-Service parent.

<sup>4</sup> These projections are rounded to the nearest 5,000.

<sup>5</sup> Calculations of the potential size of the hidden UK ex-Service community are described in detail in Section 1.2 and Appendix 4b of the RBL report, 'A UK Household Survey of the Ex-Service community 2014'. The hidden UK ex-Service community was estimated to be between 190,000 – 290,000. Assuming that the RAF component of this total is around a quarter, then we estimate that the hidden RAF ex-Service community lies in the range 45,000 – 70,000.

Figure 2b. Size of the RAF ex-Service community (in thousands)



## 2.3 Size of the RAF Family

The RAF Family is made up of both the RAF ex-Service community and the RAF Serving community.

We built upon Punter Southall estimates, using MOD data, to estimate (at Appendix 4b) **the current size of the RAF Serving community to be just under 100,000 people:**

- 37,170 in-Service RAF personnel (including RAF Reservists)
- 30,000 adult dependants
- 32,000 financially dependent children (0-19).

In total, we therefore estimate that the **size of the RAF Family in 2014 is around 1.56 million people.** This is equivalent to 2.4% of the total UK population of 64.51 million. **The RAF Family comprises 1.46m in the RAF ex-Service community and 0.1m in the RAF serving community.**

## 2.4 Forecast of how the RAF Family may change in size in future

As part of the UK-wide research, actuarial consultants Punter Southall produced forecasts for the RBL on the future size of the ex-Service community<sup>6</sup>. In this section we build upon their

6 These Punter Southall forecasts used Compass Partnership's estimate of the current size of the ex-Service community, based on the 2014 survey data, along with MOD and ONS data. The detailed research methods and resulting forecasts are described in Appendix 5a of the RBL report, 'A UK Household Survey of the Ex-Service community 2014', including forecast breakdowns by veterans vs. dependants, gender, age and devolved nation.

work to calculate estimates for the future size of the RAF ex-Service community. The resulting projections should be treated with caution as we have had to make various assumptions.

They forecast that the adult RAF ex-Service community (including the 'hidden population' but excluding Reservists) might reduce in size to around:

- 1,025,000 by year 2020
- 830,000 by year 2025
- 705,000 by year 2030<sup>7</sup>.

The Reserves were not broken down by branch of Service in the Punter Southall forecasts and it is difficult to predict how the balance of Reservists might change in the future. So in the absence of further information we have assumed that the proportion of RAF Reservists as a total of all Reservists will remain similar over time. On this basis our best estimate is that the additional members of the community who are veteran RAF Reservists and their associated adult dependants might be around 35,000 in year 2014 rising to around 40,000 in each of years 2020, 2025 and 2030<sup>8</sup>.

The forecasts also included breakdowns of how the age profile is anticipated to change over time for the whole ex-Service community, but this analysis was not carried out separately for the RAF ex-Service community. It showed that whilst the number of over 75 year olds will decline hereon, the number of over 85 year olds is forecast to increase to a peak in 2025 and then will decline by 2030<sup>9</sup>. We can expect the same to be true for the subset of the RAF ex-Service community<sup>10</sup>. These findings suggest that meeting the type of needs of elderly people aged 85+ within the ex-Service community will be a

7 These forecast projections are taken from Table 5vii at Appendix 5a of the RBL report, 'A UK Household Survey of the Ex-Service community 2014', which gives the Punter Southall forecast breakdown for each branch of Service, and rounded to the nearest 5,000.

8 These forecast projections also utilise the Punter Southall projections from Table 5vii at Appendix 5a of the RBL report, 'A UK Household Survey of the Ex-Service community 2014', which shows the forecast for veteran Reservists and their adult dependants. This table does not break down the Reserves component by tri-Service. So in the absence of further information the only option is to assume that the proportion of RAF Reservists as a total of all Reservists remains similar in future years. In the 2014 survey, veteran RAF Reservists made up 8.5% of all veteran Reservists (equating to around 35,000 people), so we have assumed this proportion will remain the same in future years, and rounded the resulting projections to the nearest 5,000. Therefore these estimates should be treated with caution.

9 The reader is referred to Table 5i at Appendix 5a of the RBL report, 'A UK Household Survey of the Ex-Service community 2014', which gives the Punter Southall forecast breakdown for different age bands.

10 Figure 2j later in this chapter shows that the spike of people aged 75-84 is even more marked in the RAF ex-Service community than in the whole ex-Service community so it is reasonable to expect a growth in the absolute numbers of over 85 year olds in the RAF ex-Service community over the next decade.

continuing theme for the next decade.

The Punter Southall forecasts did not determine the number of children for each branch of Service separately. However, we have estimated for this report how the numbers of dependent children attached to adults in the RAF ex-Service community might change in future from around 170,000 now to around:

- 200,000 by year 2020
- 185,000 by year 2025
- 150,000 by year 2030<sup>11</sup>.

Adding together these constituent forecasts gives estimates for the future total RAF ex-Service community (adults and children) of:

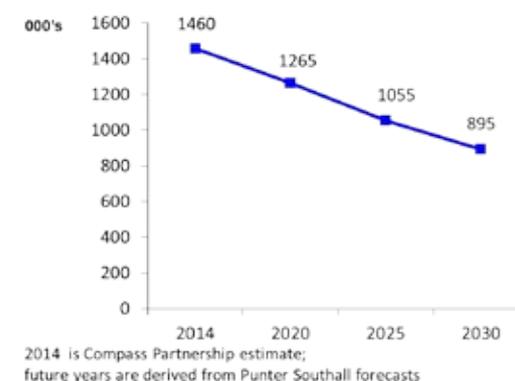
- 1,265,000 by year 2020
- 1,055,000 by year 2025
- 895,000 by year 2030.

Figure 2c presents these estimates graphically. From a baseline of 1,460,000 in year 2014 the community is expected to reduce in size by -13% by year 2020, by -28% by year 2025 and by -39% by year 2030.

These predictions imply that the total RAF ex-Service community represents 2.3% of the UK population now but will reduce to around 1.9% of the UK adult population in 2020, 1.5% in 2025 and 1.3% by 2030.

The size of the RAF Serving community is not anticipated to change much in the next 15 years (see Appendix 4b) and so the decline in size of the RAF Family will be driven by the decline in the RAF ex-Service community, as the National Service generation reach the end of their lives.

**Figure 2c. Forecasts of the future size of the RAF ex-Service community (in thousands)**



## 2.5 Composition of the RAF ex-Service community

This section profiles the community living in private residential households. It does not include the hidden population as they are not living in private residential households.

RAF veterans make up 53% of the total RAF ex-Service community. 35% are adult dependants – mainly partners and widows<sup>12</sup> – and 12% are dependent children (fig. 2d).

The total ex-Service community comprises a slightly smaller share of veterans (48%), the same share of adult dependants (35%) and a larger share of child dependants (17%)<sup>13</sup>.

RAF dependants comprise three quarters adults and one quarter children aged under 16; whereas in the whole UK ex-Service community dependants comprise two thirds adults and one third children.

<sup>11</sup> These forecast projections utilise data from Table 5i at Appendix 5a of the RBL report, 'A UK Household Survey of the Ex-Service community 2014', which shows the Punter Southall forecast breakdown for dependent children aged 0-15. We have then assumed that the RAF component of these children is 17% i.e. the same proportion as in 2014 (170,000/990,000). It is possible that the proportion of RAF children would change over time but in the absence of this information we have assumed the proportion would remain the same going forwards, and rounded the projections to the nearest 5,000. Therefore these estimates should be treated with caution.

The reason RAF dependent children make up only 17% of all dependent children in the ex-Service community (whilst the RAF component of the adult ex-Service community is higher at 24%) is because currently RAF veterans and their adult dependants are less likely to have any children than Army or Navy families and their average number of children is also lower (See Section 2.5).

<sup>12</sup> The composition of adult dependants, as a distinct group is: 49% spouses/partners, 11% divorced/separated, 39% widow(er)s and 1% dependent 16-24 year olds.

<sup>13</sup> See figure 1h in Section 1.3 of the RBL report, 'A UK Household Survey of the Ex-Service community 2014'

**Figure 2d. Composition of the RAF ex-Service community**

	Survey estimate '000s	RAF ex-Service community %
<b>Total ex-RAF community</b>	<b>1,390</b>	100
RAF veterans	735	53
All dependants	655	47
<i>Of which:</i>		
Dependent adults	485	35
<i>Of which:</i>		
Spouse/partner	240	17
Divorced/separated	55	4
Widow(er)	190	14
16-24 year old <sup>14</sup>	5	*
Dependent children 0-15	170	12

Projections to the nearest 5,000

### Regulars and Reservists

The vast majority of RAF veterans served as Regulars (97%); equivalent to around 715,000 veterans. 4% served as Reservists, equivalent to around 30,000 people<sup>15</sup>.

### Conscription

Among male veterans aged 70 or over, nearly three quarters confirm that they had been conscripted or done 'National Service' – the majority of these are now post-war National Servicemen (fig. 2e). This profile is very similar to that for all UK veterans (the proportion of conscripted RAF veterans at 74% is slightly lower than among all UK veterans at 77%).

As a share of all RAF veterans, post-war National Servicemen account for well over a third; this is important to remember since their military experience is potentially very different from that of other veterans.

<sup>14</sup> RBL defines 16-18 year olds with an ex-Service parent, and 19-24 year olds still in full-time education with an ex-Service parent, as eligible for assistance as 'dependent children'. The RBL survey treated them as 'adults' by virtue of their age.

<sup>15</sup> Percentages sum to more than 100% since 1% served both as Regulars and Reservists.

**Figure 2e. Conscription era RAF veterans**

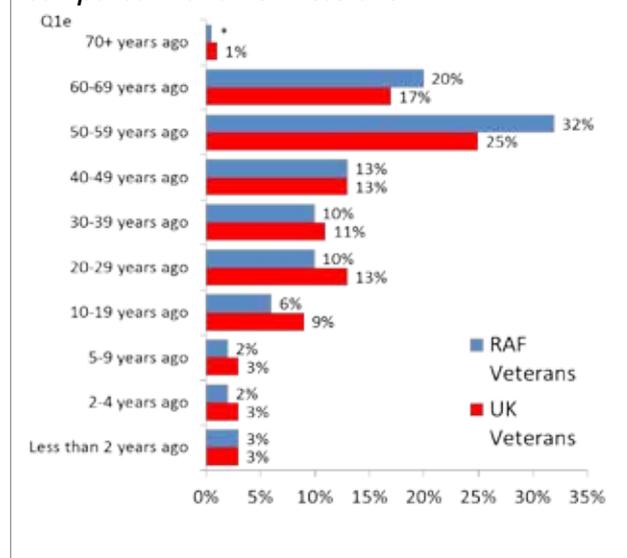
Q1cx	Male RAF veterans aged 70+	
Base: All male veterans aged 70+	%	
ANY CONSCRIPTION/ NATIONAL SERVICE:		
World War 2	12	} 74
Post World War 2	65	
ANY 'OWN CHOICE'/ NON-CONSCRIPTION:		
World War 2	5	} 25
Post World War 2	19	
ANY WW2		16
ANY POST-WAR		84

Percentages sum to more than 100% due to multiple responses.

### Time since military discharge

The average (mean) length of time since discharge was 44 years (i.e. they left service in 1970). Amongst all veterans the mean is 41 years. 52% of RAF veterans were discharged over 50 years ago, compared with 43% of all UK veterans. Amongst RAF veterans there is a peak in discharge 50-59 years ago (that is between 1955 – 1964).

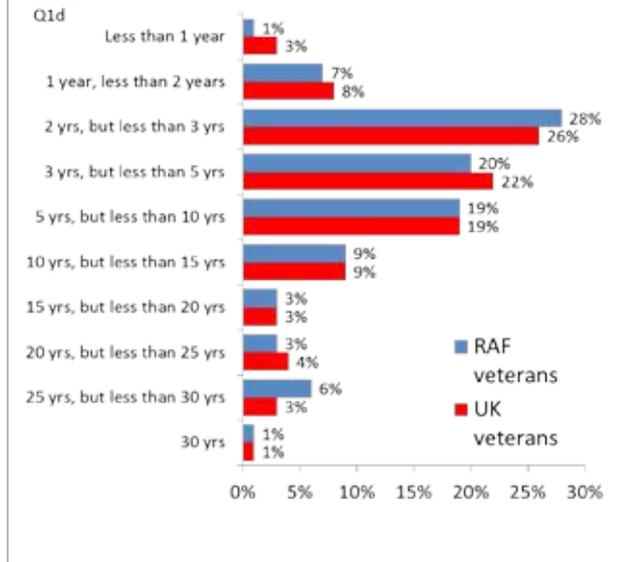
**Figure 2f. RAF veterans' time since discharge, compared with all UK veterans**



## Length of service

On average, RAF veterans served with the Armed Forces for seven years (fig. 2g). Relative to all UK veterans, the RAF veterans have a slightly greater share who served approaching three years (probably due to post-war National Service) and also more who served for a full career of over 25 years.

**Figure 2g. RAF veterans' length of Service, compared with all UK veterans**



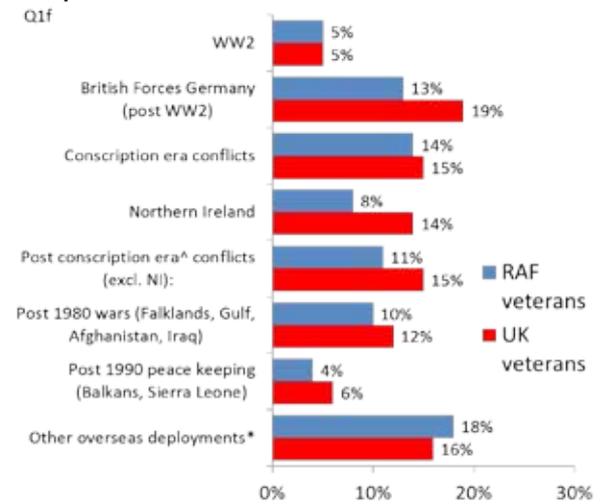
## Deployments

47% of RAF veterans have been deployed on any overseas duties or operations, or on operational Service in Northern Ireland. This is lower than the equivalent proportion among all UK veterans of 58%. Figure 2h gives the full breakdown of where they had served. A substantially smaller share of RAF veterans were deployed to Northern Ireland or with British Forces Germany than among all UK veterans.

## Military rank

54% of RAF veterans surveyed had left the military as an Officer or an NCO; compared with 51% amongst all UK veterans (fig. 2i).

**Figure 2h. RAF veterans' overseas deployments, compared with all UK veterans**



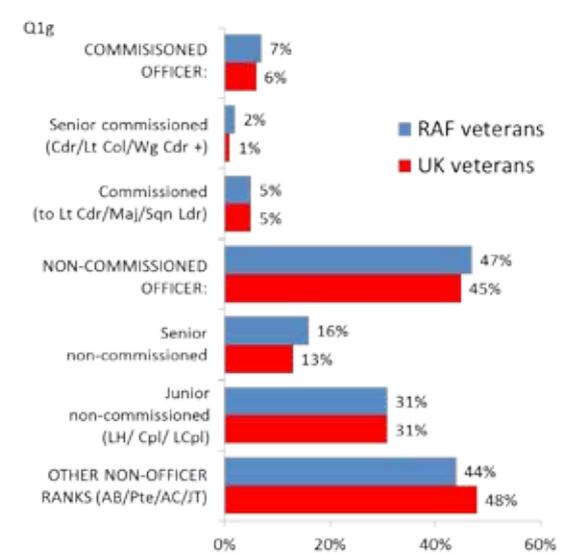
Base: veterans

Percentages sum to more than 100% due to multiple responses.

^ includes any Post 1980 wars and/or Post 1990 peace-keeping operations which are also split out separately

\*might not involve conflict exposure

**Figure 2i. RAF veterans' final rank, compared with all UK veterans**



Base: veterans

## 2.6 Key demographic characteristics

This section describes the demographic profile of the adult RAF ex-Service community aged 16+, and highlights how this differs from the whole adult ex-Service community and the general adult population.

### Gender

54% of the adult RAF ex-Service community are men and 46% are women.

The vast majority, 87%, of RAF veterans are men. 96% of adult dependants are women.

This gender balance is similar to that seen in the whole UK ex-Service community.

### Age

The average age of the adult RAF ex-Service community is 71 years, compared with 67 for the UK adult ex-Service community and 47 years for the general UK adult population.

The adult RAF ex-Service community is split 26% of working age (16-64) vs. 74% of retirement age (65+). The proportion of the adult RAF ex-Service community who are aged 65+ is higher than among the whole UK adult ex-Service community (64%), which in turn is much higher than in the general adult population (22%). So the RAF ex-Service community is even older than the total ex-Service community.

The elderly profile of the ex-Service community is due to the conscription era, during World War 2 and through post-war National Service until 1960; there is a considerable 'spike' in the profile at age 75-84 years. 45% of the adult RAF ex-Service community are in the 75-84 age band making the spike even more pronounced for RAF veterans and their dependants. This decile includes post-war National Service veterans and their associated dependants. The WW2 veterans are now all aged 85+.

### Ethnicity

Nearly all (98%) of the adult RAF ex-Service community are white. This is the same as in the whole ex-Service community but higher than among all UK adults (87%).

### Marital status

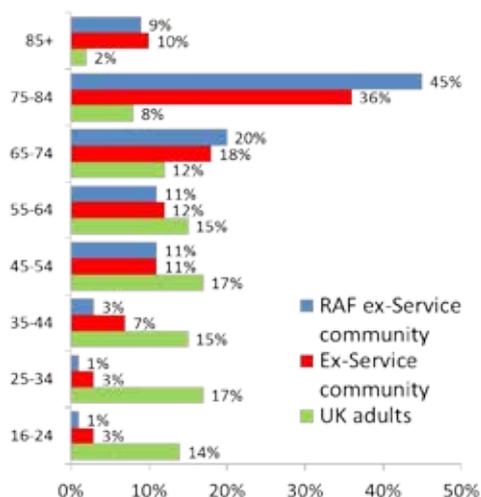
58% of the adult RAF ex-Service community are married or cohabiting, 29% are widowed, 9% are divorced or separated and 5% are single.

### Household composition

Just over a third (36%) of the adult RAF ex-Service community live alone, which is the same as in the wider ex-Service community but higher than the fifth of all UK adults (21%). A half live in a two person household, compared with a third of UK adults.

Only 8% of RAF ex-Service households have any children present, reflecting the slightly older age profile of the community. The average number of children is 0.16. The equivalent proportion is 11% in the whole ex-Service community (with an average of 0.21 children) and 29% among UK adults.

**Figure 2j. Age profile of adult RAF ex-Service community, compared with whole adult ex-Service community and all UK adults**



## Caring responsibilities

A fifth (21%) has some unpaid caring responsibility as a carer for a family member, friend or neighbour, which is equivalent to 255,000 carers. This is similar to the proportion in the whole ex-Service community (20%), which in turn is higher than in the general population (13%).

Figure 2k. Caring responsibilities

	Adult RAF ex-Service community	Adult ex-Service community
	%	%
<b>ANY:</b>	<b>21</b>	<b>20</b>
Physical health problem related to old age	9	8
Physical health problem not related to old age	6	6
For dementia or Alzheimer's disease	3	3
Other mental ill health or disability	3	4
Another problem	1	1

## Social grade

Social grade is based on the occupation (or previous occupation) of the chief income earner in a household. It acts as a measure of social class or socioeconomic status. It ranges from the highest (A) to the lowest (E).

Among those who are retired, social grade is determined by the Chief Income Earner's occupational pension, or if wholly dependent on the State pension they fall into grade E.

The ex-RAF community has a higher social grade profile than the whole ex-Service community, and relative to the UK population has a greater share in grade C1 and fewer in DE grades.

Figure 2l. Social grade

	Adult RAF ex-Service community		Adult ex-Service community		UK population	
	All	Excl. retired	All	Excl. retired	All	Excl. retired
	%	%	%	%	%	%
A	6	4	4	2	3	3
B	19	13	17	14	18	17
C1	42	49	31	32	31	33
C2	18	22	24	27	21	22
D	5	5	8	11	12	14
E	9	6	16	13	14	12

## Tenure

Seven in ten of the RAF ex-Service community own their own home outright, which is substantially higher than in the whole UK ex-Service community. Conversely, fewer rent their home from their local authority.

Figure 2m. Tenure

	Adult RAF ex-Service community	Adult ex-Service community	UK population
	%	%	%
Owned outright	71	58	27
Mortgage	12	15	33
Rent from LA	9	16	16
Rent privately	7	10	21
Other	2	2	2

## Geographical distribution

The RAF ex-Service community's regional profile varies from the UK adult population, and is even more skewed than that of the whole ex-Service community. There is a substantially lower proportion living in Greater London, a lower proportion in the North West and a marginally lower proportion in the South East.

Concomitantly there is a higher proportion living in the South West and the East of England, and marginally higher in East Midlands and Yorkshire & Humberside (fig. 2n).

The distribution of the adult RAF ex-Service community is also skewed away from conurbations and towards rural areas.

Figure 2o profiles the RAF ex-Service community by ITV (ISBN) region. Relative to the whole ex-Service community Anglia and Yorkshire ITV regions are over-represented among the RAF ex-Service community whereas Granada and Northern Ireland are under-represented. The same variations are apparent relative to the UK population, with the addition of TSW and HTV also being over-represented among the RAF ex-Service community.

Figure 2n. Geographic profile, by Government region

	<b>Adult RAF ex- Service community</b>	<b>Adult ex-Service community</b>	<b>UK population</b>
	%	%	%
Greater London	2	3	13
South East	10	12	14
South West	16	12	8
East of England	14	10	9
East Midlands	10	8	7
West Midlands	9	9	9
Yorks & Humber	12	11	8
North East	5	5	4
North West	6	10	11
<b>England</b>	<b>83</b>	<b>82</b>	<b>83</b>
<b>Scotland</b>	<b>9</b>	<b>9</b>	<b>9</b>
<b>Wales</b>	<b>7</b>	<b>7</b>	<b>5</b>
<b>N. Ireland</b>	<b>*</b>	<b>2</b>	<b>3</b>
<i>Conurbation</i>	<i>17</i>	<i>21</i>	<i>30</i>
<i>Urban</i>	<i>50</i>	<i>53</i>	<i>51</i>
<i>Rural</i>	<i>33</i>	<i>26</i>	<i>19</i>

Figure 2o. Geographic profile, by ITV region

	<b>Adult RAF ex- Service community</b>	<b>Adult ex-Service community</b>	<b>UK population</b>
	%	%	%
Meridian (Southern)	8	10	9
LWT/Carlton (London)	7	9	22
TSW (South West)	5	4	2
HTV (Wales & West)	12	10	8
Anglia	11	8	6
Central (Midlands)	19	17	16
Granada (Lancs)	6	10	11
Yorks	17	13	10
Tyne Tees	6	7	5
STV (central Scotland)	<b>5</b>	<b>5</b>	<b>6</b>
Grampian (NE Scotland)	<b>4</b>	<b>3</b>	<b>3</b>
Border	1	1	*
Northern Ireland	*	2	3

# 3 OVERVIEW OF WELFARE NEEDS OF THE RAF EX-SERVICE COMMUNITY

This chapter gives an overview of the type and scale of health and welfare difficulties reported by the RAF adult ex-Service community and their need and use of support, drawn from the RBL's recent research into welfare needs of the whole UK ex-Service community.

## Summary of key findings

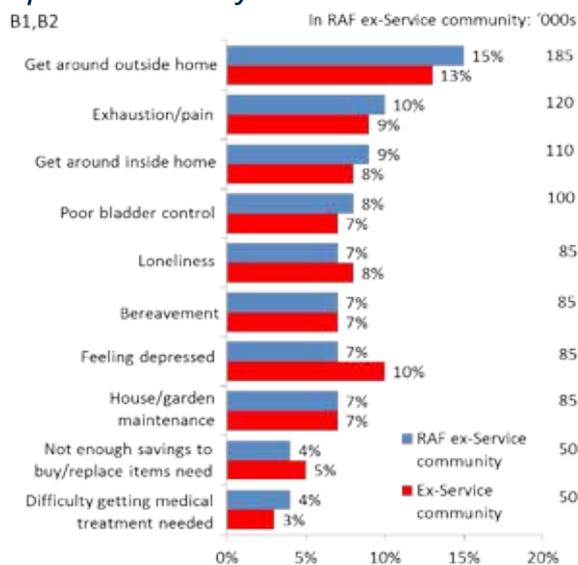
- Over four in ten adults in the RAF ex-Service community report experiencing some difficulty in the last year, equivalent to around 525,000 people.
- The dominant themes are problems with self-care (205,000), mobility (195,000) or relationships/isolation (170,000 people).
- The top specific difficulties are mobility outside the home, exhaustion/pain, mobility inside the home, incontinence, loneliness, bereavement, depression and house and garden maintenance. These problems reflect the older age profile of the community.
- The proportion in need and the rank order of needs among the RAF ex-Service community is broadly consistent with that found in the UK ex-Service community. Mobility problems are slightly heightened in the RAF ex-Service community, whilst there is a slightly lower incidence of depression or money worries.
- The RAF ex-Service working age community are slightly less likely to cite money problems or unemployment than their peers in the whole ex-Service community.
- Only 4% the RAF adult ex-Service community reports some unmet need for support, which is similar to the proportion among the whole UK ex-Service community.
- A quarter of RAF veterans have experienced six or more adverse childhood experiences, which suggest a 'challenging' background. The equivalent proportion is higher among all UK veterans at over a third.
- 58% of the RAF ex-Service community have a long-term health condition or disability, which is slightly higher than in the whole ex-Service community (54%). A third have a limiting condition. However RAF veterans are marginally less likely to attribute their health problems to their military service than are other veterans.
- One in five members has unpaid caring responsibilities, which is higher than the national average.
- The RAF ex-Service community are slightly less likely to be living on very low household incomes (below £7,500 pa) than the whole ex-Service community (10% vs. 15%).
- Members of the RAF ex-Service community are also less likely to be in arrears (3%) than are the UK ex-Service community (7%); or to be experiencing 'fuel poverty' (14% vs. 18%).
- Members of the RAF ex-Service community are less likely to be in receipt of any means tested benefits/tax credits than the whole ex-Service community but as likely to be in receipt of any disability benefits or military compensation payments.
- Among those of working age, 61% of the RAF ex-Service community are in work, similar to the 60% in the whole ex-Service community, but lower than the 73% in the general UK population. Members of the RAF ex-Service community are slightly less likely than the whole ex-Service community to be unemployed job seekers (5% vs. 8%) or to not be seeking work (10% vs. 14%), and more likely to have taken early retirement (22% vs. 14%).
- 69% of the RAF ex-Service community report using some source of support in the past year, mainly for physical health problems.

### 3.1 Reported health and wellbeing difficulties

The single most reported difficulty among the RAF ex-Service community is the **ability to get around outside of the home**, reported by 15%, which is equivalent to around 185,000 adults; the high prevalence reflects the older profile of this community.

