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RESEARCH

Identification/Non-Identification Among U.K. Veterans in Scotland

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This article seeks to establish how, and why, older U.K. Armed Forces veterans resident in Scotland identify as veterans. We consider both the profile and the nature of the aged veteran population in Scotland and consider the nature of inclusion and exclusion by both the individual and community elements. Our consideration of the population and nature of the Scottish resident U.K. veteran is drawn from research amongst the older veteran population in Scotland, specifically those 65 years of age and older, as this includes periods of volunteer and required service from the U.K. population. The data is sourced from our 3-year study around the support needs of older veterans who are currently residing in Scotland. Our findings illustrate that individuals come from a variety of diverse geographical origins, and express different experiences in the U.K. Armed Forces; including nature of recruitment, branch of service, length of service, deployment theatres, and differing levels of engagement in active conflicts. Extant research identifies a divide between the official U.K. institutional definitions of a veteran, which is very broad and inclusive, and the interpretation of veteran status by those who have actually been members of the U.K. Armed Forces. The U.K. Government term is extremely inclusive and so much wider than many comparative definitions as it includes anyone who has performed military service for the length of one day and/or drawn one day's pay as a service member. Therefore, from an institutional perspective there is no perceived barrier to identifying as a U.K. veteran even for those who were negatively dismissed from service or discharged prior to formal completion of service periods. Yet, our current research reinforces previous findings that non-identification among ex-U.K. service personnel as veterans is widespread for a variety of different reasons. It is clear that the Government's definition of a veteran is much wider and more inclusive than the perceptions of the ex-service community itself, and this appears to be the case among the wider U.K. public as well, for reasons which are wide ranging and sometimes contradictory. We found that awareness amongst the older veteran community on who is a veteran and how the term is defined is still unclear. Older veterans, that is those who meet the Government's definition, still regularly report uncertainty on whether or not someone who did compulsory National Service can be classed as a veteran or if it is determined by length of service, and such confusion seems widespread. In addition, the exact nature of the veteran population in Scotland is also far from precise. While other countries have a long history of recording service personnel, both during and beyond service, the U.K. has no such measurable data or established clear support mechanisms for veterans, and this may have been a strong, historically contributing factor. This article therefore seeks to establish the reasons for veteran self-identification, or non-identification, but also the nature of the veteran community in Scotland, and the wider reasons why some former service personnel feel unwilling, or unable, to include themselves within that community.

Keywords: older veterans; identification; non-identification; veteran community; barriers to engagement

The study of ex-U.K. Armed forces personnel remains a vibrant and ongoing area of research. As our discussion illustrates, a major focus of such is in the areas of subsequent health and mental wellbeing (e.g., Mark et al., 2020) or life after service (Gordon et al., 2020). Such studies remain important as the impact of military service and subsequent

discharge upon individuals has been clearly delineated (Fulton et al., 2019; Williamson, 2019). However, a key issue that has often been absent from previous studies has been a focus on self-identification of ex-military personnel as veterans, although many more recent articles have emphasised the need for just such action (Finnigan et al., 2018).

Perhaps one of the biggest barriers to identifying veterans, or having veterans self-identify, is the lack of a formal centralised veteran database in the U.K. itself. It is currently the case that the number of veterans within U.K. society remains a projection (Ministry of Defence, 2019) and numbers range up to 2.5 million individuals (Mark, et al., 2020). The same applies to Scotland, the focus of our work, and the number here is even less specific. One of the most common ways to identify the number of veterans in areas of U.K. is to employ National Health Service Records (NHS). Individual records should carry codes for individuals transferred to/from the military upon entering service and upon discharge; however, these are not always present (e.g., Bergman et al., 2017). Other studies often rely on snowballing and referral techniques to identify veterans (e.g., Burns-O'Connell et al., 2019).

Our study, a 3-year, in-depth consideration of service support to veterans aged 65 and over, operated through a network of service providers and a consortium of organisations. A fuller description of the reasons for our study is provided in the methodology section below. However, our research highlighted not only the lack of anything other than an estimate of the veteran community in Scotland (and the wider U.K.), but also the ongoing problem of self-identification among those who are, but fail to recognise themselves as, U.K. veterans. While this concern has been noted in recent times, numerous examples of previous research into ex-service personnel resident in the U.K. have shown that a significant number fail to identify as veterans despite their clear eligibility under the U.K. Government definition of such (e.g., Mumford, 2012).

A lack of self-identification as a veteran may seem less of a problem in the U.K. than in other countries, after all, health-care remains a universal service, available free at the point of entry to all U.K. citizens. But this invisibility, whether through inability or unwillingness, does have an impact upon access to a wider range of services, many of which are only suitable or required during the latter stages of life. In addition, the Military Covenant that exists between the U.K. Government and ex-service personnel makes it clear that support for veterans is expected and that previous service in the military does create an obligation to that individual on the part of the Government. In addition, as our discussion illustrates, the U.K. Government has one of the most inclusive definitions of who qualifies as a veteran and there are few barriers to doing so for anyone who has served as little as one day in uniform.

Therefore, in order to consider why so many ex-service personnel fail to identify themselves as such and what the implications of doing so may be, we consider the results of our recent study into older veteran service provision in Scotland. We begin by considering the reasons for and parameters behind our study before moving on to a consideration of who is a veteran before presenting our findings and results. We conclude by outlining some of the reasons why older veterans in Scotland do not self-identify.

