Empowerment Charity

Registered Charity Number: 1155897

Listening to our Armed Forces Community

Full Report

2026

Contents

About Empowerment Charity

Empowerment is a Blackpool based charity with a long-term commitment to supporting our local communities and improving lives. At its heart, Empowerment is about making sure that people feel listened to, respected, and supported no matter who they are or where they come from.

We do not deliver services to people, we work alongside them. Our belief is simple: you empower yourself, with encouragement and support from us. Whether it's through advocacy, co-production, or tackling social challenges such as domestic abuse, isolation, or mental ill health, our mission is to stand with people so they can bring about real and positive change in their own lives and in their community.

Empowerment is more than an organisation, it's a community of people who believe that change is possible when we are united. We are local, rooted in Blackpool and the Fylde Coast, and proud of it. We welcome everyone, celebrate diversity, and believe in collaboration over competition. We take risks when needed, admit when we get things wrong, and always strive to do better.

Empowerment is about voices being heard, lives being changed, and communities being strengthened. We are small and local, but our impact is big because together, with the people of Blackpool and the Fylde Coast, we are creating a kinder, fairer, and more hopeful future.

Our values

Working with **Kindness**

Working for **Justice**

Working towards **Equality** for **everyone**

We are **Human**

Introduction

Empowerment Charity is committed to working alongside individuals and communities who often feel unheard, empowering them to influence positive change in their lives and the lives of others. As part of this commitment, Empowerment has prioritised strengthening its support for the Armed Forces community, including veterans, serving personnel, reservists, and their families, recognising both their contributions and the unique challenges they may face.

For many within the Armed Forces community, the transition to civilian life and ongoing engagement with public services can present significant and complex barriers. These may include difficulties accessing appropriate mental health support, housing instability, challenges securing and sustaining employment, and barriers when navigating complex health and care systems. In some cases, support is only sought at crisis point, highlighting the need for earlier intervention, improved accessibility, and more coordinated pathways into services.

Despite the commitment outlined in the Armed Forces Covenant, which seeks to ensure that no member of the Armed Forces community is disadvantaged in accessing services, provision can be inconsistent. Awareness of the Covenant, identification of Armed Forces status, and the availability of tailored or enhanced support can vary across organisations. This can lead to gaps in provision, missed opportunities for early support, and a lack of clarity for individuals trying to access help.

At the same time, there is a clear need to build trust and strengthen relationships between services and the Armed Forces community. Many individuals value honesty, consistency, and being genuinely listened to, yet may feel disconnected from available support or unsure where to turn. Addressing these challenges requires not only improved service design, but also a system wide approach that embeds Armed Forces awareness, strengthens partnership working, and ensures that support is visible, accessible, and responsive to need.

To support this work, Empowerment Charity has engaged with members of the Armed Forces community, alongside professionals and service providers, to better understand current provision, lived experience, and opportunities for improvement. This report brings together key insights, aiming to inform the development of a more consistent, inclusive offer for our Armed Forces community in Blackpool.

Methodology

Survey design

Two structured surveys were developed to capture insights from different groups: one listening to the voices of members of the Armed Forces community, and the other targeting service providers and professionals.

- The first survey was designed to capture the lived experiences of the Armed Forces community, focusing on the challenges faced by veterans, serving personnel, reservists, and their families, as well as their experiences of accessing support. It sought to understand what would be beneficial, areas to celebrate, and ideas for improving local provision.
- The second survey gathered insights from professionals and service providers across the public, private, and voluntary sector. This survey explored what an 'enhanced offer' for the Armed Forces community looks like in practice, including any additional provision available beyond standard service delivery, as well as perceived gaps, inconsistencies, and opportunities for improvement. It explored organisational awareness, identification processes and staff training, specific to the Armed Forces community.

Both surveys included a combination of closed questions (multiple choice and tick-box responses), alongside open-ended questions, to allow participants to share more detailed experiences, perspectives and suggestions.

Additional demographic questions were included to better understand the profile of respondents, including postcode area, gender, age and employment status. Respondents were also given the option to provide further feedback and leave contact details if they wished to be involved in future work, relating to supporting with the Armed Forces project.

Survey distribution and data collection

Both surveys were conducted between December 2025 and February 2026. Participation was voluntary, and respondents were informed that their responses were anonymous, treated confidentially. Participants were asked not to include any identifiable personal information, and all data was managed in accordance with GDPR requirements.

Methodology

The community survey was shared widely to reach members of the Armed Forces community in Blackpool, including veterans, serving personnel, reservists, and their families. The partner and provider survey was distributed through professional networks, including local authority services, NHS partners, and voluntary, community and social enterprise (VCFSE) organisations. Both surveys were promoted through online channels and community networks to encourage participation from individuals across Blackpool.

In total, **45 individuals** completed the Armed Forces listening survey, and **25 individuals** gave feedback via the partners and providers survey.

Data analysis

Quantitative data from closed survey questions was analysed to identify key patterns and trends across responses, such as levels of awareness, service access, and perceived gaps in provision.

Qualitative data from open-ended responses was analysed using a thematic approach. Responses were reviewed and grouped into recurring themes, enabling the identification of common challenges, barriers, and examples of effective support.

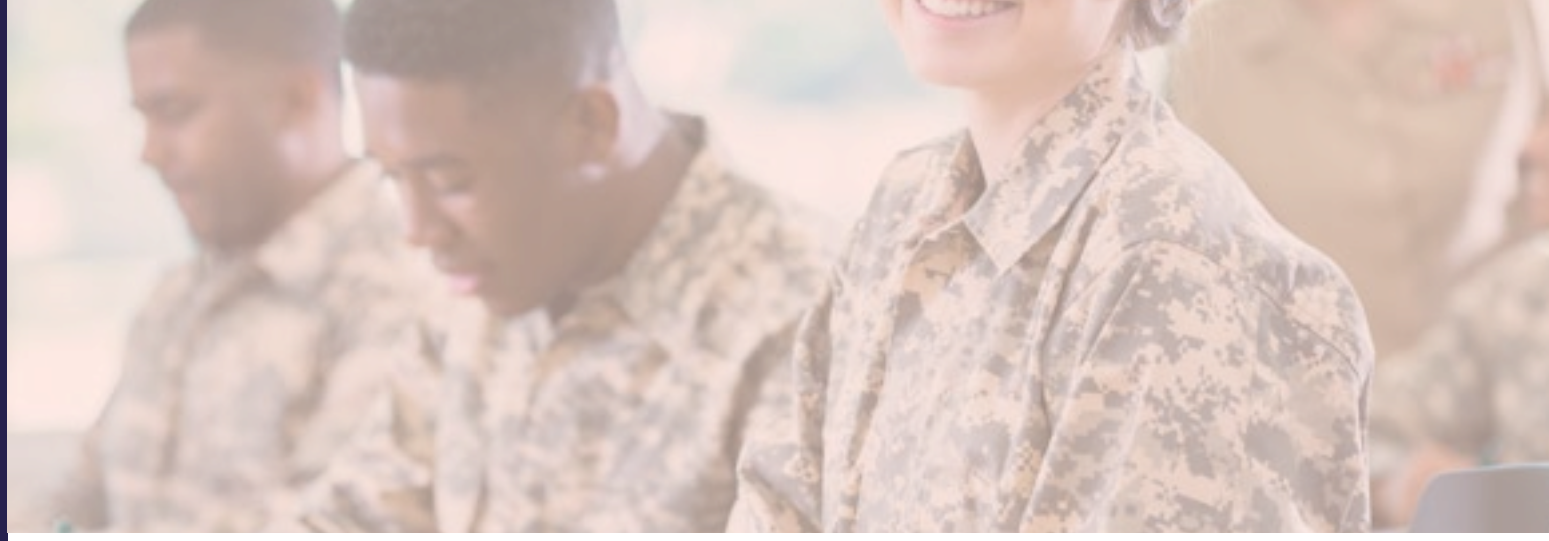
Particular attention was given to comparing and contrasting findings between the two surveys, allowing for a more comprehensive understanding of both professional perspectives and lived experience. This approach supported the identification of alignment, as well as any disconnects between service provision and community need.

Limitations

As participation in both surveys was voluntary, the findings are based on a self-selecting sample and may not fully represent the views of all members of the Armed Forces community or all service providers in Blackpool.

Additionally, whilst the use of surveys enabled broad engagement, it may have limited participation from individuals who are less likely to engage with formal consultation methods, including those who are more disconnected from services or experiencing more complex barriers.

Despite these limitations, the methodology provides a robust and balanced evidence base by combining insights from both professionals and individuals with lived experience. This aligns with Empowerment Charity's commitment to co-production and ensuring that future service development is informed by a wide range of voices.

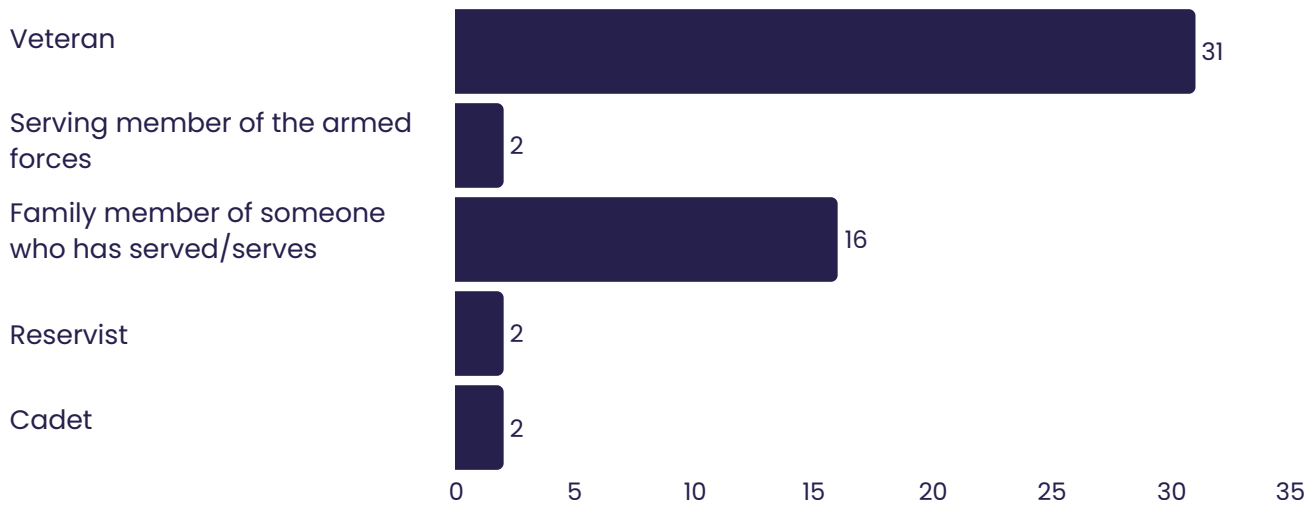


Listening to our Armed Forces Community:

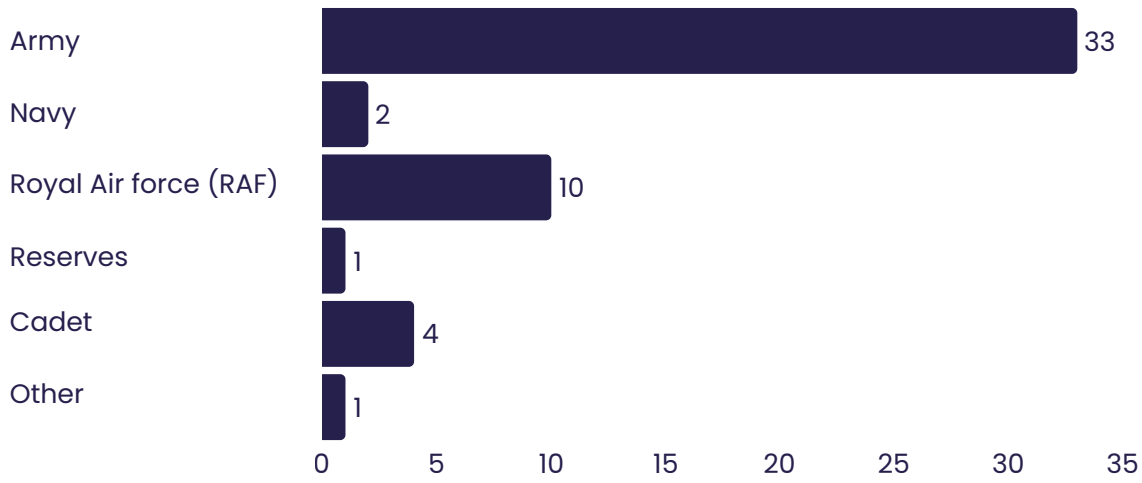
Your voices matter

Survey Findings

Please select which option/options best apply to you:

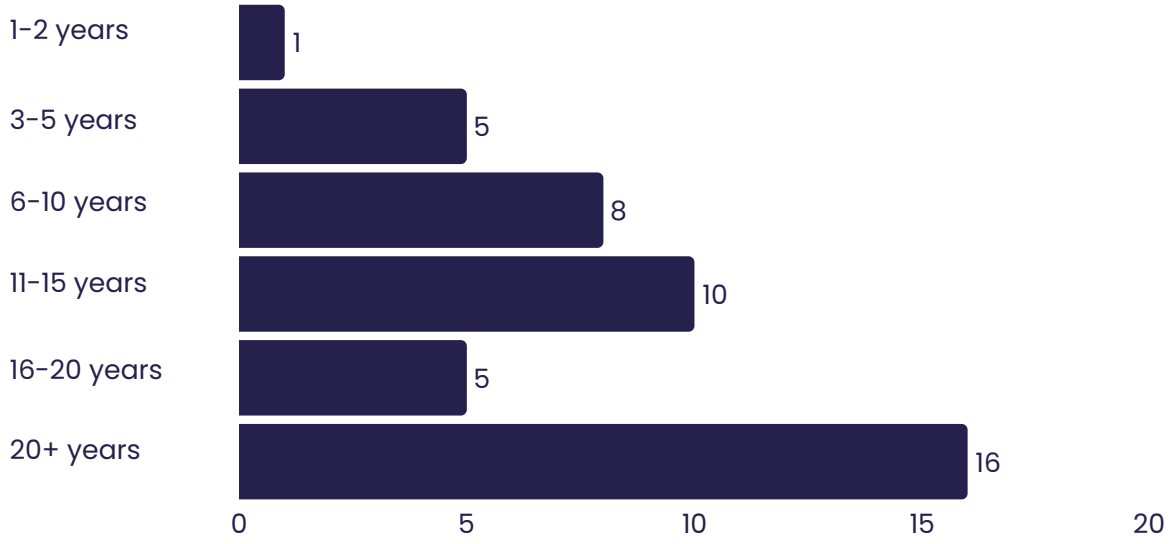


Which branch of the armed forces have you or a family member served in (or are currently serving in?) Please select all that apply:

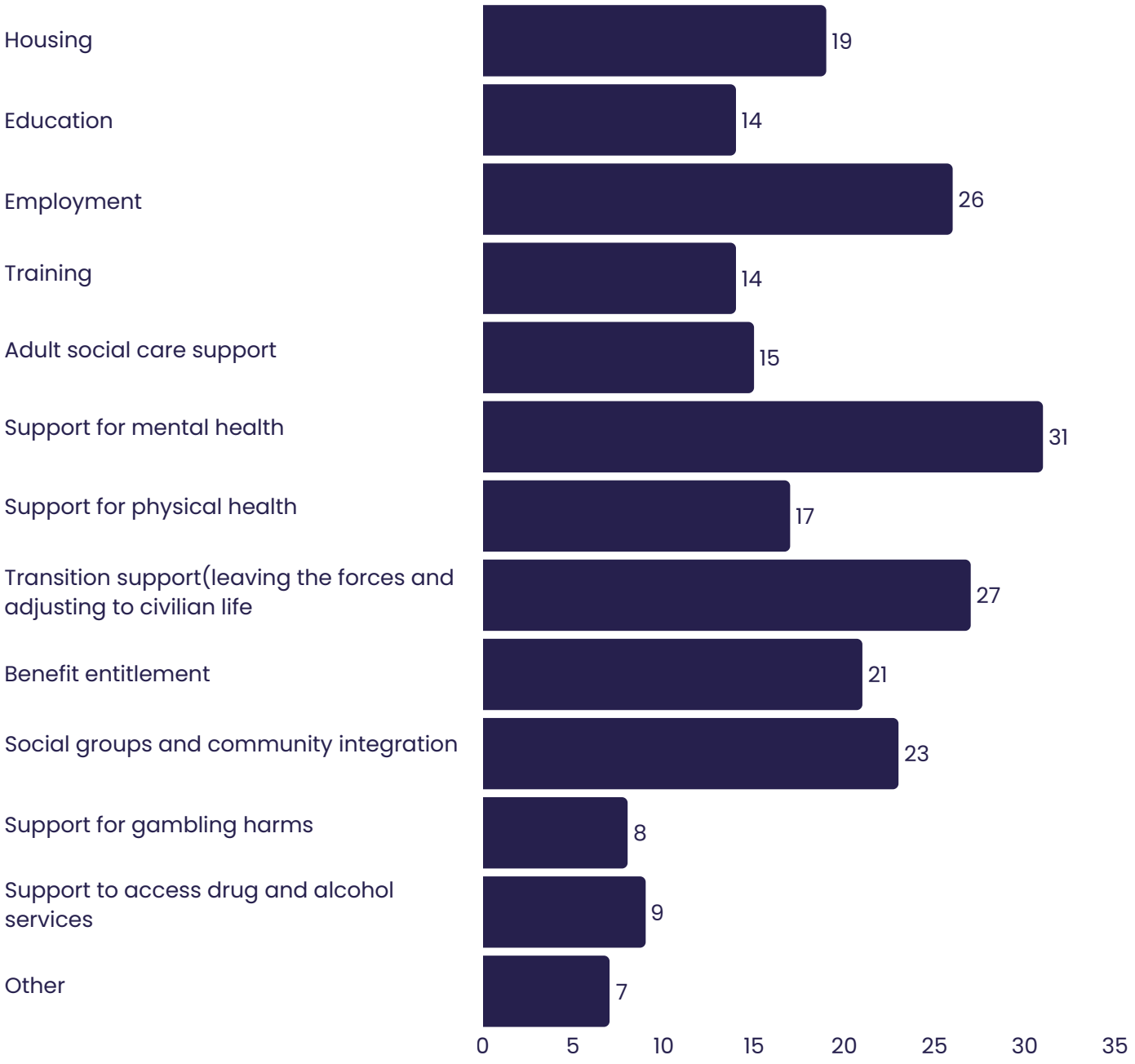


Other includes; "Women's Royal Army Core (WRAC)."

How long have you or a loved one served in the armed forces, if applicable?

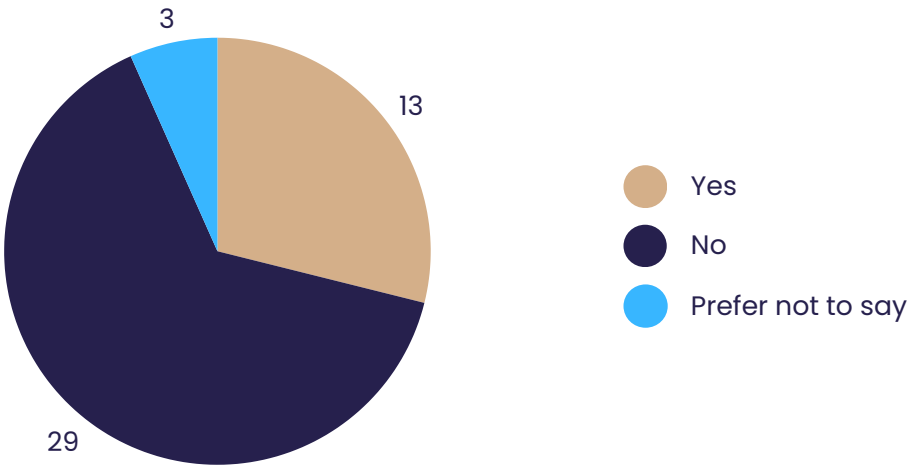


Are there any gaps in services or support you think need to be addressed locally, specifically for the armed forces community? Please select all that apply:



Other includes "All of the above are not separate issue but intrinsically linked to each other, " "Networking/support for families/partners of serving or veterans including those who do not live on camp," "Awareness of entitlements once you have served, not knowing entitled to things like veterans cards, discounts, registering as veteran with NHS, additional funds and support from benevolent funds/ help for heroes, lack of community awareness of what already exists out there," "Primarily transitioning to civilian life," "Access to cheaper white goods. Chest freezer etc," "Family therapy," and "more awareness of services that are available."

Have you or a family member accessed any local services or support/social groups, provided for the armed forces community?



How was your experience of the services or support/social groups you accessed? What have you accessed and what did you value most/enjoy?

Overall, participants reported generally positive experiences, particularly with peer support groups and community-based activities that enhanced wellbeing and social connections. However, experiences across services were mixed, with some described as highly effective and others unhelpful or difficult to access. Key issues included inconsistent service quality, barriers to access and a lack of inclusive support.

9 participants stated they had positive experiences at certain groups, valuing peer support groups and community activities. The groups were described as “fantastic” and beneficial for mental health, with activities enhancing wellbeing. Social connection and shared experiences were central to positive outcomes.

“Good local support network gained on attending the local groups. Good use of outdoor activities.”

“I lived on the local barracks and have also lived overseas. there's a lot of community activities. Lots of youth groups, military nursery and schools. My children went to the groups and clubs. The community garden at weeton barracks is amazing and developing at a rapid pace.”

“I self referred to Op Courage but couldn't take part in the programme due to conflicts with work. I undertook over 18 months of therapy with Talking Therapies including introduction, CBT and EMDR. Talking Therapies saved my life and I will be forever grateful. The staff were kind, understanding and thoroughly professional at all times. Socially I have taken part in a number of veteran activities for two support groups and have thoroughly enjoyed them.”

The experiences across services were inconsistent, with the quality and effectiveness significantly varying between providers. 2 individuals had both positive and negative experiences, depending which service they accessed. One individual described a family members experience as unhelpful and dismissive. Furthermore, 2 individuals stated that services were “found by chance”, highlighting that access to support may be difficult or unclear.

> “Some good some bad.”
>
> “Family member accessed combat stress due to a mental health breakdown. This wasn't a good experience as they weren’t interested in helping him. He wanted to go on the housing list but was refused this.”

> I attend the BFCCT. I’ve been coming here for 12 months. I found out about this by pure chance, signposted by the veterans club at Cleveleys. These groups are fantastic.”
>
> “Minds Matter- useless, Op Courage amazing.”

2 participants highlighted gaps in continuity, inclusion and coordination. Issues such as feeling excluded from some groups, having to repeat traumatic histories across services, and fragmented care were described.

> “I felt no acceptance by the group as it appeared to have its own little clique.”
>
> “NHS and dentist were problematic and this needs to be addressed asap. To have to constantly repeat my history, including diagnosis of PTSD and associated traumas isn't healthy.”