The second and third most common difficulties among the RAF ex-Service community are **exhaustion or pain**, cited by 10% or around 120,000 adults and **getting around inside their home**, cited by 9% or around 110,000 adults.

Figure 3a. Top ten ranked difficulties experienced in last year



Base: Adult ex-Service community

Projections rounded to nearest 5,000

Another health problem that featured amongst the top concerns is incontinence, and difficulty getting medical treatment needed is also a concern.

Loneliness, bereavement and depression also feature among the top problems; as do problems with house and garden maintenance and not having adequate savings to buy or replace items needed.

The rank order of difficulties reported by the RAF ex-Service community is slightly different to that reported by the whole ex-Service community (fig. 3a)<sup>16</sup>. Mobility problems are slightly heightened in the RAF ex-Service community, whilst there is a slightly lower incidence of depression. Depression is the 2<sup>nd</sup> ranked need in the whole UK ex-Service community but only ranked equal 5<sup>th</sup> in the RAF ex-Service community. Not having enough money for daily living expenses drops out of the top ten needs<sup>17</sup>, to be replaced by difficulty getting medical treatment needed.

Among the RAF ex-Service community aged 16-64 the top five specific difficulties experienced are:

- feeling depressed 11%
- exhaustion or pain 11%
- difficulty getting around outside their home 11%
- bereavement 9%
- loneliness 8%.

It is notable that lack of money and unemployment do not feature in their top five problems, as they do amongst the wider ex-Service community aged 16-64<sup>18</sup>.

Among the RAF ex-Service community aged 65 and over the top five specific difficulties experienced are:

- getting around outside their home 16%
- exhaustion or pain 10%
- getting around their own home 9%
- poor bladder control 9%
- difficulty with house and garden maintenance 7%.

In the whole ex-Service community aged 65+ the top five specific needs are the same, with the exception of loneliness, which is slightly more prevalent (being their 3<sup>rd</sup> ranked difficulty)<sup>19</sup>.

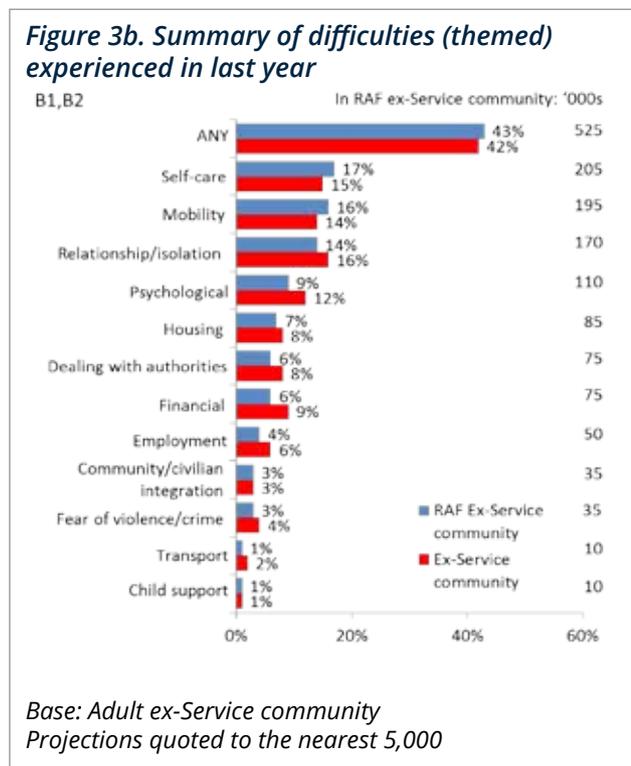
16 The reader is referred to Section 2.1 of the UK report, "A UK Household Survey of the ex-Service community 2014", The Royal British Legion (November 2014), for a detailed discussion about how the relative balance of needs among the UK ex-Service community varies by different age deciles and other demographic characteristics, highlighting which segments of the community are most at risk. The same detailed level of analysis is not possible in the RAF ex-Service community due to small sub-samples of respondents.

17 Cited by 5% of the UK ex-Service community but only 3% of the RAF ex-Service community.

18 The top five specific problems cited by members of the whole UK ex-Service community aged 16-64 are: depression 14%, lack of money for day to day living 11%, exhaustion/pain 10%, unemployment 9%, mobility outside the home 9%.

19 The top five specific problems cited by members of the whole UK ex-Service community aged 65+ are: mobility outside the home 15%, mobility inside the home 9%, loneliness 9%, exhaustion/pain 8%, poor bladder control 8%.

Over four in ten adults in the RAF ex-Service community report experiencing some difficulty in the last year, equivalent to around 525,000 people (fig. 3b).



The remainder of this section gives a summary of self-reported health and wellbeing difficulties with a focus on top level *themes* of need, each incorporating a number of specific difficulties. The reader is referred to the full listing of all self-reported health and wellbeing difficulties experienced presented at fig. 5i in Appendix 5 showing which specific needs contribute to which thematic grouping, with variations by age.

Fig. 5i at Appendix 5 confirms that relative to the wider ex-Service community, the RAF ex-Service community are significantly less likely to experience any difficulties under the following themes:

- relationship/isolation difficulties (-2%)
- psychological difficulties (-3%)
- financial difficulties (-3%)
- employment and training (-2%)
- dealing with authorities (-2%);

and more likely to experience any difficulties under the following themes:

- self-care difficulties (+2%)
- mobility (+2%).

The dominant themes are self-care difficulties (205,000), mobility problems (195,000) and relationships and isolation (affecting 170,000 people).

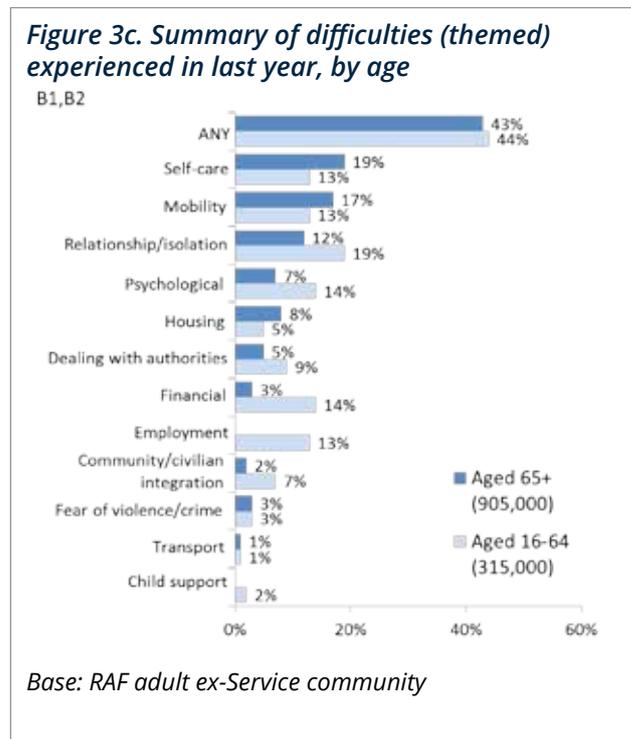
Amongst those aged 65 and over the top three themes emerging are:

- any self-care difficulties 170,000
- any mobility problems 155,000
- any relationship or isolation problems 110,000.

However, amongst those aged 16-64 the top three themes emerging are:

- any relationship or isolation problems 60,000
- any financial difficulties 45,000
- any psychological problems 45,000.

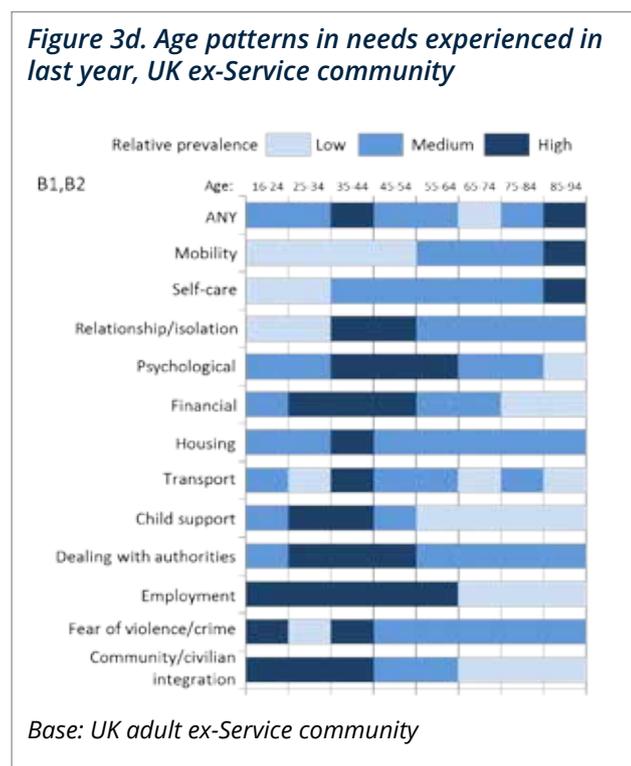
Fig. 3c shows how the themes vary by age. Those of working age experience a wider range of problems than those of retirement age. Self-care needs and mobility problems are significantly higher among over 65s. Conversely employment and financial problems are significantly higher among 16-64 year olds; as are psychological problems and community/civilian integration.



A more detailed analysis of needs by age was possible in the RBL research for the whole UK ex-Service community. There are two key age groups most likely to report some difficulty: 35-44s and 85-94s. This is driven by a complex pattern of age differences spanning the different themes. Figure 3d shows the pattern of difference by age for each theme, with the darkest colour showing age groups with a high prevalence relative to the average, and the lightest colour showing age groups with a relatively lower prevalence for each theme.

The oldest members of the ex-Service community are more likely than average to report self-care and mobility problems. The majority of other problems are more often cited by younger people. Those aged 35-44 are more likely than average to report each of the remaining difficulties, with those aged 45-54 also reporting a wider range of problems than people in other age groups. Problems that are more often cited by the youngest in the community (16-44s) are focused on employment, dealing with the authorities, and community and social integration issues.

**Figure 3d. Age patterns in needs experienced in last year, UK ex-Service community**



### Adverse experiences prior to service

To understand veterans' welfare needs, it can be helpful to consider whether they had any challenging life experiences prior to their military service that might have put them at a disadvantage. Veterans used self-completion

questionnaires to record which (if any) of a list of 16 adverse experiences had been part of their background before joining the Armed Forces.

RAF veterans have typically experienced 4.6 of these 16 adverse experiences whilst they were growing up. A quarter (24%) of RAF veterans cite six or more negative experiences, which is suggestive of a 'challenging' background; the equivalent proportion is higher among all UK veterans at over a third (36%)<sup>20</sup> (fig. 3e). So RAF veterans come from less challenging backgrounds on average, than do all UK veterans.

**Figure 3e. Adverse experiences prior to Service**

D6.	RAF Vets	UK Vets
	%	%
No special teacher/youth worker/family friend who looked out for me	84	78
No one thing/activity that I did that made me feel special or proud	31	30
No family member could talk to about things that were important to me	19	20
Used to get shouted at a lot at home	12	18
My family didn't use to do things together	15	17
Often used to get into physical fights at school	8	16
Didn't come from a close family	13	15
Often used to play truant from school	9	15
Didn't feel valued by my family	9	12
Regularly used to see or hear physical fighting or verbal abuse between my parents	8	11
Problems with reading or writing at school and needed extra help	6	10
Did things that should have (or did) get me into trouble with the police	5	10
Used to be hit/hurt by a parent or caregiver regularly	4	9
One (or more) of my parents had problems with alcohol or drugs	5	7
Suspended/expelled from school (ever)	4	6
Spent some time (any time) in local authority care/Social Services care	1	4

<sup>20</sup> The equivalent proportion who had 6 or more adverse experiences prior to Service was 40% for Army veterans and 39% for Navy veterans.

<b>NUMBER:</b>		
0-1 experiences	4	5
2-3 experiences	13	11
4-5 experiences	59	47
6 or more experiences	24	36
<b>Average</b>	<b>4.6</b>	<b>5.0</b>

### Links between reported difficulties and early adverse experiences

Among veterans there is an association between having had any adverse experiences early in their life, prior to military service, and facing problems now. Veterans from more challenging backgrounds are more likely to be encountering any or a greater number of problems now.

This association is less apparent for the sub set of RAF veterans as fig.3f shows. Fewer RAF veterans come from particularly challenging backgrounds on average, and amongst those who do there appears to be less linkage between their current circumstances and welfare needs and their early experiences.

*Figure 3f. Proportion of veterans experiencing any difficulties in the last year, by early adverse experiences prior to Service*

	<b>RAF Vets</b>	<b>UK Vets</b>
	<b>%</b>	<b>%</b>
<b>Any difficulties in the last year</b>	<b>43</b>	<b>42</b>
<b>By number of early adverse experiences:</b>		
0-1 experiences	38	30
2-3 experiences	41	40
4-5 experiences	43	40
6 or more experiences	39	48

## 3.2 Long-term health problems

Because of their older age profile, the ex-Service community have a higher incidence of health problems than the UK general population<sup>21</sup>. 58% of the RAF ex-Service community have a long-term health condition, rising to 61% of RAF veterans. This is slightly higher than in the whole ex-Service community (fig. 3g).

The particular conditions which are slightly more prevalent among the RAF ex-Service community than among the whole ex-Service community are: difficulty hearing, tinnitus and cancer. RAF veterans are slightly more likely than all veterans to have tinnitus or diabetes and less likely to have leg or foot problems.

*Figure 3g: Current long term illness/disability*

C2, C3	<b>Adult RAF ex-Service community</b>		<b>Adult UK ex-Service community</b>	
	<b>All</b>	<b>Vets</b>	<b>All</b>	<b>Vets</b>
	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Any condition</b>	<b>58</b>	<b>61</b>	<b>54</b>	<b>57</b>
<b>Multiple conditions</b>	<b>35</b>	<b>33</b>	<b>30</b>	<b>31</b>
<b>Any musculoskeletal</b>	<b>30</b>	<b>27</b>	<b>28</b>	<b>28</b>
Problems connected with legs or feet	19	15	19	19
Problems connected with back or neck	14	11	13	12
Problems connected with arms or hands	13	11	12	10
Limb loss	*	-	*	*
<b>Any cardio-vascular/respiratory:</b>	<b>26</b>	<b>25</b>	<b>24</b>	<b>25</b>
Heart, blood pressure or blood circulation	22	21	19	20
Chest/breathing	8	8	8	8
<b>Any sensory:</b>	<b>21</b>	<b>22</b>	<b>17</b>	<b>19</b>
Difficulty in hearing	12	11	9	11
Difficulty in seeing (when wear glasses)	7	6	6	6
Tinnitus	8	9	5	6
Speech impediment	1	1	1	1

<sup>21</sup> The reader is referred to Section 3.2 of the UK report, "A UK Household Survey of the ex-Service community 2014", The Royal British Legion (November 2014), for a detailed comparison against UK adults.

<b>Any digestive/ progressive:</b>	<b>20</b>	<b>26</b>	<b>16</b>	<b>19</b>
Diabetes	10	15	9	10
Stomach, liver, kidney or digestive issue	4	4	4	5
Cancer	6	7	3	5
Dementia/Alzheimer's	1	-	1	*
Other progressive illness	3	3	2	2
<b>Any mental illness:</b>	<b>6</b>	<b>6</b>	<b>7</b>	<b>8</b>
Depression	4	5	6	6
Anxiety or bad nerves	2	*	3	2
PTSD/Combat stress	1	2	1	2
Other mental health problem	1	*	1	1
<b>Any neurological:</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
Dementia/Alzheimer's	1	-	1	*
Epilepsy	*	1	*	1
<b>Any alcohol/drug:</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
Alcohol problems	*	*	1	1
Drug problems	*	*	*	*
<b>Any other illness:</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>3</b>
Severe disfigurements, skin condition, allergies	1	2	1	1
Chronic fatigue syndrome	1	2	1	1
Severe or specific learning difficulties	*	*	*	*
Gulf War Syndrome	*	*	*	*
Asbestos-related	*	*	*	*

When asked whether they attributed a health condition they had ever had to their military service, 17% of RAF veterans with health conditions did so (the equivalent among all UK veterans with health conditions is 22%). This amounts to 11% of all RAF veterans, equivalent to around 80,000 people (again the equivalent proportion among all UK veterans is 14%). So it seems that RAF veterans are marginally less likely to attribute any health problems to their military service than are other veterans.

35% say they have a long-term health condition or disability that limits their day-to-day activities (this is the same among the whole UK ex-Service community at 34%, which in turn is much higher than the general UK adult population, 21%).

Among the RAF ex-service community, those of working age (16-64) are more likely to have a health problem that limits their daily activities (23%), than are their peers nationally (13%). Conversely those of retirement age (65+) are less

likely to have a limiting health problem (39%) than their peers nationally (50%). These age variances are also apparent among the whole ex-Service community.

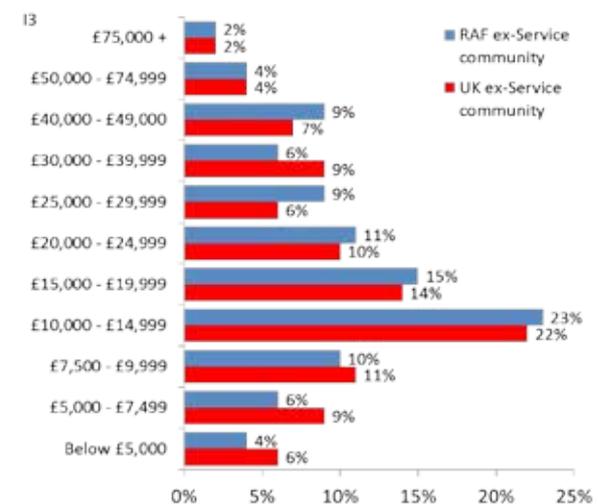
### 3.3 Income and deprivation

The average annual net household income reported is £22,000; compared with £21,000 in the whole UK ex-Service community.

43% reported net annual household income below £15,000 and 10% below £7,500. The equivalent proportions in the whole UK ex-Service community are 48% and 15% respectively; so the RAF ex-Service community has a slightly smaller proportion living on low incomes.

The Pensioner Income Series 2011/12 reports average incomes of £24.8K for those of working age and £19.7K for pensioners. In the RAF ex-Service community the equivalents are £32.6K for those of working age and £16.9K for pensioners. So in the RAF ex-Service community those of working age have above average incomes (which may reflect a greater prevalence of two adult households compared with the UK population), whilst those who are retired have below average incomes.

**Figure 3h. Reported annual net household income**



*Base: Adult ex-Service community who gave their income (59% of RAF ex-Service community and 56% of UK ex-Service community)*

Members of the RAF ex-Service community are less likely to be in receipt of any means tested benefits or tax credits than the whole ex-Service community (12% vs. 17%) but as likely to be in receipt of any disability benefits (12%) or military compensation payments (3%).

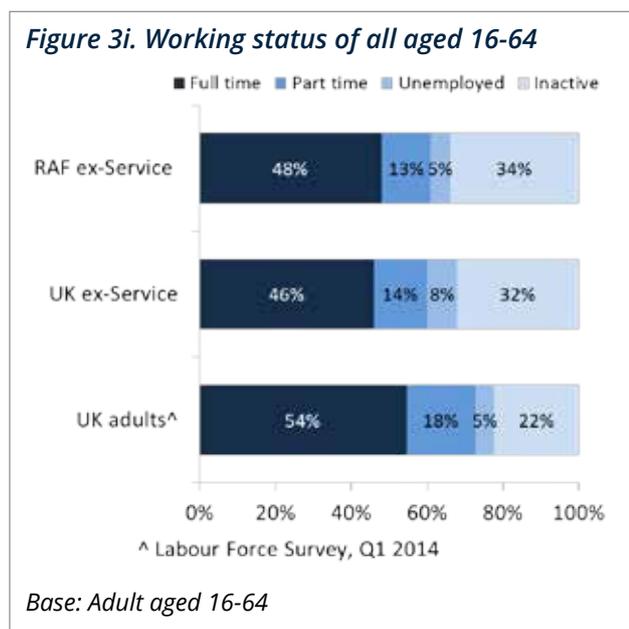
When prompted with a list of bills, 3% say their household has been in arrears in the last 12 months and 2% have priority debts. The equivalents in the whole ex-Service community are 7% and 5% respectively.

14% have turned the heating down or off, even though it made it too cold in their house, equivalent to 170,000 people. They were slightly less likely to do so than their members of the whole ex-Service community (18%).

### 3.4 Education and employment

Three quarters of the RAF ex-Service community were retired.

The Labour Force Survey provides employment rates for UK adults of working age for the first quarter of 2014 (fig. 3i). Adults of working age in the RAF ex-Service community are *less* likely to be employed (61% vs 73%) than the general UK population aged 16-64, *as* likely to be unemployed (5%), and *more* likely to be economically inactive<sup>22</sup> (34% vs 22%).



Altogether, in the working age RAF ex-Service community of 315,000, there are around:

- 192,000 in work (61%)
- 16,000 who are unemployed (5%)
- 107,000 who are economically inactive (34%) of whom around:
  - 31,000 are not looking for work (10%)
  - 70,000 have retired early (22%)

<sup>22</sup> Inactive includes those who are not in work but not seeking work, those who have taken early retirement and those still in full time education.

- 6,000 are still in education (2%).

Members of the RAF ex-Service community are slightly less likely than the whole UK ex-Service community to be unemployed job seekers (5% vs. 8%) and as likely to be working or economically inactive.

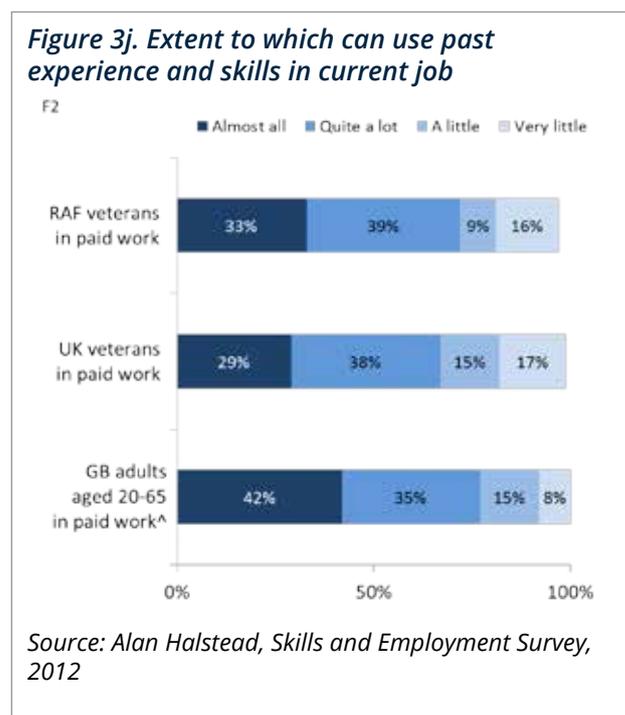
However, the composition of the 'economically inactive' group is quite different between the RAF ex-Service community and the whole ex-Service community:

- early retirement 22% vs. 13%
- not seeking work 10% vs. 14%
- full-time education 2% vs. 5%.

So the RAF community are more likely to have taken early retirement than to be not seeking work (because unable to work or looking after family or home), or still in full-time education.

Relevant qualifications are vital for seeking work and three quarters of RAF veterans have at least one qualification. RAF veterans are slightly more likely than all UK veterans to have an academic qualification and less likely to have a work/vocational qualification.

Whilst the whole ex-Service community of working age is less well educated than the UK general population (less likely to have a degree), the RAF ex-Service community is somewhat closer to the UK average – for example 18% have a degree compared with 15% in the wider ex-Service community and 26% nationally (see fig. 5ii in Appendix 5).



While qualifications are important, relevant

experience and skills also play a role in enhancing employability. 72% of RAF veterans in paid employment say that they are able to use their past experience and skills in their current job at least quite a lot, but 25% say they use them very little. RAF veterans are more likely than all veterans to say they can use past skills and experience in their current role, but they are less likely than the general population (fig. 3j).

### 3.5 Need for support

While four in ten of the ex-Service community report some health or welfare difficulty, this does not necessarily translate into a need for help or support. After the questions on difficulties experienced, all respondents were asked to say whether they or their household are currently experiencing any difficulties at the moment, for which they are not receiving the help, advice or support they need.

**Only 4% of the RAF adult ex-Service community reports some unmet need, which is equivalent to around 50,000 people.** This is similar to the whole UK adult ex-Service community where the corresponding proportion is 5%.

### 3.6 Where members of the ex-Service community seek help

Since four in ten members of the RAF ex-Service community report some personal or household difficulty, but relatively few cite an unmet need for support, it is not surprising that seven in ten (70%) report using some form of support in the past year. This is marginally higher than among the whole ex-Service community (67%).

Among the RAF ex-Service community who report some sort of personal or household difficulty, 84% say that they use at least one of the types of support shown to them at interview. Support received was split into health support and support for other purposes.

69% of the RAF ex-Service community report using some support for health purposes, largely for their physical health, with most of these visiting their GP (fig. 3k)<sup>23</sup>.

87% of those reporting a self-care or mobility problem say they used physical health support. (This might, however, just amount to visiting their GP, and does not guarantee that they have received

specialist treatment for their health problem).

**Figure 3k. Sources of assistance for health problems used in the past year**

H1	RAF Adult ex-Service community	
	%	'000s
	<b>69</b>	<b>840</b>
<b>ANY</b>	<b>69</b>	<b>840</b>
<b>Any physical health</b>	<b>68</b>	<b>830</b>
Doctor/GP	63	770
Occupational therapist/physiotherapist	11	135
Podiatrist (for foot care)	10	120
Accident & Emergency	10	120
NHS walk-in clinic	6	75
Audiology clinic (for hearing)	6	75
Health visitor, district nurse or other kind of nurse visiting you at home	4	50
Prostheses services (for artificial limbs)	0.2	2
<b>Any mental health</b>	<b>5</b>	<b>60</b>
Psychotherapy/individual or group therapy	1.9	25
Memory clinic	1.9	25
Counselling	1.0	10
Behaviour or cognitive therapy	0.2	2
Addiction services (e.g. for alcohol or drug use e.g. AA)	-	-
<b>Other sources</b>		
Hospital (spontaneous response)	2	25
Other health service	3	35

*Projections rounded to the nearest 5,000*

One in twenty (5%) reports using support for their mental health, such as counselling, psychotherapy or a memory clinic. Although this was higher (at 8%) among those experiencing some psychological difficulty, this is still only a minority of those reporting such problems.

Only 11% of the RAF ex-Service community report having used support for reasons other than health<sup>24</sup> (equivalent to 135,000 people) - typically social care rather than work-related support. Home help or a home care worker is the form of assistance most often received (fig. 3l).

<sup>23</sup> This is marginally higher than the equivalent proportion in the whole ex-Service community: 66%.

<sup>24</sup> This is marginally lower than the equivalent proportion in the whole ex-Service community: 14%.

