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## **Transition Support for Vulnerable Service Leavers in the U.K.: Providing Care for Early Service Leavers**

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### **ABSTRACT**

There is little research focusing on the transition experiences of Early Service Leavers (ESLs) in the UK. This paper brings together both qualitative and quantitative data to identify key challenges regarding transition. Quantitative results suggest that ESLs are not reporting any concerns on discharge, raising questions about the sensitivity of the tools used for identifying problems or concerns. The challenges for service provision identified by organisations responsible for supporting ESLs suggest a need for a better understanding of ESLs, in terms of their specific support needs, and how service provision can be tailored best to meet these needs.

### **KEYWORDS**

Military; Armed Forces; army; early service leavers; transition; discharge; support; service provision; resettlement; qualitative; United Kingdom.

## Introduction

In the 12 months prior to February 2017 15,000 personnel, or 10.1% of the full strength, left the UK Armed Forces (MOD, 2017). Whilst the majority of service leavers will have a successful transition, a minority of individuals experience difficulties transitioning to civilian life. Early Service Leavers (ESLs) have been identified as a group vulnerable to problems during transition (Ashcroft, 2014; Buckman et al., 2013; National Audit Office, 2007; The Futures Company, 2013). ESLs comprise those who opt to take their own discharge having served less than their contracted 4 year term, and those who are compulsorily discharged from the trained or untrained strength, and lose their resettlement entitlement (MOD, 2016). Whilst the UK definition of a veteran is inclusive of anyone who has served at least one day (MOD, 2011), the entitlement to transition support for service leavers is dependent on length of service, and is summarized in Table 1.

Until 2011 the Ministry of Defence (MOD) provided only operational guidance (JSP575; MOD, 2010) on the management of ESLs exit from the military, and there were few services available to help them transition back to civilian life. Historically, ESLs have received limited transition assistance, with provision of support reserved for those deemed to have earned resettlement assistance through years of service (Fossey, 2013). Access to resettlement and employment support services increases with years in service, with those who have served over 16 years entitled to the most resettlement time, training and support services. However, as shown in Table 1, medical discharge (including prior to 4 years' service) is much less dependent on

years in service and as such entitlement prior to 4 years' service is significantly increased for medical compared to normal discharge.

There is a paucity of research focusing on the transition experiences of ESLs in the UK. The research that has been conducted suggests they achieve poorer post-discharge outcomes in employment (Ashcroft, 2014; National Audit Office, 2007), compared to non-ESLs. ESLs are more likely to be male, single, younger, in the Army, and of lower rank (Iversen et al., 2005; Woodhead et al., 2011; Buckman et al., 2013; Giebel et al., 2014), and early separation may mean that ESLs do not leave with the qualifications and skills that would help them in their transition to civilian life. This coupled with their reduced employment support entitlement may contribute to higher levels of unemployment in ESLs compared to other service leavers (National Audit Office, 2007). Early separation from the Armed Forces is also associated with poor physical and mental health (Buckman et al., 2013; Iversen et al., 2005; Rhodes et al., 2006). Woodhead et al (2011) report that ESLs are more likely to be heavy drinkers, have suicidal thoughts and self-harm. Furthermore, they are less likely to seek help for mental health problems, making it more likely that these problems will persist (Woodhead et al., 2011).

Whether these poor outcomes are due to pre-service vulnerabilities, or in-service experiences is currently unknown. Furthermore, the extant research focuses only on one part of the defined ESL groups, those discharged before a 4-year term of service, and has not considered those who are compulsorily discharged from the trained or untrained strength having served more than 4 years. The Armed Forces Covenant (MOD, 2011) states that “support should be available for all Service personnel in order to assist their transition from Service to civilian life”

(pp.8). Making particular reference to ESLs, the Veteran's Transition Review (Ashcroft, 2014) suggested that "Improving outcomes for these Service Leavers is essential to improving transition overall, and will be to the benefit of the Armed Forces and the country as a whole."

(pp.14). Despite this, and evidence of vulnerability to problems during transition, at that time ESLs were not entitled to the same resettlement support which other service leavers were provided with.

In an effort to improve the provision of support to ESLs in 2011 the MOD commissioned two trials of ESL provision, one covering the south of England delivered by a private provider, and the other trial conducted at the Infantry Training Centre, Catterick Garrison. These were delivered by a consortium and externally evaluated. The evaluation of the Future Horizons ESL Programme at Catterick (FHP) showed positive employment outcomes for the participating ESLs. These outcomes proved favourable in comparison to other government programmes (Fossey & Hacker Hughes, 2013). The evaluation itself was received positively by the MOD, who subsequently made transition support available to all ESLs via the new Career Transition Partnership (CTP) contract (MOD, 2015). This meant that both those who leave voluntarily before their contracted 4 year term, and those who are compulsorily discharged are now entitled to the CTP's Future Horizon's resettlement support as shown in Table 1. However, it should be noted that by nature of the trial location (Infantry Training Centre, Catterick), the sample was exclusively made up of ESLs from the Army, and predominately from the infantry, and as such the results are not representative of ESLs across all branches. The results of the trial undertaken in the south of England were not made publicly available.