If comfortable, please share the reasons for you not accessing services or support/social groups? Are there any barriers?

Perceived lack of need for support

9 respondents reported not accessing services because they did not feel a need for support, often due to having stable employment and housing. Overall, for many respondents, service use appeared to be shaped more by a lack of necessity, rather than the presence of significant barriers.

"No barriers, not really needed any."

"We haven't needed them and don't currently face any issues that require support."

"No needs identified but aware of others who have."

"Support not needed by myself. I was lucky enough to find full time paid work when leaving the forces and also had my own home in place."

Lack of awareness

7 individuals highlighted a lack of awareness of the services and support available to the Armed Forces community. Many individuals reported not being informed about available support, either during their time in service or after leaving, and felt that services were not well promoted. As a result, individuals were often unaware of what support existed, where to find it, or how to access it, limiting their ability to engage, even when services may have been beneficial to them and their families.

"The services are not publicised enough so we were not aware of them in the past."

"I wasn't aware of any support/social groups that would benefit my family."

"Didn't know about any, I wasn't told about any from my unit nor were any advertised."

"I'm not fully aware of any groups I could attend."

"Many people simply don't know what services are available, where to find them, or how to access them."

Accessibility

6 individuals reported that support groups were not locally based, required significant travel, or were scheduled at inconvenient times, which some found challenging. This suggests that even when support is available, factors such as location, timing, and ease of access can prevent people from attending and benefiting from these services. There were also suggestions for closer collaboration between services across Blackpool and the Fylde to help ensure more coordinated and tailored support for the Armed Forces community.

> "Didn't know of any local groups."
>
> "Meetings too early in the morning for my dad or too far."
>
> "They aren't local to me."
>
> "They are either to early in the morning or too far too where I live. Mornings are a struggle."

Attitudes

A small number of respondents highlighted that personal attitudes and perceptions can act as a barrier to accessing support. Some individuals associated attending groups with weakness or felt a sense of pride that discouraged them from seeking help. Others reported feeling unwelcome or feared being judged or labelled, which further limited engagement. Additionally, some respondents felt their problems were not "serious enough" to justify seeking support, leading them to avoid services.

> "Scared to even look. And being labelled."
>
> "Some may feel they don't deserve support, that their issues aren't "serious enough," or that pride prevents them from reaching out."

> "I would also consider it weak to attend a social group or anything like that."
>
> "Don't go to breakfasts as not made to feel welcome."

Lack of personalised support

2 respondents highlighted a lack of personalised support for individuals transitioning out of the Armed Forces. Support was described as standardised or a "tick-box" exercise, with limited consideration given to individual circumstances, such as housing or specific needs during the transition to civilian life. As a result, some individuals reported feeling left to "figure things out" on their own, without tailored guidance on areas such as mental health, employment, or benefits.

> "My dad was a Northern Ireland veteran, there was no support when he came to "civvy street" and I know his wish would be for better support for armed service. He saw many of his friends fall victim to alcohol or drug addiction in an attempt to block out the "shell shock" and eventually lost friends who were unfortunately lost in the system. There was no support, no help and no transition. Unfortunately it seems north's changed."
>
> "Support provided for the family member was not personalised. It was like a tick box on the army's side of "well we have given them the standardised national mental health support." There isn't anything personalised to it - it would be good if they actually looked at where the individual will be residing once left the army, and provide LOCAL support for all aspects of mental health support, benefit entitlement, next steps for civvy life, how to get a job when transitioned into "normal life". Otherwise they're just left to 'figure' it out."

What have been the main challenges you have faced as a member of the armed forces community in Blackpool?

Lack of social contact/support groups for the Armed Forces community

11 individuals reported their main challenge as a lack of accessible and inclusive social support for the Armed Forces community in Blackpool, leading to isolation and difficulty connecting with others who have served. Existing veterans groups were seen as generally positive, but some felt these were often focused on older veterans, with limited provision for younger veterans, and a lack of evening or locally accessible activities. There was also low awareness and understanding of available services, particularly for complex issues and specific support needs such as dementia care, gambling related harms, and domestic abuse.

> "Lack of social contact with others who had served."
>
> "My dad has dementia - he served for 22 years in the army - struggling to access any additional support for veterans with dementia - he is a very proud man with a strong military background and would not want to go to generic groups/support sessions."
>
> "Not knowing about support service that are out there. GP not always understanding what it's like to be a veteran and the health issues they face."
>
> "There's nothing for the younger veterans (I.e. up to 40yr) yes there are breakfast clubs and football. But no evening social events."
>
> "Lots of moves so affects my notice period. I'm now agency as i can't hold a permanent job due to frequent moves. i have lost my pension/ick and holiday pay as a result. As lots of things are in house the army doesn't really 'get' DV, gambling or alcohol issues and my experience of the battalion welfare service was poor. lack of knowledge especially with DV and tend to favour the serving person (offender) more than the victim."

Transitioning into civilian employment

5 respondents shared their experience with transitioning into civilian employment, often facing barriers, despite having extensive skills and experience. Participants reported that military skills were often undervalued or misunderstood by civilian employers, with some feeling their experience was not accepted, or even perceived negatively.

A significant issue was the lack of transferability and accreditation of military qualifications, making it difficult for veterans to access appropriate roles. In addition to this, the long notice period required to leave the Armed Forces (up to 12 months) created challenges in securing employment, as many employers were unwilling to wait. Feedback noted that these factors often led to periods of unemployment or financial insecurity during transition, with some individuals coming close to relying on benefits.

"People didn't accept me due to my skill set. I think they felt threatened. I found this quite surprising. I ended up at BAE as I could fix aircraft and they welcomed me in. I learnt so many skills in the army and civvy life didn't want this."

"They weren't interested and left him. I was training in the military and gained multiple qualifications through this and when i came out of the military, my qualifications were not accredited or transferable to careers in civilian life."

Mental health and access to support

5 respondents reported challenges managing mental and physical health issues, often alongside a lack of clear support pathways. Many reported not knowing where to go for help, as well as feeling that their service history was not always recognised or understood. Experiences of PTSD and declining health were highlighted, alongside difficulties adjusting to civilian life. In particular, the transition from a highly connected military environment to civilian settings led to feelings of isolation, where individuals no longer had the same peer support, and often felt unable to open up due to stigma. Some also described challenges in switching off from work and taking time off, with concerns about mental wellbeing when not occupied.

"Time off, when I first went on annual leave I found it really difficult to stay on leave and actually just have time off, it's like I didn't want to switch off from work because I'd be worried where my head would go. In the Army you are with peers and friends 24/7 whereas when you're in civilian jobs you don't have that and you can't turn to anyone because you feel weak. Then you end up just spiralling and it's hard to bring yourself back."

"Mental and physical health issues. No real identification of my RAF service."

"PTSD."

"Now my dwindling heath."

"Knowing where to go for help."

Limited support for families living offsite

4 individuals highlighted is the lack of support for families living offsite, leading to isolation and reduced access to welfare services. Families who were geographically separated due to postings reported losing access to on-base support, activities, and community networks, making it harder to stay connected to military life.

Married unaccompanied families in particular felt excluded and unsupported, with limited opportunities for family-focused events. This was accompanied by a lack of awareness of off-base support networks, leaving many unsure where to turn for help. For those with children, especially with additional needs, individuals shared the challenges of managing work, childcare, and family life being overwhelming. Limited partner presence due to postings or deployment placed an additional strain on wellbeing and relationships.

> "Lack of family events. We are a married unaccompanied family and don't feel involved with army life as my husband is based in Catterick."
>
> "It is isolating as we no longer live on the barracks. My husband is currently posted to Catterick, and I live in Great Eccleston with our 3 children (2 of which have SEN). He returns home at the weekend or when he can. We no longer have welfare support or access to activities that welfare offered when we lived on Weeton Barracks."

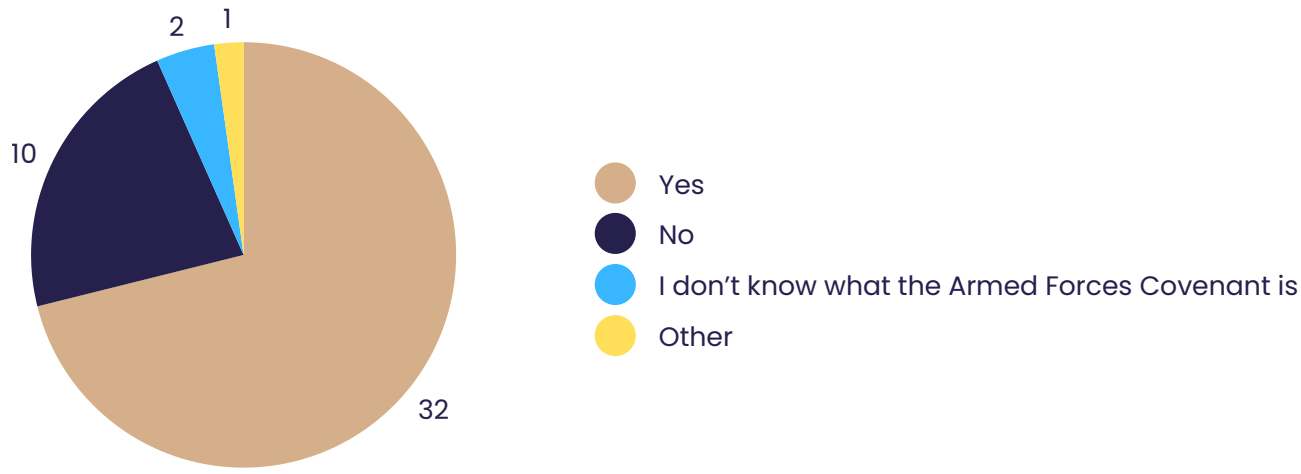
> "Managing life as a full time working mum with minimal support. My partner has been based in Surrey for the past few years and will continue to be for the foreseeable future, so he is only able to come home to Blackpool on weekends when possible and when not deployed. As I'm fortunate to have my own home, family, and established life here, I've never lived on camp and do not intend to. Because of this, I'm not aware of any off camp support networks or social groups available for families or partners. It can be overwhelming and lonely at times, trying to balance everything on my own, and it can occasionally put pressure on our relationship."

Other

A small number of additional challenges were identified, most notably housing difficulties, including long delays in securing accommodation after leaving service. There were also mentions of limited awareness and understanding within the local community about the needs of the Armed Forces community.

> "Housing! Still haven't been housed after 13 years!!!!"
>
> "Housing I have challenges."
>
> "Getting the message across to the Blackpool community."

Are you aware of the Armed Forces Covenant and the organisations who are signed up to it?



Other includes; "Yes I am part of Blackpool's and sit on the committee due to work."

How do you think we could best support you, the veteran community, help veterans connect, and/or better support one another?

Strengthening communication and support pathways

17 individuals emphasised the importance of better outreach and clearer navigation of services available within the local area. Whilst many respondents were aware of existing social groups, there was uncertainty around what additional support is available, with several noting that information is not consistently or effectively promoted.

Respondents suggested that outreach could be more coordinated and visible, with clearer guidance on where and how to access support, particularly at key transition points, such as leaving the Armed Forces. Ongoing contact, such as regular check-ins, were also identified as a way to maintain engagement and ensure individuals remain aware of services over time.