Methodology and Approach

The data within this paper is drawn from a project investigating older veterans of the U.K. Armed Forces, defined for the purposes of this project, Unforgotten Forces (UF), as those aged 65 and over. The primary aim of the project was to understand the inhibitors and facilitators of access to the service provided by the consortium service providers. For the avoidance of ambiguity, the consortium is an extended network of third sector organisations providing a range of services to older veterans¹ resident in Scotland. This was a challenging project methodologically but also geographically, with 17 partner agencies and covering all of Scotland. Our results indicate, as expected from previous research (see Carter, 2018), that the elderly demographic was, for the most part disabled and in many cases in poor health. We must recognise that our database is not fully representative of the veteran population in Scotland. In many cases, respondents were potentially unidentifiable/unreachable due to the types of ailments, geographical locations, and domiciliary arrangements as any veteran living within a care setting is often missed from such studies (Finnigan et al., 2018).² Furthermore, additional medical conditions specific to our cohort, such as hearing or sight loss, made communication by phone and/or other social media platforms very difficult. To put it simply, telephone interviewing was not always possible. In addition, we were faced with a very difficult and still outstanding issue as is any study of U.K. veterans: there is no publicly accessible sampling frame from which a representative sample could be drawn (Scarborough & Tannenbaum, 1997). While other studies have sought to identify the wider veteran community through National Health Service (NHS) records (e.g., Bergman et al., 2017; Bergman et al., 2018) or sampled individuals from such records all employ the simple maxim that veterans have been identified or self-identified in the first instance.

While seeking to address this very issue here, we are unable, as a consequence, to generalise our findings to the broader population of veterans. However, this does not demit our findings. For, even if a sampling frame had been available, the research rejected an approach premised on “descriptive excess” (Lofland & Lofland, 1995, pp. 164–165). We opted for a less structured and more open-ended approach, with immersive methodology to cast light on the motivations and interconnections that commonly lie beyond tightly delimited enquiries (Bryman, 2004, pp. 84–87). In considering an issue such as self-identification, we accept the limited awareness of the social reality of those we were investigating and that there were likely to be “emerging” concepts which were particularly important to older veterans, but had not yet crossed the minds of the research team (Sapsford, 2007, p. 46).

The project thus adopted a mixed-methods approach. This offered the flexibility to produce data as comparable as could reasonably be achieved whilst also creating opportunities to establish a rapport with service providers/veterans and submerge the research in their social reality. As

far as possible, it aimed to provide a general picture of the issues older veterans faced, their demographics and geographical locations, and establish thick analysis of their social settings (Hazelrigg, 2009, p. 68). To do this, a twin approach was adopted. Veterans were accessed through partner organisations within the U.F. consortium. As veterans contacted organisations to seek assistance, they were made aware of the project and asked if they would take part in a short, standardised survey. The survey was limited to 17 questions, the latter of which asked if they would consent to further contact from the research team. Where consent was provided, follow-up semi-structured interviews were conducted by telephone and face-to-face focus groups arranged and held. We attended events that were hosted for older veterans such as breakfast clubs and concerts. We undertook individual observation visits alongside some service providers. In addition, we engaged with service providers to enhance our knowledge of the issues on which older veterans were seeking advice and/or support in order to understand from the service provider point of view what might be enabling or contributing factors to older veterans seeking the help and support that they are both entitled to and need. This enabled the research to establish the general challenges veterans encounter whilst supplementing this with rich analysis of their situational contexts.

Semi-structured interviews facilitated a more conversational and free-flowing style, which in turn, allowed unexpected and interdependent themes to emerge which validated our methodology.³ All in all, we collected the most extensive body of data on older veterans in Scotland to date. While as previously noted, other studies have created large databases or employed similar methods; however, they have often been more geographically focused or undertaken analysis through a firmly medical lens. In all, and over the 3-year life of the project, 3,000 completed surveys were returned⁴ and 34 focus groups, 95 interviews, and 16 observation visits were undertaken. This has resulted in perhaps the widest analysis of members of the older veteran community within Scotland.

While we focus here on the issue of self-identification, or lack thereof, and respect that our results are not generalisable, our information base remains both robust and valid and the findings illustrate the difficulties of identifying, let alone investigating and supporting the older veteran community within Scotland. The data suggests the community is to a large extent highly complex, it is geographically isolated and coping with a very broad range of physical and mental disabilities. For instance, the average age of our veteran cohort was 82. Eighty percent were male, and the population widely dispersed, from far south in Dumfries and Galloway on the border with England, to far north into the Highlands and Islands. The largest proportion of respondents were located in Fife (14%), 78% were classified as disabled and a clear plurality were bodily disabled in some fashion. For the purposes of veteran self-identification, the importance of the

NHS as a means of recognising individuals as veterans in the first instance remains clear.

Older veterans who participated in our study were identified through a system of cross-referrals amongst organisations, demonstrating evidence of a networked approach to veteran service provision, albeit to varying degrees. The key point of identifying veterans concerned referrals from non-consortium actors and organisations. Forty-seven percent were referred from the NHS⁵ and 16% were referred from other veterans, findings which point to the importance of raising visibility in the health sector and establishing social networks amongst the veteran community. The role of the NHS as a means by which to identify veterans has been highlighted (Mark et al., 2020) and greater use of the NHS as a frontline means of identification has been urged (Finnigan et al., 2018).

Therefore, our major research project into the nature of service provision to veterans living in Scotland and the widespread qualitative data and the quantitative dataset we have produced has brought the lived experiences of older veterans to the fore; in particular, it has highlighted and emphasised the difficulties they face in relation to their daily living. Loneliness and isolation, it was believed by the consortium members (and illustrated by broad ranges of previous research), were significant issues faced by older veterans and this has been fully reinforced by our research. However, one of the main issues we found in relation to addressing this is that older veterans themselves do not necessarily identify as a veteran and therefore self-exclude from the services that are available. These are the issues that we report on here. There is not only a clear need, but also a pressing one, to raise awareness of who is a veteran and to also highlight the wider range of support and advice services that are available and waiting to help veterans in their post-service life. Before we consider the varied reasons we have uncovered in our analysis of why veteran self-identification does not automatically occur, we must first consider the wider nature of the veteran community in Scotland and the wider U.K., of which Scotland is a constituent partner nation. It is to this subject that we now turn.