Despite the increasing political interest in service provision for ESLs during transition, very little is known about ESLs (or indeed service leavers in general) once they have left the Armed Forces (Fossey, 2013). The research that has been conducted has not included those compulsorily discharged from service (Buckman et al., 2013; Iverson et al., 2005). This presents a particular challenge to providers of health and social care services in identifying and meeting the specific needs of ESLs.

In order to address the gaps in knowledge, this paper brings together both qualitative and quantitative data sources to identify key challenges regarding transition as perceived by ESLs themselves, and by the core groups and organisations responsible for supporting their return to civilian life. The paper will identify current gaps in knowledge and service provision, and will lay out some conditions and priorities for further work with ESLs.

## **Methods**

This paper brings together results from two different analyses undertaken by the researchers as part of their broader research on ESLs. We will first describe a qualitative analysis conducted with industry experts as part of a scoping study designed to assess the priorities for future research with ESLs. We then describe a quantitative analysis of a large demographic dataset of ESLs who accessed the services provided by FHP. These two analyses were not conceptualised as part of a single sequential methodology and thus should be understood as separate but complimentary.

## **Qualitative data collection and analysis**

For this research we adapted a scoping study methodology, as suggested by Arksey and O'Malley (2005). The authors contacted key industry figures and stakeholders with an interest in, or responsibility for, the outcome of ESLs in civilian society across several broad domains including health, employment, and social needs. The research was designed to identify key issues and knowledge deficits with regard to ESLs and the policy landscape surrounding their transition.

A total of 10 individuals were interviewed, all of whom were senior managers or executives, or held specialist research and/or policy-focused positions within these organisations and had a specified or previously avowed interest in ESLs. The authors used a purposive sampling strategy, identifying a number of key organisations or agencies, each with an established role in the health and social care of ESLs. These were: the National Health Service (NHS), MOD, Forces in Mind Trust (FiMT), Career Transition Partnership (CTP), Future Horizons Programme (FHP), Royal British Legion (RBL), Royal British Legion Industries (RBLI), and Combat Stress (CS). Two individuals from the NHS, and one individual from all other agencies were identified as subject matter experts who possessed knowledge of their organization's role or interest with regard to ESLs. The authors also spoke with a representative from an academic institution involved with veteran research. Ethical approval for the study was granted by Anglia Ruskin University's Research Ethics Committee.

Each of the 10 representatives volunteered to take part in the scoping study and gave informed consent to participate in a semi-structured telephone interview. All interviews were

carried out by the same researcher using a standard set of questions. Interviewees were asked to discuss what they saw as the key priorities for future work with ESLs and their reasons for stating these priorities. The interviews took place between February and March 2016 and lasted 23 minutes on average. The interviews were then transcribed verbatim by the same researcher. A thematic analysis was conducted using the methodology outlined by Braun and Clarke (2006) to identify key emerging themes from the transcripts. Each interview was analysed by two of the study authors separately and then the themes discussed and agreed upon to increase the reliability of the analysis.

## **Quantitative data collection and analysis**

A secondary anonymised dataset of 5431 ESLs who had accessed the services provided by the FHP in Catterick (97.8% Army, 0.7% RAF, 1.5% Royal Navy/ Marines), Pirbright (89.2% Army, 10.5% RAF, 0.3% Royal Navy/Marines) and Plymouth (91.5% Royal Navy/Marines, 8.5% Army) was utilised. The data are routinely collected for all ESLs who participate in the programme. All participants are asked to consent to anonymised data being used for research. This anonymised data was provided by the Career Transition Partnership (CTP) following agreement from the MOD.

The following demographic information was collected: Service, gender, ethnicity, date of birth, date of enlistment, age on enlistment, reason for leaving service, date of discharge, status as trained/untrained and time served. Reasons for leaving are grouped across the services, and explained in Table 2.



In addition to demographic data, all participants were asked a series of 10 questions relating to specific areas of vulnerability shown in Table 3. The questions were derived from a broader wellbeing questionnaire developed by RBLI as part of their LifeWorks programme ([http://www.rbli.co.uk/employment\\_solutions/lifeworks/](http://www.rbli.co.uk/employment_solutions/lifeworks/)). Ten ‘Value Added Questions’ (VAQs) were selected for the ESL programme and asked during a face-to-face interview between the ESL and an FHP worker (Fossey & Hacker Hughes, 2013). The VAQs were completed on a 0-5 Likert scale (i.e. 0 = strongly disagree, 5 = strongly agree).