> "There is a lot of support for veterens, my understanding is they are potentially not aware of it so outreach perhaps needs to be professionalised between services."
>
> "Information on who and where to get help when you leave the armed services and keeping contact with these veterans or current serving personnel probably every 6 months."
>
> "Easily accessible organisations and helping veterans be more aware of the support that is out there."
>
> "Improved community awareness"

Need for increased outreach and community spaces

11 participants emphasised the importance of increased outreach and engagement activities. They expressed a desire for more social opportunities, as well as the development of a central, dedicated space where veterans can meet, access information, and connect more easily with one another. Responses also highlighted the value of existing initiatives, alongside a perceived gap in wider provision and support capacity.

> "If the breakfast clubs weren't around, there would be nothing. We need to get veterans involved in something."
>
> "A central point to go to for support."
>
> "Blackpool needs more veteran outreach support workers."

Improving support during transition to civilian life

9 participants identified the need for earlier access to support during the transition from the Armed Forces to civilian life. Respondents felt that support should be introduced at an earlier stage to help reduce the challenges associated with leaving service and adjusting to civilian life. There was a clear sense that the transition period can be difficult to navigate without practical, hands-on guidance. Participants highlighted the importance of tailored, one-to-one support with tasks such as CV writing, accessing housing, and locating essential services.

> "Veterans have been mothered their whole career, they need guidance, someone to physically sit with them and help fill out CVs, housing forms, food bank location."
>
> "More support around transition from army to civilian lie."
>
> "Nothing prepares you for civvy life where you think you don't fit. You have to try and adapt. You jeopardise your first few jobs trying to adapt."

Supporting families and loved ones

8 individuals raised concerns about the limited support available for family members. Respondents suggested that support services should fully consider the needs of families, acknowledging their important role in the overall wellbeing and transition of veterans.

> "Just a coffee and chat we have all of this in Fylde but I no many fellow veterans and families in other areas that have no support."
>
> "Families/partners to connect before problems arise, not just in crisis."
>
> "Host events/group specifically for partners/families, including those who haven't lived on camp."

Building trust through veteran-specific support

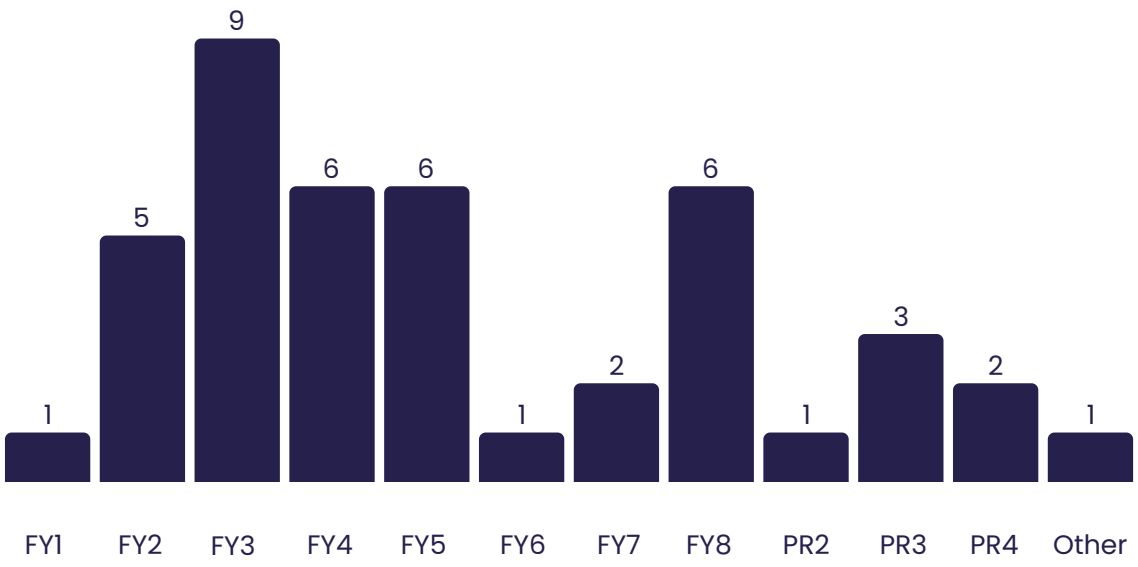
Additionally, 6 respondents highlighted that veterans may view themselves as fundamentally different from civilians, and can be distrustful of mainstream services. This presents clear challenges in terms of engagement and trust. Participants suggested that veteran-specific and peer-led approaches may be more effective in building trust and encouraging engagement with support services.

> "They need to be advertised on social media because that what everyone looks at but they need to not be called anything like social groups or something that sounds like it comes with an issue like mental health."
>
> "The wording needs to target us and we will come."

> "Many veterans miss the sense of camaraderie and shared purpose they had during service, so providing space's."
>
> "We are not unique in our life but we are very untrusting of those outside of our tribe."

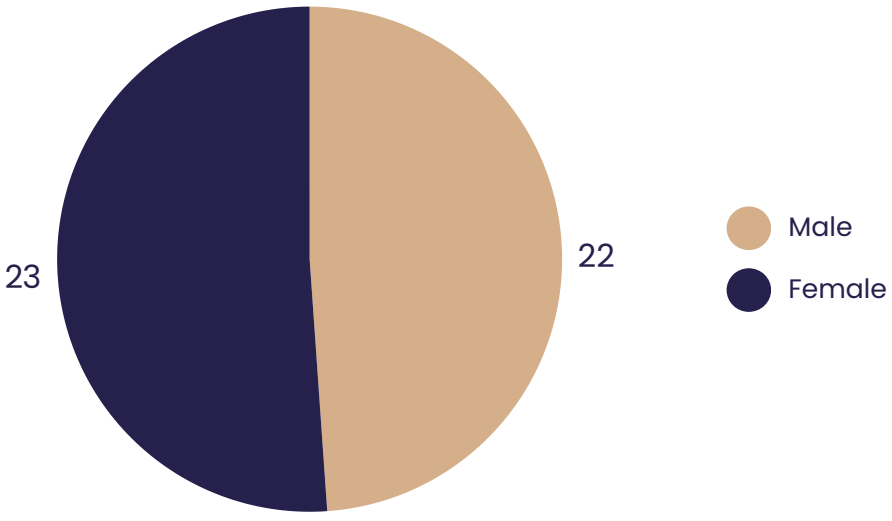
Demographics

Please enter the first half of your postcode: e.g. FY2

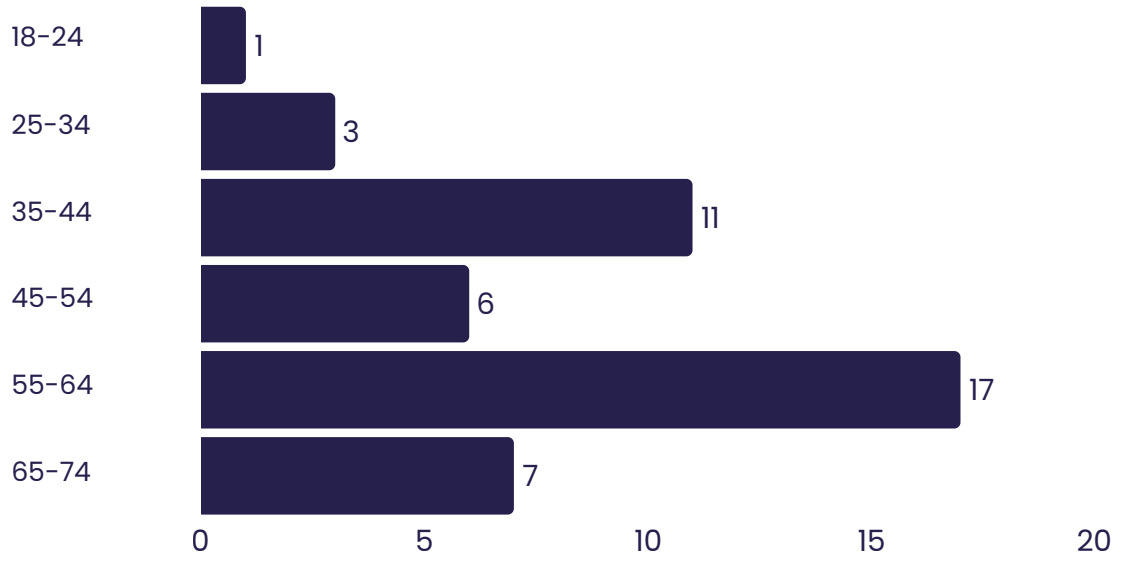


Other includes; "BB11."

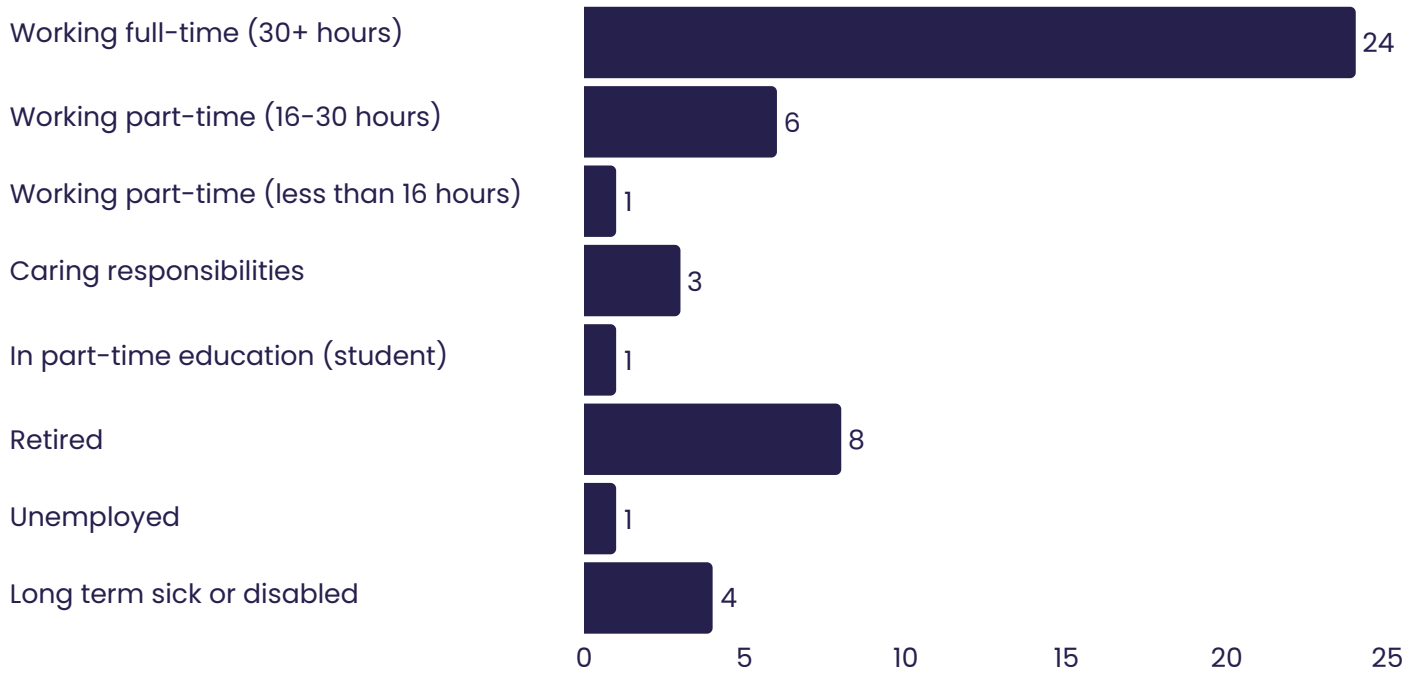
What gender do you identify as?