**Figure 31. Sources of assistance for other problems used in the past year**

H2	RAF Adult ex-Service community	
		'000s
	%	1,220
<b>ANY</b>	<b>11</b>	<b>135</b>
<b>Any social care</b>	<b>6</b>	<b>75</b>
Home help or home care worker	2.1	25
Social worker/social services	1.7	20
Local council housing department/Housing Association	1.2	15
Meals on Wheels	0.8	10
Community transport (collecting from your home, door-to-door)	0.6	5
Lunch club/day centre for older people	0.5	5
Handy van service (to help with simple DIY tasks)	0.2	2
Befriending service (someone visiting you at home)	0.2	2
<b>Any Work related</b>	<b>1</b>	<b>10</b>
Job Centre Plus	0.8	10
Connexions/young people's services	0.2	2
Local Enterprise Partnership/InBiz	0.1	1
<b>Other sources</b>		
Citizens Advice Bureau (CAB)	2.1	25
Religious leader or religious organisation	1.7	20
Local council/councillor	0.6	5
Other free legal/financial advice	0.6	5
Charities for the elderly (e.g. Age UK, Independent Age)	0.4	5
Food Bank	0.2	2
Hostels/night shelters for homeless/'soup kitchens'	0.2	2
Law Centre	-	-
Other	1	10

Projections rounded to the nearest 5,000

Use of social care support is reported by only 16%

of those with mobility difficulties and 14% of those with self-care difficulties. 11% of those with employment problems say they have used work-related support. Of those with financial problems, 16% report having used a CAB, 11% Job Centre Plus, and 11% a local councillor or council department.

# 4 DEMOGRAPHICS AND WELFARE NEEDS OF RAFBF BENEFICIARIES

This report has thus far taken as its baseline The Royal British Legion's Household Survey, dissected to provide an in-depth view of the RAF component. For reasons of history and consistency, this is focused on the ex-Service community.

However, the RAF Benevolent Fund (RAFBF) is fortunate in that it is able to provide help and support to all members of the RAF Family – both the ex-Service and Serving communities. This includes all those who are Serving, their spouses/partners and children. RAFBF support to the Serving community takes the form of individual benevolence and the delivery of more generic programmes to RAF stations. The RAFBF also provides support to individual members of the RAF Reserves and the Air Training Corps (the

latter whilst they are serving), although the range of support varies depending on circumstances.

This chapter draws upon data from the RAFBF survey of its own beneficiaries, describing their demographic profile and welfare needs. The survey focused on eight types of assistance:

- Regular Financial Assistance
- General welfare grants
- Debt Assistance (for priority debts)

## Summary of key findings

- The survey respondents were representative of the RAFBF's beneficiaries across eight different categories of assistance. The value of their most recent award averaged £1,500.
- 61% were multiple users and 39% were repeat users.
- 58% of the RAFBF beneficiaries surveyed were veterans, 2% were serving personnel, 31% were dependants and 9% could not be determined. The dependants have a larger proportion of widows than in the wider RAF ex-Service community.
- Compared with the wider pool of RAF veterans, veteran beneficiaries were more likely to have served during WW2 and less likely to have done post-war National Service.
- RAFBF beneficiaries have a different age profile than the wider RAF ex-Service community, with a smaller proportion aged 75-84, and a larger proportion aged 85-94 or aged 35-44. This is encouraging since welfare needs are intensified among 85-94s and 35-44s.
- Half of RAFBF beneficiaries live alone, which is a higher proportion than in the wider RAF ex-Service community.
- The annual net household income of RAFBF beneficiaries was £13,000, which is considerably lower than the £22,000 in the wider RAF ex-Service community. 22% of RAFBF beneficiaries had income below £7,500, compared with 10% in the wider RAF ex-Service community.
- Compared with the wider RAF ex-Service community, RAFBF beneficiaries are much *less* likely to be in full time employment (28% vs. 48%) and much *more* likely to be economically inactive<sup>25</sup> (54% vs. 34%). The proportion who were unemployed job seekers was similar in both groups (7% vs. 5%).
- Their top five difficulties experienced at the time just before they received help from the RAFBF recently were:
  - not having enough savings to buy or replace items they needed 45%
  - lack of money for daily living expenses 34%
  - getting around outside their own home 20%
  - feeling depressed 19%
  - getting into debt 19%.
- Their top ten needs were all at higher prevalence than in the wider RAF ex-Service community, as might be expected.

<sup>25</sup> Inactive includes those who are not in work but not seeking work, those who have taken early retirement and those still in full time education.

- Care equipment
- Housing adaptations/repairs
- Mobility aids
- Princess Marina House respite breaks
- Housing Trust residents.

Most of these beneficiaries result from casework conducted by RAFBF's partner charities. The survey did not attempt to include specific programmes provided by the RAFBF to the Serving community e.g. relationship counselling, support to Citizens Advice Bureaux on RAF stations, and children's play schemes and equipment on RAF stations. As a result, the beneficiaries surveyed were almost entirely veterans or their dependants, with very few Serving personnel (2%). Therefore it is appropriate for us to make some comparisons between the demographic profile and welfare needs of the RAFBF beneficiaries surveyed and the profile and needs of the wider RAF ex-Service community from the RBL research. These comparisons serve to illustrate how RAFBF support is focused on those in greatest need.

## 4.1 Nature of the RAFBF assistance

Figure 4a shows the mix of different beneficiary types, based upon the category of their most recent assistance. This is representative of the beneficiary caseload across these categories in the year July 2013 – June 2014<sup>26</sup>. Nearly two thirds (62%) had received financial support through Regular Financial Assistance (annual maintenance grant), a general welfare grant<sup>27</sup> or assistance with paying priority debts. One in seven (14%) had received either a mobility aid or care equipment<sup>28</sup>. 7% had received housing repairs or property adaptations<sup>29</sup>. 6% had been on a respite break at Princess Marina House. 10% were renting their home from the RAFBF Housing Trust.

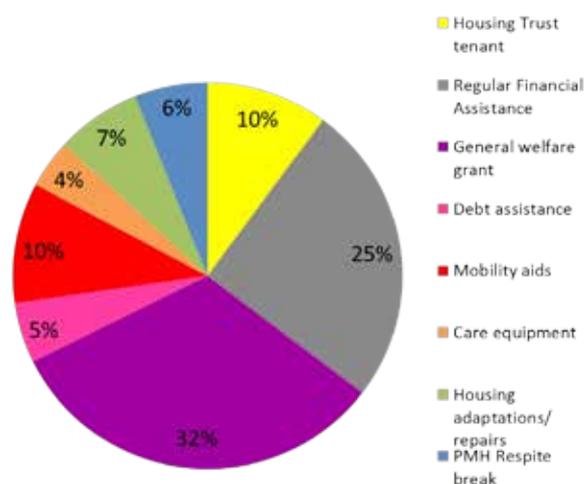
26 The reader is referred to Appendix 3 for a full description of the research methods, including notes on excluded beneficiary types. Completed cases were extracted back as far as January 2013 (an 18 month period) but weighted to reflect the annual caseload in the period July 2013 – June 2014.

27 General welfare grants included financial support to help with essential costs such as: food, clothing, household essentials, furniture, electrical appliances, fridges, ovens, washing machines, children's needs, rent deposits, removal expenses, funeral costs.

28 Mobility aids included provision of electrically powered scooters or wheelchairs. Care equipment included financial help for items such as electric chairs, electric beds, bath lifts, stair lifts etc.

29 Grants or loans for repairs e.g. leaking roof, broken boiler or disability adaptations e.g. ramps, walk-in shower.

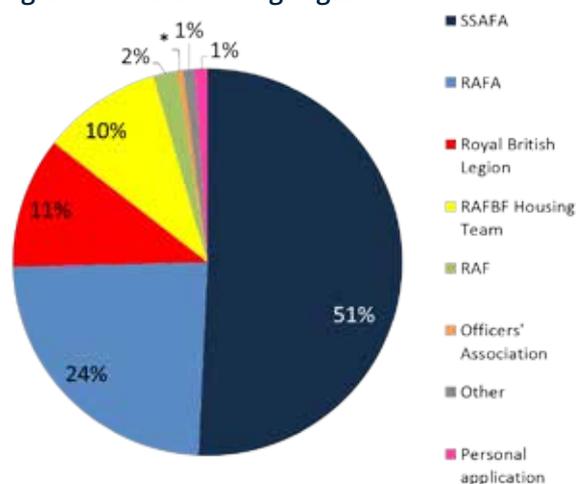
Figure 4a. Beneficiary type, based on category of most recent assistance



Base: 1606 RAFBF beneficiaries (information from sample supplied)

Half of the beneficiaries originated via SSAFA casework, a quarter from RAFA and a tenth from The Royal British Legion. A tenth came via the RAFBF Housing Team and residual proportions from other sources.

Figure 4b. Caseworking organisation

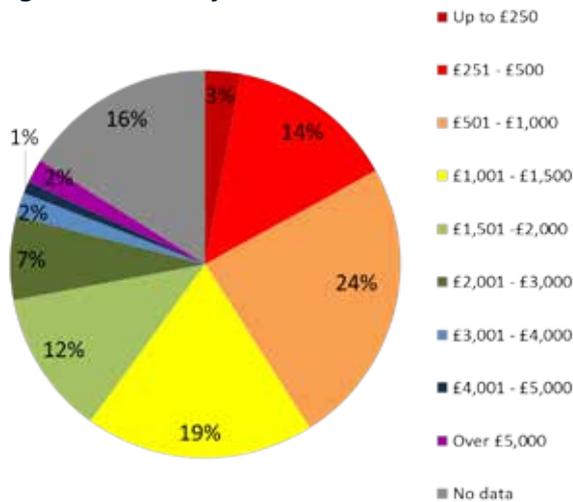


Base: 1606 RAFBF beneficiaries (information from sample)

85% had received a grant, and 0.4% a loan (or grant plus loan)<sup>30</sup>. The average value of their (most recent) award was just over £1,500. Fig. 4c shows the full range in value of awards.

30 The remaining 14% did not have either logged on the RAFBF database supplied, largely relating to the Housing Trust tenants who would have received on-going support and assistance which may not have taken the form of a grant or loan.

Figure 4c. Value of award



Base: 1606 RAFBF beneficiaries (information from sample supplied)

61% of the sample beneficiaries were 'multiple users', that is they had received support more than once (the same or a different type of support) from the RAFBF in the last 12 months<sup>31</sup>.

39% were classified as 'repeat users', in that they had returned to the RAFBF for further support within the last three years<sup>32</sup>.

Housing Trust tenants were the beneficiary type most likely to be multiple users (71% of them were).

Figure 4d. Multiple and repeat users, by beneficiary type

Row percentages	Multiple	Repeat
<b>ALL beneficiaries</b>	<b>61%</b>	<b>39%</b>
Housing Trust	71%	40%
General welfare grant	63%	36%
Mobility aids	62%	38%
Housing adaptations/ repairs	59%	42%
Regular Financial Assistance	59%	40%
Debt assistance	58%	35%
Care equipment	56%	43%
Respite break (PMH)	56%	42%

31 Specifically they had received assistance from more than one RAFBF category of welfare assistance in the last 12 months (1st July 2013 to 30th June 2014) or from the same category or two.

32 Specifically they had received previous assistance from the RAFBF in the period 1st July 2011 to 30th June 2013 in any category (same or different).

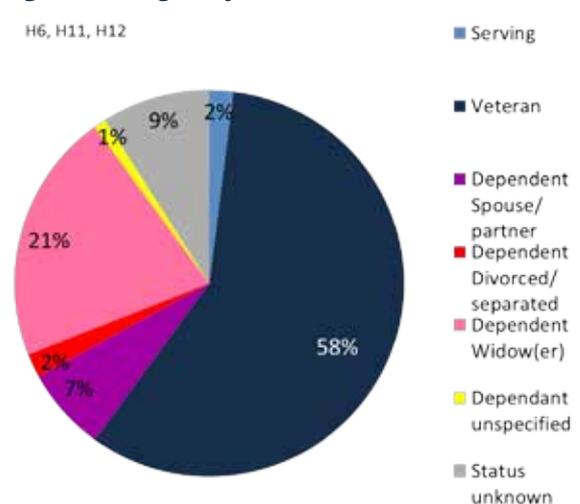
## 4.2 Military Service connections

58% of the RAFBF beneficiaries surveyed were veterans, 2% were serving personnel, 31% were dependants and 9% were status undetermined. The wider adult RAF ex-Service community is composed of 60% veterans and 40% adult dependants.

The composition of adult dependants as a distinct group is 68% widow(er)s, 21% spouses/partners, 7% divorced/separated, 4% undetermined; relative to the wider RAF ex-Service dependants the beneficiaries are strongly skewed towards widow(er)s<sup>33</sup>.

The resulting eligibility status of the beneficiaries is shown in fig. 4e.

Figure 4e. Eligibility status



Base: 1606 RAFBF beneficiaries

### Regulars and Reservists

All the serving beneficiaries were serving with the Regular RAF. Of the veteran beneficiaries, 84% had served only with the Regular RAF, 5% had served with both the Regulars and the Reserves and 4% had served only with the RAF Reserves (and 7% left the question blank).

### Conscription

Among veterans aged 75 or over, only 39% confirmed that they had been conscripted or done 'National Service' – most of these are post-war National Servicemen (fig. 4f).

33 In the wider RAF ex-Service community, the composition of adult dependants, as a distinct group is: 39% widow(er)s, 49% spouses/partners, 11% divorced/separated and 1% dependent 16-24 year olds.

Comparing the conscription profile with that of all RAF veterans (see fig. 1b earlier) reveals some interesting differences. RAFBF beneficiaries who were veterans aged 75+ were more likely to have served in WW2<sup>34</sup> and much less likely to cite any post war National Service (29% vs. 65% in the wider pool of RAF veterans aged 70+). They were more likely to report serving from their own choice, either during WW2 or afterwards.

**Figure 4f. Conscription era RAF veterans, among RAFBF beneficiaries**

H8	RAF veterans aged 75+	
	%	
<b>Base: All RAF beneficiaries who were veterans aged 75+</b>		
ANY CONSCRIPTION/ NATIONAL SERVICE:		
World War 2	11	} 39
Post World War 2	29	
ANY 'OWN CHOICE'/ NON-CONSCRIPTION:		
World War 2	24	} 56
Post World War 2	35	
ANY WW2		35
ANY POST-WAR		62
Other	5	
Not stated	5	

Base: 427 RAFBF beneficiaries who were veterans aged 75+.

Percentages sum to more than 100% due to multiple responses.

### Time since military discharge

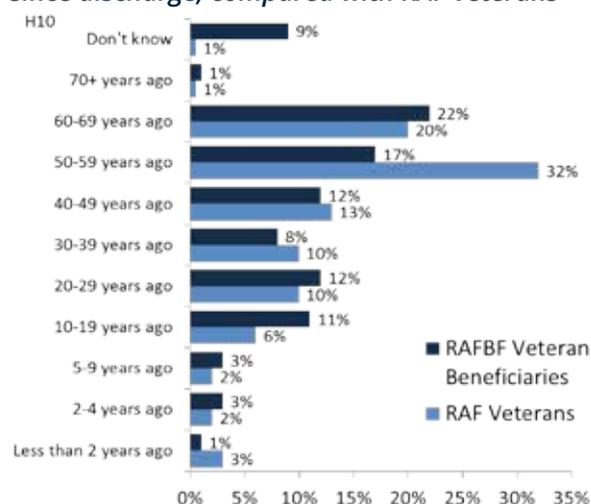
The average (mean) length of time since discharge was 42 years (i.e. they left Service in 1972). Amongst all RAF veterans the equivalent is 44 years.

Amongst all RAF veterans there is a peak in discharge 50-59 years ago, whereas RAFBF beneficiaries have a more evenly distributed profile and significantly more discharged 10-19 years ago (that is between 1995 – 2004).

### Length of Service

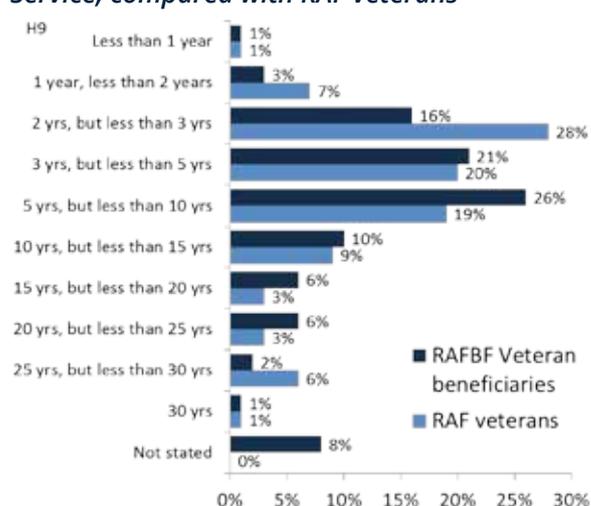
On average, RAFBF beneficiaries who were veterans had served for an average of eight years, as compared with all RAF veterans who served for seven years on average. The RAFBF veteran beneficiaries had a mode of five to nine years, as compared with two to three years among all RAF veterans.

**Figure 4g. RAFBF veteran beneficiaries' time since discharge, compared with RAF veterans**



Base: 937 RAFBF beneficiaries who were veterans

**Figure 4h. RAFBF veteran beneficiaries' length of Service, compared with RAF veterans**



Base: 937 RAFBF beneficiaries who were veterans

<sup>34</sup> This reflects the larger proportion of over 85s in the RAFBF beneficiary group.

## 4.3 Demographics

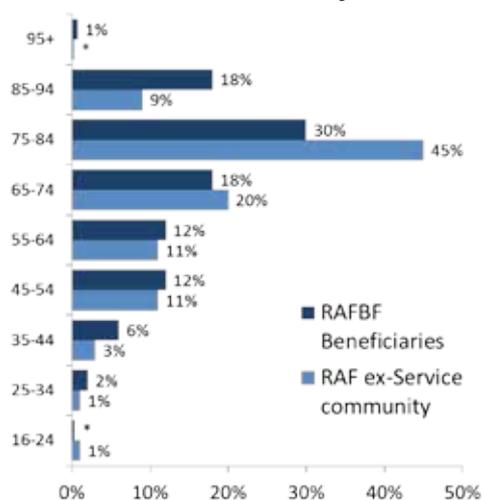
### Gender

The RAFBF beneficiaries were evenly divided between men (49%) and women (48%); 3% did not give their gender. 78% of veterans and 77% of serving personnel were men; 98% of dependants were women.

### Age

The average age of RAFBF beneficiaries was 70 years compared with 71 years in the wider adult RAF ex-Service community. However, this hides some interesting variations in the age profile of RAFBF beneficiaries compared with that of the wider RAF ex-Service community: the beneficiaries have a smaller proportion aged 75-84, and a larger proportion aged 85-94 or aged 35-44.

**Figure 4i. Age of RAFBF beneficiaries, compared with wider RAF ex-Service community**



Base: 1462 RAFBF beneficiaries who gave their age (91% of the total sample of 1606)

This is a positive finding since within the ex-Service community needs tend to be intensified amongst those aged 85-94 and those aged 35-44 (see fig. 3d earlier), so if RAFBF beneficiaries are somewhat skewed to these categories then this may well reflect targeting of their services to those with greatest needs<sup>35</sup>.

The relative lack of 75-84s in the profile may indicate that perhaps there is a need for awareness raising on eligibility for help amongst those who just did post war National Service and their associated spouses and widows.

<sup>35</sup> An analysis of the age profile of members of the RAF ex-Service community citing 'any welfare needs' or 'multiple needs' when prompted, shows broadly similar age profiles for these needy sub-groups, as for the whole RAF ex-Service community. The only real difference being that those with 'multiple needs' have a slightly younger profile with 30% aged under 65, compared with 27% in the whole community.

Age varied by beneficiary type. Over half of beneficiaries of the Housing Trust, general welfare grants and debt assistance were of working age (16-64). The other beneficiary types were predominantly of retirement age, with guests to PMH and beneficiaries of Regular Financial Assistance being the oldest. This is reflective of the targeting of these particular services and the criteria for eligibility.

**Figure 4j. Age, by beneficiary type**

Row percentages	Mean age	Aged 16-64	Aged 65+
<b>ALL beneficiaries</b>	<b>70</b>	<b>30%</b>	<b>61%</b>
Housing Trust	60	53%	33%
General welfare grant	62	51%	41%
Debt assistance	62	52%	42%
Care equipment	69	34%	58%
Mobility aids	75	17%	77%
Housing adaptations/ repairs	76	15%	74%
Respite break (PMH)	80	11%	82%
Regular Financial Assistance	80	3%	88%

Base: 1606 RAFBF beneficiaries. Where proportion aged 16-64 and 65+ do not sum to 100% the residual left the question blank.

### Marital status

44% of beneficiaries responding to the survey were widowed, 29% were married or cohabiting, 16% were divorced or separated and 7% were single. Relative to the wider RAF ex-Service community this profile has an upweighting of widows and those who are divorced or separated and a downweighting of those who are married or cohabiting.

### Household composition

The average household size (including both adults and children) was 1.76 people.

Half of the RAFBF beneficiaries who answered said they live alone, which is higher than the third in the RAF ex-Service community. A third of beneficiaries live in a two person household, compared with half of the wider RAF ex-Service community. So the RAFBF beneficiary group is skewed towards those who live alone.

7% of beneficiaries reported having any children under 16 in their household, which is similar to the 6% in the wider RAF ex-Service community.

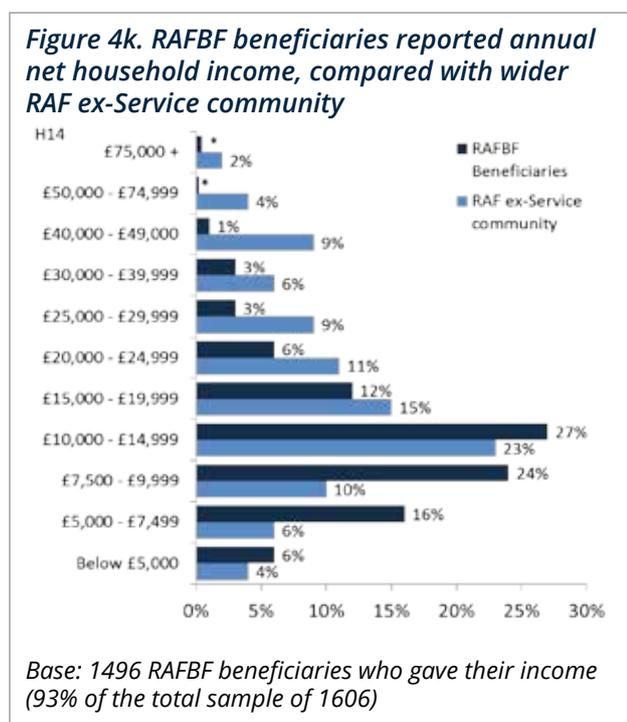
### Caring responsibilities

23% of beneficiaries report some unpaid caring responsibility as a carer for a family member, friend or neighbour<sup>36</sup>. This is similar to the proportion in the wider RAF ex-Service community (21%).

## 4.4 Income and employment

### Household income

The average annual net household income reported by RAFBF beneficiaries is £13,200; considerably lower than the £22,000 in the wider RAF ex-Service community, as might be expected.



73% reported net annual household income below £15,000 and 22% below £7,500. The equivalent proportions in the wider RAF ex-Service community are 43% and 10% respectively; so the RAFBF is effectively targeting those on the lowest incomes.

The mean annual net household income was £16,300 for beneficiaries aged 16-64 and £11,600 for beneficiaries aged 65+.

### Working status

Two thirds of RAFBF beneficiaries were retired (compared with three quarters in the wider RAF ex-Service community).

Earlier we saw how members of the RAF ex-Service community of working age (16-64s) are *less* likely to be employed, *as* likely to be unemployed and *more* likely to be economically inactive than their peers in the general population (see fig. 3i).

Compared with the wider RAF ex-Service community, RAFBF beneficiaries are much *less* likely to be in full time employment (28% vs. 48%) and much *more* likely to be economically inactive<sup>37</sup> (54% vs. 34%). The proportion who were unemployed job seekers was similar in both groups (7% vs. 5%).

The 54% of working age beneficiaries who were economically inactive included:

- 34% not seeking work and unable to work
- 5% not seeking work, looking after their family or home
- 14% who had retired early
- 1% still in education.

In the wider ex-Service community, fewer 16-64s were not seeking work (10%)<sup>38</sup>, more had retired early (22%), and a similar proportion were still in education (2%).

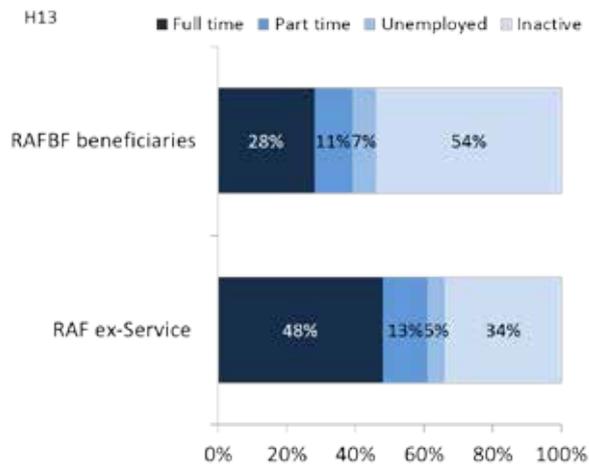
It is notable that a third of the RAFBF beneficiaries were not working because they were unable to do so (presumably due to poor health).

<sup>36</sup> However, one in seven left this question blank, so re-percentageing excluding them from the base, gives a result among those answering of 26% with caring responsibilities.

<sup>37</sup> Inactive includes those who are not in work but not seeking work, those who have taken early retirement and those still in full time education.

<sup>38</sup> The distinction between not working because unable to work and not working because looking after the family/home was not available.

**Figure 4l. Working status of all RAFBF beneficiaries of working age, compared with wider RAF ex-Service community**



Base: 410 RAFBF beneficiaries aged 16-64 who gave their working status (85% of all working age beneficiaries)

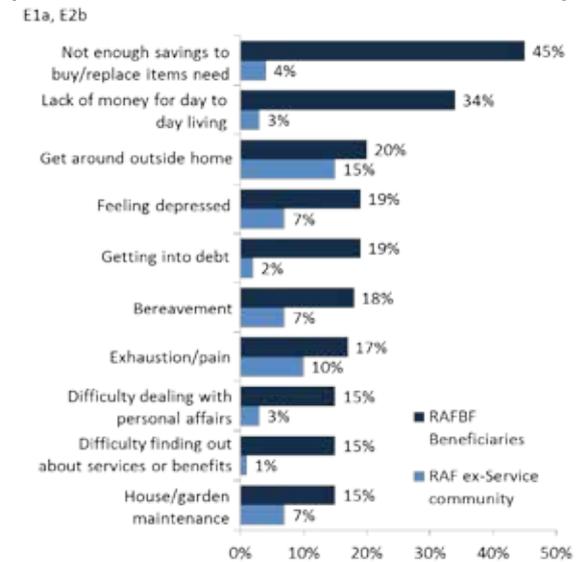
## 4.5 Welfare needs

RAFBF beneficiaries were shown a prompted list of welfare needs that matched those shown to the wider RAF ex-Service community in the RBL research. This enables direct comparison of the needs set of the two groups. The top ten welfare needs presented by RAFBF beneficiaries are shown in fig. 4m.