Following removal of duplicates and erroneous data the dataset contained 5399 ESLs. Data was missing on ethnicity for 64 ESLs, date of birth for 2 ESLs, reason for leaving for 40 ESLs, and training status for 1 ESL. In addition 684 ESLs did not answer VAQ 1-9, and 1940 did not answer VAQ 10. Where there were missing data, the participants’ values were not included in that particular analysis.

Demographic data was analysed using the IBM Statistical Package for Social Sciences (SPSS 20) and presented using frequencies, averages (means and standard deviations) and range. Analysis of demographic data was carried out first for the whole dataset to identify the characteristics of the ESL group as a whole. The dataset was then stratified by status as trained/untrained as it was hypothesised based on previous research (Fossey & Hacker Hughes, 2013) that these groups are likely to differ on a number of characteristics due to differences in length of services, age on discharge and reason for leaving.

Means of VAQ responses were calculated for the whole dataset and again stratified by training status. For ease of interpretation, responses were graphed by splitting responses into Disagree (0-

2) and Agree (3-5). Between-group differences in responses to the VAQs were analysed using independent-samples t-tests in SPSS. The threshold for statistical significance was set at  $p < 0.05$  for all analyses.

## Results

### Qualitative results

Five main themes were identified in relation to the challenges of providing support to ESLs. These were: 1) identifying those most in need of support, 2) identifying the needs of ESLs as a group, 3) determining *when* support is required during transition, 4) maintaining continuity of support throughout transition, and 5) engaging ESLs with the support available to them.

#### Identifying those most in need of support

Identifying those most likely to experience problems in transition was seen as a key challenge for service providers seeking to effectively and efficiently target services to ESLs. A distinction between the support needs of the different ‘types’ of ESLs was repeatedly emphasised. For example, those who leave during basic training may have a very different experience and needs to those who leave from the trained strength:

‘I think it’s very different for someone who’s maybe been in the services for 9 or 10 years who then leaves because of a variety of different reasons to someone who maybe came in and left within a year. So I think it’s good to include both groups actually but being able to split out between them would be very helpful. We need to explore the differences between them’ (CS)

Similarly, those who left under their own volition having served less than 4 years, and those compulsorily discharged also represent very distinct groups with distinct needs. It was suggested that the latter group may potentially be more vulnerable to problems during transition as a result of forced discharge:

‘I think for some of those compulsory discharges, their needs can be very different from those who leave within the first 4 years. And I do feel that they are potentially more vulnerable and have got different needs. And therefore perhaps we’re doing them a dis-service by combining them.’ (Academic representative)

## Identifying the support needs of ESLs

In line with the Armed Forces Covenant, veterans should not experience disadvantage as a result of their service (MOD, 2011). However, as one representative explained:

‘We can’t discriminate in favour of people because they are a veteran. I mean, we can remove disadvantage, but from our point of view and the sort of services we should be targeting from a health point of view, to be able to show that actually they are different from the general population in order to be able to provide extra care.’ (NHS)

A common challenge cited by representatives was determining what the particular support needs of ESLs are, and how to effectively meet their needs.

‘I think there’s something about how we can think collectively as a research community -  
- how we identify people who are at risk when they leave and how we can get them into

services more easily. Or, rather -- what things could be changed to improve that transition' (CS)

It was considered by the interview respondents as imperative to determine how the needs of ESLs differ from both other service leavers and the general population. As one service provider put it, do they 'behave in a special way'? (NHS)

## Identifying when support is needed

Determining where problems arise from was also considered a key challenge in 'matching treatment to need' (NHS), and in establishing where responsibility for care lies. Therefore it becomes important to identify at what point vulnerabilities and problems arise for ESLs (i.e. were they evident prior to service, or did they develop as a result of service):

'...was it that there was a pre-service vulnerability or was that mental health issue -- did it happen as a result of service or did it happen afterwards? All those things are quite interesting in terms of where you then place your intervention for people who might be most at risk.' (RBL)

As also exemplified in the comment above, determining at what point during service and/or transition support would be most effective was also seen as a key challenge for service providers. In particular, the rapid nature of discharge for ESLs was seen as a potential problem for enabling provision of support in preparation for transition:

...they don't have that in-service transition period because they're normally out of the door quite quickly. So most of the interventions are post-discharge.' (MOD)

## Maintaining continuity of care

Maintaining continuity of care following discharge was discussed primarily in terms of support in gaining employment and in the transfer of health care after discharge. Unlike the United States, the UK does not have a specific Veteran's Affairs department, and the responsibility for healthcare for veterans returns to the NHS and often the service charities (Cooper et al., 2016). The effective transfer of care from the MOD to the NHS in particular was questioned by interviewees:

‘...the transfer of data, transfer of systems, transfer at an individual level is particularly poor because IT systems can't talk to each other...we are waiting for the MOD's IT system to catch up with the inter-operability of all of the NHS systems.’(NHS)

Currently the only veteran specific training available to healthcare professionals in the UK are voluntary online training modules to support GPs in meeting the needs of veterans (which can be found at: <http://elearning.rcgp.org.uk/>). Educating clinicians in health and social care services of the support needs of ESLs, and tailoring existing services to meet these needs were suggested as potential strategies for ensuring appropriate support services are available throughout transition:

‘And I'll go back to the point, it's not new systems, it's probably better informed existing systems or services.’ (NHS)

## Engaging ESLs with support

The tendency for ESLs not to engage in the support offered to them was also highlighted. ESLs were described as ‘a group who is most in need of support but least likely to engage’ (RBL). Understanding and reducing disengagement was therefore seen as a priority for service providers:

‘Once they’re engaged with a service that is at no cost to them, you know -- it’s going to throw jobs their way, why do they disengage? What is it about the way in which we promoted the service that caused them to disengage?’(CTP)

In addition to the challenges of service utilisation and engagement among ESLs, questions were raised over ESLs’ pathways into employment and the forms of work they attain following discharge from the Armed Forces. One representative commented that a particular challenge of working with ESLs in transition was:

‘The recognition that a number of them go into things that statisticians and the government don’t like, in terms of the grey economy -- you know, they’re very much hand-to-mouth a lot of these guys; it’s what they want, it’s what suits them given their age and where they’re at. And in stats terms, people want them to have a proper meaningful resilient job. So there’s a bit of a conflict there I think.’ (CTP)

Behind the employment statistics for ESLs undertaking transition support programmes (Fossey & Hacker Hughes, 2013), there was thus a suggestion that the forms of work sought and

attained by ESLs are poorly understood, or even that they might conflict with targets and ideal scenarios imagined by policy makers and service providers.

## **Quantitative results**

### Demographics

Demographic characteristics of the whole dataset (Table 4) indicate that the majority of the ESLs were from the Army (76.4%), and were predominantly male (95.8%), white (96.6%), and untrained (80.8%). This is reflective of the FHP locations, two of which (Catterick and Pirbright) are predominantly Army based. The mean age on discharge was 21.6 years, and average length of service was just over a year (386 days). The majority (47.9%) of ESLs took voluntary discharge (discharge as of right in the Army, early termination or premature voluntary release in the Royal Navy, Royal Marines and RAF). As expected, those from the trained strength are on average older (24 vs 21 years), with an increased length of service (1453 vs 132 days) compared to the untrained ESLs. A large majority of the trained ESLs (81.8%) were discharged as their services were no longer required (or discipline/administrative discharge in RAF). The untrained ESLs predominantly took voluntary discharge (58%).

### VAQ Results

Mean responses to VAQs for the whole dataset ranged from 4.08 and 4.88 (on a 0-5 likert scale), suggesting the majority of the ESLs agreed with the statements in the questions and are not reporting problems during transition. Figure 1 shows the percentage of participants who disagreed with the questions was very low (ranging between 1.1% and 8.9%). The areas of most

concern for the ESLs were confidence in job seeking (Q's 1 and 2) and caring responsibilities (Q9).

Table 5 shows the mean responses, t-test values and effect sizes for each question stratified by training status.

Independent-sample t-tests using this data suggested a significant difference between mean responses of the trained and untrained ESLs on all questions (all  $p$ 's  $< 0.001$ ,) except Q4 ( $p = 0.14$ ) and Q7 ( $p = 0.73$ ).

These results suggest that the untrained ESLs expressed more concern regarding transferable skills and finding a job (Q's 1-3). The trained ESLs appear to have more concerns about accommodation (Q5), their disciplinary record (Q6), substance abuse (Q8), care responsibilities (Q9) and finances (Q10). However, the percentage of ESLs disagreeing with each question is still very low (ranging between 1 and 12.8%) as shown in Figure 2, with small to medium effect sizes (*Cohen's d*). The biggest effect size was observed for Q6 regarding disciplinary record (*Cohen's d* = 0.61). This is likely to be reflective of the large proportion of trained ESLs discharged because their services were no longer required (i.e. for disciplinary reasons).