Veterans Defined and Present in Scotland

As noted above, our results draw upon a study of, and consider identification among, veterans currently living within Scotland. Scotland remains part of the U.K., a “larger multi-nation sovereign state” (Leith & Sim, 2020, p. 28) and thus there is a distinct difference between individuals in terms of nationality and citizenship. Individuals born in Scotland are of Scottish nationality, those born in England are English, but both are British Citizens. Thus, veterans can retire and live in Scotland but may be from any of the constituent nations of the U.K. or wider territories that remain under U.K. jurisdiction. Thus, veterans represent not only a distinct group within the wider community, but within the veteran community there are also clear distinctions. Ex-service personnel may have been born and grown up in very dissimilar

locations prior to their service and have served in a variety of organisational settings and branches of service but they all share the term “veteran.” However, as we have previously discussed, and as we will illustrate below, many do not realise they are such, nor do they easily or readily identify as such, especially when seeking social or welfare support.

In an investigation of the outcomes of military service on health conditions a cohort of over 56,000 veterans was identified as resident in Scotland and registered for health care (the NHS is a free-to-use health care service and every individual resident in Scotland has access to services of NHS Scotland) and they were identified as such due to specific ciphers used in their NHS records (Bergman et al., 2017). However, this study had quite distinct parameters and only included individuals born from 1945 onwards. This means that it missed not only a considerable number of older veterans (those currently aged 75 or over), but it also missed a distinct segment of veterans— those subject to National Service also known as “The Draft.” National Servicemen were subject to conscription under the National Service Act of 1948 which came into effect from January 1st, 1949 (UK Parliament, 2020) Under the Act, all healthy males from 17–21 years of age were subject to a requirement to serve 18 months active military service, and then were expected to remain on the reserve military list for an additional 4 years (these periods later became 2 years active service and 3.5 years reserve).

Individuals who were National Servicemen were engaged in a variety of activities, but many saw active service in war zones such as Kenya, Korea, Malaya, Cyprus, and the Suez area of Egypt. The requirement to undertake National Service was slowly reduced until it formally ended in late 1960 and the final cohort of National Servicemen left the service in 1963. Nonetheless, they represent a distinct element of ex-service personnel, and as our discussion below illustrates, they have often failed to recognise themselves as veterans.

Considering veteran numbers much more widely, it has been argued that there were approximately 280,000 members of the Scottish older veteran community in 2014—although this figure included dependents (Poppyscotland, 2014). As previously noted, no official record exists for individuals or organisations to consult and no single dataset can identify the veteran community in any area of the U.K. Furthermore, while veterans living within Scotland receive the majority of their support and services through the Scottish Government or Scottish local organisations, their formal relationship remains one between them and the Government of the U.K.

The Military Covenant

This brings us to the Military Covenant which is the stated obligation between the U.K. Government and the Armed Forces community of the U.K. (MOD, 2020). It is neither a legally binding contract nor a formal list of obligations, but rather a document that provides a firm moral link between

serving military personnel and the State itself (McCartney, 2010). Historically, the Covenant has been very general and non-specific and very much a vague indicator of what may be expected. However, as a recently formalized document of Her Majesty’s government (HMG), it does include “an obligation for life” and further recognises the “commitment and sacrifice made by *older* veterans in the past” (MOD, 2020, p. 1). In addition, specific support for “ex-service personnel”—a phrase generally employed and occasionally one that has been argued should replace “veteran” itself (Burdett et al., 2012)—has not been received but rather they have been treated equally, within and alongside the wider civilian population through the wider welfare state system of the U.K. Indeed, it would seem that the delivery of services to veterans has traditionally been organized through the welfare state, although this has begun to shift in the 21st century towards a greater use of the voluntary and charitable sector (Mumford, 2012). Nonetheless, it remains the fact that veterans under the Covenant have a right to prioritization of their case, specifically in healthcare, if it relates to problems associated with their service. However, in order to access the services available to veterans, whether through the welfare state or military and veteran-focused charitable bodies, individuals must first be identified or identify themselves as a veteran. At the moment, “little is known regarding the extent to which veteran status is recorded uniformly or how effective a fast track referral system is in practice” (Fulton et al., 2019, p. 50).

Defining a Veteran

The term veteran is employed differently and defined in a number of ways by various organizations and groups (Burdett et al., 2012; Cooper et al., 2016; Dandaker et al., 2006; Mumford, 2012). Whatever the group or organization, be it a national government, the military, serving military personnel, ex- military personnel, or the general wider public, a veteran can be considered very differently. Between countries the term can be, and is, interpreted and applied very differently. Some require active deployment abroad (Danish requirement), some require a specific period of time and an “honourable” discharge (US requirement), others require deployment to a conflict zone (Australian requirement), while others are much more inclusive, or even much more selective, depending upon the country in question. Many countries have struggled with defining a veteran, often making the distinction between such and a wider body of ex-military personnel. Some countries, such as the US, have differing interpretations.

Recently the U.K. government has taken on a very inclusive sense of the term, one which is very broad indeed: “a person who has completed at least one day’s service in uniform” (Mumford, 2012, p. 821). Burdett et al. (2012) agree and expand on this definition to illustrate that the official government term is so much wider than most comparative definitions as it includes anyone “who has performed military service for at least one day and drawn a day’s pay”

(Mumford, 2012, p. 752). There seems to be no barrier related to being negatively dismissed from service, or discharged in any fashion, irrespective of time or nature of service.

Like many wider general public considerations of the idea of who and what a veteran is, the U.K. public are also very cautious about application of the term. It is often used to identify individuals who have been involved in military operations per se, and not just “regular” service (Mumford, 2012). Burdett et al. (2012) state that in surveys undertaken in the 2010s it was found that 57% of U.K. respondents felt that only individuals who had served in either of the World Wars could be considered to be veterans while 37% applied the term to all ex-military personnel. It is worth noting that military activity in Iraq and Afghanistan may well have changed that perception. However, these surveys took place after the first Gulf War, and long after the events of the Falklands, which were both well publicised and publicly discussed. Furthermore, many individuals had served in Northern Ireland during the period now referred to as “The Troubles,” and both civilian and military casualties were all too commonplace during that period. Yet the 57% of the U.K. public in question did not seem to register any such events in their application of the term.