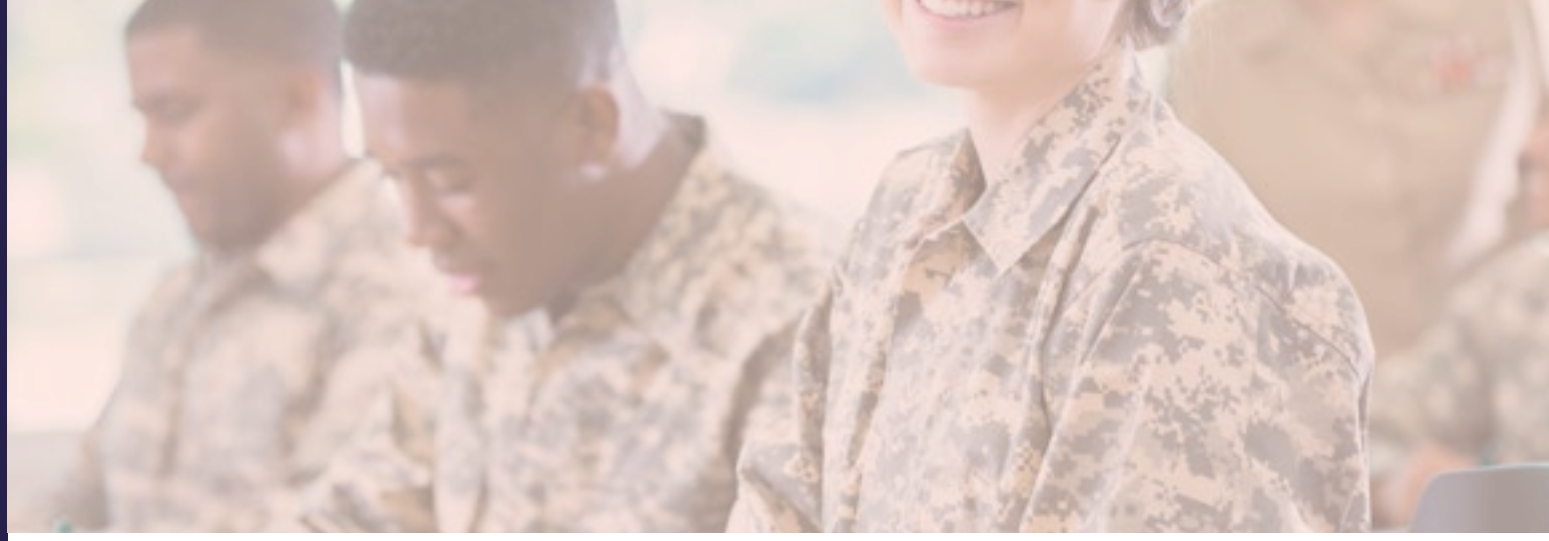


How old are you?



What is your employment status? Please select all that apply:



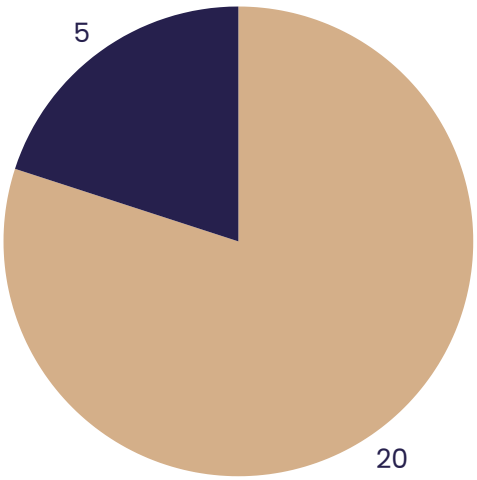


Listening to partners and providers:

Supporting our Armed Forces Community

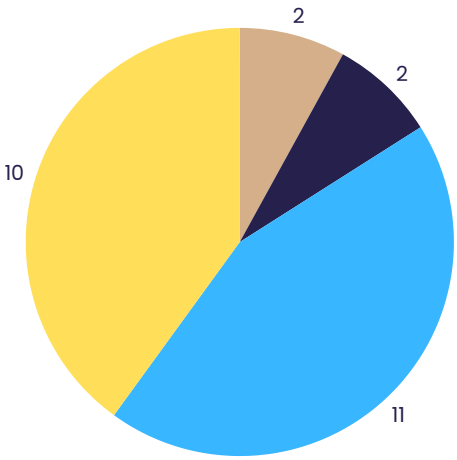
Survey Findings

What sector are you in?



- Public sector - e.g. NHS, local authority worker, education, social services, etc.
- Voluntary Community Faith and Social Enterprise Sector (VCFSE) - e.g. charities, church groups, etc.

What is the size of your organisation?



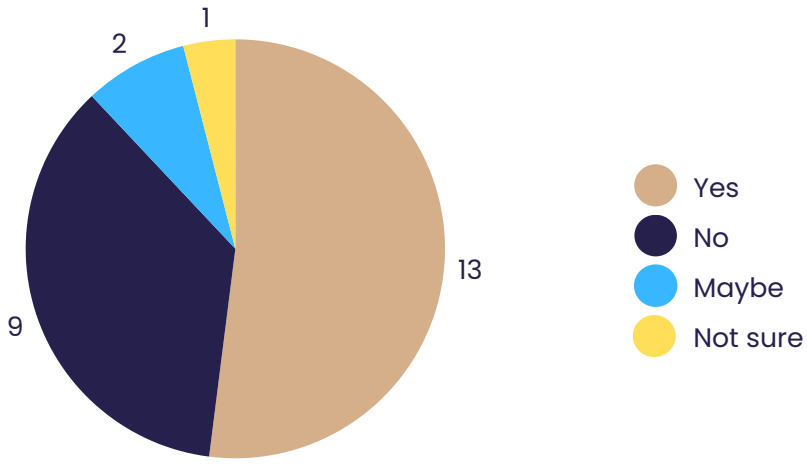
- Mico organisation (Less than 10 employees)
- Small organisation (10-49 employees)
- Medium Organisation (50-249 employees)
- Large organisation (250 employees or more)

Which of the following best describes your role?

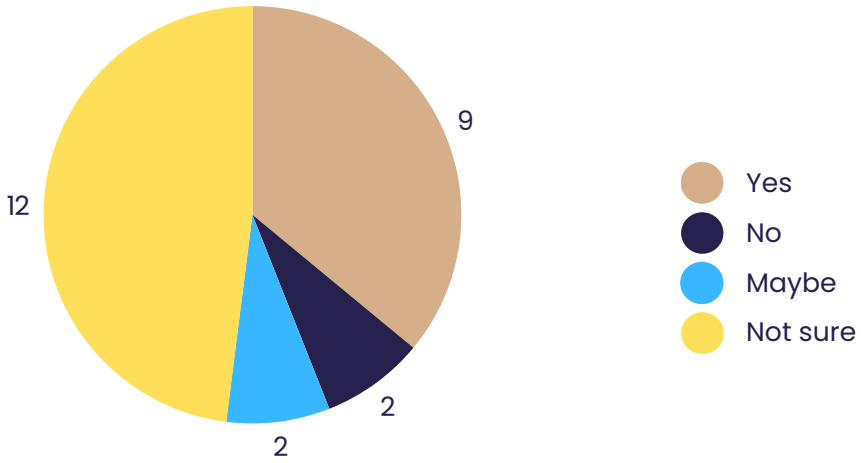
Other includes; "Student nurse."

Are you aware of the Armed Forces Covenant?

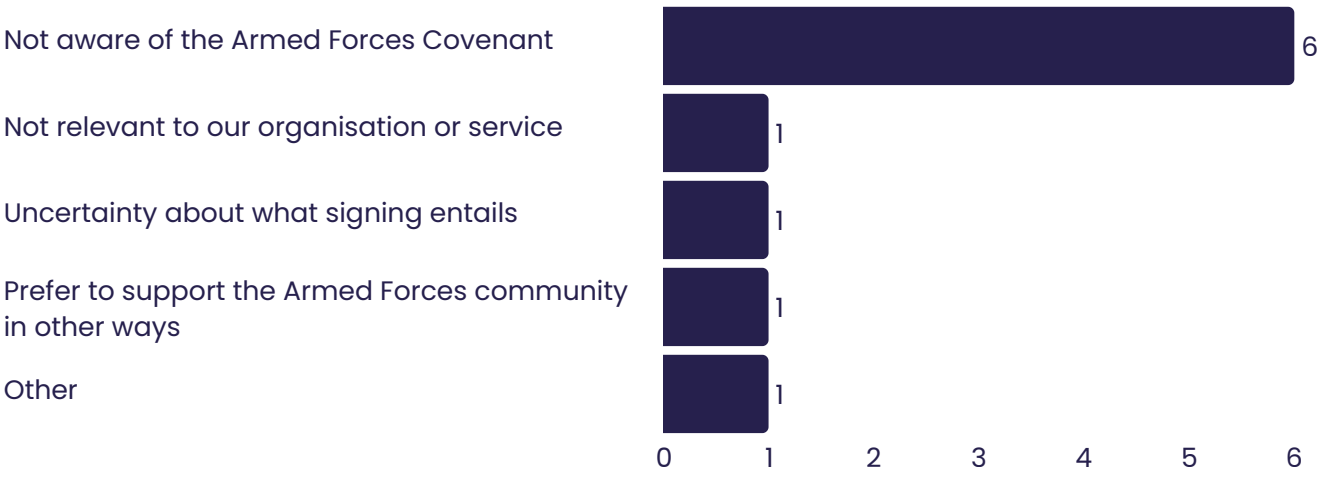
The Armed Forces Covenant is a promise made by the organisations to acknowledge and understand the unique sacrifices made by members of the armed forces, including regular and reserve personnel, veterans, and their families. It aims to ensure that they do not face disadvantages compared to other citizens in accessing public and commercial services.



Has your organisation signed the Armed Forces Covenant?

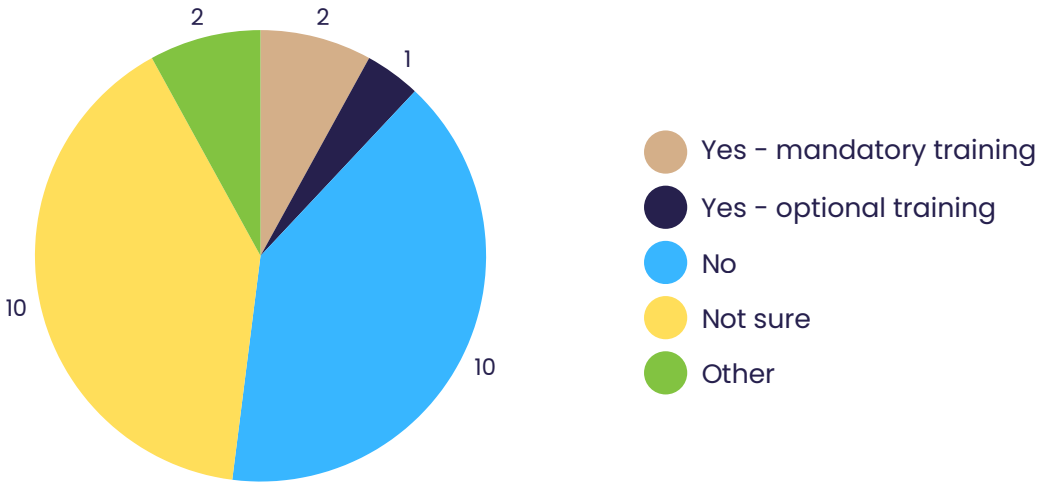


If no, what are the main reasons for not signing this? Please tick all that apply:



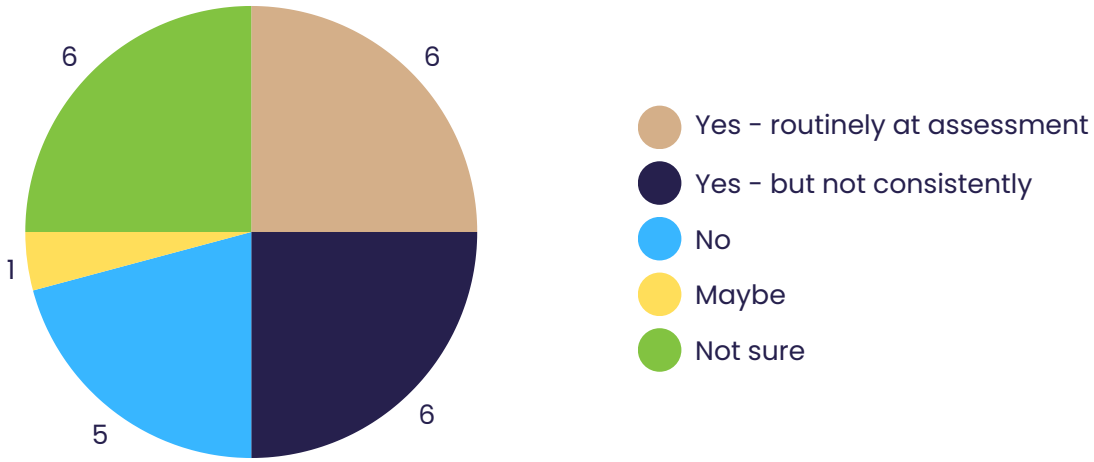
Other includes; "Ongoing plans to sign up."