## **Discussion**

Despite prior research indicating that many ESLs are vulnerable to poor transition outcomes (Ashcroft, 2014; Buckman et al., 2013; Iverson et al., 2005; National Audit Office, 2007; Rhodes et al., 2006; Woodhead et al., 2011), our findings revealed that ESLs are generally



reporting few concerns regarding potential problems post-discharge. ESLs are not requesting additional support throughout the transition process. Nor, as our qualitative findings suggest, are they particularly eager to engage with the support that is offered to them. In addition, the FHP and discharge process has not been able to adequately identify those individuals for whom vulnerabilities exist, and for whom problems are likely to occur during and after their return to civilian life. We propose that at least two important questions arise from our findings. Firstly, why are ESLs not asking for help when it is clear from the literature that many do struggle? Secondly, why is the transition process not able to identify vulnerable individuals? Answering such questions may be considered a necessary prelude to better understanding ESLs and why many of them struggle in transition, and to improving the delivery of services designed to support them.

There are a number of potential explanations for our findings which may help to direct the search for answers to these questions. Responses to the VAQs indicate that ESLs are not reporting problems upon discharge. This raises questions about the sensitivity of the tools used for identifying potential problems or concerns. One explanation might therefore be that the VAQs currently being used are not sensitive enough to detect potential vulnerabilities among ESLs. Alternatively, another explanation may be that ESLs' positive responses to the VAQs indicate a misplaced sense of confidence regarding their 'chances' on 'Civvy Street'. Interviews with industry experts highlighted a tendency for ESLs not to engage with the support offered to them, which may in part explain why ESLs are not using these questions to express concerns. The tendency for ESLs not to engage with the support offered to them may further reduce the likelihood of ESLs accessing available services. In light of these issues with engagement, there is

a need for evaluation and validation of the tools used by service providers to identify those who may be in need of further support.

Another possible reason for the responses to the VAQs observed during the evaluation of the original Catterick trial (Fossey, 2013; Fossey & Hacker Hughes, 2013) may be a reluctance on the part of the ESLs to engage with “yet another” form-filling exercise. There is a considerable bureaucratic burden involved in discharge and undertaking this exercise may be too onerous for some. Furthermore, the VAQs are self-administered with minimal support from the transition programme staff. If the questionnaires are not used as a prompt for discussing needs then there may be limited perceived value in their utility. In short, most ESLs just want to get out of the door as quickly as possible.

Many of the key challenges reported by our expert respondents centred on current knowledge deficits with regard to ESLs and their transition experiences. Indeed, as previous authors have argued (Fossey & Hacker Hughes, 2013), little is known about ESLs or service leavers in general once they leave the Armed Forces. Accordingly, our qualitative findings emphasised a need to identify from the broad mass of the ESL cohort who is in need of support, when they need it (i.e., pre, during, post-service) and what kinds of support they would benefit from the most. For instance, a common challenge identified by service providers was the need for a better understanding of the support needs of ESLs and how well current service provision is addressing these needs. In particular, determining how the needs of ESLs differ from other service leavers and the general population was seen as important in order to justify providing tailored care to ESLs in line with the Armed Forces Covenant (MOD, 2011). Interviewees also

highlighted the need to evaluate the efficacy of current services and to ensure that future interventions and support services for ESLs are evidence-based.

In addition, identifying whether post-discharge problems, such as poor mental health, are the result of pre-service vulnerabilities or whether they develop as a result of service was seen as a key challenge in establishing where the responsibility for care lies. For example, both pre-existing mental health problems and childhood adversity are associated with being an ESL (Buckman et al., 2013; Giebel et al, 2014). However, mental health problems are also shown to increase post-service in ESLs compared to non-ESLs (Iverson et al., 2005). Furthermore it is possible that pre-service factors may interact with in-service and post-service factors to create difficulties in transition. For example, in individuals who have experienced difficulties in service and are leaving the Armed Forces early via military prison, pre-existing mental health problems have been associated with greater post-service disadvantage (i.e. two or more of the following: debt, temporary accommodation, mental health problem, unemployment) (Van Staden et al, 2007). The cross-sectional nature of previous research means that conclusions cannot be drawn in regard to where these vulnerabilities arise from, and at what point to target interventions. Answering these questions will facilitate the identification of gaps in service provision and enable service providers to determine where support should be targeted to have the biggest impact on improving transition experiences and outcomes for ESLs.