Such perceptions by the U.K. general public are important given the nature of the Military Covenant, as interpreted and stated by official government documents and as discussed above. As the Covenant is perceived to be between the Government and the individuals who serve, the perception of the general public is key to interpreting, applying, and supporting the application of the Covenant itself. If the support for the Covenant is community based, the community must be behind the current and future delivery of such support.

Allied to this consideration is the importance of how the term is applied by U.K. ex-military personnel to themselves. For individuals to seek support in the U.K., they must consider themselves veterans, and while they may meet the official guidelines, if they are not perceived as veterans by the wider public, how does this impact upon how they perceive themselves? As recent research illustrates, the perception by the public may not be the exception, but rather the norm for both the wider population and the ex-service population too. It may be that the government definition is the most broad and inclusive of all, and that many individuals who are officially veterans are not identifying themselves within that category, and thus are not in receipt of services and support to which they are entitled.

In data collected between 2004 and 2006, individuals who had left the military were questioned as to whether or not they characterised themselves as a veteran (Burdett et al., 2012). With a supported and very valid response rate of 99%, only 52% answered yes to the question of whether they were a veteran, with 48% answering no and thus not including themselves in that category. Therefore, with only just over half of all official veterans including themselves as such, it becomes clear that self-inclusion/exclusion is a key

issue for the recording, recognition, and rewarding of military service in the U.K. and, in time, responding to specific needs related to military service. In addition, while U.K. ex-military personnel are not as reliant upon specific service criteria as other nations’ veterans to gain access to support such as healthcare or welfare, the delivery of veterans’ services and the fulfilment of the Covenant does rely on self-identification among veterans. It is vitally important, as a result, to understand the reasoning behind why individuals tended to respond negatively to the idea that they were a veteran and failed to perceive themselves as such. Burdett et al.’s research (2012) identified several factors that did have an impact upon self-identification as a veteran. Those who were more likely to claim the veteran term were more likely to be male, have lower educational levels, have served full time (as compared to those who could only point to reservist status), and also have longer periods of service. However, the factors in this analysis that were the most statistically significant were whether the individual was serving full time as a regular (or not) and education status. The lower the level of education, the more likely to self-identify as a veteran. The opposite therefore influences the choice of self-selection as a veteran. Reservist forces are less likely to identify as veterans. Thus, the more educated members of the ex-military population and ex-reservists were much less likely to self-identify as veterans.

Therefore, while it can be concluded from previous research that there is a clear disconnect between the wide official government definition of who is a veteran and the narrow self-identification of ex-military personnel themselves, we must issue a note of caution on these findings, mainly due to socio-political changes. There have been significant media and public considerations of the nature of the U.K. Military Covenant since this previous research was undertaken. Likewise, U.K. Governments since the start of this century have focused strongly on the profile of both current service personnel and ex-service personnel. Initial plans for a Veterans Day were underway at the very time Burdett et al.’s (2012) research was ending, and the first U.K. wide events began in 2006. These events were re-badged as “Armed Forces Day” in 2009, reflecting the involvement of both serving and ex-serving personnel, and have been held annually ever since. Furthermore, with 2018 being the 100-year anniversary of the end of WWI, and with the generational passing of the final veterans of that conflict, the profile of the military, and those who have served, has also been a greater constant in the socio-media sphere. In addition, the focus on military personnel among the wider media and popular culture has been evident, especially during the Pandemic of 2020. Therefore, the potential impact and influence of this socio-political idea of veterans in general and the positive perception of those who have undertaken military service cannot be accurately measured but must not be discounted. The potential impact upon the nature of both the public perception of who is a veteran and also the self-perception of military service and being a veteran,

may well have been significant during the past decade and especially the past year.

A further key point to note is that more than being an exercise in public or self-identification, defining of the term “veteran” has a series of extremely important choices for the nature, depth, and delivery of care to ex-service personnel, even in the U.K. where a wider welfare state and free-to-access healthcare is provided to all residents. The wider the use of the term, the wider the potential pool of service users. There has to be public support for the inclusive term to carry weight for the application of public money, governmental costs, and specific services. This has clearly impacted the nature of governmental activity in recent times and is likely to do so in the future.

However, it is not just the general perception that will impact delivery and usage. Perhaps more important, and the focus of our work here, is the perception among ex-military personnel themselves, as to who is and who is not a veteran. Identification as a veteran is the gateway to faster access, specific benefits, and support schemes (including war pensions and additional health support for older veterans due to service-related health issues). If those who have served do not express themselves as veterans or identify as such, despite being evidently eligible, they will be unable to utilise benefits to which they are eligible. This means the loss of access to significant potential areas of support—from the government, the voluntary sector, charities, and accompanying military associations.

A related matter to the self-perception of veterans is the issue of how many current individuals are veterans and part of the veteran community. Unfortunately, while there are a number of existing studies, and several have been identified above, the vast majority focus on the population out with Scotland, and therefore it is difficult to ever provide an exact figure of the U.K. veteran population, or the potential reach required to support veterans, let alone the subset within Scotland. In 2006 Poppyscotland claimed that one fifth of the Scottish population was a member of the veteran community, but this included all ex-service personnel and their spouses and dependants. Nonetheless, it does indicate that the potential reach of the veteran community is still unfulfilled and the unreached or un-recognised/un-identifying community quite significant. It is to whether this may be the case we now turn, by considering the findings from our own research among the Scottish veteran community.