Are staff within your organisation trained in Armed Forces awareness or the Armed Forces Covenant?



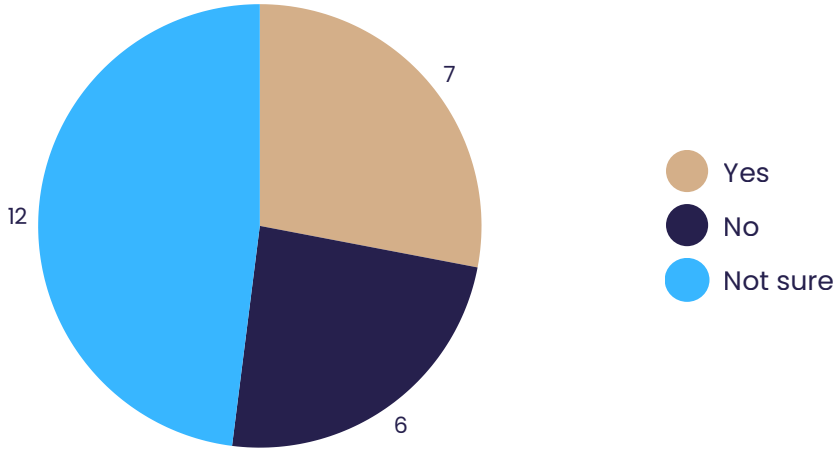
Other includes; "We have some training. We believe in the ethos and want to help and do support. But we need you in surgeries to promote and help us," and "we have a veteran Champion who delivers training."

Does your service currently identify whether a person is a member of the Armed Force community when offering support?

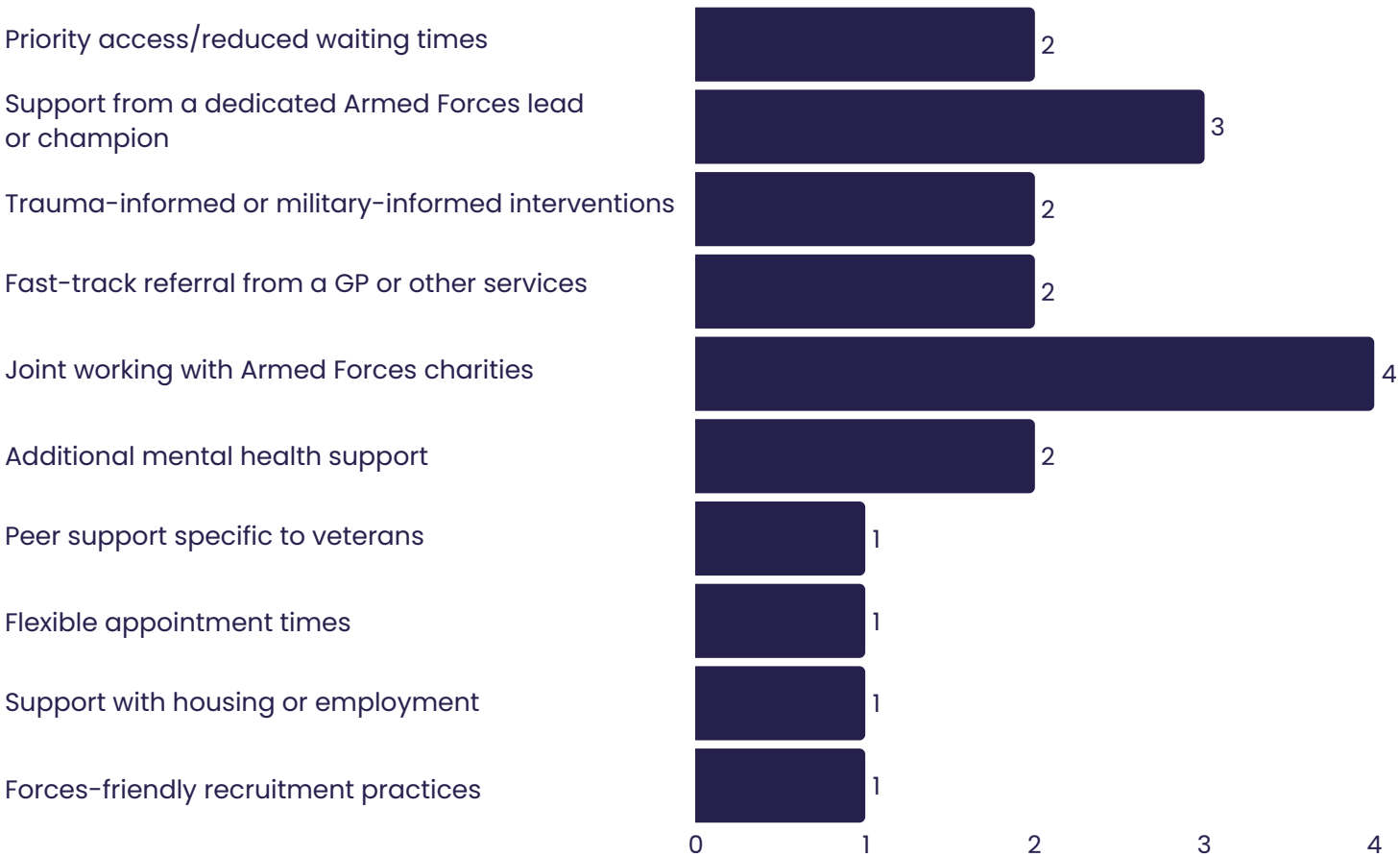


Do members of the Armed Forces community receive an enhanced offer within your organisation?

Enhanced offer refers to any additional or specialised support services, or provisions provided specifically for the Armed Forces community that go beyond what is normally available to the general population.



If yes, what does the enhanced offer include? Please tick all that apply:



Please describe what this enhanced offer looks like in practice:

Priority access and fast-tracked care

3 respondents shared that their organisations 'enhanced offer' focuses on priority access and fast-tracked care. They highlighted that a referral ensures that individuals within the Armed Forces community receive a "priority pathway," as well as being placed at the top of waiting lists, with an appointment being offered within 6 weeks. Other participants reported that assessment and treatment can be offered significantly earlier compared to members of the public.

"Armed forces referrals receive a priority pathway and are placed at the top of waiting lists. They receive assessment and treatment earlier than regular members of the public."

"We offer an appointment as quick as 6 weeks."

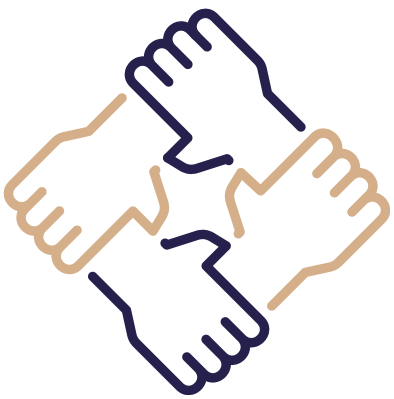
"Placed up into the waiting list."

Specialist and tailored support for veterans

Participants shared that they liaise with providers such as Combat Stress, as well as signposting to other services that offer unique support to veterans. 1 respondent highlighted that they can refer into project NOVA to ensure individuals access the most appropriate and tailored support.

"We liaise with specialist providers (Combat Stress) as required and signpost to other services that offer unique support to veterans."

"Referral to project NOVA if requested."



Community and peer support

1 respondent highlighted the importance of a sense of community and peer support, facilitated through regular engagement opportunities, such as weekly coffee mornings at Weeton Barracks and Weeton Youth Club. These sessions were described as providing a welcoming space for connection, conversation, and shared understanding of Armed Forces lived experience.

A range of group based peer support activities were also noted, including veterans' football, NAAFI breaks, breakfast events, and Walk and Talk sessions. These activities help to facilitate social connection, reduce isolation, and build supportive networks through shared experiences.

> "Weekly support at Weeton Barracks coffee morning and Weeton Youth Club."
>
> "Group peer support activities: Veterans Football (every Monday, 20:00-21:00), NAAFI Break (games morning), 2 monthly breakfast mornings, Walk and Talk."

Other

Additional support needs were identified in relation to wider wellbeing and life beyond military service. This included a focus on employability support to help veterans build skills and access pathways into work. Alongside this, one-to-one mentoring for ex-service personnel were highlighted as particularly valuable, offering personalised guidance to support both health and wellbeing. Overall, respondents emphasised the importance of a holistic approach to care that supports individuals throughout their transition to civilian life.

> "One-to-one mentoring for ex service personnel designed to support their health and wellbeing."
>
> "Employability support for Veterans."

How does this enhanced offer differ from standard provision available to the wider population?

Of the 5 respondents who shared their insights, the 'enhanced offer' was seen to differ from standard provision, mainly in terms of faster access, more tailored support, and the way services are delivered.

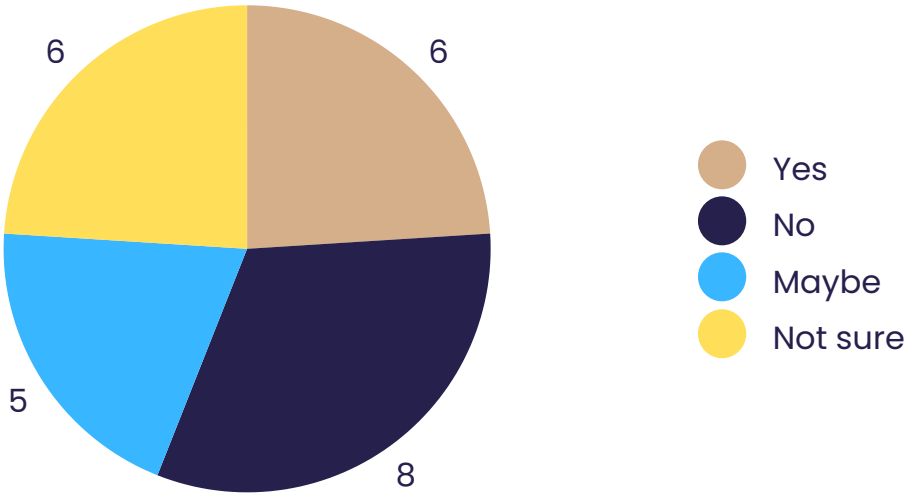
Respondents highlighted that veterans are often prioritised, placed at the top of waiting lists, and are able to begin treatment much more quickly. 1 individual shared that support is led and designed by ex-service personnel, bringing a deeper understanding of the needs of the Armed Forces community.