Whilst responses the VAQs indicated that the majority of ESLs did not have concerns regarding transition, differences emerged between the trained and untrained groups. As previously noted in the evaluation of the FHP (Fossey & Hacker Hughes, 2013), those in the

trained group expressed more concern about accommodation, their disciplinary record, substance abuse and care responsibilities, and additionally, their financial situation. In contrast, the untrained group were significantly more concerned about employment. The trained ESLs were on average older than the untrained group, with a longer length of service. As such, concerns regarding accommodation, care responsibilities, and finances within the trained group may reflect the fact that these individuals are less likely to be returning to the family home in comparison to younger ESLs who are leaving during training. Furthermore, the majority of the trained ESLs were discharged because their services were no longer required. This will include individuals who have been compulsorily discharged for disciplinary reasons, thus losing entitlement to traditional transition support in accordance with the JSP534 (MOD, 2016). This may explain an increased concern regarding their disciplinary record and financial situation, as they will no longer receive the employment support they would have been entitled to. In support of these differences, the interviewees also highlighted the importance of better understanding the different ‘types’ of ESLs. The need to identify those within the ESL population who are most at risk of experiencing problems in transition was also emphasised to enable the effective targeting of services and support.

In light of the results of the quantitative analysis and the challenges identified by industry experts, this study highlights a number of questions and issues for future research. Initially it will be important for research to begin to identify how the vulnerabilities and needs of ESLs differ from other service leavers and the general population. Additionally, the differences found in this study between different ‘types’ of ESLs warrants further investigation. However, in order to sufficiently capture the concerns and problems experienced by ESLs the development of

effective research tools will be necessary. Furthermore it will be important to determine at what point problems arise (i.e., prior to service or as a result of service) and as such who should bear the responsibility for supporting ESLs. Addressing these issues will increase our understanding of ESLs and their vulnerabilities to problems during transition. This will in turn enable the evaluation of current services against a better understanding of ESLs support needs and the identification of gaps in service provision. Moreover, the questions raised by our findings call for a sustained programme of research, both qualitative and quantitative, to generate answers. Qualitative work is needed to explore the experiences of ESLs in relation to military life, and their attitudes and expectations regarding transition and future prospects. In addition, better quantitative analyses are needed in order to identify key sources of vulnerability among the broad ESL cohort, and where these arise from.

## **Strengths and limitations**

The combination of both quantitative and qualitative methods to understand the challenges for addressing the support needs of ESLs can be considered a strength of this study, however limitations should be noted. Whilst the quantitative analysis of the VAQ responses found the differences between the trained and untrained groups to be highly significant ( $p < 0.001$ ), the effect sizes were small to medium (Rosenthal, 1996) and represent small differences in real terms (between 0.1 and 0.7 difference on a scale of 0-5). However, in light of service provider's comments regarding potential differences in the support needs of these groups, this may be an area that warrants further investigation. Additionally, the sample was heavily weighted towards the Army (76.4%), and as such findings may not be representative of the other services.

## Conclusion

The results of this study suggests that in contrast to previous research, ESLs are not reporting any concerns on discharge. This raises questions about the sensitivity of the tools used for identifying potential problems or concerns, and emphasises the need for the development of validated research tools. The gaps in knowledge and challenges for service provision for ESLs identified by the interviewees in this study suggest a need for a better understanding of ESLs, in terms of their specific support needs, and how service provision can be tailored best to meet these needs and promote engagement with services. Furthermore, distinct groups within the ESL population (i.e. trained vs untrained) were identified as having potentially important differences in general characteristics and support needs. Whilst the VAQs appear to have limited sensitivity in capturing the concerns of ESLs, differences in post-discharge concerns between trained and untrained ESLs warrant further investigation. It will be necessary for service providers to address these issues in order to further develop current and future service provision for ESLs. In line with the commitments of the Armed Forces Covenant (MOD, 2011), investment in further research is therefore required in order to provide the required understanding of ESLs and to facilitate improvements in their transition outcomes.

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**Table 1: Entitlement to transition support**

Years Service	Normal Discharge				Medical Discharge*			
	CTP	GRT	IRTC	Travel Warrants	CTP	GRT	IRTC	Travel Warrants
<1	CTP Future Horizons	0	No	0	CRP	10	Yes	4
1+	CTP Future Horizons	0	No	0	CRP	30	Yes	6
4+	ESP	0	No	0	CRP	30	Yes	6
6+	CRP	20	Yes	4	CRP	30	Yes	6
8+	CRP	25	Yes	5	CRP	30	Yes	6
12+	CRP	30	Yes	6	CRP	30	Yes	6
16+	CRP	35	Yes	7	CRP	35	Yes	7
<b>Key</b>								
CTP	Career Transition Partnership							
GRT	Graduated Resettlement Time (Working Days)							
IRTC	Individual Resettlement Training Costs							
ESP	Employment Support Programme							
CRP	Core Resettlement Programme							
*	This includes Reservists who have been medically discharged due to injuries sustained during operational commitments							
	Support available for ESLs							

# ACCEPTED MANUSCRIPT

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**Table 2. Reason for discharge categories across the services.**