Discussion of Findings Among Veterans

As we have discussed, both the terms “veteran” and “older veteran,” are not without difficulty in regard to understanding amongst our research participants—specifically older veterans. The definition we employed, and as employed for all U.F. service providers was “any older veteran living in Scotland over the age of 65 at the time of accessing the services.” However, the core issue remained in understanding what the term “veteran” meant. To whom did it refer and how was it being defined? The assumption amongst service provid-

ers and organisations supporting veterans was that the U.K. Government’s definition of a veteran was both widely inclusive and self-evident. However, as we have noted, from the discussion of previous research and during our own ongoing research it became evident that it was less well understood by those who could be and should be classified as older veterans themselves.

Among our research subjects, those who could be classified as veterans, there were a number of issues around self-identification. For many of them, their time in the services had been so long ago and there was such a significant period (not to mention conflict of events and life led) between the lives they had in the Armed Forces during World War II and/or in undertaking their period of National Service and the lives they were now leading. Consequently, at the most structural of levels, many of the definitively and clearly classified older veterans questioned whether or not they could be really considered a veteran.

For many this was not only the period of time intervening between their service and their age in the contemporary time period, but also due to individual circumstances. Many felt that because they hadn’t been deployed in active warfare zones, or because they had never served outside the U.K., or even because they had only served through the National Service Scheme, they did not deem themselves veterans.

In addition, there is the wider issue of self-perception. Beyond the need for active military engagement or whether one was full-time or a reservist, there was and is the perception among our respondents that “doing” National Service was a requirement for everyone (or every male at the time anyway). The Military Covenant has only been recently formulated as a firm governmental document and has previously been somewhat dismissed and disregarded (Mumford, 2012). In addition, many of our older veteran respondents were concerned that the promise did not live up to expectations and had almost seemed to dismiss themselves as being veterans in reality. Likewise, others had often previously received misinformation from statutory Governmental departments in relation to their eligibility for war pensions and other potential benefits, which only further created a sense of not belonging to the veteran community or being a veteran in their own right.

Issues of Identity

What we discuss below is the conflict created in the context of past and present life experiences of the older veterans in how they defined themselves as veterans, family men, fathers/mothers, grandfathers/grandmothers, husbands/wives, and/or in terms of their pre/post-forces professions. Many of the decisions they make around whether to identify as a veteran are embedded in their individual interpretations and whole-life lived experiences. Consequently, their service is not always recognised by them as a definer in their self-identity.

What our findings show is that there is very little understanding amongst the older veteran populations of the

official U.K. Government definition of a “veteran” (1 day or more in one of the Armed Forces) and that they were thus entitled to class themselves a “veteran” and to all the support that is available specifically for them, irrespective of length of service and/or which branch of the services they had belonged to. In addition, our respondents questioned if a “veteran” could be someone who had not been involved in active service. They questioned if it referred to all branches of the U.K. Armed Forces; some having thought it only referred to ex-Army personnel. They questioned how long they had to have served in order to be recognised as a veteran. Interestingly, some others denied their identity of being a veteran due to their individual beliefs: one strongly stated that he did not want to be classed as a veteran because he was a pacifist. He had, however, done his National Service even though he did not support the scheme and did not believe it was necessary. Therefore, for him there was a complete denial of the term veteran. This clearly represents a very individual interpretation, but he nonetheless had to be supported to interpret that he had a right to support as an ex-serviceman.

Furthermore, the longer our older individuals had been out of the military the more they questioned their identity as a veteran. Many of them had only served for shortish periods in the context of their whole working lives and they questioned how, if they had only served in the military for 5 years, but subsequently worked in industry for 30 or more years, they could be classed as veterans? Again, there seemed to be this compartmentalisation of their military service as “other” activity rather than an active aspect of their being. Similarly, those who had never been involved in active service but been deployed in support services such as intelligence, or had undertaken only national service in peaceful times and never heard a “shot fired in anger,” or in some cases had never left the U.K., questioned how they could be considered to be “veterans” in the same way as those who had been deployed in armed conflict zones and seen action. Our respondents who had not witnessed any active engagements questioned how they could be classed as a veteran when their perception of their contribution was somewhat lesser than those who had been deployed in active service and had been seen as “doing more.”

What was also evident among our findings was that many of these older veterans who had hitherto not identified as such or previously asked for help, including advice about or claiming of their war pensions, were subsequently in need of assistance and support for both physical and psychological/mental ill-health issues which were very often linked to their experiences in military service 30 or more years previously. It was recognised in cohort interviews that it may take some time for the impact of military service to become evident and it may also be the case that even when it does, individuals who have served may fail to identify as a veteran and request support to which they are entitled through the Covenant. During our study, it also became evident that few were aware of the range of services that are

available for veterans to access and/or how to find out about them.

The strength of these erroneous and yet deeply held beliefs of identity and non-identity was evident in a number of ways and among many respondents. One clear example of that was at one of the focus groups held in a daycentre for veterans. The daycentre was only open to veterans; all of the participants in attendance had been doing so for some time. It provided activities, lunches, and most importantly camaraderie amongst the members. At the start of the focus group almost every participant—there were 8—checked with us to make sure that they were indeed a veteran; asking such questions as “can I just check that I am ok to take part because I only did National Service.” Being unsure of whether or not they could be considered a “veteran” had, for many of the participants, a significant impact on their request for, and expectations of, the levels of support they had previously had access to. Even when partaking of activities at an acknowledged Veterans’ Centre, they continued to self-doubt their identity and right of access.

We continually identified during our research that knowledge of services available to them and the ability to access them are considerable and significant inhibitors facing veterans who need to seek or require support. Indeed, numerous respondents noted that in many cases it was only at the point of crisis that support interventions were made. It is to this that we now turn.