Despite this, 1 respondent noted that not much is offered, however inclusion of trauma-informed therapy is utilised.

> "Unfortunately other patients can wait up to 9 months with the current demands on the service."
>
> "Specific to armed forces (past and present)."
>
> "Support is led and designed by ex service personnel who understand the specific needs of the Armed Forces community."

> "Faster access to mental health services - veterans are automatically placed at the top of any waiting list and offered a treatment plan to commence immediately."
>
> "Not much, some trauma informed therapy."

In your professional view, is the current offer sufficient to meet the needs of the Armed Forces community?



Please provide further information if comfortable:

Professional views were mixed. Only a minority (8 individuals) felt that the current offer is sufficient, whilst most responses fell into "no," "maybe," or "not sure," indicating a lack of confidence and clarity. Overall, feedback suggests a system with positive intent, but one that lacks consistency, capacity, and clear access, resulting in support that is valued but not fully sufficient. Whilst there was clear individual and organisational commitment to supporting the needs of the Armed Forces community, limited resources and capacity continue to constrain the overall effectiveness of provision.

> "As an British Army Veteran myself, I champion where I can for other Veterans who require some assistance."
>
> "Our service does help Ex service personnel as part of our every day service, and due to the nature of how we work we accommodate people according to their needs anyway so we would do this automatically."
>
> "We have about 160k patients in Blackpool. Yes, we do commit to support but our resources are restricted."

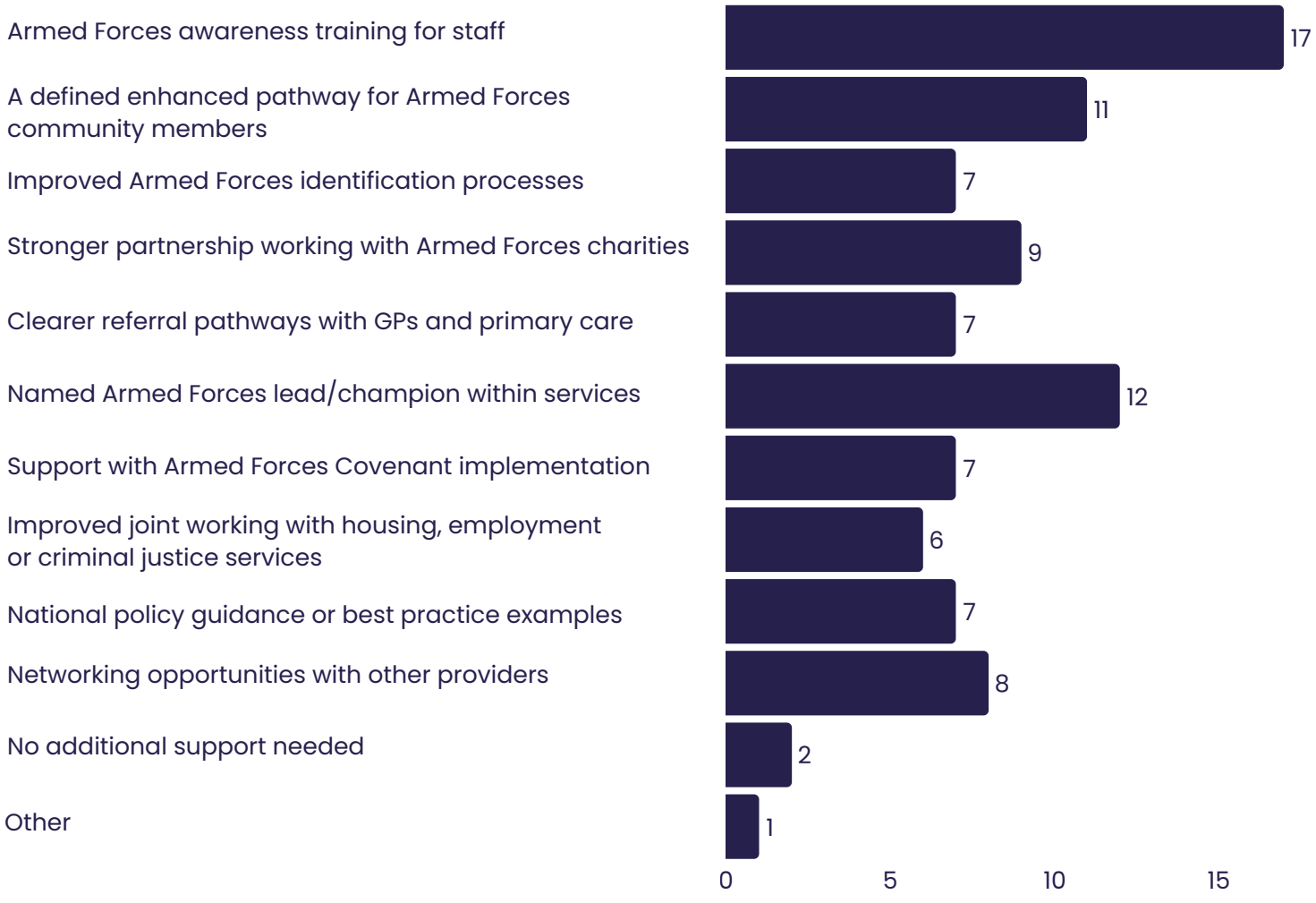
Some support was perceived as inconsistent and misunderstood. There was clear evidence of unmet demand and limited engagement, reinforcing the view that the current provision is insufficient and in need of improvement.

"I am ex forces and believe there is an interview guarantee for people who are ex armed forces. Not sure if any other offer is in."

"The offer made to veterans is good, but could be improved. We're trying to manage huge waiting lists and it feels the veterans aren't given enough time or longevity to really help them. Also, I'm sure that there's many, many, more veterans that don't ask for the help they need, and staff lack knowledge surrounding clear pathways and access to appropriate sectors/services."

"We had a veterans champion who we employed with lottery funding but this was only for a year the lead provider did not continue with the offer despite us showing evidence there was a need and still our champion employed in a different role still receives emails or referrals for Vets and the armed forces charities he has links with."

Could any of the below help your organisation do more to support our Armed Forces community? Please tick all that apply:



Other includes; "All of the above but with a realistic expectation of what we can shave off one service for another."

Do you have any additional comments you would like to share?

A few respondents provided a range of additional comments, highlighting both existing initiatives and areas for improvement. 1 respondent noted their own experience as a British Army veteran, whilst another described a volunteer group of veterans supporting the Fylde Memorial Arboretum, expressing an interest in increasing veteran participation to strengthen peer support. Awareness of ex-forces groups in Blackpool was reported as limited, though some organisations had a designated Military Veteran Champion. Several respondents also emphasised the need for greater knowledge and training to better support the Armed Forces community.

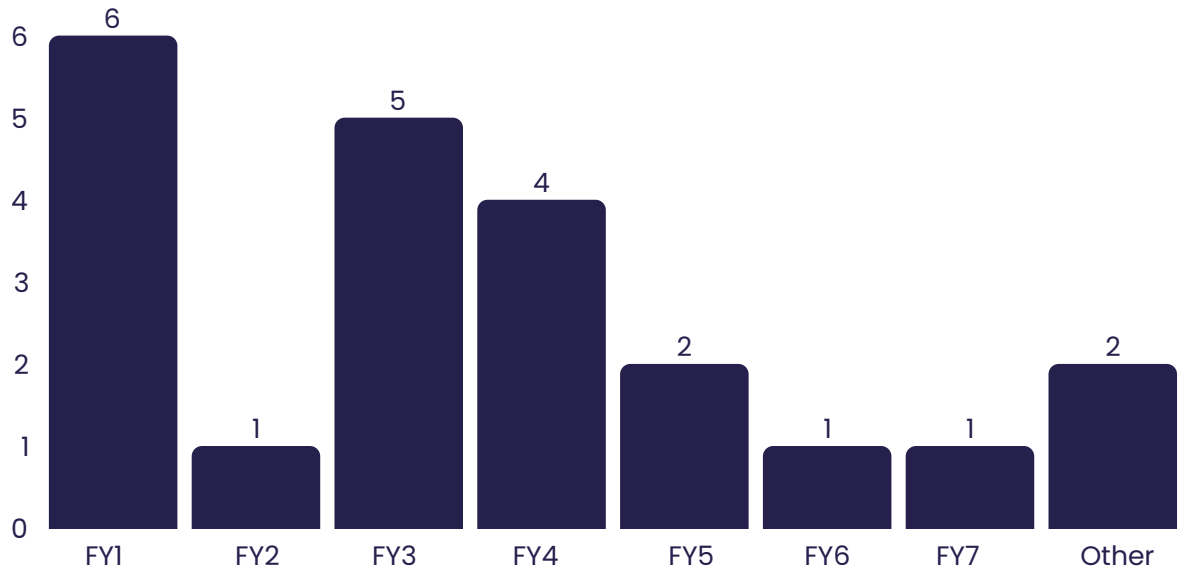
"I am the community Engagement Officer for the Parks Team at Blackpool Council and we do have a volunteer group of veterans that look after the Fylde Memorial Arboretum and will be great to have more veterans down there together supporting each other."

"I'm not really sure of any ex forces groups that are available in blackpool."

"We need more knowledge training around it."

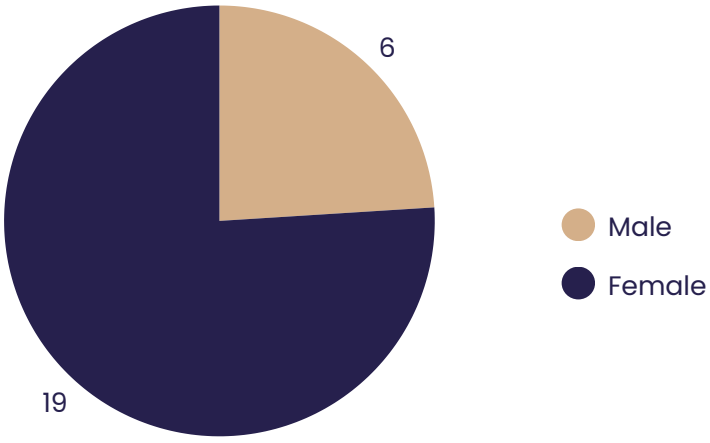
Demographics

Please enter the first half of your postcode: e.g. FY2

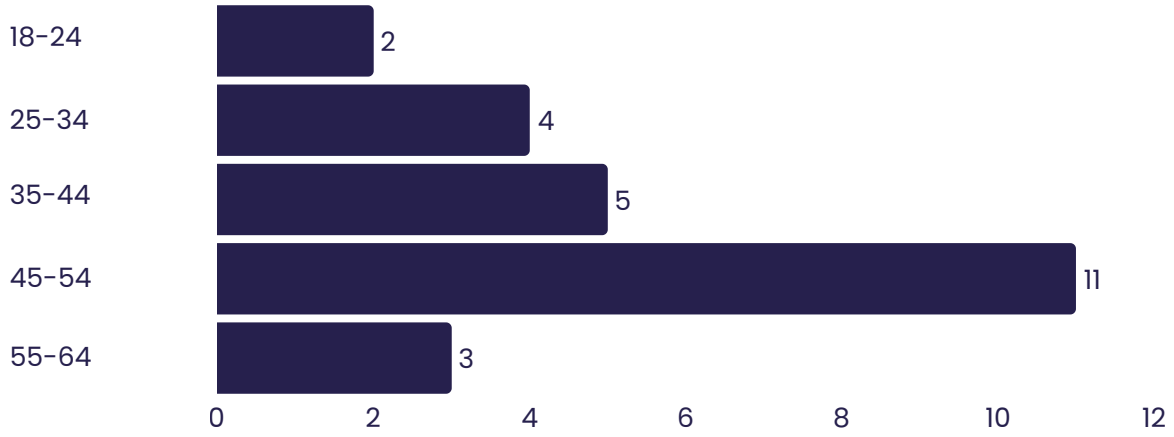


Other includes; "PR4," "M47HY."