Among RAFBF beneficiaries, financial issues predominate, along with depression and mobility problems. Their top five difficulties experienced at the time just before they received help from the RAFBF recently were:

- not having enough savings to buy or replace items they needed 45%
- lack of money for daily living expenses 34%
- getting around outside their own home 20%
- feeling depressed 19%
- getting into debt 19%.

**Figure 4m. Top ten ranked difficulties presented by RAFBF beneficiaries, compared with prevalence in wider RAF ex-Service community**



Base: 1606 RAFBF beneficiaries

Fig. 4m also shows the proportion experiencing each of these problems in the wider ex-Service community. As would be expected the beneficiaries had heightened reporting of all these needs although the gap was narrowest on mobility outside the home. Fig. 3a earlier confirmed that mobility outside the home is the top problem experienced by the RAF ex-Service community, affecting 185,000, so whilst a fifth of RAFBF beneficiaries present with this problem, there are likely to be many more with potential demand for mobility assistance.

The same is true of exhaustion or pain, which is the second most common problem among the RAF ex-Service community, affecting 120,000 (fig. 3a). Whilst one in six RAFBF beneficiaries experience exhaustion or pain, many more are likely to be suffering in this way.

Fig. 3a also showed how health and mobility needs were prominent in the wider RAF ex-Service community, whereas money and debt problems less so (lack of money for day to day living and debt problems did not feature in their top ten difficulties and lack of savings was only ranked 9<sup>th</sup>). Financial concerns are much more pressing for the RAFBF beneficiary group.

The reader is referred to fig. 5iii at Appendix 5, which shows how the full spectrum of health and welfare needs varied by age. Younger RAFBF beneficiaries (aged 16-64) cited more wide-ranging needs than older beneficiaries (aged 65+). They were more likely to cite any problems under the following themes:

- relationships/isolation
- self-care
- psychological problems
- housing
- employment/training
- dealing with authorities
- community/civilian integration.

This may, in part, be about younger people having a greater willingness to voice their problems, than about actually greater severity or range of needs.

Amongst RAFBF beneficiaries aged 65 and over the top five difficulties experienced were:

- not having enough savings to buy or replace items needed 46%
- not enough money for day to day living 32%
- getting around outside their home 20%
- bereavement 19%
- difficulty with house and garden maintenance 17%.

However, amongst RAFBF beneficiaries aged 16-64 the top five needs cited were:

- not having enough savings to buy or replace items needed 46%
- not enough money for day to day living 38%
- getting into debt 31%
- feeling depressed 29%
- exhaustion or pain 23%.

The prevalence of the following needs was particularly heightened (at least tenfold) among RAFBF beneficiaries, relative to their counterparts in the wider RAF ex-Service community:

- difficulty getting a Council Housing place or from a Housing Association
- difficulty finding out about services or benefits to which entitled
- not having enough money for day to day living
- not having enough savings to buy or replace items needed
- poor housing/inappropriate housing for their needs
- lack of suitable transport (own or public transport)
- getting into dept.

The reader is referred to fig. 5iii at Appendix 5 for this comparative analysis for the full spectrum of health and welfare needs. The RAFBF beneficiaries have heightened reporting of nearly all needs<sup>39</sup>, relative to the wider RAF ex-Service community – which suggests the RAFBF is effectively reaching those with the greatest needs. Looking across the whole spectrum of needs, the differential between RAFBF beneficiaries and their peers is greater for those of working age (16-64) than those of retirement age (65+). Or to put it another way, RAFBF beneficiaries aged 16-64 have far more wide ranging needs than their peers, whereas over 65s are also more needy than their contemporaries but the differences are less marked.

The top five ranked needs expressed by RAFBF beneficiaries aged 16-64 and 65+ show a reasonably good match to members of the wider RAF ex-Service community of the same age.

The reader is referred to fig. 5iv at Appendix 5, which shows how the pattern of welfare needs presented varied by category of most recent assistance. The top five needs are shown, by beneficiary type, and the variations are as might be expected e.g. beneficiaries of mobility aids are the type who were most likely to cite mobility problems and transport problems etc. A couple of points to note include:

- financial needs are most intensified among recipients of Regular Financial Assistance (more so than among beneficiaries of general welfare grants or debt assistance)
- guests at Princess Marina House had the lowest reporting of *any* welfare needs (54%), which was much lower than the other beneficiary types, of whom over 80% cited any needs. In this sense, guests at PMH are more similar to the wider RAF ex-Service community, of whom 43% cite any welfare difficulties.

<sup>39</sup> The only exceptions being poor bladder control (8% of RAFBF beneficiaries and 8% of the wider RAF ex-Service community) and difficulty getting medical treatment needed (5% vs. 4% respectively).

# 5 QUALITY AND IMPACT OF ASSISTANCE RECEIVED FROM THE RAFBF

This chapter reports on perceived quality of assistance received, via caseworkers and directly from the RAFBF, and the impact of assistance on beneficiaries' quality of life. Again, the findings are taken from the RAFBF survey of its beneficiaries.

## Summary of key findings

- The main routes into RAFBF assistance were via one of three main caseworking partner organisations, or via word of mouth.
- Those who returned to the RAFBF for further assistance mainly cited the nature or impact of the support they had received from them in the past, being a trusted source of help or a severe shortage of money.
- 88% of beneficiaries surveyed rated the overall quality of the assistance they had received from the RAFBF as either excellent (65%) or very good (23%).
- Eight in ten thought the RAFBF standard of service exceeded their expectations and seven in ten would definitely recommend them to others in need.
- The RAFBF was rated very highly on handling their case sensitively and notifying them of the outcome of their application. There is potential to improve ease of getting in touch and general efficiency; but the key areas for improvement were considered to be keeping people informed as to the progress of their case and referrals (both into other RAFBF support services or to other organisations).
- Six in ten recalled some form of direct communications with the RAFBF in the last two years and most thought the level of contact was about right, although 22% thought it inadequate.
- The quality of service on various specific attributes of service was measured. The ratings were very positive indeed but some relatively weaker aspects of service delivery were identified.
- For example, the speed and quality of workmanship of property repairs and disability adaptations could be enhanced; as could inspecting for other jobs that needed doing around the house and offering to do these, even though much of this rests with caseworking organisations who organise the repairs and adaptations locally.
- Respite breaks could be enhanced by improving the on-site activities and entertainments and helping guests to interact socially with each other.
- Housing Trust tenants gave their lowest ratings on carrying out repairs promptly and the service from the local surveyor.
- Caseworkers were generally highly regarded. 85% of beneficiaries surveyed rated the overall quality of service they had received from their caseworker as either excellent (64%) or very good (21%).
- The weakest aspect of casework was the time to wait until the caseworker visited. Other potential areas for improvement were the ease of contacting them, their explanations of eligibility for assistance and assessing their needs fully.
- Over eight in ten who gave an opinion said that the RAFBF had made a lot of difference to their quality of life.
- Around half of those beneficiaries who were given a mobility aid, care equipment or stair lift, or who received a repair or adaptation to their property said they used the item supplied or repaired on a daily basis.
- In terms of these primary needs of the whole beneficiary pool, the RAFBF achieved 'high' impact in:
  - alleviating financial problems - lack of savings, money for daily living or debts
  - enhancing mobility outside their home
  - supporting the recently bereaved.
- The RAFBF achieved somewhat less, but still 'substantial' impact in helping people with:
  - their personal affairs and paperwork
  - finding out about statutory services or benefits to which they were entitled
  - house and garden maintenance.
- The RAFBF achieved only 'moderate' impact in:
  - helping people to deal with depression
  - helping people to cope with exhaustion or pain.

## 5.1 Routes in to RAFBF assistance

### Sources of awareness

Three quarters of beneficiaries learnt that the RAFBF might be able to help them via an Armed Forces/Service organisation, the top sources being:

- SSAFA 33%
- The Royal British Legion 14%
- RAF Association 13%
- RAF Community Support staff/Station Welfare Officers 7%
- During resettlement or discharge process 6%.

In addition there were these direct RAFBF sources:

- RAFBF helpline 10%
- RAFBF website 5%
- Letter or newsletter from the RAFBF 4%
- RAFBF advertisement in a newspaper or on a billboard 3%.

It is not surprising that the three main caseworking organisations top this list. The reader is referred to Section 5.3 for beneficiaries' evaluations of their caseworker.

Four in ten learnt through any other sources, the top ones being:

- Friend/family/neighbour/word of mouth 18%
- Local authority or Council 6%
- Social worker/Social Services 5%
- Newspaper/magazine/TV programme 4%
- Charities for the elderly 3%.

Figure 5v at Appendix 5 lists the full range of sources of awareness, by age. Hearing through any Armed Forces or Service organisation decreased with increasing age, whilst hearing through other non-military channels increased. Younger beneficiaries aged 16-54 were more likely to have heard through RAF Community Support staff or Station Welfare Officers, or during their resettlement or discharge process, and they were more likely than older people to have used the RAFBF website. Hearing through their local authority or Council, or through a social worker/Social Services increased with advancing age.

Beneficiaries were prompted with a list of different RAFBF categories of support (including short descriptions) and asked which they or their household had *ever* received (even if via contact with SSAFA, RAFA or TRBL). We cross analysed this against the type of assistance *most recently* received

according to the RAFBF database records; fig. 5vi in Appendix 5 has the details. There was not a 100% correspondence i.e. not everyone could recall the category of assistance most recently received. The highest recall was from Housing Trust tenants, of whom 95% confirmed that they were renting their home from the Housing Trust. The proportion who could recall their most recent assistance received cascaded down the beneficiary types as follows:

- Regular Financial Assistance – 84% recall
- Respite break at PMH – 80% recall
- Mobility aids – 79%
- Housing repairs/adaptations – 76%
- General welfare grant – 69%
- Debt assistance – 45%
- Care equipment 44%.

Amongst beneficiaries of debt assistance, a higher proportion recalled the award of a general welfare grant (61%) than recalled receiving debt assistance (45%) – but these categories probably somewhat overlap in their mind and the descriptions were very similar.

Amongst beneficiaries of care equipment, 44% recalled receipt of care equipment but nearly as many (40%) recalled receipt of a general welfare grant.

### Reasons for returning for further assistance

Some people return to the RAFBF for further assistance. The half (54%) of beneficiaries who self-classified themselves as multiple or repeat users answered a question on reasons for returning to the RAFBF for help on more than one occasion. They were asked to select up to four reasons why they came back to the RAFBF for further help, from a prompted list.

81% of these 879 returning beneficiaries cited reasons pertaining to positive aspects of the RAFBF services ('pull factors'); 59% cited new or unresolved problems and 23% said they had been unable to get help or fully resolve their problems through other organisations ('push factors').

The most common reasons given were all 'pull factors' suggesting that those with experience of the RAFBF have a very positive perception of the organisation and are therefore naturally drawn back when they are in need:

- The RAFBF had given me very good support in the past 52%
- The RAFBF had given me financial help in the past 45%

- The RAFBF are a trustworthy source of help 40%
- The RAFBF had improved my quality of life in the past 35%
- I'm eligible for RAFBF assistance/I knew they wouldn't turn me away 15%.

The less common reasons were mostly 'push factors' around new or unresolved problems:

- I didn't have enough money to make ends meet 26%
- I had a new problem 19%
- My health got much worse since they last helped me 16%
- I couldn't cope with my situation on my own any more 12%
- I was in a temporary crisis 11%
- My ongoing problems had got worse since the RAFBF last helped me 9%
- The RAFBF hadn't fully resolved my problems/I still had unmet needs 7%.

Relatively few cited barriers in gaining assistance from elsewhere:

- I didn't know who else to turn to 15%
- I tried to get help from other sources/organisations without success 6%
- I got help from other sources/organisations but it hadn't fully resolved my problems 3%
- The RAFBF referred me on to another organisation but they were not able to help 2%.

## 5.2 Quality of the RAFBF service delivery

In this section we report on beneficiaries' perceptions of quality of service received directly from the RAFBF. We return in Section 5.3 to discuss perceptions of the quality of service received indirectly via the caseworking organisations.

### Overall evaluations

88% of beneficiaries surveyed rated the overall quality of the assistance they had received from the RAFBF as excellent/very good (fig. 5a). On this indicator beneficiaries whose most recent assistance was mobility aids/adaptations, housing repairs/adaptations or Regular Financial Assistance gave the highest ratings (scoring over 90% excellent/very good).

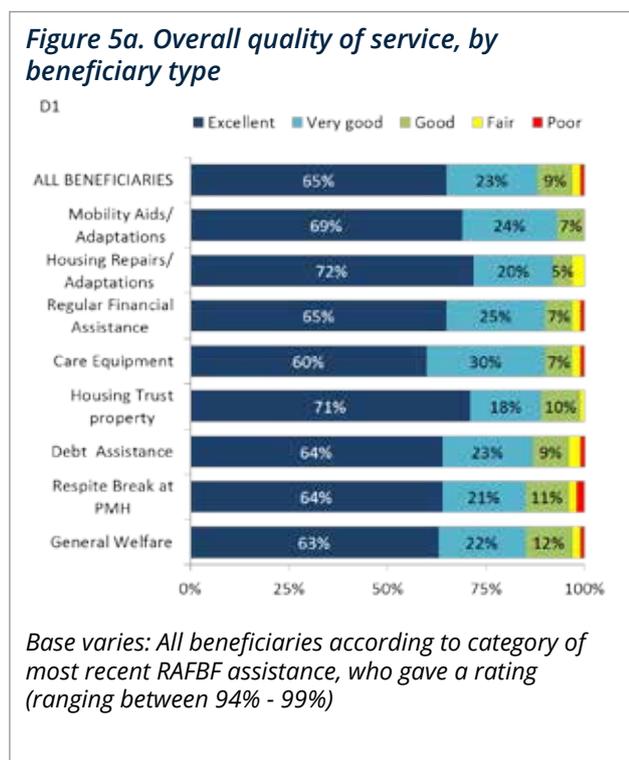
### Interpreting the quality scores

- Quality ratings were on a five point scale: 'excellent', 'very good', 'good', 'fair' and 'poor'.
- The proportion of beneficiaries giving a rating for each service element varied from question to question, depending on how applicable it was. Therefore, to standardise the scores those who left the question blank, or ticked 'not applicable' were excluded when calculating the percentage given to each quality rating from 'excellent' to 'poor'. The chart footnotes give an indication of the range in the % answering.
- In interpreting these results, it may be helpful to note that research has shown that in this type of question the 'top two' box ratings of 'excellent' and 'very good' are generally the most indicative of customer satisfaction, while the middling ratings of 'good' and 'fair' may be selected by people who think the service adequate but aren't particularly enamoured with it, or who feel a degree of dissatisfaction even if they do not want to say the service was actually 'poor'.
- Therefore it is sensible to monitor the proportion who rate each dimension as 'excellent/very good'.
- However, charity beneficiaries often rate very highly (perhaps because of an underlying 'gratitude effect') and so in this context it is important also to track the proportion giving the top box score of 'excellent', as this is where we see most differentiation.
- Having assessed the range of scores given by RAFBF beneficiaries we consider that it may be helpful when reviewing the RAFBF results to consider scores in the range of:
  - in excess of 70% 'excellent' – areas of **outstanding** performance
  - 60% - 69% 'excellent' – areas of **strong** performance to maintain
  - 50% - 59% 'excellent' – **weaker** aspects of performance, with room for improvement
  - below 50% 'excellent' – **weakest** areas of performance, to prioritise for improvement.
- Whilst all these scores are impressively high in absolute terms, the classification above helps to tease out which dimensions are *relatively* weaker than others and so potentially deserving of more attention or resources to improve them.

Beneficiaries whose most recent assistance was a respite break at Princess Marina House or a general welfare grant gave the lowest ratings (85% excellent/very good).

But there is not much differentiation in these scores and the overall picture is of very satisfied beneficiaries across all types of assistance.

It is also helpful to focus in on the % excellent score. On this measure housing repairs/adaptations and Housing Trust tenants gave the highest ratings (72% and 71% excellent respectively). Beneficiaries of care equipment gave the lowest proportion of 'excellent' ratings at 60%.



The value of award received did have a bearing on overall quality of service perceptions:

- Up to £750: 59% excellent, 25% very good
- £751 - £1500: 65% excellent, 24% very good
- Over £1,500: 72% excellent, 20% very good.

This implies that there is an 'underlying gratitude' effect which will colour perceptions and this is stronger as the value of financial assistance increases.

There were slight variations in perceived overall quality of the RAFBF, according to which caseworking organisation beneficiaries had had contact with:

- SSAFA - 65% excellent, 25% very good
- RAFA - 66% excellent, 20% very good
- RBL - 60% excellent, 24% very good.

This suggests that perceptions of their caseworker (see Section 5.3 for more details) may affect overall perceptions of the RAFBF.

There was no real difference in overall quality ratings between those who were multiple or repeat users and those who were new to the RAFBF.

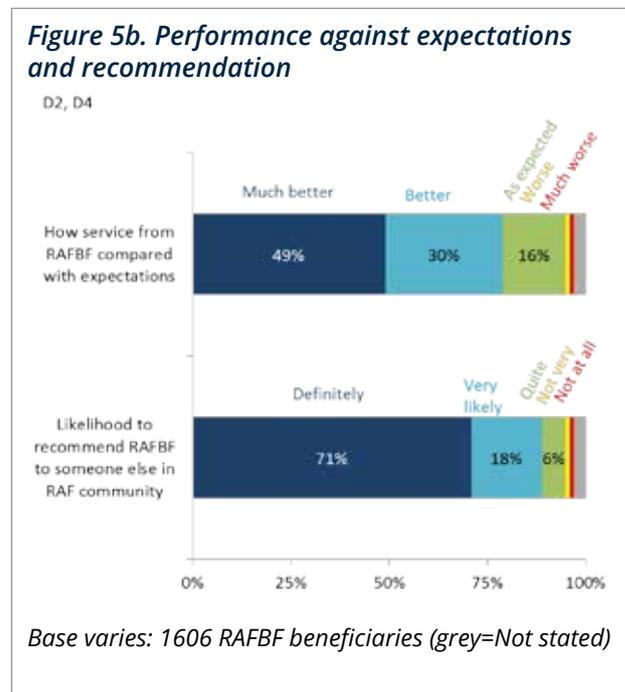
Veterans and dependants showed no real variations in overall quality of service ratings, although the minority of Serving personnel did give somewhat lower ratings:

- Serving - 58% excellent, 13% very good
- Veterans - 66% excellent, 23% very good
- Dependants - 66% excellent, 22% very good.

It is worth noting that Serving personnel have to apply for assistance through their HR staff rather than through caseworking organisations which may impact upon their perceptions.

There were not wide variations in ratings given by age.

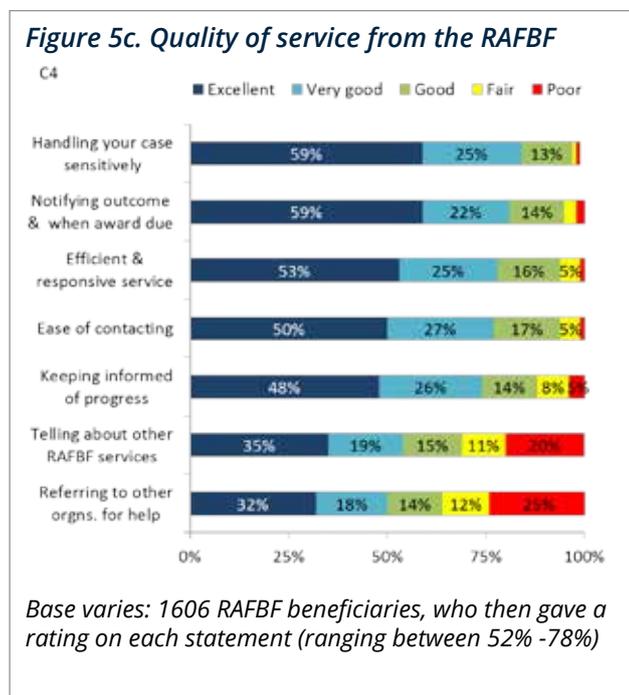
The RAFBF's performance compared with beneficiaries' expectations was also very positive: half said it was 'much better' than expected and a further three in ten said it was 'better' than expected. (Only 2% reported that it was 'worse' or 'much worse' than expected).



Seven in ten said they would 'definitely' recommend the RAFBF as a source of support to someone else in the RAF community who was in need. (Only 2% were 'not very likely' or 'not at all likely' to recommend the RAFBF).

## Generic quality of service dimensions

All beneficiaries were asked to rate a series of generic quality of service dimensions shown in fig. 5c.



The aspects which were rated most highly were handling their case sensitively (84% excellent/very good) and writing to notify the final outcome of their application and explaining how and when they would receive the assistance awarded (81% excellent/very good).

The next highest ratings were on ease of contacting or getting through to them, and providing an efficient and responsive service – these are relatively weaker aspects of performance with room to improve.

Keeping beneficiaries informed as to the progress of their case is a priority area for improvement as it was one of the lowest scoring dimensions: only 48% rated this ‘excellent’ and 13% rated this aspect only fair/poor.

Two especially weak aspects of service delivery, which are therefore priorities for improvement, were considered to be:

- telling them about other RAFBF support services that might be able to help them (i.e. cross referrals): only 54% rated this as excellent/very good and 31% rated it fair/poor.
- referring them on to other organisations that might be able to help them: only 50% rated this as excellent/very good and 37% rated it fair/poor.

The reader is referred to figure 5vii at Appendix 5, which shows how the quality ratings on these core service attributes varied by beneficiary type. There were not wide variations around the average ratings given, although it is worth noting that care equipment scored more than -5% below the average on four of the seven dimensions, so this is worthy of further investigation.

Beneficiaries were asked how the RAFBF could have improved the help it gave them. Fig. 5d gives the full ranges of responses.

Over a third were entirely satisfied and said no improvements were necessary; and a further half left the question blank, which implies a reticence to criticise when they are grateful for charitable support received. The top suggestion (made by 86 respondents) was to provide better information, advice or communication; 44 people asked for more help or funds.

**Figure 5d. How the RAFBF could have improved the help it gave**

D3	%
No improvements to help necessary	36
Provide better information/advice/communication	5
Provide more help/support/funds	3
Faster response/quicker to process	2
Direct/personal communication	1
Follow up/checking once funds or help received	1
Improve paperwork/process method	1
Facing difficulties/poor health still	1
Better caseworker/fewer changes to caseworker	1
Still awaiting help/too soon or not enough information to comment	1
Maintaining current levels of support/funds; no reductions	1
Deliver on promises/be more honest	*
Didn't receive any help	*
Other	2
Not applicable/No comment/blank	49

Base: 1606 RAFBF beneficiaries

## Communication

Six in ten beneficiaries recalled having some form of direct contact with the RAFBF about receiving new or ongoing financial assistance in the last two years, through any communication channels. Over a third recalled any communication by letter, and over a quarter by telephone.

Housing Trust tenants and recipients of Regular Financial Assistance were the most likely to recall any direct contact – nearly three quarters did so. Between four and six in ten of the other beneficiary types recalled any contact, apart from guests at Princess Marina House of whom only a third recalled any contact (see fig. 5viii at Appendix 5).

**Figure 5e. Direct communication channels with RAFBF**

C1	%
<b>ANY CONTACT:</b>	<b>61</b>
By letter (to or from them)	36
On the telephone	28
Face-to-face contact	20
By email (to or from them)	6
None of these	33
Not stated	7

Base: 1606 RAFBF beneficiaries

The majority (62%) thought that the amount of direct communication they'd had with the RAFBF was about right. 9% thought they'd had 'not quite enough' and 13% said 'not nearly enough'. 1% thought they'd had too much communication. So there is potential for the RAFBF to increase the amount of communication with its beneficiaries.

Housing Trust tenants and recipients of Regular Financial Assistance were the most likely to say their level of communication was about right. Beneficiaries of debt assistance were the category who were most likely to say they had not had enough direct communication - 31% did so (see fig. 5viii at Appendix 5).

Beneficiaries were invited to comment on the amount and type of direct communication they would have preferred from the RAFBF and any improvements required. One in five said no improvements were necessary and a further three in five left the question blank. The top suggestion (made by 54 respondents) was for more follow-up communication; 37 people asked for more information. Fig. 5f gives the full ranges of responses.

**Figure 5f. How the RAFBF could have improved the help it gave**

C3	%
No improvements to communication necessary/couldn't have done anything more	19
More follow-up communication required	3
More information required	2
Grateful for help received	1
Prefer by letter	1
Prefer by phone	1
Communication too slow/ no communication	1
Prefer by email	1
Prefer face to face	1
Still awaiting support/process incomplete	*
Problems with paperwork	*
Other	*
General comment specifying what type of communication had been received	6
Didn't have any direct contact	5
Not applicable/No comment/blank	60

Base: 1606 RAFBF beneficiaries

## Quality of mobility aids and care equipment

The 355 beneficiaries who recalled having received from the RAFBF mobility aids (mobility scooters or wheelchairs) or care equipment (financial help for items such as electric riser/recliner chairs or beds, bath lifts, stairlifts) were asked to rate various specific aspects of the service they received.

The ratings were very uniform (fig. 5g) with around two thirds giving an excellent rating and nine in ten rating excellent/very good on each dimension. The ratings were even higher on providing a product that was suitable for their needs (94% excellent/very good).

The half who recalled being assessed by an Occupational Therapist were complimentary about them. The ratings given to Midshires Powerchairs were a little lower but still overwhelmingly positive (fig. 5h). One in seven (14%) rated Midshires Powerchairs only good/fair/poor. We can speculate as to what might be behind these lower ratings e.g. perhaps not providing the equipment that the beneficiary

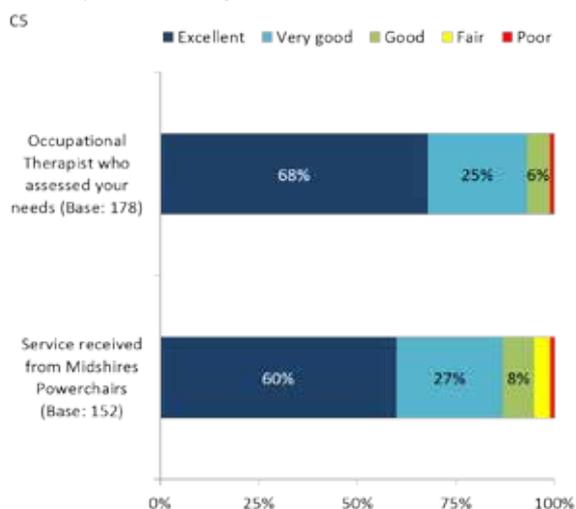
requested, but being what the Occupational Therapist recommended. This would be about managing beneficiaries' expectations about what will be delivered.