Knowledge of Service Availability

Many of our respondents, older veterans themselves, prior to engagement with one or more of the U.F. providers, had little knowledge of the wide range of support that was/is available to veterans or how to access it. Many of them claimed that there was a disconnect between the support offered whilst in the military, the subsequent promise of the Covenant and their overall experiences as an ex-service man or woman in civvy street. They claimed that once they had left the military they were very quickly “forgotten.” As one of the respondents in a focus group stated: “the umbilical cord is cut and you hear no more.” Another said, it was “goodbye and then... nothing.”

The lack of information and a lack of knowledge about any central information point on (a) what services are available, (b) who was/is eligible for them, and (c) how to access them, was further complicated by the shift or drift towards a more technologically informed society. Few of the older veterans we engaged with were digitally competent and in many cases, they were resistant to trying to use technology beyond that of the landline telephone. Our respondents claimed that modern society had left them, the older population, behind. Generally, they reported that they are less likely to use and/or access resources online and stated that they prefer to get their information from posters in doctors’ offices, libraries, or through public advertising campaigns such as radio and television advertising or leaflets. An older veteran who had multiple health needs that emerged in later

life and which were clearly linked to injuries associated with engagements in conflict zones when in the Armed Forces, stated that he had no idea that there was help available for veterans or even that he qualified for such support until his doctor told him. The particular medical practice in question had had their awareness of support services for older veterans raised by one of the U.F. services and this had enabled the doctor to become more informed on the subject and then inform our respondent and potentially other patients.

What our research discovered was that information about potential resources and avenues of support for veterans was not always transparent and that it varies across Scotland. In some geographic areas and for particular forms of support, there was a good level of knowledge already present in the community while in other areas it was minimal. The U.F. Project did go some way towards addressing this information void through its consortium and specifically in terms of cross-referral between agencies, but it indicates not only a lack of knowledge of who, as a veteran, is eligible for support, but even what support is available to veterans in general.

It would seem that the issue of who is and is not a veteran—and clearly a significant aspect of the population remain unclear on this front—is firmly allied to the wider issue of what support veterans can access. Our research has found that many older veterans are likely to find themselves self-excluded through not only not recognising themselves as qualifying for the support they would benefit from, but in addition to not knowing what support services exist.

Impact of Non-identification on Older Veterans Accessing Support

What our research has clearly brought to the fore is the issue that many older veterans were initially reluctant to ask for help and did not even realise that help was available. While in the Armed Forces there is a strong emphasis on the ability to survive and get by in difficult circumstances—characterised by being physically strong and having a strong and resilient character—through discipline and control which is “managed.” Some of these skills are transferrable, but what is profoundly different is the lived experience of day-to-day life. As so many of them stated in the forces every man/woman has every other man’s/woman’s back. The nature of the work demands it. However, this contrasts profoundly with the day-to-day experience of life in civvy street. The strong sense of belonging and of support and camaraderie disappears instantly on leaving the forces and returning to their “normal” civvy and family life. Some were married and had children, others got married and had children, and virtually all of them secured employment. Few had contact with former friends in the services as on leaving they all dispersed to various locations throughout the U.K. and sometimes even beyond (before subsequently returning). Life was busy with family and work and for the most part the majority of our participants stated they coped or at least thought they were coping with the atrocities they saw or injuries they received

while in active service. A few of our respondents moved from the services to similarly regimented types of jobs in, for example, the merchant navy.

What they all noted was the sudden and significant shift from the close camaraderie amongst their fellow servicemen and servicewomen where they had a strong individual and group identity, to being and feeling alone. Loneliness and isolation are a key issue for many older people, and perhaps even more so for veterans, as their experiences of it clearly illustrate the conflict in identity some of them face. It is, for them, a very profound experience. Back in civvy street they felt a loss of their group identity and found difficulty in establishing a new one as an individual amongst many individuals. Many of the older veterans refer to how they withdrew, not necessarily physically, but psychologically/socially because they found it hard to engage in social conversations. Thus, while they may have been at the centre of a lively family gathering for example, they felt excluded and isolated. They talk very poignantly about how they adapted over time to the role of provider, husband or wife and father or mother, or worker and how these roles provided an identity but also a “biz” in their day-to-day life that allowed for the demons of active service to be forgotten—or at least so they thought. In many cases it certainly allowed for their identity as a veteran to be forgotten or submerged. Family and social life in civilian life offered a different connectedness but on reflection they recognise it did not provide the same sense of camaraderie experienced within the services, but they got on with it.

These older veterans reported that it was in later life when the physical injuries and memories or, as some referred to them, the “the demons” came to the fore. Some of them displayed the characteristics of PTSD, others report they turned to alcohol, and some further withdrew from their families and friends. Such changes in behaviour and character (unfortunately in some cases) led to complete family breakdowns and divorce. The lack of access to other veterans was often cited as a source for the difficulties they were facing because many of them felt they could not or should not talk about these experiences to their loved ones. Such behaviour is commonplace among non-identifying veterans—many of whom never mention their service history to anyone or consider themselves veterans (Finnegan et al., 2018). Even when failing to recognise their right as a veteran individuals argue that it is only other ex-service personnel who would be in a position to understand them and others were afraid of how family and friends would perceive them in the future if they got to know what had happened in conflict.

One particular example illustrates very graphically the position one older veteran found himself in. He stated:

I live with my family, we have a very good relationship and a loving home. I think I am a good husband and father but I need to discuss my time in the forces and I can't with my family so that sometimes I feel as if I am outside looking in and very lonely. I can't

tell them what I did in conflict...essentially I killed people. In another context it would be murder...how would they react if they knew that? They see me as a kind and gentle loving person.

He went on to say that there is a need for continued support upon exiting the Armed Forces and it needs to be accessible at any time after leaving because “you think you have left all these things behind you and then you discover you haven’t.”