<b>Reason for leaving</b>	<b>Army</b>	<b>RAF</b>	<b>Royal Navy</b>	<b>Royal Marines</b>
<b>Voluntary</b> i.e. invoking a voluntary right to leave service within a standard period of time.	Discharge as of right	Statutory Right; Early Termination	Premature Voluntary Release	Early Termination
<b>Medical</b> i.e. deemed as medically unfit to carry on with service.	Defect on enlistment	Statutory Right	Not finally approved medical	Not finally approved medical
<b>Services no longer required</b> i.e. generally discharge is for disciplinary reasons	Services no longer required	Discipline; Administrative	Services no longer required	Services no longer required
<b>Unsuitable for service</b> i.e. Unable or unwilling to continue with service	Unsuitable for any form of service	N/A	Compulsorily withdrawn from training (officers)	N/A
<b>Released from service</b> i.e. needs to leave service outside of standard voluntary discharge period.	Released from Army Service	Administrative; Compassionate	Non-standard early termination; Discharge Shore	Discharge Shore

**Table 3. Value Added Questions**

Q1.	I want to get a job as soon as possible.
Q2.	I have transferable skills I can use
Q3.	I'm confident that I'll get the job I want.
Q4.	My health doesn't prevent me from getting on in life.
Q5.	I have a safe and secure place to live.
Q6.	My disciplinary record won't prevent me from achieving my goals.
Q7.	I don't tend to get anxious or worried.
Q8.	I don't often overdo it on drink and drugs.
Q9.	I don't have caring responsibilities for others
Q10.	I have no financial concerns

Table 4. Demographics stratified by training status

	<b>All participants</b> (n = 5399)	<b>Trained</b> (n = 1037, 19.2% of dataset)	<b>Untrained</b> (n = 4362, 80.8% of dataset)
<b>Gender (%)</b>			
<i>Male</i>	95.8	96.6	95.6
<i>Female</i>	4.2	3.4	4.4
<b>Ethnicity (%)</b>			
<i>White</i>	96.6	97.5	96.3
<i>Asian</i>	0.4	0.2	0.6
<i>Black</i>	0.8	0.7	0.7
<i>Mixed Heritage</i>	0.9	0.4	1.1
<i>Other (inc. not stated)</i>	1.3	1.2	1.3
<b>Age on discharge (years)</b>			
<i>Mean (SD)</i>	21.6 (4.0)	24.3 (4.9)	20.9 (3.5)
<i>Range (min-max)</i>	35 (15-50)	32 (18-50)	23 (15-38)
<b>Length of service (days)</b>			
<i>Mean (SD)</i>	386 (749)	1453 (1118)	132 (255)
<i>Range</i>	10375 (1-10376)	10098 (278-10376)	4861 (1-4862)
<b>Service (%)</b>			
<i>Army</i>	76.4	83.8	74.7
<i>RAF</i>	2.7	7.3	1.6
<i>Royal Marines</i>	9.3	1.2	11.3

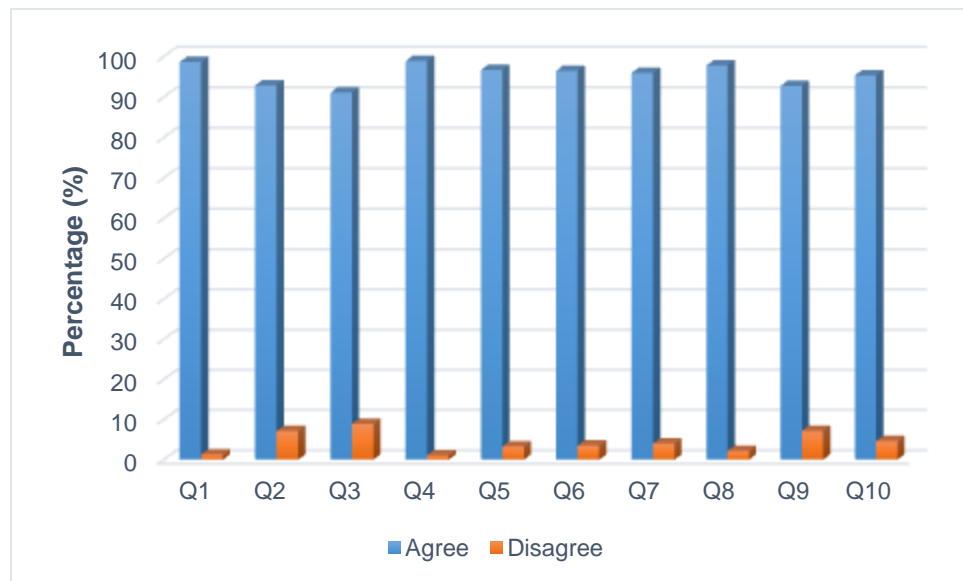
<i>Royal Navy</i>	11.5	7.7	12.4
<b>Reason for leaving (%)</b>			
<i>Voluntary</i>	47.9	3.8	58.0
<i>Medical</i>	9.4	0.3	11.6
<i>Services no longer required</i>	20.5	81.8	6.2
<i>Unsuitable for service</i>	5.7	0.7	6.9
<i>Released from service</i>	16.5	13.4	17.2