**Figure 5g. Mobility or care equipment: quality of service**



Base: 355 RAFBF beneficiaries who recalled receipt of mobility or care equipment at A2, and who then gave a rating on each statement (ranging between 75% -83%)

**Figure 5h. Mobility or care equipment: quality of service from other providers**



Base: 355 RAFBF beneficiaries who recalled receipt of mobility or care equipment at A2, and then who gave a rating on each statement (50% and 43% respectively)

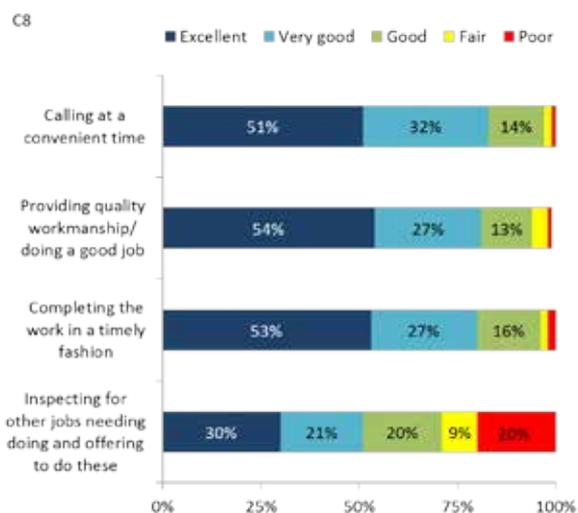
### Quality of property repairs or adaptations

The 293 beneficiaries who recalled having benefited from a grant or loan for property repairs (e.g. a leaking roof, broken boiler) or disability adaptations (e.g. ramps, walk-in shower, structural alterations) were asked to rate various aspects of the quality of service. Figs 5i and 5j give the findings.

The ratings on housing repairs and adaptations were somewhat lower than those received on other support services. (No dimensions received an outstanding rating of 70%+ 'excellent').

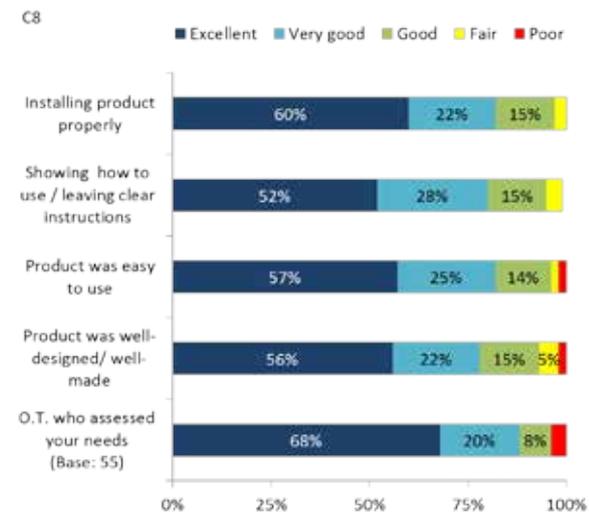
However, it is worth bearing in mind that the quality of repairs and adaptations are not within the control of the RAFBF, since funding is provided and then the caseworker arranges the repairs/adaptations with a local supplier. The exception to this is Housing Trust beneficiaries for whom the RAFBF does arrange the repair – therefore at the end of this section we comment on differences in their ratings.

**Figure 5i. Property repairs or disability adaptations: quality of service**



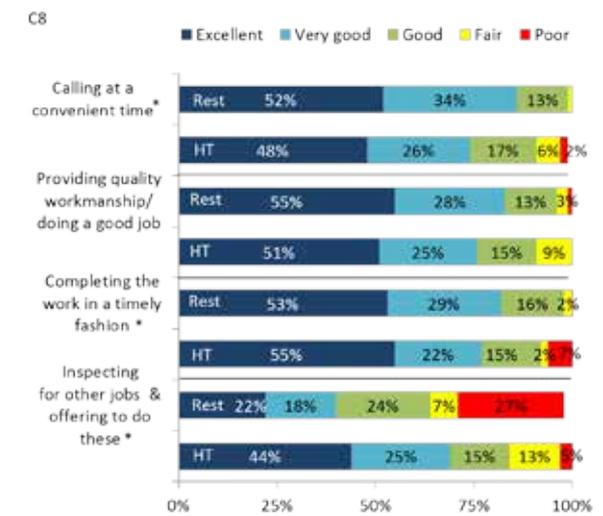
Base varies: 293 RAFBF beneficiaries who recalled a property repair or installation of a disability adaptation at A2, and who then gave a rating on each statement (ranging between 53% -77%)

**Figure 5j. Property repairs or disability adaptations: quality of product installation**



Base varies: 293 RAFBF beneficiaries who recalled a property repair or installation of a disability adaptation at A2, and who then gave a rating on each statement (ranging between 19% -52%).

**Figure 5k. Property repairs or disability adaptations: quality of service; Housing Trust beneficiaries vs. the rest**



Base varies: 58 RAFBF Housing Trust beneficiaries and 235 RAFBF other beneficiaries who recalled a property repair or installation of a disability adaptation at A2, and who then gave a rating on each statement (between 43% -95%)

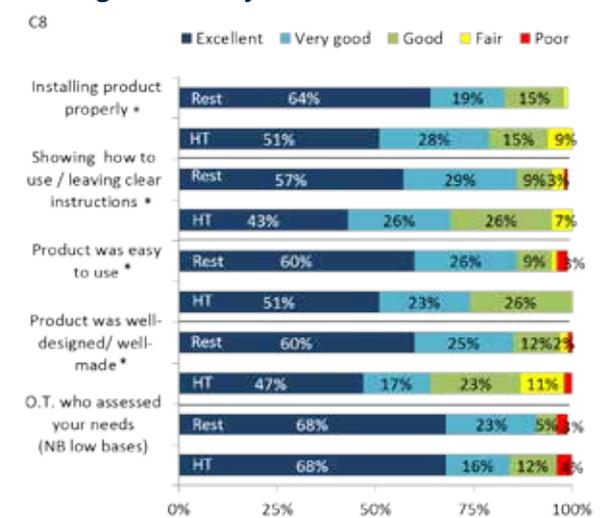
The highest ratings were given on the Occupational Therapist who assessed their needs, by the minority who recalled receiving such an assessment. There were also high ratings on installing any new product properly.

The other dimensions were all relatively weak (not in absolute terms but relative to ratings on other RAFBF support services). There is room to improve on calling at a convenient time, quality of workmanship and speed of completion; also on the quality of the products installed, instructions and ease of use. 7% gave a rating of only fair/poor on the product being well-designed and well-made.

The weakest aspect was inspecting for other jobs that needed doing and offering to do these. Only 51% rated this aspect excellent/very good and 29% rated it fair/poor.

Figures 5k and 5l show how the quality ratings compared for Housing Trust beneficiaries (where the RAFBF is responsible for arranging the repair or installation) and other beneficiaries (where the RAFBF is not responsible and the work would be carried out by a local supplier, arranged by the caseworker). Asterisked items show where the % excellent/very good or the % fair/poor was significantly different. On six dimensions the Housing Trust beneficiaries gave significantly lower ratings but on one aspect – inspecting for other jobs that needed doing and offering to do these – they gave significantly higher ratings.

**Figure 5l. Property repairs or disability adaptations: quality of product installation; Housing Trust beneficiaries vs. the rest**



Base varies: 58 RAFBF Housing Trust beneficiaries and 235 RAFBF other beneficiaries who recalled a property repair or installation of a disability adaptation at A2, and who then gave a rating on each statement (between 13% -81%)

### Quality of respite breaks

The 138 beneficiaries who recalled having been on a respite break paid in part or in full by the RAFBF at Princess Marina House were asked to rate various aspects of their stay.

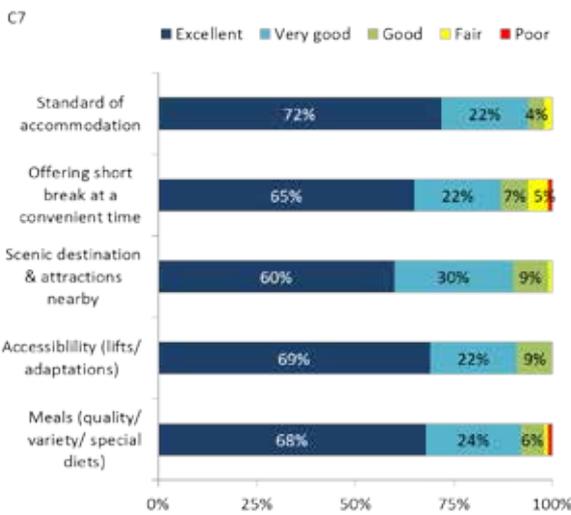
Fig. 5m shows the aspects pertaining to the timing, location and venue of their holiday.

The standard of the accommodation – furnishing, heating, upkeep and security – was exemplary: 72% rated this excellent and 94% excellent/very good. The accessibility and meals at PMH were also very highly regarded.

Slightly fewer rated the resort and attractions nearby as excellent.

The only minor criticism was on offering the short break at a convenient time: 6% rated this only fair/poor.

**Figure 5m. Respite Breaks: quality of accommodation at Princess Marina House**

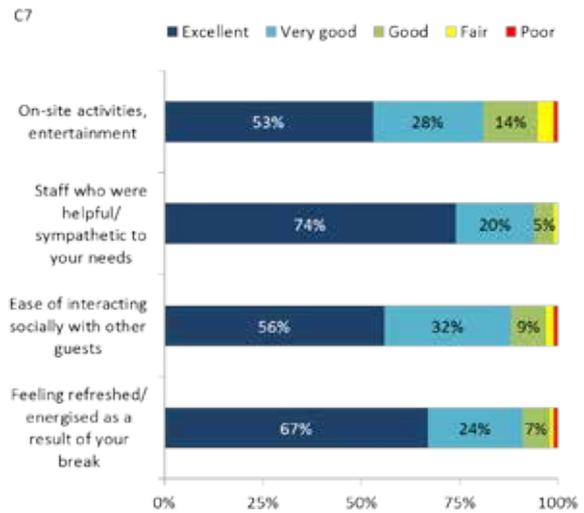


*Base varies: 138 RAFBF beneficiaries who recalled going on a respite break to PMH at A2, and who then gave a rating on each statement (ranging between 76% -85%)*

Fig. 5n shows the ‘softer’ aspects pertaining to the staff, and interactions with other guests and the feelings engendered by the holiday.

There was very high praise for the staff at PMH being helpful and sympathetic to their needs (74% excellent and 94% excellent/very good).

**Figure 5n. Respite breaks: quality of service at Princess Marina House**



*Base varies: 138 RAFBF beneficiaries who recalled going on a respite break to PMH at A2, and who then gave a rating on each statement (ranging between 81% -84%)*

The lowest ratings on the holiday were for the ease of interacting with other guests (56% excellent), which may be as much about the beneficiaries’ capacity to socialise as anything else; and the on-site activities and entertainment (53% excellent), which the RAFBF could seek to enhance.

Overall however, the vast majority of guests left feeling refreshed and energised as a result of their break.

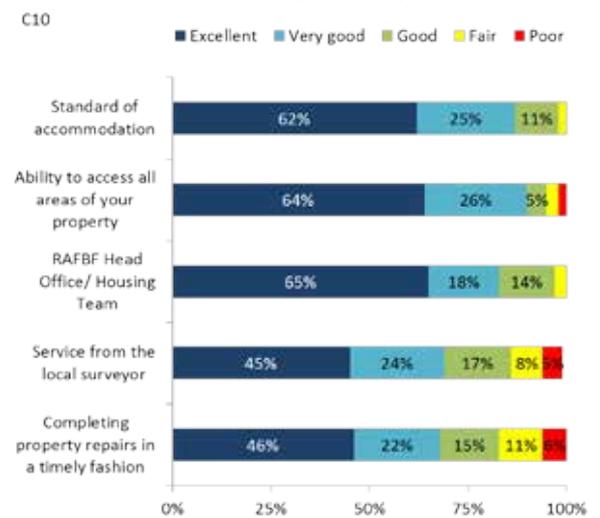
### Housing Trust tenants

The 170 beneficiaries who confirmed that they were Housing Trust tenants were asked to rate various aspects of the quality of service received.

They gave strong ratings on the standard of their rental accommodation - furnishing, heating, upkeep and security – and on accessibility. A residual 5% only rated fair/poor on accessibility, enabling them to access all areas of their home and be independent.

Tenants were also complimentary about the quality of service they received from the RAFBF Head Office/Housing Team (83% excellent/very good).

**Figure 5o RAFBF Housing Trust: quality of service**



Base varies: 170 RAFBF beneficiaries who recalled being a Housing Trust tenant at A2, and who then gave a rating on each statement (ranging between 85% -94%)

The two weak aspects of service delivery, which are therefore priorities for improvement, were considered to be:

- the quality of service from the local surveyor, when applicable: only 45% rated this as excellent and 13% rated it fair/poor.
- completing property repairs in a timely fashion: 46% rated this as excellent and 17% rated it fair/poor.

### 5.3 Views on caseworking organisations

#### Recall of contact with caseworkers

Three quarters (74%) of the beneficiaries surveyed recalled contact with a caseworker from one of the RAFBF’s partner charities about receiving financial or other assistance, within the last two years. The proportions recalling contact with a caseworker from each charity were:

- SSAFA 47%
- RAFA 19%
- RBL 12%
- Other 2%.

There was a reasonably good (but not complete) correlation between the caseworking organisation which was recorded on the RAFBF database and beneficiaries’ recall of caseworker contact in the last two years:

- 70% of SSAFA cases recalled contact with a SSAFA caseworker
- 65% of RBL cases recalled contact with a Legion caseworker
- 55% of Officers’ Association cases recalled contact with an Officers’ Association caseworker
- 47% of RAFA cases recalled contact with an RAF Association caseworker.

However, some beneficiaries recalled different caseworking organisations than the one logged on the RAFBF database, and around a fifth to a quarter had no recall of contact with any caseworking organisation, as fig. 5i at Appendix 5 shows.

#### Perceptions of funding arrangements

Those who could recall any contact with one of the RAFBF’s caseworking organisations were asked whether they were aware that the RAFBF was funding and providing some or all of the assistance they received, or whether they thought it was the caseworking charity.

Figure 5p gives the findings, according to the caseworking organisation they recalled (fig. 5x at Appendix 5 gives the same analysis by the actual caseworking charity they had contact with according to RAFBF records, but in fact this tells a similar story).

Six in ten beneficiaries thought the RAFBF was the sole funder of their assistance, one in six thought they were joint funding with the caseworking charity, and one in twenty thought the caseworking charity was the sole funder. The remaining one in six didn’t know or left the question blank.

Knowledge of the RAFBF as sole funder was higher among those recalling contact with SSAFA or RAFA caseworkers than it was among those recalling contact with caseworkers from the RBL or other charities. Only four in ten of those recalling a RBL caseworker visit thought that the RAFBF was the sole funder and three in ten thought it was a joint funding arrangement. This result is not that surprising and their understanding reflects the fact that where the RBL are the caseworking partner, cases are more likely to be joint funded. The same is also particularly true of the Officers’ Association which falls within the ‘Other’ category in fig. 5p.

**Figure 5p Funding arrangements, by recalled contact with caseworker in last two years**

B2	ALL	SSAFA	RAFA	RBL	Other
Base: All who recalled contact with a caseworker in last two years	%	%	%	%	%
I knew the RAFBF were providing and funding the assistance I've received	60	60	70	42	48
I thought the other charity were providing and funding the assistance I've received	5	6	2	8	5
I thought both the RAFBF and the other charity were working together and funding it jointly	17	16	13	31	39
I wasn't sure	11	12	8	12	2
Other	*	-	-	1	-
Not stated	6	5	7	7	7

### Quality of service from caseworkers

Beneficiaries who could recall contact with a caseworker were asked to rate the overall quality of service received<sup>40</sup>. Their overall opinions were very positive: 85% rated their caseworker excellent/very good (see fig. 5q).

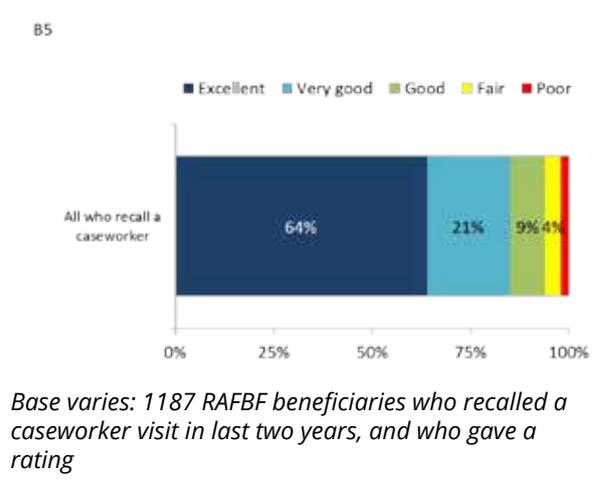
The proportion who rated their caseworker as excellent/very good varied by category of most recent assistance<sup>41</sup> as follows, with the % excellent in brackets:

- Mobility aids 89% (69%)
- Housing repairs and adaptations 89% (66%).
- General welfare grant 86% (66%)
- Regular Financial Assistance 86% (65%)
- Debt assistance 85% (70%)
- Care equipment 85% (55%)
- Respite break at PMH 80% (64%)
- Housing Trust property 69% (47%).

<sup>40</sup> The reader is referred to commentary at the start of Section 5.2 for an explanation on how the quality ratings were calculated and advice on how to interpret the scores.

<sup>41</sup> Although note that for beneficiaries who were repeat or multiple users, the caseworker contact in the last two years may not have been in relation to the category of most recent assistance, but rather in relation to another category.

**Figure 5q Overall quality of service from caseworker**

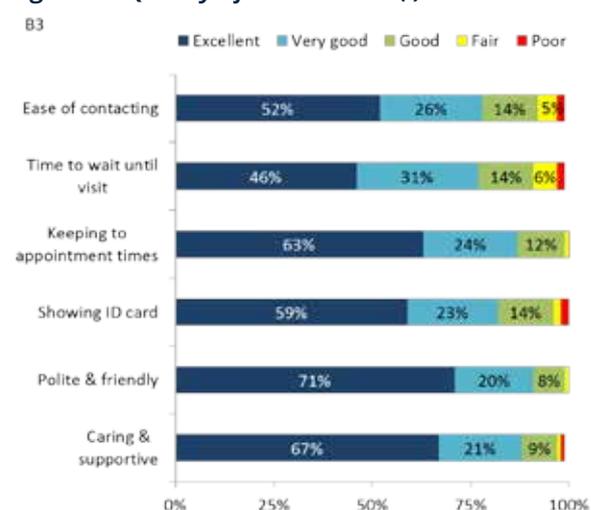


Base varies: 1187 RAFBF beneficiaries who recalled a caseworker visit in last two years, and who gave a rating

Beneficiaries were also asked to rate various aspects of quality of service; the results are presented in fig. 5r and fig. 5s.

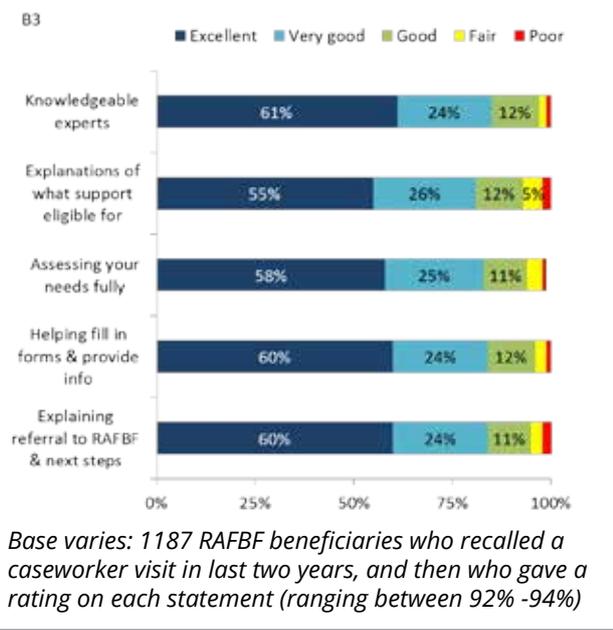
The highest ratings were for the caseworkers' demeanour: being polite and friendly, and caring and supportive. Their levels of knowledge and explanations were also highly regarded. The somewhat weaker aspects were the ease of contacting or getting through to them, the length of time they had to wait from their initial enquiry until the caseworker actually visited, and assessing their needs fully.

**Figure 5r Quality of caseworker (i)**



Base varies: 1187 RAFBF beneficiaries who recalled a caseworker visit in last two years, and who then gave a rating on each statement (ranging between 91% -97%)

**Figure 5s. Quality of caseworker (ii)**



To complete their assessment of their caseworker, respondents were asked to provide feedback in their own words on any aspects of their service which particularly stood out, or any ways in which the caseworker could have improved the help they provided. Over a quarter praised their caseworker’s demeanour – being patient, approachable, understanding or sensitive. A quarter said their caseworker was helpful (e.g. with form fillings), answered queries or had a professional attitude. A fifth gave general praise for a good standard of service and a tenth said that they couldn’t have done any more or that no improvements could be made.

## 5.4 Impact of the RAFBF assistance

### Overall impact

Beneficiaries were asked overall, what improvement did the help they received recently from the RAFBF make to their quality of life.

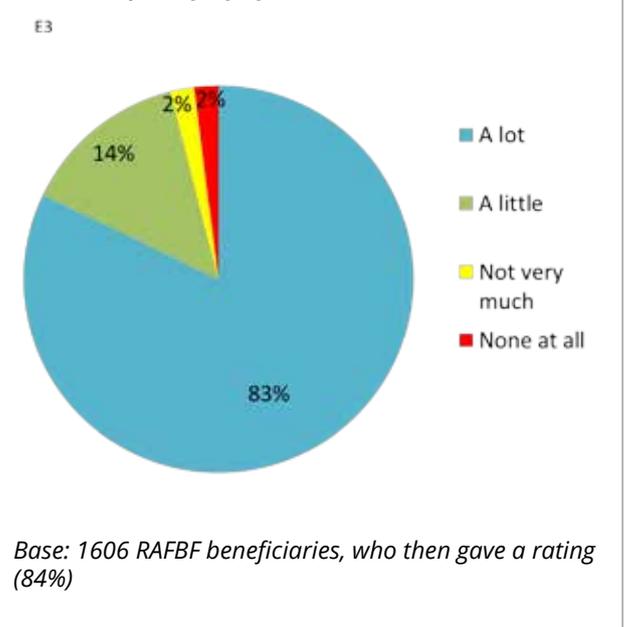
Over eight in ten who gave an opinion<sup>42</sup> said that the RAFBF had made ‘a lot’ of difference to their quality of life, which is a really encouraging indicator of the impact the RAFBF is achieving (fig. 5t). Note that 16% left the question blank and it is not possible to infer the degree of impact they felt.

The proportion who said they were helped ‘a lot’ varied by category of most recent assistance as follows:

- Housing Trust property 93%
- Housing repairs and adaptations 93%
- Mobility aids 92%
- Respite break at PMH 83%
- Regular Financial Assistance 80%
- General welfare grant 79%
- Care equipment 78%
- Debt assistance 74%.
- Multiple users 83%
- Repeat users 84%.

Beneficiaries were asked to give reasons for their answer as to how much improvement the RAFBF made to their quality of life. The majority of positive feedback just reflected back the type of assistance they had most received. The negative comments were around unmet or ongoing needs, inadequate support or a reduction in their level of support. Figure 5xi at Appendix 5 gives the full range of responses.

**Figure 5t. Improvement the RAFBF assistance made to quality of life**



### Usage of items supplied or repaired

Those who recalled receipt of mobility aids or care equipment were asked how often they used the item supplied. Nearly half (46%) confirmed that they used the mobility aid, care equipment or stair lift they had been given on a daily basis, and a further fifth (22%) used it most days<sup>43</sup>. Where

<sup>42</sup> The proportion who did not answer varied by beneficiary type, although for most categories of assistance it was under 6%. The exceptions to this were: Respite Breaks 14% not answering, Housing Trust tenants 18%, Regular Financial Assistance 23%, General welfare grant 28%.

<sup>43</sup> 11% had used it once a week, 2% less often and 1% had never used it. However 18% left this question blank so their usage levels were undetermined.

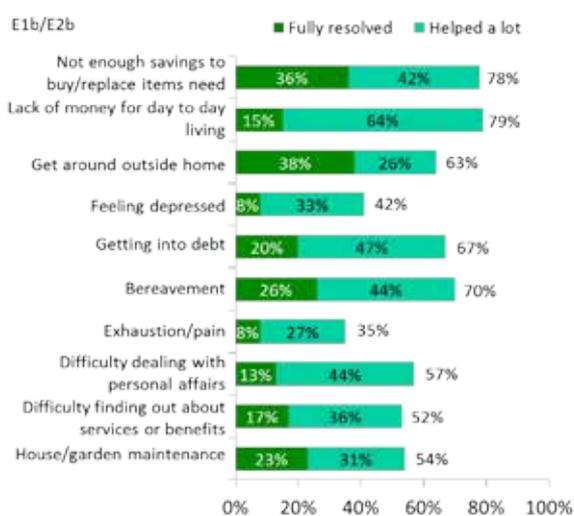
mobility aids or care equipment products are supplied, the RAFBF is clearly making a real difference to people's everyday lives.

Those who recalled receipt of home disability adaptations or property repairs were asked how often they used the item that was repaired or installed. Half (52%) confirmed that they used it every day and a further tenth (11%) used it most days<sup>44</sup>. The RAFBF property repairs and adaptations also make a significant impact to enhance people's everyday lives.

### Extent to which specific needs addressed

Section 4.5 described the top ten difficulties being experienced by RAFBF beneficiaries (see fig. 4m). For each of the difficulties they were experiencing, respondents were asked the extent to which the RAFBF helped or resolved the problem<sup>45</sup>.

**Figure 5u. Extent to which the RAFBF resolved the welfare needs presented**



Base varies: RAFBF beneficiaries experiencing each problem

Figure 5u shows the top ten difficulties in rank order and the proportion presenting to the RAFBF whilst experiencing each problem, who said that the RAFBF 'fully resolved it' or 'helped a lot'.

<sup>44</sup> 2% had used it once a week, 1% less often and 0.5% had never used it. However, 35% left this question blank so their usage levels were undetermined.

<sup>45</sup> The response scale was: 'fully resolved', 'helped a lot', 'helped a little', 'made no difference'. In the commentary which follows a Traffic Lights grading system for Impact was devised, according to the proportion who answered 'fully resolved' or 'helped a lot'. RAFBF achieved "High impact" when >60% fully resolved/helped a lot, "Substantial impact" when 50-59% fully resolved/helped a lot, "Moderate impact" 25-49%, and "Low impact" <25%.

### Impact on top ten welfare needs

In addressing the primary needs of beneficiaries, the RAFBF achieved 'high' impact in:

- alleviating financial problems: lack of savings, lack of money for day to day living, and debt
- enhancing mobility outside their home
- providing support to the recently bereaved.