The aging process was cited by many as being significant in terms of their struggles with identity as family men or women and being an ex-service person. As a general observation of the data gathered it seems that as life becomes quieter, as things change, the children grow up and leave the family home, sometimes their spouse has also died, they have retired from work and life becomes quiet. There is no “biz” to suppress emotions and memories that hitherto had been lurking in the background of their lives. Unprovoked and unwelcome memories return—memories and images of things they state no one should ever have had to witness. Others talk of the night-time sweats and nightmares of what they have witnessed. This was most graphically expressed by one sailor who when talking about a particular role he had in a support vessel following a particularly savage genocide described how “everywhere you looked all you could see from the boat was a sea of bodies —women, children, babies, men. I thought I had forgotten about all of that until I retired.”

It is not just psychological health issues that age seems to bring to the fore; there are many physical ailments that these veterans suffer from that are directly linked to their experiences of active service in the armed forces: conditions that are due to exposure to chemicals, hearing loss and tinnitus, failing eyesight, and mobility issues associated with service injuries. Despite these and many other conditions such as dementia there was still a strong desire to be independent; the “can do” attitude referred to by both our respondents and service providers exemplifies the struggle over which identity is the primary definer—independent older veteran with access to specific service or independent civilian who feels they cannot/should not access veteran services—their decision has a significant impact on their health, well-being, and the levels of support they are in receipt of.

Conclusions

What is immediately clear from our work is that the barriers to identifying oneself as a veteran are officially minimal. It is clear that the definition of a veteran, as stated by Her Majesty’s Government, are both broad and inclusive. Drawing as little as 1 day’s U.K. service pay or serving 1 day in U.K. uniform qualify any individual as a U.K. veteran. Indeed, as our discussion notes, the formal governmental definition of who is a veteran is far wider and much more inclusive than the perceptions of both the general public and the ex-service community itself.

Public perception of who qualifies as a veteran has, as recently as the last decade, been much less inclusive than that of the U.K. Government. During the first decade of the 20th century and despite military involvement in The Troubles of Northern Ireland, the Falklands, and the first Iraq conflict, public perception of veteran identity seemed to focus much more strongly on the idea of active engagement in World Wars and more active conflict zones. Nonetheless, subsequent events, including U.K. involvement in Iraq and Afghanistan, and related increasing public events and celebrations of the Armed Forces may have changed such perceptions—although additional research on this subject is clearly required. It may well be the case that the past two decades have seen a shift in public and community self-perception that we have not yet been able to measure or assess.

Yet, whatever the official government or public definition of a veteran is it is clear that self-definition is also subject to a number of factors and interpretations that result in an unknown, but perhaps not inconsiderable, number of U.K. veterans failing to self-identify as such. Among these factors and interpretations, we found that many individuals who undertook National Service did not perceive such as allowing them to classify themselves as veterans. Likewise, reservist status also had an influence on non-self-identification as did a lack of conflict zone engagement or even having served for a limited time. Nor do these operate in isolation: each factor may be reinforced by others and they may all create an additional sense of not “truly” being a veteran.

However, such factors had (in most cases) already been noted among previous literature. Our research has again highlighted the need to recognise these (in the U.K. case) false barriers to veteran status. At the same time, we have also highlighted additional barriers, what perhaps could be called “lived barriers” to veteran self-identification. Our study dealt with older veterans, and as discussed above, there were a number of factors raised by our respondents that illustrated that older ex-service personnel did not identify as veterans for a wider range of factors. Among these we have highlighted the long period between leaving the service and living an entirely different life. It may be that service life has been subsumed under factorially larger years as a civilian. Likewise, there is the disconnect created by any engagement between the individual and the government post-service. Whether this is a lack of engagement through, or a perception of nonfulfillment of the Military Covenant during the last 50 decades of the 20th century in particular, it seems to have created a disconnect for ex-service personnel and their status. Even when subject to health conditions, be they physical or mental that are a result of previous service, individuals failed to fully identify themselves as veterans and sought to minimise their status.

Also, on a clear level with “lived” barriers there are also other “identity” barriers. One element that may be either generational, gendered, or even particularly Scottish, is the nature of the personal identity of many of our respondents. Many stressed the need for self-help, or the fact “others need

it more,” or even seemed to state that it showed weakness to request help in the first instance (whether being a veteran or not). This may indicate that further research is needed to consider the gendered nature of service (see Dodds and Kiernan, 2019) or the relationship between “macho-Scottishness” (Leith & Sim, 2020, p. 101) and military service in the older generation, or even self-reliance as an element of generational identity.

What is clear from our research is that while there are few official or legal barriers to U.K. veteran status and identity in Scotland, it is far from being the all-inclusive group membership that officialdom perceives it to be, and that significant barriers, many self-perceived and incorrect, exist. This paper has highlighted lived barriers and personal identity. These need to be more critically and significantly challenged if the veteran community in Scotland is to be fully self-inclusive, fully recognised, and fully supported through the “commitment for life” that the U.K. Military Covenant creates between it and the veterans themselves. All of them.

Notes

- ¹ The consortium is comprised of the following organisations: Action on Hearing Loss, Age Scotland, CAB’s Armed Services Advice Project, Combat Stress, Defence Medical Welfare Services, Erskine Reid Macewan Activity Centre, Fares4Free, ILM Highland, Legion Scotland, Luminare, Music in Hospitals and Care Scotland, Poppy-scotland Breakaway Service, RAFA, Scottish War Blinded, Scottish Older People’s Assembly, SSAFA.
- ² There is also an important point here in that the last 6 months of the data collection coincided with the global coronavirus pandemic and the variety of lockdown procedures used limited our ability to collect data.
- ³ This depended on cooperation from those working in the UF partner organisations. They alone could facilitate access to the required data, but there were sensitivities that required careful handling. A number of written communications were sent, and meetings were held to address concerns of those in the front-line of the organisations. These were useful and, in general, enabled greater cooperation.
- ⁴ As expected, there was a great deal of missing data, suggesting comprehension and technical problems administering the survey. This should not, therefore, imply 3,000 *fully* completed survey returns.
- ⁵ It has to be acknowledged that this figure might be slightly skewed due to the operation of DMWS within the health care sector and their ability to raise awareness, identify veterans, and refer older veterans to additional services they may have required.