**Table 5. Mean response to VAQs stratified by training status**

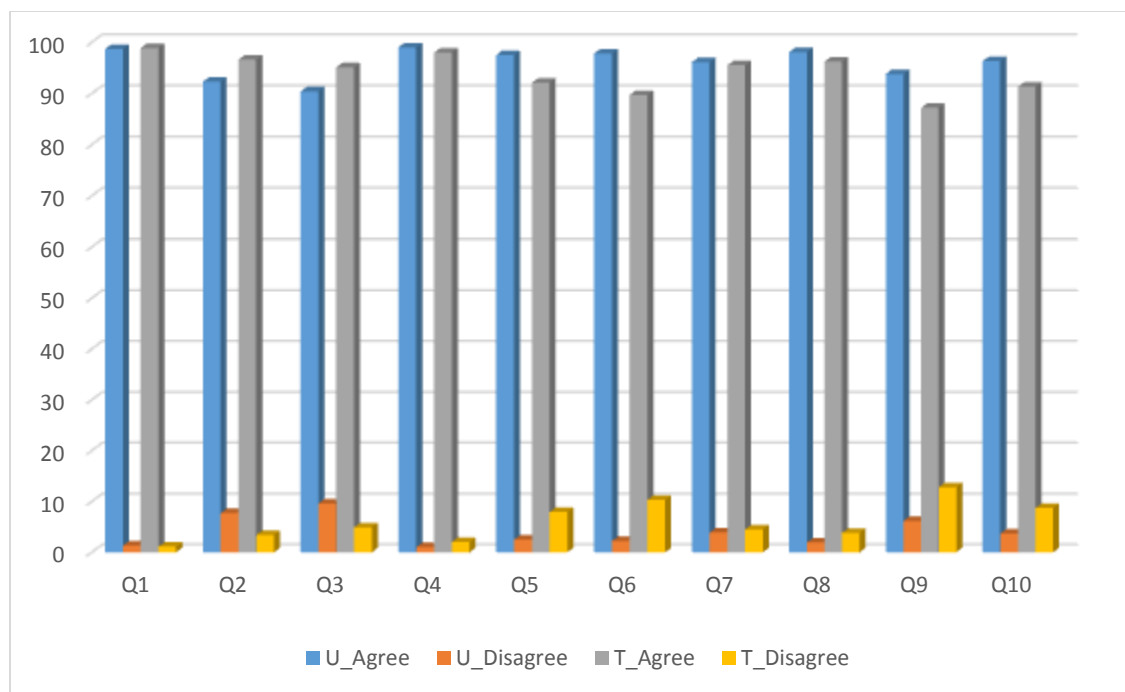
	<b>Trained</b>	<b>Untrained</b>	<b>T-Test</b>		<b>Effect size</b>
	(n = 712)	(n = 4003)			
	<i>Mean (SD)</i>	<i>Mean (SD)</i>	<i>T</i>	<i>P-value</i>	<i>Cohen's d</i>
Q1. I want to get a job as soon as possible.	4.93 (0.42)	4.84 (0.58)	-5.4330	<0.001	0.18
Q2. I have transferable skills I can use.	4.59 (0.85)	4.18 (1.05)	-11.449	<0.001	0.43
Q3. I'm confident that I'll get the job I want.	4.39 (0.92)	4.02 (1.09)	-9.685	<0.001	0.37
Q4. My health doesn't prevent me from getting on in life.	4.85 (0.64)	4.89 (0.47)	1.506	0.133	0.07
Q5. I have a safe and secure place to live.	4.50 (1.23)	4.80 (0.71)	6.356	<0.001	0.30
Q6. My disciplinary record won't prevent me from achieving my goals.	4.16 (1.40)	4.83 (0.70)	12.393	<0.001	0.61
Q7. I don't tend to get anxious or worried.	4.56 (0.96)	4.56 (0.87)	-0.144	0.885	0.00
Q8. I don't often overdo it on drink and drugs.	4.59 (0.87)	4.72 (0.70)	3.538	<0.001	0.16



Q9. I don't have caring responsibilities for others.	4.30 (1.59)	4.63 (1.14)	5.450	<0.001	0.24
Q10. I have no financial concerns.	4.41 (1.20)	4.67 (0.86)	5.162	<0.001	0.25



**Figure 1. Responses to VAQs**



**Figure 2. Response to VAQs stratified by training status** Note: U = untrained, T = trained.