The RAFBF achieved somewhat less, but still 'substantial' impact in:

- helping people to deal with their personal affairs (e.g. paying bills, filling in forms, writing letters)
- finding out about services or benefits to which they were entitled
- assisting with house and garden maintenance.

The RAFBF achieved 'moderate' impact in:

- helping people to deal with depression
- helping people to cope with exhaustion or pain.

Figure 5u focuses just on beneficiaries' primary needs. The reader is referred to figure 5xii at Appendix 5 which shows the whole spectrum of welfare difficulties that RAFBF beneficiaries were experiencing at the time of their recent support from the RAFBF. The traffic lights grading system is applied to show the degree of impact the RAFBF achieved in addressing the needs presented.

The emerging picture from fig. 5xii in Appendix 5 is that through its current portfolio of support services the RAFBF achieves highest impact in addressing financial needs, housing needs, mobility problems, difficulty dealing with paperwork and accessing entitled services and benefits, and transition difficulties.

The RAFBF achieves less impact in addressing relationship and isolation problems, unemployment and skills/training needs, psychological/mental health problems, difficulty accessing required medical treatment, exhaustion or pain, incontinence, and alcohol/substance misuse.

Figure 5xii in Appendix 5 also shows how the degree of impact on the whole range of welfare needs varied by beneficiary type.

The degree to which certain welfare needs were addressed varied according to the type of support received, as would be expected. So for example, there was greater impact in alleviating exhaustion or pain among beneficiaries of mobility aids and care equipment. The degree of impact on difficulty with self-care tasks was highest for beneficiaries of housing adaptations

It is interesting that the perceived degree of impact on financial problems was very high among beneficiaries of all services in the portfolio, presumably because they all acknowledge they have had a grant or other financial award to assist them.

There were some needs presented where more than four in ten of several beneficiary types said their need was 'fully resolved' by the RAFBF assistance. These included problems around mobility, finances, housing and transport (see fig. 5xii at Appendix 5). So this provides another indication of where the RAFBF is having greatest impact.

For many of the welfare needs presented, the degree of impact was positively associated with the value of financial assistance received – the higher the value of the award, the higher the proportion who felt the need was 'helped a lot' or 'fully resolved'<sup>46</sup>. This suggests that an underlying gratitude effect may also colour perceptions of impact, as well as perceptions of quality of service.

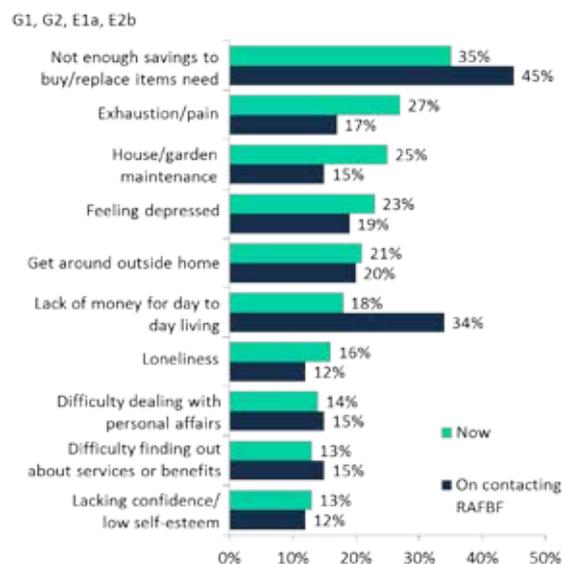
## 5.5 Unmet and current needs

Towards the end of the survey, respondents were prompted with 28 different difficulties and asked which of them they or their household were *currently* experiencing. The difficulties listed were the same ones used in the earlier question about what difficulties they were experiencing when they contacted the RAFBF (see Section 4.5).

Comparing the two questions gives an indication of whether the needs presented had been completely addressed. This gives a complementary analysis to that described in Section 5.4 above.

<sup>46</sup> Needs where this correlation was not so apparent were: difficulty with house and garden maintenance, unemployment or fear of unemployment, lack of recreational facilities/social life, difficulty dealing with personal affairs (bills/paperwork), difficulty forming close relationships/getting on with other people, heavy drinking or taking drugs.

**Figure 5v. Top ten ranked difficulties of RAFBF beneficiaries now, compared with when they contacted the RAFBF recently**



Base varies: RAFBF beneficiaries experiencing each problem

Figure 5v shows the top ten needs faced by RAFBF beneficiaries now. The top ten needs were not quite the same now – the rank order of problems was different from before (see fig. 4m). The top three needs now are lack of savings, exhaustion or pain and house/garden maintenance; where as the top three problems before were lack of savings, lack of money for day to day living and mobility outside the home. Debt and bereavement had dropped out of their top ten concerns, to be replaced by loneliness and lacking confidence/low self-esteem.

After the RAFBF intervention, the proportions citing difficulty with savings to buy or replace items needed or money for day to day expenses had both gone down. However, the proportions citing problems with house and garden maintenance, exhaustion or pain, loneliness and depression have actually increased. The prevalence of the other problems in fig. 5v remain broadly unchanged.

**Figure 5w. Additional help would like from the RAFBF**

G3	%
No additional help necessary/can be given	9
Current help receiving is good/making a difference	8
Grateful for help received/thanks mentioned	4
More financial assistance/money concerns (e.g. pay bills)	6
Assistance with maintenance (e.g. gardening) /repairs or replacement items	4
More advice/information required (e.g. benefits entitled to)	3
Require better/new adaptation or mobility aid	3
Assistance with holiday/respite/leisure activities	2
More communication/visits/follow up	2
Personal (e.g. counselling)/at home help required	1
Problems with paperwork/ communication method	1
More help appreciated (general mentions)	1
Still awaiting support/help ongoing	1
May require help in future	1
Other	3
Comment specifying what support has been received	2
Not applicable/No comment/blank	60

Base: 1606 RAFBF beneficiaries

The reader is referred to fig. 5xiii in Appendix 5 which shows the full spectrum of welfare needs experienced and highlights which have reduced in prevalence since the RAFBF intervention, which have heightened in prevalence and which remain much the same.

Beneficiaries were asked to say, in their own words, what additional help they would like from the RAFBF. Fig. 5w gives the findings. Six in ten left the question blank and a further one in ten said no further help was necessary. This implies a general reticence to ask for further help.

The main requests, each made by a minority of

beneficiaries, were for more assistance of a particular type, or for enhanced communication or follow-up.

### Other sources of help

Beneficiaries may well be receiving support from other ex-Service organisations and these may complement the RAFBF assistance to give them more holistic support.

**Figure 5x. Other sources of help and advice used for difficulties faced, since Summer 2013**

F1	%
<b>Any other ex-Service sources</b>	<b>52</b>
SSAFA	32
The Royal British Legion	13
RAF Association	12
Service Personnel and veterans Agency (SPVA)	4
RAF Community Support staff/Station Welfare Officers	3
Combat Stress	2
Help for Heroes	1
The Officers' Association	1
Poppyscotland	1
RAF HIVE Information Service	1
BLESMA	1
RAF Families Federation	1
Career Transition Partnership	*
Regular Forces Employment Association (REFA)	*
Blind veterans' UK	*
Other	2
None of these	48

Base: 1606 RAFBF beneficiaries

Half reported receiving assistance from at least one other ex-Service organisation, although the most common answers were the three main caseworking organisations.

The minority of Serving personnel showed heightened usage of some of these sources, namely:

- RAF Community Support staff/Station Welfare Officers 51%
- RAF Hive Information Service 21%
- RAF Families Federation 21%
- Service Personnel and veterans' Agency 17%
- Career Transition Partnership 11%.

SSAFA was more often used by Serving personnel (51%) than by veterans (34%) or dependants (31%). This reflects the fact that SSAFA has a welfare contract with the RAF to deliver a welfare service to Serving personnel on RAF bases using paid SSAFA workers.

The Royal British Legion was most often cited by veterans (15%), then by dependants (11%) and less by Serving personnel (4%).

RAFA was also more often cited by veterans (14%), than by dependants (9%) or by Serving personnel (6%).



# 6 RECOMMENDATIONS

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**This chapter makes some recommendations for changes and improvements to the RAFBF welfare service delivery, in light of the findings.**

The primary purpose of this project was to conduct research into the needs of the RAF ex-Service community and to report on the findings of a survey of services currently provided by the RAFBF. We were asked to make recommendations based on the findings, but wish to stress that we have not investigated the rationale for the current service portfolio or conducted a strategic review or looked at value for money. These 'recommendations' should therefore be read as indications of potential issues to consider.

The research has shown that much of the RAFBF service provision fits with the expressed needs of the RAF ex-Service community and that the overwhelming majority (88%) of beneficiaries rated the overall quality of service they received as 'excellent' or 'very good'. And 83% of beneficiaries said the assistance had made 'a lot' of difference to their quality of life, so the RAFBF is delivering substantial impact. The RAFBF should be proud of what it is achieving.

Nevertheless, the trustees of all benevolent societies face the challenge of ensuring that they make the most effective use of their resources. Furthermore, most benevolent societies are committed to focusing their efforts on people with the greatest needs.

With these considerations in mind we suggest that:

1. There may be opportunities to achieve an even better 'fit' between the needs expressed by members of the RAF ex-Service community (as reported in the RBL research) and the support services offered by the RAFBF. For example the top three needs expressed include assistance getting around outside and inside the home (affecting 185,000 and 110,000 people respectively), suggesting significant unmet demand for mobility assistance.
2. Thought may need to be given to how the RAFBF might help people with some of the prevalent difficulties that are more difficult to address such as depression, exhaustion, pain, social isolation and relationship difficulties. This

is challenging since it is probably less likely that people present to the RAFBF with these problems; they more likely remain below the surface and may be missed without a fully holistic support package.

3. Targeting the most elderly aged over 85 and the 35-44 cohort, both of whom (the RBL research evidence suggests) are particularly likely to be in greatest need. The current age profile of RAFBF beneficiaries suggests that the RAFBF is doing well on focusing its service portfolio on the needs of the very elderly but perhaps more could be done to meet the needs of working age RAF veterans and their families.

Although service quality is very highly rated, our research suggests that there are opportunities for making improvements, particularly around identifying other needs beyond the 'presenting' problem, responding more quickly and keeping beneficiaries better informed of the progress of their application for assistance.

The RAFBF might also wish to review whether 'grants' are the most appropriate way of assisting a high proportion of beneficiaries. They are an easy 'solution' for benevolent societies to provide, but can detract from addressing the underlying difficulties that people face.

Some needs could be better addressed by more holistic and/or targeted support e.g. befriending services for lonely older people, or door to door transport for those who are immobile and socially isolated. Introduction or referral to new services such as these could help to address the additional 'hidden' needs of beneficiaries which may often not be the problem that they initially presented to the RAFBF.

Only six in ten beneficiaries who recalled contact with a SSAFA caseworker and seven in ten who recalled contact with a RAFA caseworker knew that the RAFBF was the sole funder of the charitable assistance they received. Further attention could be given to ensuring that beneficiaries are made more aware of the RAFBF as the source of funding for the assistance they have received.

There is potential to promote the RAFBF's charitable assistance more widely since there is a considerable target audience of 1.2m adults in the RAF ex-Service community, of whom 43% (525,000 people) have experienced any difficulties in the last year, and 4% (50,000 people) confirm that they or their household are experiencing difficulties at the moment, for which they are not receiving the help, advice or support they need. Whilst the RAFBF may wish to continue focusing on those in greatest need, there remains a large population with difficulties who could potentially benefit from charitable assistance.



# 7 ONGOING MEASUREMENT OF IMPACT

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Measuring the impact of charities is always a challenge, particularly in those that provide a wide range of human services. We have not looked at the RAFBF's current arrangements for measuring **outputs, outcomes** or **impact**, so these comments are based on our experience from other charities and our work on this assignment.

Many larger charities have greatly improved the measurement and reporting of their achievements over the last ten years as expectations for greater accountability have risen. Most begin by capturing accurate information about **outputs** (e.g. volumes of services provided and number of people supported) and summarising them in clear and easy to communicate ways.

Some strive to capture the **outcomes** of their interventions for service users, though this is often a challenge. Occasionally there is a clear outcome to track such as number of people helped into employment, number of homeless people moved into permanent accommodation, or number of people assisted to remain living independently in their own homes. Often there are 'softer' outcomes which are harder to measure e.g. increased self-confidence or reduced loneliness. Surveys provide a way for service users to self-assess the outcomes of charitable assistance by detailing their needs before and after the intervention and commenting on the differences made to their problems.

Another way to approach quality and impact measurement is a more 'transactional' assessment. This is carried out on an ongoing basis, for example by sending out a short feedback questionnaire with every award letter. This would give immediate ratings on quality of service, which are potentially less affected by recall issues. It may also provide an opportunity for the beneficiary to raise further immediate needs that they did not share with the caseworker, thereby enabling the RAFBF to re-contact them if necessary and offer more holistic support. However the feedback on impact may be limited because on receipt of award the full extent of the impact may not have been truly felt.

So these 'transactional' surveys can be supplemented by occasional longer questionnaires like the one the RAFBF carried out for this report, where beneficiaries who have received assistance in the last year or so are asked in more detail about the impact of the assistance and any outstanding needs. Sometimes the validity of such surveys can be reduced by non-response bias (due to low uptake) and missing data (due to recall problems) but neither of these were a problem in the RAFBF survey since the 57% response rate was excellent and the degree of unanswered questions was relatively low.

There are also various outcomes tools available (e.g. the Outcomes Star) which can help to assess progress towards achieving 'soft' outcomes such as readiness for employment, coping with mental health problems or managing money. Sometimes these may be completed alongside a support worker to help the service user see the progress they are making, although this option seems less feasible for the RAFBF unless they gained co-operation from partner caseworking organisations to help perform this role.

Few charities have found ways of rigorously tracking the overall **impact** of their work on the communities they serve, in non-equivocal terms. Some use the term 'impact' in a loose way when they are actually describing their outputs or outcomes.

Many organisations are striving to summarise their achievements on '**scorecards**' that inform board members, staff and other stakeholders about the difference the organisation has made. Doing this is well beyond the scope of this research assignment. A broader description of managing strategic performance can however be found in chapters 9 and 10 of *Managing Without Profit*, Mike Hudson, DSC, 2009.

Those organisations that have made progress in tracking outcomes tend to combine systematic recording of the outputs with periodic depth research into outcomes for a sample of their beneficiaries. This is precisely what the RAFBF has begun by conducting this research.

The RAFBF should therefore be able to begin the process of combining information on the types of support provided, the numbers of people assisted and our findings on their perceptions as to the difference it has made to their lives.

However, the time and effort required to get to the point where outcome measures are agreed, data collection is systematic and reliable and results are reported to management and the board should not be underestimated. Organisations we have worked with have found that this can take six or more months and require considerable management effort. Having said that, there are great benefits to having pertinent and up to date information that enables the organisation to 'shout about success'.

### **Repeating this survey**

Our experience of the detailed research undertaken in this assignment is that it might need to be repeated approximately every five years. This time interval gives time for any changes made to service delivery to embed before re-evaluation. There is also often a lag to changes in beneficiary perceptions following service enhancements. It may also be unrealistic for the RAFBF to expect to see any substantial uplift in beneficiaries' perceptions of outcomes and impact achieved because some of their needs presented cannot be easily or fully resolved e.g. health and social isolation problems associated with old age and mental health problems such as depression or low self-esteem. Nevertheless other needs do have more obvious outcomes to track e.g. number of people enabled to make short journeys by mobility scooter who would otherwise have been housebound.

# APPENDIX 1: ACKNOWLEDGEMENTS

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Our thanks go to a large number of people who have contributed to the success of this project .

At the RAF Benevolent Fund we are very grateful for support and encouragement throughout from:

**Paul Hughesdon** Director Welfare & Policy

**Alison Wyman** Head of General Welfare

**Garry McCormack** Head of Welfare Support & Executive Officer to Director Welfare & Policy

We are also indebted to **The Royal British Legion** who shared the data from their recent research, enabling a bespoke analysis of the size, profile and welfare needs of the RAF ex-Service community. The Royal British Legion has published concurrently its own report in November 2014 on the size, demographic profile and welfare needs of the UK ex-Service community, "*A UK Household Survey of the ex-Service community 2014*" and we are grateful of the opportunity to draw upon the UK survey dataset in order to write sections of this report about the members of the subset in the RAF ex-Service community.

Ultimately this research would not have been possible without the co-operation of the 1,606 RAFBF beneficiaries who completed the postal self-completion questionnaire, and to the 20,700 respondents who gave their time to participate in the TNS omnibus survey, upon which the RBL report is based.

We are indebted to **Paula Leonard**, Managing Consultant at **TNS Omnibus**, for her project management of the survey fieldwork and technical advice on the calculations to project the size of the ex-Service community in the UK and advice on statistical significance testing.

We are also grateful to **The Forces in Mind Trust** who provided part of the funding for the UK-wide research, carried out by The Royal British Legion. The Forces in Mind Trust was founded in 2012, through an endowment of £35 million from the Big Lottery Fund, to promote the successful transition of Armed Forces personnel, and their families, into civilian life, through commissioning evidence generation and then exploiting the output to effect real change.

# APPENDIX 2: GLOSSARY

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## **Veterans**

Anyone who has previously served in any of the following ways is a veteran: the UK Armed Forces, both Regular Forces (including National Service or the Home Guard), or Reserve/Auxiliary Forces; the Mercantile Marines in hostile waters; the Allied Civil Police Forces; full-time, in uniform for a Voluntary Aid Society in direct support of the Armed Forces; or as British subject serving under British command in the forces of an allied nation.

RAF veterans eligible for assistance from the RAFBF are defined as the subset of veterans who served with the RAF Regular Forces or with the RAF Reserve or the RAF Volunteer Reserve.

## **Dependants**

Dependent spouses/partners, dependent divorced/separated spouses, dependent widow(er)s and dependent children as described above, make up veterans' dependants.

## **Adult dependants**

In this research the adult dependants excluded children aged 0-15 who were out of scope of the survey. Dependent minors aged 16-18 or aged 19-24 and still in full-time education were included within the dependent adults category, since this is how the RBL categorises them.

## **Dependent spouses/partners**

Spouses/partners living as spouses of veterans as described above, who are also eligible for welfare assistance from the RAFBF.

## **Dependent divorced or separated spouses**

Spouses/partners of veterans as described above, who are divorced or separated and not remarried, and who are also eligible for welfare assistance from the RAFBF.

## **Dependent widows and widowers**

Widows and widowers of veterans as described above, who are eligible for welfare assistance from the RAFBF.

## **Dependent children**

Children whose natural parents are veterans are also eligible for assistance from the RAFBF as dependent minors, up to and including age 18 (even if the qualifying person dies before the child reaches 18 or the parents divorce or separate).

## **Ex-Service community**

Veterans and their dependants, taken together, make up the whole ex-Service community.

## **RAF ex-Service community**

RAF veterans and their dependants, taken together, make up the RAF ex-Service community.

## **Adult Ex-Service community**

Veterans and their dependants who were aged 16 or over.

## **RAF Adult Ex-Service community**

RAF veterans and their dependants who were aged 16 or over.

## **Armed Forces Community**

Veterans and their dependants, as well as serving personnel in the UK Armed Forces and their dependants.

## **RAF Family**

Collective name for those individuals eligible for RAFBF support, and includes Serving personnel, both Regular and Reserve, in addition to the veterans and dependants of all categories who make up the RAF ex-Service community.

# APPENDIX 3: RESEARCH METHODS

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This report draws on two separate strands of research:

- secondary (desk) research to better understand the size, profile and needs of the RAF ex-Service community, who make up the RAFBF's target audience.
- primary research involving a postal self-completion survey of a representative sample of RAFBF beneficiaries.

## **Desk research on the size, profile and needs of the RAF ex-Service community**

The RBL kindly gave us permission to utilise the dataset from the recent research we conducted for them into the size, profile and welfare needs of the UK ex-Service community, as reported in "A UK Household Survey of the ex-Service community 2014", published in November 2014. We conducted bespoke analysis to explore in more detail the size, profile and needs of the sub set of the RAF ex-Service community.

The reader is referred to the RBL report where the full research methods are set out in detail in Appendix 3. A summary is provided here.

A module of questions was placed on a nationally representative omnibus survey of UK adults. All interviews were conducted face-to-face in peoples' own homes, during January/February 2014.

A series of screening questions were asked to identify members of the Armed Forces community. In total 20,698 UK adults were screened and of these 2,121 were eligible members of the UK ex-Service community - veterans and their adult dependants.

Of these, **503 were members of the RAF ex-Service community (veterans and their adult dependants).**

A wealth of data were collected about these respondents and the rest of this report highlights the key emerging findings from the vast research dataset. This report focuses on the results from these respondents, comparing their results against those of the UK ex-Service community where appropriate, and with the wider UK population.

In addition to the survey a small piece of desk research was conducted to estimate the size of the additional 'hidden populations' living in communal establishments who were out of the scope of the survey.

## **Questionnaire**

The questionnaire was developed in close consultation with The Royal British Legion. The questionnaire included 59 questions – 19 screening questions asked to identify members of the Armed Forces community and a further 40 questions, asked solely of eligible members of the ex-Service community about their personal circumstances, health and welfare needs and awareness and experience of ex-Service charities and other agencies. The module of questions for this research was asked within the first five minutes of the omnibus questionnaire.

## **Sample**

A nationally representative sample of 20,698 UK adults aged 16+ were interviewed on the TNS CAPI omnibus in 378 sample points across the UK. Full details of the sample design (including the sampling frame, stratification and sample point selection, and interviewing quotas) are given in Appendix 3 of the main RBL report.

### *Data processing*

After coding and editing the data, weights were used to correct for minor imbalances in the achieved sample profile. The weights were based on population statistics from the TGI survey and ONS 2014 population projections. The sample was weighted by gender, age, social class and region to ensure it was representative of the UK population.

After weighting, the sample bases were:

- 20,698 weighted respondents in the UK of whom 1,943 weighted respondents were members of the UK ex-Service community...
- ....and of these **482 weighted respondents were members of the RAF ex-Service community.**

## **Social grading**

Readers who are unfamiliar with the social grading classification, which is based upon the job details of the Chief Income Earner in the household are referred to Appendix 3 of the UK report for a full description of the categories A, B, C1, C2, D and E. Those who are entirely dependent on the state long-term, through sickness, unemployment, or old age (in receipt of State pension only) fall into category E.

## **Limitations of the research methodology**

There are some limitations in the design of this research which impact on the estimates of the size of the ex-Service community, such that the resultant population projection may somewhat under-estimate its true size. These limitations are discussed more fully in Appendix 3 of the UK report but essentially they cover: (i) the 'hidden populations' of adults living in institutions and communal establishments being 'out of scope' for interview; (ii) the exclusion of frail, elderly adults who do live in private residential dwellings but are physically unable to open the door or participate in the interview; (iii) non-reporting of past military service such that some people coded erroneously as outside the ex-Service community. Because the resultant sub-sample of the ex-Service community excludes these eligible adults, the demographic profile of those surveyed will be slightly inaccurate and the assessment of needs of this community will also potentially be underestimated.

## **Limitations of the RAF ex-Service sample and statistical accuracy**

Because the survey is based on a *sample* of the adult ex-Service community there is a degree of sampling error in the survey results. The findings from the sample of the RAF ex-Service community are less reliable than those of the whole community because they are based on fewer respondents – therefore the statistical accuracy is reduced. In some instances in this report we have referenced the results from the whole UK ex-Service community to provide context and/or validation to the results from the RAF ex-Service community. We have only commented on differences between the RAF ex-Service and the whole UK ex-Service community when the differences were large enough to exceed the threshold needed for statistical significance (see fig. 3ii overleaf for the scale of differences required). The term 'significant' is used to denote statistically significant.

Statistical accuracy diminishes further when we consider the results from demographic sub-samples *within* the RAF ex-Service community (see fig. 3ii overleaf for the thresholds required for statistically significant differences). The reader is referred to the UK report for more detailed commentary on various demographic sub-groups e.g. age, veterans vs. dependants, dependent/marital status, social grade, income, tenure, age deciles etc. It is reasonable to assume that variations by these sub-groups within the UK ex-Service community will often apply to the RAF ex-Service community too.

Figure 3i. Size of key samples of respondents in the RAF component of the research

	Un-weighted base	Weighted base	%	%	Population projection '000s
<b>All UK adults (aged 16+)</b>	20,698	20,698	100		52,410
<b>Adult UK ex-Service community</b>	2,121	1,943	9.39		4,920
<b>Adult RAF ex-Service community</b>	503	482	2.33	100	1,220
<i>Of whom:</i>					
Veterans	318	290		60	735
Dependants	185	192		40	485
Men	289	260		54	660
Women	214	222		46	560
Over 65 years old	396	358		74	905
16-64 year olds	107	125		26	315

Projections rounded to the nearest 5,000

Figure 3ii. Confidence limits when comparing survey statistics from key sub-samples in the RAF ex-Service community with their counterparts in the whole UK ex-Service community (at 95% confidence level)

	Unweighted bases		Margin of error around survey percentages at or near:			
	UK (tri-Service)	RAF	50%	20% or 80%	10% or 90%	5% or 95%
<b>Adult ex-Service community</b>	2,121	503	+/- 4%	+/- 4%	+/- 3%	+/- 2%
<i>Of whom:</i>						
Veterans	1,281	318	+/- 5%	+/- 4%	+/- 3%	+/- 3%
Dependants	840	185	+/- 7%	+/- 6%	+/- 4%	+/- 3%
Men	1,180	289	+/- 6%	+/- 5%	+/- 4%	+/- 3%
Women	941	214	+/- 6%	+/- 5%	+/- 4%	+/- 3%
Over 65 years old	1,461	396	+/- 5%	+/- 4%	+/- 3%	+/- 2%
16-64 year olds	660	107	+/- 9%	+/- 7%	+/- 6%	+/- 4%

## 1) Survey of RAFBF beneficiaries

The RAFBF commissioned Compass Partnership to conduct a postal self-completion survey of a representative sample of its recent beneficiaries.

## Questionnaire

A 16 page self-completion questionnaire was developed in consultation with the RAFBF.

## Sample and fieldwork

The survey sample was extracted from the RAFBF's in-house client database in August 2014. The following eight areas of welfare assistance were eligible for inclusion:

- Regular Financial Assistance
- General welfare grants
- Debt assistance (for priority debts)
- Care equipment
- Housing adaptations/repairs
- Mobility aids
- Princess Marina House respite breaks<sup>47</sup>
- Housing Trust residents.

Only UK cases were eligible. Also a few other types of assistance were deemed 'out of scope' for this survey: education (because there are too few cases and very specific criteria) and domiciliary care/care home top up fees (due to vulnerability of beneficiaries).

In order to ensure sufficient names to issue for the mailout sample, completed cases were extracted back as far as 1st January 2013 (i.e. 20 months) for all beneficiary types except for Regular Financial Assistance and general welfare grants where we went back as far as 1st July 2013 (i.e. 14 months). This was because we had a surplus of cases in the two largest categories – general welfare and Regular Financial Assistance and we wanted to upweight the proportions from the smaller categories, to ensure we achieved sufficient respondents from each, to enable separate analysis by beneficiary type. Through this Disproportionate Sample design we were seeking to achieve a minimum of 100 respondents in each category, and ultimately we achieved this.