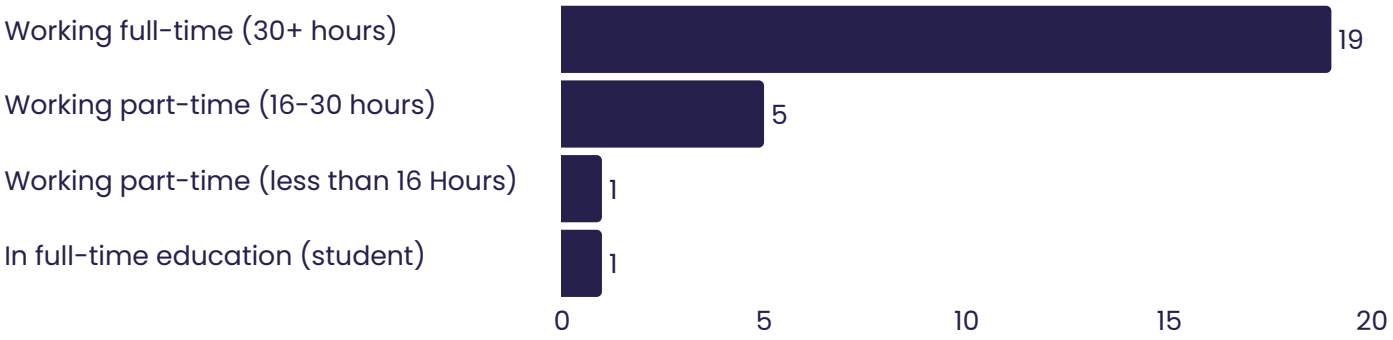
What gender do you identify as?



How old are you?



What is your employment status? Please select all that apply:



Conclusion

Listening to our Armed Forces Community

Feedback from members of the Armed Forces community highlight a complex and often inconsistent experience of accessing support within Blackpool. Whilst there are clear examples of supportive provision, particularly through peer support groups and community based activities, these are not experienced consistently. Instead, access to support is often shaped by awareness, location, timing, and individual circumstances, rather than through a clear and coordinated system.

Key challenges identified include limited awareness of available services, with many individuals unsure what support exists, how to access it, or where to go for help. Accessibility also remains a significant barrier, with services not always locally based or offered at convenient times, restricting engagement, even where provision exists. In addition, there is a lack of accessible and inclusive social opportunities, particularly for younger veterans, contributing to isolation and difficulties in building connections.

The transition from military to civilian life remained a key area of challenge. Respondents described a lack of early, tailored support during this period, alongside challenges in securing employment, due to difficulties translating military skills and qualifications into civilian roles. Long notice periods for leaving service and limited employer understanding further emphasised these issues, sometimes resulting in financial insecurity. Experiences of mental health support were also mixed, with some individuals reporting difficulties navigating support pathways, feeling misunderstood, or lacking recognition of their service-related experiences.

A strong theme was the importance of community, identity, and trust. Many described losing military camaraderie and struggling to adapt to civilian life, leading to isolation. Distrust of mainstream services and stigma around seeking support were common, with suggestions that veteran-specific or peer-led approaches could improve engagement. Families and partners, especially those living offsite, were often overlooked and faced isolation, limited support, and added pressures around childcare and wellbeing.

There was a clear call for improved communication, outreach, and coordination across services. Respondents highlighted the need for clearer pathways into support, more consistent promotion of available services, and ongoing engagement, particularly at key transition points. Increased outreach activity, alongside the development of central, accessible community spaces, was seen as essential to improving connection and support.

Overall, the findings highlight the need for a more visible, accessible and coordinated system of support. This should include earlier intervention during transition, greater collaboration between services, and a stronger focus on person-centred approaches that recognise the diverse needs of the Armed Focus community and their families.

Conclusion

Listening to Partners and Providers

Insights from partners and service providers reflect a system that is committed to supporting the Armed Forces community, but faces notable challenges in consistency, capacity and clarity of delivery. Whilst examples of good practice exist, such as priority pathways, veteran specific interventions and partnership working, these are not embedded uniformly across organisations, resulting in variation in both awareness and provision.

A key theme in the findings was inconsistency. Awareness of the Armed Forces Covenant, staff training, and identification processes varied widely, limiting services' ability to effectively recognise and respond to community needs. Armed Forces training was often optional or unavailable, with most respondents reporting "no" or "not sure" about whether staff had received it. Although some organisations had signed the Armed Forces Covenant, gaps in staff knowledge revealed a disconnect between commitment and practice. Whilst some offered an 'enhanced' service, there was no shared definition, and in many cases, it differed very little from standard provision, often only providing faster access rather than tailored support.

Capacity constraints and competing service demands were also highlighted as barriers, with providers acknowledging that whilst intent and commitment was strong, resources are often insufficient to meet demand or deliver sustained and specialist support. This was further compounded by unclear referral pathways, limited data collection, and gaps in partnership working, which can lead to fragmented support and missed opportunities for early intervention.

Importantly, there was recognition across the sector of the need for a more coordinated, system wide approach. Providers identified opportunities to strengthen training, improve identification, enhance collaboration, and develop clearer, more consistent pathways of support. There was also a growing understanding of the importance of holistic care that moves beyond standardised approaches, to better reflect the lived experiences of the Armed Forces community.

Overall, partners and providers described a system whereby commitment to supporting individuals is strong, but delivery remains inconsistent across services. Whilst examples of effective practice are evident, these are not consistently embedded, leading to variation in awareness, identification, and the support offered across organisations. Differences in understanding, particularly around what constitutes as enhanced provision, further contributes to a lack of clarity and consistency. This presents a clear opportunity to strengthen a system wide approach, improve collaboration, workforce capability, and ensure support is responsive to the diverse needs of our Armed Forces community.

Recommendations

The following recommendations have been formulated, based on feedback from our **Armed Forces Community**.

Strengthen awarenessess of local support services

- Develop a coordinated, system-wide communication strategy to ensure that members of the Armed Forces community are aware of what support is available, how to access this, and where to go for help. This should include consistent messaging across community, healthcare and digital platforms, in an accessible format.

Establish holistic navigation and advocacy as a core offer

- Establish Empowerment Charity as a dedicated, trauma-informed navigation and advocacy service for the Armed Forces community, providing a consistent and trusted point of contact through long-term 1:1 support. This should begin prior to discharge and continue into civilian life, helping individuals navigate housing, healthcare, mental health, benefits, employment, and criminal justice systems, whilst reducing repeated storytelling and preventing people from falling through gaps.
- Enhance transition support by introducing earlier and more continuous engagement, before and after discharge. This should focus on practical preparation for civilian life, sustained follow-up, and targeted support to reduce risks such as homelessness, unemployment, mental health deterioration, and involvement in the criminal justice system.

Expand community-based provision

- Increase the availability, accessibility, and inclusivity of locally delivered provision, including evenings and weekends, to enable meaningful social and community-based opportunities. This is particularly important for reducing isolation and strengthening connection among younger veterans, and those not currently engaged in existing support.
- Provision should be designed and delivered with a clear understanding of military culture and the transition to civilian life, creating inclusive, non-judgemental environments and actively involving veterans and families in service design and improvement.

Expand support for families and strengthen social networks

- Expand support for families and partners, particularly those living outside of military settings, by increasing access to family-focused services, strengthening peer support networks, and adopting a whole-family approach that recognises the wider impact of transition and complex needs.

Recommendations

Improve system coordination and reduce fragmentation

- Adopt a more integrated, system-wide approach to reduce fragmentation and improve continuity of care. This should include clearer referral pathways, defined roles across organisations, and improved coordination/information sharing to ensure individuals receive joined-up support, particularly for those with multiple and complex needs.
- Embed trauma-informed and person-centred approaches across all Blackpool services to ensure support is inclusive, consistent, and responsive to individual needs and lived experience.

Enhance mental health support

- Strengthen mental health support by developing clearer, accessible and responsive pathways that recognise service-related experiences, including trauma and transition challenges. This should include earlier intervention, reduced waiting times, and better integration with wider services such as housing, employment, and community support, as part of a holistic model.

Strengthen pathways into employment

- Strengthen collaboration with employers and training providers to improve the recognition and transferability of military skills into civilian roles. This should include increasing employer awareness of Armed Forces experience, embedding clearer pathways into recruitment and training systems, and acknowledging structural barriers, such as long notice periods, which can contribute to gaps in employment and financial insecurity during transition.

Recommendations

The following recommendations have been formulated, based on feedback from **professionals and service providers** across the public, private, and voluntary sector.

Professionals and service providers highlighted a need to improve awareness, consistency, and coordination of support for the Armed Forces community. Recommendations focus on strengthening understanding of the Armed Forces Covenant, workforce capability, and more consistent, joined-up approaches.

Increase awareness and understanding of the Armed Forces Covenant

- In response to gaps in awareness and inconsistent understanding of the Armed Forces Covenant, there is a need to improve its visibility, knowledge, and application across organisations in Blackpool. Clear guidance and communication should ensure organisations understand their responsibilities and the implications of signing the Covenant, with meaningful action being visible as a result of this.
- Ongoing promotion should be strengthened to ensure the Covenant is embedded within organisational culture and consistently reflected in service delivery, addressing the current disconnect between commitment and practice. Recognition should be given that organisations may be at different stages in their Armed Forces Covenant journey, and help should be provided to embed commitments in a way that is meaningful and achievable. This should include practical tools, guidance, and examples of good practice, enabling services to demonstrate impact in ways that align with their role and capacity.

Develop and strengthen 'enhanced offers'

- Findings highlighted a lack of clarity and consistency around what constitutes as an 'enhanced offer', with provision varying significantly between organisations, often limited to faster access, rather than tailored support. To address this, a clearly defined enhanced offer should be developed and implemented across services, ensuring a consistent, accessible process for all members of the Armed Forces community.
- This should allow organisations to deliver support in ways that reflect their role, resources, and service model, whilst ensuring that provision goes beyond prioritisation alone and includes meaningful, tailored support.
- In recognition of variability in practice, organisations should also consider appointing dedicated Armed Forces leads or champions to provide internal expertise, support staff development, and improve consistency.

Strengthen partnership working

- Stronger collaboration between organisations, including Armed Forces charities, healthcare providers and local services, should be developed to reduce fragmentation and improve coordination.

Recommendations

- Opportunities for networking and shared learning between providers should be expanded to strengthen capacity, improve consistency, and support the sharing of best practice.

Embed Armed Forces awareness in a proportionate and accessible way

- Promote Armed Forces awareness training across all organisations, with a flexible approach that reflects different workforce needs and operational contexts.
- This could include a combination of mandatory baseline knowledge and more targeted learning opportunities, ensuring staff feel confident and well equipped without creating undue burden on services.

Contact Us

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Empowerment Base, 333 Bispham Road, FY2 0HH

Thank You!