Competing Interests

The authors have no competing interests to declare.

References

- Bergman, B. P., Mackay, D. F., & Pell, J. P.** (2017). Lymphohaematopoietic malignancies in Scottish military veterans: Retrospective cohort study of 57,000 veterans and 173,000 non-veterans. *Cancer Epidemiology*, *47*, 100–105. DOI: <https://doi.org/10.1016/j.canep.2017.02.001>
- Bergman, B. P., Mackay, D. F., & Pell, J. P.** (2018). Road traffic accidents in Scottish military veterans. *Accident Analysis & Prevention*, *113*, 287–291. DOI: <https://doi.org/10.1016/j.aap.2018.02.010>
- Bryman, A.** (2004). *Social research methods* (2nd ed.) Oxford University Press.
- Burdett, H., Woodhead, C., Iversen, A. C., Wessely, S., Dandeker, C., & Fear, N. T.** (2012). “Are you a veteran?” Understanding of the term “veteran” among UK ex-service personnel: A research note. *Armed Forces and Society*, *39*(4), 751. DOI: <https://doi.org/10.1177/0095327X12452033>
- Burns-O’Connell, G., Stockdale, D., & Hoare, D. J.** (2019). Soldiering on: A survey on the lived experience of tinnitus in aged military veterans in the UK. *Medical Humanities*, *45*(4), 408–415. DOI: <https://doi.org/10.1136/medhum-2019-011671>
- Carter, C. M.** (2018). How do you recognise a veteran? *Journal of Perioperative Practice*, *28*(11), 302–303 DOI: <https://doi.org/10.1177/1750458918804789>
- Cooper, L., Andrew, S., & Fossey, M.** (2016). Educating nurses to care for military veterans in civilian hospitals: An integrated literature review. *Nurse Education Today*, *47*, 68–73. DOI: <https://doi.org/10.1016/j.nedt.2016.05.022>
- Dandeker, C., Wessely, S., Iversen, A., & Ross, J.** (2006). What’s in a name? Defining and caring for “veterans”: The United Kingdom in international perspective. *Armed Forces and Society*, *32*(2), 161–177. DOI: <https://doi.org/10.1177/0095327X05279177>
- Dodds, C. D., & Kiernan, M. D.** (2019). Hidden veterans: A review of the literature on women veterans in contemporary society. *Illness, Crisis & Loss*, *27*(4), 293–310. DOI: <https://doi.org/10.1177/1054137319834775>
- Finnigan, A., Jackson, R., & Simpson, R.** (2018). Finding the forgotten: Motivating military veterans to register with a primary healthcare practice. *Military Medicine*, *183*(11–12), e509–e517. DOI: <https://doi.org/10.1093/milmed/usy086>
- Fulton, E., Wild, D., Hancock, J., Fernandez, E., & Linnane, J.** (2019). Transition from service to civvy street: The needs of armed forces veterans and their families in the UK. *Perspectives in Public Health*, *139*(1), 49–58. DOI: <https://doi.org/10.1177/1757913918785650>
- Gordon, K., Burnell, K., & Wilson, C.** (2020). Outside the military “bubble”: Life after service for UK ex-armed forces personnel. *Frontiers in Public Health*, *8*. DOI: <https://doi.org/10.3389/fpubh.2020.00050>

- Hazelrigg, L.** (2009). Inference. In M. A. Hardy & A. Bryman (Eds.), *Handbook of data analysis* (pp. 65–111). Sage. DOI: <https://doi.org/10.4135/9781848608184.n4>
- Leith, M., & Sim, D.** (2020). *Scotland: The new state of an old nation*. Manchester University Press.
- Lofland, J., & Lofland, L.** (1995). *Analyzing social settings: A guide to qualitative observation and analysis* (3rd ed.). Wadsworth.
- Mark, K. M., Leightley, D., Pernet, D., Murphy, D., Stevelink, S. A. M., & Fear, N. T.** (2020). Identifying veterans using electronic health records in the United Kingdom: A feasibility study. *Healthcare*, 8(1), 1. DOI: <https://doi.org/10.3390/healthcare8010001>
- McCartney, H.** (2010). The military covenant and the civil-military contract in Britain. *International Affairs*, 86(2), 411–428. DOI: <https://doi.org/10.1111/j.1468-2346.2010.00889.x>
- Ministry of Defence.** (2019). Population projections: UK armed forces veterans residing in Great Britain, 2016 to 2028. <https://www.gov.uk/government/publications/population-projections-uk-armed-forces-veterans-residing-in-great-britain-2016-to-2028>
- Ministry of Defence.** (2020). The Armed Forces Covenant. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf
- Mumford, A.** (2012). Veteran care in the United Kingdom and the sustainability of the “Military Covenant.” *The Political Quarterly*, 83(4), 820–826. DOI: <https://doi.org/10.1111/j.1467-923X.2012.02358.x>
- Sapsford, R.** (2007). *Survey research* (2nd ed.). Sage. DOI: <https://doi.org/10.4135/9780857024664>
- Scarbrough, E., & Tannenbaum, E.** (1997). Introduction. In E. Scarbrough & E. Tanenbaum (Eds.), *Research strategies in the social sciences* (pp. 1–10). Oxford University Press. DOI: <https://doi.org/10.1093/0198292376.003.0001>
- UK Parliament.** (2020). <https://www.parliament.uk/about/living-heritage/transformingsociety/private-lives/yourcountry/overview/nationalservice/>
- Williamson, V., Diehle, J., Dunn, R., Jones, N., & Greenberg, N.** (2019). The impact of military service on health and well-being. *Occupational Medicine*, 69, 64–70. DOI: <https://doi.org/10.1093/occmed/kqy139>

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