Their contact details were extracted and de-duplicated to ensure no individual would be sent more than one questionnaire.

Then a representative sample of 3,084 clients was drawn for the survey mailout. This was in fact all completed cases in the specified timeframe, and so our survey was in fact an 'attempted census' of all beneficiaries across the eight types. The composition of the issued contacts is shown in fig. 3iv.

The questionnaire was mailed on 3<sup>rd</sup> October, along with a covering letter from Director of Welfare & Policy and a reply paid envelope, with the added incentive of entry into prize draw to win a holiday at Princess Marina House or M&S vouchers, should they take part. The total fieldwork period was six weeks, ending 17<sup>th</sup> November 2014.

Throughout fieldwork there was a helpline, operated by Compass Partnership, available to potential respondents to answer any queries or concerns they might have about the survey; if they were unable to complete the questionnaire themselves or with assistance from a friend or relative, then the option of a telephone interview was available. Over the fieldwork period, 22 questionnaires were completed in full over the telephone. Two reminder mailings were sent to non-respondents over the course of fieldwork. The first reminder was a motivating letter only and was mailed after two weeks (20<sup>th</sup> October) and a second reminder was a letter with a fresh copy of the questionnaire sent after four weeks (30<sup>th</sup> October). The deadline for replies was 17<sup>th</sup> November.

At the close of fieldwork, from the mailout sample of 3,084, a total of 1,606 completed questionnaires were returned, which represented a gross response rate of 52% and a net response rate of 57% (after removal of 'out of scope' addresses). This is an excellent response rate and indicative in itself of the gratitude and goodwill that beneficiaries feel towards the RAFBF. The full response rate analysis is in fig. 3iii.

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<sup>47</sup> Excluding those who paid for their stay themselves, in full.

Figure 3iii. Response rate analysis

<b>TOTAL MAILOUT</b>	3,084
<b>IN SCOPE SAMPLE</b>	2,842
<b>Effective returns</b>	
Returned completed	1,584
Telephone interview (whole questionnaire completed for respondent over phone)	22
	1,606
<b>NET EFFECTIVE RESPONSE RATE</b>	<b>57%</b>
<b>Refusals</b>	
Survey doesn't apply e.g. does not remember the RAFBF assistance	13
Too old/health	8
Not interested/don't do surveys	5
Partially complete	1
No reason given	3
	30
<b>REFUSAL RATE</b>	<b>1%</b>
<b>Non-response</b>	
No reply	1,206
<b>NON-RESPONSE RATE</b>	<b>42%</b>
<b>Out of Scope</b>	
Moved away	143
Deceased	47
No longer at address returned undeliverable by Royal Mail	31
Sight difficulties such that can't read the questionnaire but declined option of telephone interview	17
Away/in hospital for fieldwork period	3
Other out of scope	1
	242
<b>OUT OF SCOPE</b>	<b>9%</b>

Fig. 3iv shows how the net response rate varied by beneficiary type. The response was highest from beneficiaries of housing adaptations/repairs, Regular Financial Assistance and Princess Marina House respite breaks; and lowest from beneficiaries of debt assistance, general welfare grants and care equipment.

**Figure 3iv. Profile and timeframe of beneficiaries issued for mailout, survey response rate and profile of resulting sample respondents**

Beneficiary type	Timeframe of selected cases	Issued mailout sample	%	Net Response Rate	Respondents	%
General welfare grants	1st July 2013 – 21st Aug 2014	893	29%	47%	379	24%
Regular Financial Assistance (RFA)	1 <sup>st</sup> July 2013 – 23 <sup>rd</sup> May 2014	559	18%	68%	353	22%
Housing Trust residents	Ongoing	229	7%	56%	126	8%
Mobility aids	1st Jan 2013 – 22nd Aug 2014	390	13%	60%	219	14%
Housing adaptations/repairs	1st Jan 2013 – 22nd Aug 2014	272	9%	70%	182	11%
Princess Marina House respite breaks	1st Jan 2013 – 30th June 2014	158	5%	67%	99	6%
Debt assistance	1st Jan 2013 – 22nd Aug 2014	338	11%	46%	139	9%
Care equipment	1st Jan 2013 – 22nd Aug 2014	245	8%	50%	109	7%
<b>TOTAL</b>		<b>3,084</b>	<b>100%</b>	<b>57%</b>	<b>1,606</b>	<b>100%</b>

## Data processing

The data from all fully or partially completed questionnaires were *scanned* onto computer. Editing was undertaken to resolve inconsistent answers. Verbatim comments from the 'open-ended' questions were coded. Full listings of the verbatim comments are provided separately as well as the data tabulations of all questions cross analysed by key demographic variables.

The final survey sample was weighted to be representative of the **annual caseload** across the eight beneficiary types. The purpose of this weighting was to produce an overall sample which was representative of the actual beneficiary profile, with each type in its correct proportion. Three beneficiary types were upweighted: Regular Financial Assistance, general welfare grants and Housing Trust tenants. The other five beneficiary types were all downweighted (see fig. 3v).

The net effect of this weighting was to reduce the total sample size of 1,606 to an Effective Sample Size (ESS) of 1,477. In simple terms, this means that from the point of view of statistical accuracy it was as if we had achieved a final sample of 1,477 respondents instead of 1,606. However, the weighting is beneficial because it means that we can report on the total sample as being representative of the whole beneficiary pool, without it being skewed to any one type.

Figure 3v. Annual caseload profile and Survey sample profile (pre- and post- weighting)

Beneficiary Type	Annual caseload (1 <sup>st</sup> July 2013 – 30 <sup>th</sup> June 2014)		Survey Sample Achieved (unweighted)		Weight	Survey Sample Achieved (Weighted)	
	Closed cases	%	Respondents	%		Respondents	%
General welfare grants	700	31.6%	379	23.6%	1.337946	507	31.6%
Regular Financial Assistance (RFA)	559	25.2%	353	22.0%	1.147141	405	25.2%
Housing Trust residents	229	10.3%	126	7.8%	1.316573	166	10.3%
Mobility aids	216	9.7%	219	13.6%	0.714479	156	9.7%
Housing adaptations/repairs	165	7.4%	182	11.3%	0.656738	120	7.4%
Princess Marina House respite breaks	134	6.0%	99	6.2%	0.980504	97	6.0%
Debt assistance	119	5.4%	139	8.7%	0.620172	86	5.4%
Care equipment	95	4.3%	109	6.8%	0.631360	69	4.3%
<b>TOTAL</b>	<b>2217</b>	<b>100.0%</b>	<b>1606</b>	<b>100.0%</b>		<b>1606</b>	100.0%

#### Statistical reliability and limitations

As with any postal survey, the welfare survey is subject to the potential for **non-response bias**. 57% of the issued sample responded; the views and experiences of the remainder are unknown, and could possibly differ from those of respondents. Those who declined to participate could be more negative about the assistance they received from the RAFBF, or have greater welfare needs; conversely they might be faring well, with fewer welfare needs; or they might be too busy or too frail to complete the questionnaire.

The research findings are based on the answers of those who did respond to the survey. There was a fair amount of **missing data** in the questionnaires returned, which was no doubt due, at least in part, to the elderly profile of the respondents. This introduces further potential for non-response bias, since their reasons for not answering certain questions cannot be determined. It might be that they felt the question did not apply to them, or they purposely chose not to reveal their opinions or personal information about their circumstances, or it may simply have been accidental.

It is also important to bear in mind that even when questions have been answered, respondents' perceptions of service quality and their welfare needs are **subjective** and therefore need to be interpreted by the RAFBF alongside other **objective** measures of service quality, client needs and welfare outcomes.

There is a degree of **sampling error** associated with the survey results. The smaller the sample base of respondents answering any given question, the wider the margin of error. The **confidence limits** around survey percentages vary according to the sample base of respondents answering the question. Figure 3vi shows the margins of error for different sample sizes at the 95% confidence level. For example, among the total sample of 1,606 RAFBF respondents, a survey statistic of 50% has +/- 2% margin of error.

Figure 3vi. Confidence limits for different samples (at 95% level)

Sample base	Margin of error around survey percentages at or near:		
	50%	30% or 70%	10% or 90%
<b>1,600</b>	+/- 2%	+/- 2%	+/- 1%
1,500	+/- 3%	+/- 2%	+/- 2%
1,200	+/- 3%	+/- 3%	+/- 2%
1,000	+/- 3%	+/- 3%	+/- 2%
800	+/- 3%	+/- 3%	+/- 2%
500	+/- 4%	+/- 4%	+/- 3%
400	+/- 5%	+/- 4%	+/- 3%
300	+/- 6%	+/- 5%	+/- 3%
200	+/- 7%	+/- 6%	+/- 4%
100	+/- 10%	+/- 9%	+/- 6%
50	+/- 14%	+/- 13%	+/- 8%

# APPENDIX 4A: ESTIMATE OF THE SIZE OF THE RAF EX-SERVICE COMMUNITY

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## Survey data

The Royal British Legion survey<sup>48</sup> questionnaire measured the prevalence of the following among the UK adult population:

- RAF veterans (served in the RAF or RAF Reserve) - Q1c(3 or 6)
- Dependent spouses, partners of RAF veterans – Q2d(3 or 6) & Q2e(1)
- Dependent (ex-)spouses, (ex-)partners, widow(er)s of RAF veterans – Q2d(3 or 6) & Q2e(2 or 3)
- Dependent children of RAF veterans aged 16-18 or aged 19-24 still in full-time education– Q3d (codes 3 or 6).

These make up the whole adult RAF ex-Service community (RAF veterans and their dependants) who may be eligible for assistance from the RAF Benevolent Fund.

The survey also asked all adults at Q5a their number of dependent children aged 0-15, financially supported by them, living with them or elsewhere to ascertain:

- the number of dependent children aged 0-15 attached to those eligible for assistance from the RAFBF.

## Population statistics

UK population projection for 2014 from the Office of National Statistics (*using the latest 2012-based projections, released November 2013*) is as follows:

52,410,000= 52.41 million adults aged 16+

12,101,000 = 12.10 million children aged 0-15

64,511,000 = 64.51 million in total

## Calculations

### **1) Adult RAF ex-Service community (RAF veterans and their adult dependants) eligible for assistance from the RAFBF**

Survey proportion 2.33% (482/20,698) [margin of error +/- 0.2%]

UK adult population aged 16+ = 52,410,000

Eligible adults in UK population =  $0.0233 \times 52,410,000 = 1,220,482$  adults.

Therefore the size of the adult RAF ex-Service community is projected to be **1,220,000** to the nearest ten thousand.

*[taking account of margins of error, projected population lies in the range 1,211,000 to 1,232,000].*

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<sup>48</sup> "A UK Household Survey of the ex-Service community 2014," The Royal British Legion (November 2014)

This is composed of:			'000s To nearest 5,000	
RAF veterans	= 290/20,698=	1.40%	734	735
Dependants:	= 192/20,698 =	0.93%	486	485
<i>Dependent (ex-)spouse/(ex-)partner</i>	= 117/20,698 =	0.57%	297	295
<i>Dependent spouse/partner</i>	= 95/20,698 =	0.46%	241	240
<i>Dependent divorced/separated</i>	= 22/20,698 =	0.11%	56	55
<i>Dependent Widow(er)</i>	= 76/20,698 =	0.37%	192	190
<i>Dependent unspecified</i>	= 1/20,698 =	0.005%	2.5	2.5
Dependent 'child' aged 16-18 or 19-24 ft educ	= 2/20,698 =	0.01%	5	5

## 2) Dependent children aged 0-15 of RAF ex-Service community

Dependent children who were below age 16 and therefore out of scope of the survey were incorporated into the projection by taking the average number of children attached to each individual adult eligible for assistance from the RAFBF, as follows:

### a) children aged 0-15 of one RAF ex-Service parent

444 people eligible as either RAF veteran only or dependant only, with a mean of 0.13 children for this sub-sample.

$$444/20,698 = 2.15\% \quad 1,124,263 \text{ adults}$$

$$1,124,263 \times 0.13 = 146,154 \text{ children}$$

### b) children aged 0-15 of two RAF ex-Service parents

38 people in the sample who are eligible RAF veterans but who were also dependent on another ex-Serviceman or woman (i.e. both parents are veterans). When factoring in their children, these respondents receive a weight of a half. Since if all adults had equal chance of selection for the survey then a child of two ex-Service parents had double the chance of selection.

38 people both veteran/dependant with mean of 0.54 children for this sub-sample.

$$38/20,698 = 0.18\% \quad 96,219 \text{ adults}$$

Weighting by ½ to correct for double chance of selecting these children:

$$(96,219 \times 0.54) \times \frac{1}{2} = 25,979 \text{ children}$$

### c) Total children attached to adult RAF ex-Service community

$$146,154 + 25,979 = 172,133 \text{ children}$$

Therefore the number of dependent children aged 0-15 attached to adult RAF ex-Service community is projected to be **170,000** to the nearest ten thousand.

## 3) Whole RAF ex-Service community: RAF veterans, dependent adults and dependent children

**1,220,000** adults aged 16 or over + **170,000** children aged 0-15 = **1,390,000** people eligible for RAFBF assistance in RAF ex-Service community.

# APPENDIX 4B: ESTIMATE OF THE SIZE OF THE RAF SERVING COMMUNITY

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This appendix uses desk research to estimate the current size of the RAF Serving community in year 2014. This includes RAF serving personnel, their adult dependants and dependent children.

The calculation builds upon the estimate of the current Service community across all three branches of Service, as calculated by actuarial consultants Punter Southall, for RBL and documented in Appendix 4b of the report, *"A UK Household Survey of the ex-Service community 2014,"* The Royal British Legion (November 2014). We follow their approach, with a few minor modifications.

## Calculations

### 1) Serving RAF personnel

The Ministry of Defence statistical release *"UK Armed Forces Quarterly Personnel Report 1 October 2014"* outlines (in Table 4) that on 1 October 2014 there were a total of **37,170 in-Service RAF personnel**, of which 34,520 are Regular members of the RAF and the remaining 2,650 are RAF Reservists.

In-Service RAF personnel make up 18.7% of the total Tri-Service strength of 198,810; and 20.8% of the 165,710 Tri-Service Regulars and 8.0% of the 33,100 Tri-Service Reservists.

### 2) Adult dependants

To assess how many adult dependants each in-Service RAF member has, we used the following data published by the Office for National Statistics in their *"Armed Forces Continuous Attitude Survey: 2014"* (Table B7.1 on page 200)

- 57% married or in a civil partnership
- 19% long-term/established relationship
- 3% separated
- 3% divorced.

We have assumed that half of the serving RAF personnel who are divorced no longer have an ex-spouse who is financially dependent upon them. On that basis we have a total of 80.5% who have an associated adult dependant – either a current spouse/partner or one from whom they are divorced/separated. Grossing up, this corresponds to 29,922 dependent adults, or **30,000 dependent adults** (rounding to the nearest thousand).

Note that this calculation excludes a small number of dependent widow(er)s of RAF serving personnel.

### 3) Child dependants

To estimate the number of child dependants each in-Service RAF member has, we also used the following data published by the Office for National Statistics in their *"Armed Forces Continuous Attitude Survey: 2014"*.

Tables B7.4 to B7.9 on pages 202 to 206 of the *"Armed Forces Continuous Attitude Survey: 2014 Reference Tables"* provide a breakdown of the number of financially dependent children that Service personnel have in different age bands. This information was collated based on 25,338 respondents and Punter Southall took the Tri-Service data<sup>49</sup> and scaled them to be applicable to the full 198,810 in-Service personnel, thereby deriving a total of 169,570 children comprising:

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<sup>49</sup> Note that when deriving this figures, Punter Southall assumed that 'Tri-Service' refers to non-Reservists, and that the responses apply equally to non-Reservists and Reservists.

- 68,193 children aged under five years
- 60,559 children aged between six years and 11 years
- 29,354 children aged between 12 years and 16 years, and
- 11,464 children aged between 17 years and 19 years.

Table B7.3 confirms that 50% of the RAF serving personnel have any children whom they support financially, which is the same proportion Tri-Service. Tables B7.4 to B7.9 show that the distribution of children in each of the different age bands is also very similar for the RAF as Tri-Service. Therefore we have taken the Tri-Service grossed up estimates above and applied a flat proportion for the RAF component of 18.696% of the total in-Service strength (see Section 1 above):

$$37,170/198,810 = 0.18696$$

$$0.18696 * 169,570 = 31,703$$

Rounding to the nearest thousand -> **32,000 financially dependent children aged 0-19 years.**

Note that whilst the Punter Southall estimates for the RBL made a small deduction from the total for the Serving community living overseas to estimate the size of the community living in the UK, we have not made a similar deduction here since most of the RAF is UK-based.

#### **4) Whole RAF Serving community: RAF in-Service personnel, dependent adults and dependent children**

**37,170 in-Service RAF personnel + 30,000 dependent adults + 32,000 financially dependent children aged 0-19 = 99,170** people eligible for RAFBF assistance in RAF Serving community.

For planning purposes because the calculations for dependants involve a degree of inaccuracy this can be rounded to **100,000 people**.

## **Future size of the RAF Serving community**

Projecting further ahead, the 2010 Strategic Defence and Security Review mandated that the Regular RAF will decline to 33,000 by 2015 and 31,500 by 2020. The Future Reserve 2020 Review mandated that the size of the RAF Reserve would increase from the 1 October 2014 trained strength [Table 6a] of 1,220 to 1,860 in 2018<sup>50</sup>. Overall, not including Regular and Reservist trainees (3,430 as at 1 October 2014), this will represent an overall decline from a trained strength as at 1 October 2014 of 33,740 to 33,360 on 1 April 2020, a fall of 1.13%.

On the basis of a minimal reduction in RAF personnel, the total RAF Serving community including dependants is likely to remain at about 100,000 until at least year 2020, subject to any further imposed reductions.

50 Source: [www.parliament.uk/business/publications/research/briefing-papers/SN02183/defence-personnel-statistics](http://www.parliament.uk/business/publications/research/briefing-papers/SN02183/defence-personnel-statistics)

# APPENDIX 5: SUPPORTING DATA TABLES

The table below shows the full range of needs expressed by the ex-Service community. Boxed results are where the difference between the proportion of 16-64 year olds and over 65s experiencing each difficulty *within* the RAF ex-Service community is statistically significant. Results in blue font are where the proportion citing that difficulty in the RAF ex-Service community is significantly different from their equivalents in the UK ex-Service community.

Figure 5i. Personal or household difficulties experienced in the last year, by age

B1/B2	RAF Adult ex-Service community			UK Adult ex-Service community		
	ALL	16-64	65+	ALL	16-64	65+
Projected population size ('000s)	1,220	315	905	4,920	1,750	3,170
Unweighted bases	(503)	(107)	(396)	(2121)	(660)	(1461)
	%	%	%	%	%	%
<b>ANY</b>	<b>43</b>	<b>44</b>	<b>43</b>	<b>42</b>	<b>47</b>	<b>40</b>
<b>Any relationship/isolation difficulties:</b>	<b>14</b>	<b>19</b>	<b>12</b>	<b>16</b>	<b>18</b>	<b>14</b>
Loneliness	7	8	6	8	6	9
Bereavement	7	9	6	7	8	7
Lack of recreational facilities/social life^	2	4	1	4	6	2
Marriage/relationship breakup	2	7	*	2	5	*
Difficulty forming close relationships	1	2	*	1	2	1
Domestic abuse/violence	*	1	-	*	-	*
<b>Any self-care difficulties:</b>	<b>17</b>	<b>13</b>	<b>19</b>	<b>15</b>	<b>12</b>	<b>16</b>
Exhaustion or pain	10	11	10	9	10	8
Poor bladder control	8	4	9	7	4	8
Difficulty looking after self (washing, dressing, toileting, cooking)	3	5	2	3	4	3
<b>Any mobility difficulties:</b>	<b>16</b>	<b>13</b>	<b>17</b>	<b>14</b>	<b>10</b>	<b>17</b>
Difficulty getting around outside home	15	11	16	13	9	15
Difficulty getting around own home	9	7	9	8	7	9
<b>Any psychological difficulties:</b>	<b>9</b>	<b>14</b>	<b>7</b>	<b>12</b>	<b>17</b>	<b>9</b>
Feeling depressed	7	11	5	10	14	8
Lack confidence/self-esteem	4	8	2	4	7	2
Lack hope/purpose/direction	2	4	1	4	6	2
Heaving drinking/taking drugs	1	4	-	1	2	*
<b>Any financial difficulties:</b>	<b>6</b>	<b>14</b>	<b>3</b>	<b>9</b>	<b>17</b>	<b>4</b>
Not having enough money for day to day living^	3	8	2	5	11	2
Not having enough savings to buy or replace items^	4	8	2	5	9	3
Getting into debt^	2	7	1	3	7	1

<b>Any housing difficulties^:</b>	<b>7</b>	<b>5</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>
Difficulty with house or garden maintenance^	7	4	7	7	5	8
Poor housing/inappropriate housing for your needs^	1	1	1	1	3	1
Difficulty getting a council housing place or from a Housing Association^	*	2	-	1	2	*
<b>Any employment difficulties:</b>	<b>4</b>	<b>13</b>	<b>*</b>	<b>6</b>	<b>17</b>	<b>*</b>
Unemployment^	1	5	-	3	9	1
Fear of unemployment^	2	6	*	3	8	1
Having to take job for which overqualified/underpaid^	-	-	-	1	4	*
Lack of training/skills/qualifications^	1	3	*	1	3	*
<b>Difficulty dealing with authorities:</b>	<b>6</b>	<b>9</b>	<b>5</b>	<b>8</b>	<b>12</b>	<b>6</b>
Difficulty getting medical treatment^	4	7	3	3	5	2
Difficulty finding out about services or benefits entitled to^	1	3	1	3	4	2
Difficulty dealing with personal affairs (e.g. paying bills, filling in forms, writing letters)	3	7	2	4	7	3
<b>Any fear of violence/crime^:</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>3</b>
Fear of violence/crime outside the home^	3	3	2	3	3	4
Lack of home security/feeling safe^	1	1	1	2	4	3
<b>Any community/civilian integration issues^:</b>	<b>3</b>	<b>7</b>	<b>2</b>	<b>3</b>	<b>7</b>	<b>1</b>
Difficult transition from military to civilian life^	1	3	*	2	4	*
Not feeling part of community because moved around a lot^	1	1	1	1	2	1
Heavy drinking or drug taking^	1	4	-	1	2	*
<b>Lack of suitable transport^:</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>2</b>
<b>Any child support difficulties^:</b>	<b>1</b>	<b>2</b>	<b>-</b>	<b>1</b>	<b>2</b>	<b>*</b>
Difficulty getting childcare^	*	1	-	1	1	-
Difficulty getting school place/educational support^	*	1	-	*	1	-

^experienced by self or household

~ Significant difference between 16-64s and over 65s only at the 90% confidence interval, not at the 95% level.

Figure 5ii. Highest qualifications in the RAF ex-Service community, compared with the UK ex-Service community and UK adults

F1	RAF ex-Service community			UK ex-Service community			UK adults 16-64
	All	Veterans	16-64s	All	Veterans	16-64s	
	%	%	%	%	%	%	%
<b>Any^^</b>	<b>76</b>	<b>78</b>	<b>90</b>	<b>72</b>	<b>76</b>	<b>87</b>	<b>85</b>
<b>Any academic</b>	<b>55</b>	<b>56</b>	<b>76</b>	<b>51</b>	<b>53</b>	<b>70</b>	<b>76</b>
Degree	13	14	18	11	12	15	26
<b>Any academic not degree:</b>	<b>42</b>	<b>43</b>	<b>58</b>	<b>40</b>	<b>41</b>	<b>55</b>	<b>50</b>
Higher education below degree	6	8	10	6	8	8	8
A levels or Highers	7	8	13	7	7	10	11
ONC/National level BTEC	6	9	10	5	6	7	6
O Level or GCSE (A-C), CSE grade 1, Std Gd 1-3	18	15	17	17	16	21	20
GCSE D-G, CSE 2-5, Standard Grade 4-6	4	3	8	6	5	8	5
<b>Any non-academic: ^^</b>	<b>21</b>	<b>21</b>	<b>15</b>	<b>21</b>	<b>22</b>	<b>18</b>	<b>9</b>
Other qualification^^	2	2	2	2	1	1	9
<b>Any work/vocational:</b>	<b>19</b>	<b>19</b>	<b>13</b>	<b>19</b>	<b>21</b>	<b>17</b>	<b>n/a</b>
Work related/vocational qualification	12	12	7	13	16	12	n/a
Professional qualification (e.g. nurse)	7	7	6	6	5	4	n/a
<b>No formal qualification^^</b>	<b>22</b>	<b>21</b>	<b>9</b>	<b>26</b>	<b>23</b>	<b>11</b>	<b>15</b>

^Source: Family Resources Survey 2011

^^ Not fully comparable with UK figures as vocational qualifications are not explicitly included in the prompted list in 2011 FRS

The table below shows the full range of needs expressed by the RAFBF beneficiaries. Boxed results are where the difference between the proportion of 16-64 year olds and over 65s experiencing each difficulty *within* the RAFBF beneficiary pool is statistically significant.

**Figure 5iii. Personal or household difficulties experienced in the last year, by RAFBF beneficiaries compared with the wider RAF ex-Service community**

E1a/E2a  <i>Top five specific difficulties experienced by beneficiaries of each age group are highlighted</i>	RAFBF beneficiaries			RAF Adult ex-Service community		
	ALL	16-64	65+	ALL	16-64	65+
Projected population size ('000s)				1,220	315	905
Unweighted bases	(1606)	(455)	(1011)	(503)	(107)	(396)
	%	%	%	%	%	%
<b>ANY~</b>	<b>85</b>	<b>93</b>	<b>83</b>	<b>43</b>	<b>44</b>	<b>43</b>
<b>Any relationship/isolation difficulties~:</b>	<b>29</b>	<b>34</b>	<b>28</b>	<b>14</b>	<b>19</b>	<b>12</b>
Loneliness	12	14	11	7	8	6
Bereavement	18	17	19	7	9	6
Lack of recreational facilities/social life^	6	8	6	2	4	1
Marriage/relationship breakup	5	10	3	2	7	*
Difficulty forming close relationships	5	10	3	1	2	*
Domestic abuse/violence	n/a	n/a	n/a	*	1	-
<b>Any self-care difficulties:</b>	<b>23</b>	<b>30</b>	<b>21</b>	<b>17</b>	<b>13</b>	<b>19</b>
Exhaustion or pain	17	23	14	10	11	10
Poor bladder control	8	9	8	8	4	9
Difficulty looking after self (washing, dressing, toileting, cooking)	13	17	11	3	5	2
<b>Any mobility difficulties:</b>	<b>25</b>	<b>26</b>	<b>25</b>	<b>16</b>	<b>13</b>	<b>17</b>
Difficulty getting around outside home	20	22	20	15	11	16
Difficulty getting around own home	13	16	12	9	7	9
<b>Any psychological difficulties:</b>	<b>23</b>	<b>34</b>	<b>19</b>	<b>9</b>	<b>14</b>	<b>7</b>
Feeling depressed	19	29	15	7	11	5
Lack confidence/self-esteem	12	23	8	4	8	2
Lack hope/purpose/direction	13	23	9	2	4	1
Heaving drinking/taking drugs	2	4	1	1	4	-
<b>Any financial difficulties:</b>	<b>60</b>	<b>65</b>	<b>60</b>	<b>6</b>	<b>14</b>	<b>3</b>
Not having enough money for day to day living^	34	38	32	3	8	2
Not having enough savings to buy or replace items^	45	46	46	4	8	2
Getting into debt^	19	31	13	2	7	1
<b>Any housing difficulties^:</b>	<b>24</b>	<b>31</b>	<b>22</b>	<b>7</b>	<b>5</b>	<b>8</b>
Difficulty with house or garden maintenance^	15	10	17	7	4	7
Poor housing/inappropriate housing for your needs^	10	19	6	1	1	1
Difficulty getting a council housing place or from a Housing Association^	8	16	5	*	2	-

<b>Any employment difficulties~:</b>	<b>7</b>	<b>17</b>	<b>3</b>	<b>4</b>	<b>13</b>	<b>*</b>
Unemployment^	6	13	2	1	5	-
Fear of unemployment^				2	6	*
Having to take job for which overqualified/ underpaid^	n/a	n/a	n/a	-	-	-
Lack of training/skills/qualifications^	4	9	2	1	3	*
<b>Difficulty dealing with authorities:</b>	<b>26</b>	<b>34</b>	<b>22</b>	<b>6</b>	<b>9</b>	<b>5</b>
Difficulty getting medical treatment^	5	7	4	4	7	3
Difficulty finding out about services or benefits entitled to^	15	18	13	1	3	1
Difficulty dealing with personal affairs (e.g. paying bills, filling in forms, writing letters)	15	21	12	3	7	2
<b>Any fear of violence/crime^~:</b>	<b>6</b>	<b>8</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>3</b>
Fear of violence/crime outside the home^	n/a	n/a	n/a	3	3	2
Lack of home security/feeling safe^	6	8	6	1	1	1
<b>Any community/civilian integration issues^~:</b>	<b>5</b>	<b>8</b>	<b>3</b>	<b>3</b>	<b>7</b>	<b>2</b>
Difficult transition from military to civilian life^	5	8	3	1	3	*
Not feeling part of community because moved around a lot^	n/a	n/a	n/a	1	1	1
Heavy drinking or drug taking^	2	4	1	1	4	-
<b>Lack of suitable transport^:</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Any child support difficulties^:</b>	n/a	n/a	n/a	<b>1</b>	<b>2</b>	-
Difficulty getting childcare^	n/a	n/a	n/a	*	1	-
Difficulty getting school place/educational support^	n/a	n/a	n/a	*	1	-

^experienced by self or household n/a Not Asked on RAFBF beneficiary survey.

~ Prevalence of thematic grouping not directly comparable with RAF ex-Service community due to certain statements not being asked.

Figure 5iv. Personal or household difficulties experienced in the last year among RAFBF beneficiaries, by category of most recent assistance received

E1a/E2a	ALL	Housing Trust	Regular Financial Assistance	General Welfare Grant	Debt Assistance	Mobility Aids	Care equipment	Housing Adaptations/ Repairs	PMH Respite Break
<i>Top five specific difficulties experienced by each beneficiary type are highlighted</i>	%	%	%	%	%	%	%	%	%
<b>ANY</b>	<b>85</b>	<b>82</b>	<b>92</b>	<b>84</b>	<b>94</b>	<b>87</b>	<b>83</b>	<b>83</b>	<b>54</b>
<b>Any relationship/isolation difficulties:</b>	<b>29</b>	<b>29</b>	<b>30</b>	<b>33</b>	<b>50</b>	<b>14</b>	<b>23</b>	<b>17</b>	<b>27</b>
Loneliness	12	10	14	12	14	6	9	12	16
Bereavement	18	20	19	20	37	3	15	10	12
Lack of recreational facilities/ social life^	6	6	7	7	6	5	2	6	7
Marriage/relationship breakup	5	3	4	7	9	4	3	3	2
Difficulty forming close relationships	5	6	3	6	8	5	5	5	8
<b>Any self-care difficulties:</b>	<b>23</b>	<b>33</b>	<b>18</b>	<b>22</b>	<b>14</b>	<b>27</b>	<b>32</b>	<b>34</b>	<b>23</b>
Exhaustion or pain	17	23	13	17	12	21	28	17	14
Poor bladder control	8	9	8	6	8	11	10	7	9
Difficulty looking after self (washing, dressing, toileting, cooking)	13	21	10	10	8	15	14	24	13
<b>Any mobility difficulties:</b>	<b>25</b>	<b>30</b>	<b>18</b>	<b>16</b>	<b>14</b>	<b>72</b>	<b>26</b>	<b>25</b>	<b>17</b>
Difficulty getting around outside home	20	22	16	13	11	62	20	19	16
Difficulty getting around own home	13	28	10	8	10	26	17	16	9
<b>Any psychological difficulties:</b>	<b>23</b>	<b>22</b>	<b>23</b>	<b>27</b>	<b>27</b>	<b>16</b>	<b>20</b>	<b>17</b>	<b>19</b>
Feeling depressed	19	17	18	24	22	12	17	13	16
Lack confidence/self-esteem	12	13	11	16	17	7	6	9	10
Lack hope/purpose/direction	13	15	13	17	15	7	9	9	8
Heaving drinking/taking drugs	2	2	2	3	4	1	-	3	-
<b>Any financial difficulties:</b>	<b>60</b>	<b>21</b>	<b>85</b>	<b>63</b>	<b>74</b>	<b>41</b>	<b>62</b>	<b>62</b>	<b>25</b>
Not having enough money for day to day living^	34	10	65	32	37	13	27	17	15
Not having enough savings to buy or replace items^	45	15	62	46	40	36	49	58	19
Getting into debt^	19	6	20	26	45	7	19	7	6

<b>Any housing difficulties^:</b>	<b>24</b>	<b>59</b>	<b>26</b>	<b>18</b>	<b>14</b>	<b>11</b>	<b>23</b>	<b>32</b>	<b>13</b>
Difficulty with house or garden maintenance^	15	9	24	11	9	8	15	25	10
Poor housing/inappropriate housing for your needs^	10	38	6	9	6	4	6	11	3
Difficulty getting a council housing place or from a Housing Association^	8	34	5	6	7	4	6	4	4
<b>Any employment difficulties:</b>	<b>7</b>	<b>6</b>	<b>3</b>	<b>13</b>	<b>11</b>	<b>3</b>	<b>8</b>	<b>5</b>	<b>3</b>
Unemployment/fear of unemployment^	6	5	3	9	10	3	7	5	3
Lack of training/skills/qualifications^	4	3	3	8	4	1	3	3	1
<b>Difficulty dealing with authorities:</b>	<b>26</b>	<b>22</b>	<b>29</b>	<b>29</b>	<b>32</b>	<b>17</b>	<b>28</b>	<b>20</b>	<b>18</b>
Difficulty getting medical treatment^	5	5	5	7	5	4	7	4	1
Difficulty finding out about services or benefits entitled to^	15	12	15	16	19	9	19	12	14
Difficulty dealing with personal affairs (e.g. paying bills, filling in forms, writing letters)	15	10	17	18	22	9	16	12	8
<b>Lack of home security/feeling safe in own home^</b>	<b>6</b>	<b>9</b>	<b>8</b>	<b>6</b>	<b>5</b>	<b>3</b>	<b>5</b>	<b>7</b>	<b>4</b>
<b>Difficult transition from military to civilian life^</b>	<b>5</b>	<b>13</b>	<b>4</b>	<b>5</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>1</b>
<b>Lack of suitable transport^:</b>	<b>10</b>	<b>7</b>	<b>11</b>	<b>7</b>	<b>6</b>	<b>21</b>	<b>8</b>	<b>8</b>	<b>11</b>

<sup>^</sup>experienced by self or household

Figure 5v. How learnt that the RAF Benevolent Fund might be able to help them, by age

A1	RAFBF beneficiaries			
	All	16-54s	55-74	75+
	%	%	%	%
<b>Any Armed Forces/Service organisations:</b>	<b>74</b>	<b>88</b>	<b>79</b>	<b>67</b>
Soldiers' Sailors' and Airmen's Families Association (SSAFA)	33	41	36	29
The Royal British Legion	14	15	15	14
RAF Association	13	15	15	12
The Officers' Association	1	1	1	1
Combat Stress	1	3	-	1
Help for Heroes	1	1	1	-
Poppyscotland	-	1	-	-
<b>RAFBF advertising/marketing:</b>				
Called the RAFBF helpline 088 198 2400	10	9	13	9
RAFBF website	5	12	5	3
Received a letter or newsletter from the RAFBF	4	4	5	3
RAFBF advertisement in a newspaper or on a billboard	3	1	3	4
RAF Community Support staff/ Station Welfare Officers	7	15	6	5
During your resettlement or discharge process	6	13	8	2
RAF HIVE information service	1	3	-	-
RAF Families' Federation	1	1	1	1
Another Service or ex-Service organisation	3	5	3	3
<b>Any other sources:</b>	<b>41</b>	<b>32</b>	<b>37</b>	<b>47</b>
Friend/family/neighbour/word of mouth	18	16	16	19
Local authority or Council	6	3	4	7
Citizens Advice Bureau (CAB)	5	7	6	5
Social worker/Social Services	5	2	4	6
Newspaper/magazine/television programme	4	1	2	5
Charities for the elderly (e.g. Age UK)	3	-	2	4
Doctor/GO/health visitor/district nurse	1	1	2	2
Leaflet or poster displayed locally	1	1	1	2
Homeless charity/hostels/night shelters for homeless people	*	1	1	-
Job Centre Plus (Department of Work and Pensions)	*	*	*	*
Library	*	*	*	*
Relate	*	-	-	*
Whilst in prison/"Inside Time" newspaper for prisoners	*	*	-	-
Other	4	4	5	4
Can't remember	1	-	2	1
Not stated	3	1	3	2

Figure 5vi. Recall of types of assistance ever received from the RAFBF, by category of most recent assistance received

A2	ALL	Beneficiary type (from RAFBF database)							
		Housing Trust	Regular Financial Assistance	General Welfare Grant	Debt Assistance	Mobility Aids	Care equipment	Housing Adaptations/ Repairs	PMH Respite Break
	%	%	%	%	%	%	%	%	%
Housing Trust tenant	11	95	1	-	-	1	1	1	4
Ongoing Regular Financial Assistance	26	3	84	7	1	5	8	6	6
General welfare grant	42	13	38	69	61	15	40	20	20
Help with debts	14	4	15	18	45	5	16	4	6
Mobility aids	15	13	7	5	5	79	15	6	15
Care equipment	10	13	4	7	3	23	44	10	9
Housing repairs or adaptations	18	35	20	6	6	10	13	76	6
Respite break, Princess Marina House	9	4	3	3	6	5	8	4	80
Care home top-up fees	1	1	3	1	1	-	1	1	3
Other	5	4	3	9	3	2	6	2	2
Not stated	6	1	3	8	4	3	7	7	11
<i>Number of categories^ of assistance recall receiving:</i>									
One only	55%	53%	39%	62%	71%	63%	54%	63%	51%
More than one category	37%	46%	57%	23%	26%	34%	38%	30%	39%

^ excluding 'Other'

Figure 5vii. The RAFBF Quality of service ratings, by category of most recent assistance received

C4	ALL	Beneficiary type (from RAFBF database)							
		Housing Trust	Regular Financial Assistance	General Welfare Grant	Debt Assistance	Mobility Aids	Care equipment	Housing Adaptations/ Repairs	PMH Respite Break
<b>Proportion giving a rating of 'Excellent' or 'Very good' on:</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
Ease of contacting or getting through to them	76	83	73	74	78	77	66	82	81
Handling your case sensitively	84	86	82	84	86	86	85	88	88
Keeping you informed about the progress of your case	74	78	70	72	75	81	64	76	76
Efficient and responsive service	78	82	74	78	76	81	74	81	80
Writing to let you know the final outcome of your application and explaining how and when you would receive the assistance you were awarded	80	78	81	79	83	85	72	84	81
Telling you about other support services the RAFBF provide that might be able to help you	54	58	55	53	58	54	45	53	46
Referring you to other organisations that might be able to help you	50	55	44	51	52	52	42	53	48

Ratings greater than +5% or more   above the average are highlighted; as are ratings -5% or more   below the average.

Figure 5viii. Opinions of communications, by category of most recent assistance received

C1, C2	ALL	Beneficiary type (from RAFBF database)							
		Housing Trust	Regular Financial Assistance	General Welfare Grant	Debt Assistance	Mobility Aids	Care equipment	Housing Adaptations/ Repairs	PMH Respite Break
	%	%	%	%	%	%	%	%	%
<b>Any direct communications with the RAFBF in last 2 years:</b>	<b>61</b>	<b>74</b>	<b>73</b>	<b>59</b>	<b>44</b>	<b>58</b>	<b>49</b>	<b>52</b>	<b>35</b>
By letter (to or from them)	36	48	41	36	29	31	26	31	13
By email (to or from them)	6	16	2	8	4	5	6	5	3
On the telephone	28	48	28	27	18	32	22	21	19
Face-to-face contact	20	17	26	18	16	22	17	15	16
<b>Level of direct communication over last 2 years:</b>									
Not nearly enough	13	4	6	17	24	12	18	15	13
Not quite enough	9	6	8	11	7	7	9	13	7
About right	62	74	76	57	53	58	55	57	38
A bit too much	*	-	*	*	-	-	-	1	-
Far too much	*	2	*	1	-	1	-	-	-

Figure 5ix. Recall of having contact with a caseworker from one of the RAFBF's partner charities about receiving financial or other assistance within the last 2 years, by Caseworking organisation or referral route

B1	ALL	Caseworking organisation or referral route (from RAFBF database)							
		SSAFA	RAF Association	The Royal British Legion	The Officers' Association	The RAF	The RAFBF Housing Team	Personal application	
	%	%	%	%	%	%	%	%	
SSAFA	47	70	15	12	45	55	46	9	
RAF Association	19	10	47	10	-	5	14	-	
The Royal British Legion	12	5	8	65	22	5	2	9	
Another charity	2	1	2	3	55	-	2	9	
None of these	11	7	12	6	11	40	26	65	
Not stated	15	12	22	15	15	5	13	17	

Figure 5x. Funding arrangements, by Caseworking organisation or referral route

B2	ALL	Caseworking organisation or referral route (from RAFBF database)							
		SSAFA	RAF Association	The Royal British Legion	The Officers' Association		The RAF	The RAFBF Housing Team	
Base: All who recalled contact with a caseworker in last 2 years									
	%	%	%	%	%		%	%	
I knew the RAFBF were providing and funding the assistance I've received	60	59	65	47	29		45	82	
I thought the other charity were providing and funding the assistance I've received	5	6	2	8	29		9	5	
I thought both the RAFBF and the other charity were working together and funding it jointly	17	17	14	29	43		27	5	
I wasn't sure	11	12	11	10	-		18	3	
Other	*	-	1	-	-		-	3	
Not stated	6	6	26	6	-		-	3	

Figure 5xi. Reasons for rating given on extent to which the RAFBF improved their quality of life

E4	ALL	Rating at E3 on Improvement help received from the RAFBF recently made to quality of life			
		A lot	A little	Not very much	None at all
	%	%	%	%	%
<b>Positive feedback:</b>					
Received financial assistance/eased money concerns (e.g. paid bills)	17	20	22	9	2
Assistance with maintenance (e.g. gardening)/repairs or replacement items	14	18	13	13	5
Help with adaptation or mobility related aid	14	19	6	-	4
Made an improvement/general comments	8	11	4	6	-
Grateful for help received	5	6	5	-	5
Assistance with housing	4	5	4	7	-
Help with funeral arrangements/costs	4	4	4	6	7
Assistance with holiday/respite/leisure activities received	4	5	3	-	-
Learnt new skills/education or work related assistance	2	2	1	-	5
Care/personal (e.g. counselling)/help received	1	1	1	-	-
<b>Negative feedback:</b>					
Still face difficulties/poor health	4	2	18	18	18
Support has been reduced/not enough	1	-	7	15	5
No help received	1	-	1	7	17
More help could be beneficial/mentions further assistance needed	1	-	6	-	7
Problems with paperwork/communication method/taking too long	*	-	1	-	-
Still awaiting support/process incomplete	*	-	-	7	-
Other comment specifying what support has been received	1	1	1	7	4
Other	2	2	2	3	11
Not applicable/no comment/blank	32	21	27	39	33

Base: 1606 RAFBF beneficiaries, of whom 1122 answered 'a lot' of improvement at E3, 185 answered 'a little', 21 answered 'not very much' and 29 answered 'none at all'.

Figure 5xii. Extent to which the RAFBF resolved the welfare needs presented, by category of most recent assistance received

E1b/E2b	ALL	Housing Trust	Regular Financial Assistance	General Welfare Grant	Debt Assistance	Mobility Aids	Care equipment	Housing Adaptations/Repairs	PMH	Respite Break
Base varies by cell: Those presenting with each welfare need just before receiving RAFBF support										
<b>% Fully resolved/Helped a lot</b> <b>(In brackets the % Fully resolved)</b>										
	%	%	%	%	%	%	%	%	%	%
<b>Any relationship/isolation difficulties:</b>										
Loneliness	31 (3)	25 (0)	41 (2)	19 (2)	32 (11)	43 (21)		18 (0)	44 (0)	
Bereavement	70 (26)	80 (44)	73 (15)	65 (32)	81 (37)		69 (6)	42 (5)	67 (0)	
Lack of recreational facilities/social life <sup>^</sup>	32 (12)		42 (15)	16 (4)						
Marriage/relationship breakup	32 (6)		20 (0)	32 (0)						
Difficulty forming close relationships	20 (3)		30 (0)	5 (0)						
<b>Any self-care difficulties:</b>										
Exhaustion or pain	35 (8)	38 (17)	41 (7)	19 (3)	38 (19)	52 (17)	50 (7)	39 (6)	36 (0)	
Poor bladder control	22 (6)	18 (9)	20 (3)	17 (9)		33 (8)				
Difficulty looking after self (washing, dressing, toileting, cooking)	56 (29)	73 (46)	47 (18)	51 (18)		42 (27)		84 (58)	38 (23)	
<b>Any mobility difficulties:</b>										
Difficulty getting around outside home	63 (38)	71 (54)	47 (18)	41 (22)		88 (60)	73 (18)	68 (47)	50 (25)	
Difficulty getting around own home	59 (32)	83 (60)	41 (12)	39 (10)		73 (46)	61 (28)	70 (40)		
<b>Any psychological difficulties:</b>										
Feeling depressed	42 (8)	41 (18)	52 (6)	32 (7)	37 (7)	50 (12)	56 (0)	54 (17)	44 (6)	
Lack confidence/self-esteem	37 (5)	25 (6)	50 (5)	25 (2)	50 (4)	40 (13)		41 (18)	50 (10)	
Lack hope/purpose/direction	44 (9)	58 (21)	51 (7)	31 (5)	57 (5)	44 (13)		47 (29)		
Heaving drinking/taking drugs	23 (9)			17 (8)						

<b>Any financial difficulties:</b>									
Not having enough money for day to day living <sup>^</sup>	79 (15)	75 (42)	84 (11)	74 (17)	71 (12)	72 (31)	79 (14)	81 (32)	73 (13)
Not having enough savings to buy or replace items <sup>^</sup>	78 (36)	79 (58)	77 (17)	79 (45)	71 (38)	78 (49)	75 (40)	90 (60)	58 (16)
Getting into debt <sup>^</sup>	67 (20)	63 (50)	73 (14)	58 (19)	83 (25)	87 (33)	67 (19)		
<b>Any housing difficulties<sup>^</sup>:</b>									
Difficulty with house or garden maintenance <sup>^</sup>	54 (23)	64 (55)	61 (24)	45 (13)		33 (28)	50 (25)	58 (29)	50 (0)
Poor housing/inappropriate housing for your needs <sup>^</sup>	79 (57)	98 (85)	67 (29)	64 (36)				80 (60)	
Difficulty getting a council housing place or from a Housing Association <sup>^</sup>	68 (56)	98 (93)	41 (24)	39 (26)					
<b>Any employment difficulties:</b>									
Unemployment/fear of unemployment	31 (15)		44 (22)	25 (8)					
Lack of training/skills/qualifications <sup>^</sup>	43 (22)		44 (22)	47 (25)					
<b>Difficulty dealing with authorities:</b>									
Difficulty getting medical treatment <sup>^</sup>	47 (27)		39 (17)	50 (27)					
Difficulty finding out about services or benefits entitled to <sup>^</sup>	52 (17)	67 (33)	54 (13)	46 (10)	52 (19)	60 (33)	52 (14)	45 (36)	64 (14)
Difficulty dealing with personal affairs (e.g. paying bills, filling in forms, writing letters)	57 (13)	46 (23)	72 (15)	53 (13)	80 (10)	30 (15)	41 (6)	38 (10)	
<b>Any fear of violence/crime<sup>^</sup>:</b>									
Lack of home security/feeling safe <sup>^</sup>	50 (30)	73 (55)	46 (18)	43 (30)					
<b>Any community/civilian integration issues<sup>^</sup>:</b>									
Difficult transition from military to civilian life <sup>^</sup>	54 (34)	82 (65)	43 (21)	39 (22)					
<b>Lack of suitable transport<sup>^</sup>:</b>									
	63 (38)	67 (67)	63 (26)	61 (39)		83 (62)			55 (18)

<sup>^</sup>experienced by self or household

The proportion of each beneficiary group who presented with each welfare need is given in Figure 5iv earlier.

Blank cells: where the base of respondents experiencing a particular difficulty was less than 10 people, then the data have been suppressed (since the base is too small for the results to be reliable).

The response scale was: 'fully resolved', 'helped a lot', 'helped a little', 'made no difference'. A Traffic Lights grading system for Impact was devised, according to the proportion who answered 'fully resolved' or 'helped a lot'.

The RAFBF achieved ■ "High impact" when >60% fully resolved/helped a lot, ■ "Substantial impact" when 50-59% fully resolved/helped a lot (i.e. at least half), ■ "Moderate impact" 25-49% (i.e. at least a quarter), and ■ "Low impact" <25% (i.e. less than a quarter).

Figure 5xiii. Personal or household difficulties experienced by RAFBF beneficiaries now, compared with just before receiving support from the RAFBF recently

G1/G2, E1a/E2a	Needs when presented to RAFBF	Needs now	Difference
	%	%	%
<b>ANY</b>	<b>85</b>	<b>72</b>	<b>-13</b>
<b>Any relationship/isolation difficulties:</b>	<b>29</b>	<b>25</b>	<b>-4</b>
Loneliness	12	16	+4
Bereavement	18	10	-8
Lack of recreational facilities/social life <sup>^</sup>	6	8	+2
Marriage/relationship breakup	5	3	-2
Difficulty forming close relationships	5	6	+1
<b>Any self-care difficulties:</b>	<b>23</b>	<b>35</b>	<b>+12</b>
Exhaustion or pain	17	27	+10
Poor bladder control	8	13	+5
Difficulty looking after self (washing, dressing, toileting, cooking)	13	13	0
<b>Any mobility difficulties:</b>	<b>25</b>	<b>23</b>	<b>-2</b>
Difficulty getting around outside home	20	21	+1
Difficulty getting around own home	13	11	-2
<b>Any psychological difficulties:</b>	<b>23</b>	<b>26</b>	<b>+3</b>
Feeling depressed	19	23	+4
Lack confidence/self-esteem	12	13	+1
Lack hope/purpose/direction	13	12	-1
Heaving drinking/taking drugs	2	2	0
<b>Any financial difficulties:</b>	<b>60</b>	<b>42</b>	<b>-18</b>
Not having enough money for day to day living <sup>^</sup>	34	18	-16
Not having enough savings to buy or replace items <sup>^</sup>	45	35	-10
Getting into debt <sup>^</sup>	19	12	-7
<b>Any housing difficulties<sup>^</sup>:</b>	<b>24</b>	<b>29</b>	<b>+5</b>
Difficulty with house or garden maintenance <sup>^</sup>	15	25	+10
Poor housing/inappropriate housing for your needs <sup>^</sup>	10	4	-6
Difficulty getting a council housing place or from a Housing Association <sup>^</sup>	8	4	-4

<b>Any employment difficulties:</b>	<b>7</b>	<b>7</b>		<b>0</b>
Unemployment <sup>^</sup> /fear of unemployment <sup>^</sup>	6	6		0
Lack of training/skills/qualifications <sup>^</sup>	4	3		-1
<b>Difficulty dealing with authorities:</b>	<b>26</b>	<b>25</b>		<b>-1</b>
Difficulty getting medical treatment <sup>^</sup>	5	5		0
Difficulty finding out about services or benefits entitled to <sup>^</sup>	15	13		-2
Difficulty dealing with personal affairs (e.g. paying bills, filling in forms, writing letters)	15	14		-1
<b>Lack of home security/feeling safe<sup>^</sup></b>	<b>6</b>	<b>5</b>		<b>-1</b>
<b>Difficult transition from military to civilian life<sup>^</sup>:</b>	<b>5</b>	<b>2</b>		<b>-3</b>
<b>Lack of suitable transport<sup>^</sup>:</b>	<b>10</b>	<b>7</b>		<b>-3</b>

<sup>^</sup>experienced by self or household  
Changes of +/-4% in either direction are highlighted.



**Royal Air Force  
Benevolent Fund**

## About the Royal Air Force Benevolent Fund

The Royal Air Force Benevolent Fund was formed nearly 100 years ago and is the RAF's leading welfare charity, providing financial, practical and emotional support to all members of the RAF Family, estimated to be over 1.5 million people. We are here for serving and former members of the RAF, regular and reservists alike, as well as their partners and dependants, whenever they need us. We help members of the RAF Family deal with a wide range of issues: from childcare and relationship difficulties to injury and disability, and from financial hardship and debt to illness and bereavement, including social isolation, mobility and self care issues. We provide advice as well as financial support to those who need it. In 2014, we spent almost £19 million helping nearly 40,000 members of the RAF Family. We continue to change and evolve to match the current needs of the RAF Family.

The Fund is also proud custodian of the RAF Memorial and the Bomber Command Memorial on behalf of the nation. Additionally, we make a significant number of External Grants to other charities each year, where members of the RAF Family have been or will be assisted.

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Compass Partnership

## About Compass Partnership

Compass Partnership is a management and research consultancy specialising in the governance and management of independent non-profit-seeking organisations. Founded in 1982, we have worked with over 800 not-for-profit clients and have built up a body of knowledge on management and governance in this field and a tried and tested range of approaches to consultancy and research.

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