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Understanding the Needs and Barriers Experienced by Unpaid Carers of Veterans in England

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ABSTRACT

This paper presents findings from an external evaluation of two projects from a wider national program funded by NHSE/I that sought to understand the needs of unpaid carers in vulnerable communities in order to reduce health inequalities. The two projects focused on in this paper included unpaid carers of veterans in England. Previous research has highlighted specific barriers for this community. However, there has been limited research in this area. This paper reports findings from a qualitative evaluation in which 10 carers who were partners of veterans and 1 carer who cared for a veteran participated. The data presented in this paper uncovered a range of specific needs and barriers experienced by carers, including that members of the veterans community can be reluctant to seek support, caring for the complex needs of individuals in this community, challenges with the transition to "Civvy street," and a lack of understanding of the healthcare needs of veterans. Carers raised the need for further support and also the need to recognize and value veterans within healthcare and well-being services to a greater extent in future. The findings of this paper are particularly timely given the ongoing impact of the cost-of-living crisis on unpaid carers in this community and others. The social harms experienced as a result of these social conditions, including financial, psychological, and physical harms, will be explored in order to raise awareness of the needs of unpaid carers to overcome barriers to accessing support services.

1 | Introduction

An unpaid carer can be defined as follows:

> "anyone—a child or adult—who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid [1]".

According to the recent Census in England and Wales in 2021, 5 million people provide unpaid care to a family member or friend [2]. Carers UK [3] found that the majority of carers are providing care for 50 or more hours a week. The economic value of care provided by unpaid carers in England and Wales amounts to £162 billion a year [4]. Without this huge contribution of unpaid care, the health and social care system would collapse, although many carers still do not feel recognized and supported [4]. A caring role comes with high personal costs, including an impact on relationships, work, finances, and health, with women more likely to be carers and provide more hours of care [3]. Despite this, many carers do not identify as a "carer." as they see their role as part of their relationship with their family member or friend, which can act as a barrier to receiving support [5]. Carers UK [6] reported that the COVID-19 pandemic resulted in millions of new carers, with many providing more care [7]. In addition, the cost-of-living crisis in the UK witnessed since 2022, has raised concerns about the impact of rising costs on unpaid carers [3, 8]. Therefore, given the importance and value of unpaid caring, this paper has national significance in England, and will also have relevance to international audiences, in relation to understanding the experiences of unpaid carers from a specific

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disadvantaged group. This relates to carers of members of the veterans community, with veterans being those who have previously served in the armed forces. This community can face additional disadvantages as a result of the unique challenges of their caring role.

It has been found that 19% of partners of veterans have caring responsibilities, which is higher than the general population at 11% [9]. In addition, the Royal British Legion [10] found a range of difficulties faced by carers in this community. The findings included that caring can have a negative impact on carer health as a result of caring for the complex physical and mental health needs of veterans (including PTSD); that there is a lack of professional awareness and recognition of veteran carers; and that COVID-19 had made the situation worse with an increase in caring responsibilities, coupled with a reduction in support [10]. They concluded that armed forces unpaid carers felt undersupported and unappreciated, more so than carers in the general UK population [10]. It has also been acknowledged that those who have served in the armed forces and their families have a range of specific needs, including an unfamiliarity with civilian life, stress as a result of the sacrifices of service life (e.g., working in dangerous environments), and sudden caring responsibilities of family members as a result of injury [11]. Despite these additional challenges, carers of veterans receive less support than carers in the general population, with one reason being the reluctance to seek support amongst this community [10].

Given the huge contribution made by all unpaid carers, there has been a strong policy focus on improving support and legitimizing the caring role in recent years [12], particularly since the development of the Care Act 2014 in England, which provides a statutory duty on local authorities to support and promote the well-being of carers [8]. A further policy in England and Wales, the Carers Allowance, provides financial support and official recognition of carer contributions and the caring role [13]. There have also been recent commitments from the UK government to improve services specifically for veterans who have previously served and those currently serving in the armed forces. This includes the Armed Forces Covenant ([14], p. 1), which pledges:

> "Those who serve in the armed forces, whether Regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services."

The Armed Forces Act 2021 s.8 introduced a legal duty (the covenant duty) for specified public bodies, including the NHS and local authorities, to pay due regard to the principles of the covenant [15]. Statutory Guidance published by the Ministry of Defense in 2022 [11] outlines good practice for services to meet their legal duty. This is in recognition of the unique sacrifices veterans and those currently serving make, and the fact that members of the armed forces and their families can find accessing services challenging and that families continue to face disadvantage as a result of their career in service relating to healthcare, housing, and education [11]. For example, veterans may experience more delays receiving healthcare treatment and lack knowledge about housing services [11]. The Armed Forces Covenant was created in an attempt to remove these disadvantages.

Despite this attempt in policy, these disadvantages can persist for carers of veterans, with almost half not receiving support in recent years [10]. Cooper [16] argues that a social harm approach is useful to consider the potentially harmful consequences of policy responses that can lead to physical, psychological, and financial harms. These harms are"socially mediated and a result of alterable social conditions" ([17], p. 3). Indeed, it has been highlighted that the social harms generated by these social conditions have had a negative impact on certain vulnerable communities, including carers of veterans [10]. For example, the cost-of-living crisis has had a negative impact on the mental health of unpaid carers in this community [18]. It has also been noted that "in healthcare, veterans and service families might experience more challenges in accessing healthcare, or more delays in receiving treatment, compared to non-service patients" ([11], p. 10). This is in spite of the fact that members of this community and their families face unique challenges, including exposure to violence, short or long-term injury to physical and/or mental health, and unfamiliarity with civilian life [11]. Consequently, the violence of war continues after deployment due to physical and psychological injuries [19].

Therefore, this paper will consider the social harms that are experienced by unpaid carers in the veterans community related to their caring role and subsequent barriers to accessing support. With an estimated 2.4 million veterans in Great Britain [20] and with the working-age ex-service community being twice as likely to be carers than the general population [21], it is vital to gather more understanding of their needs in order to deliver effective services. Despite policy recognition of the challenges faced by carers in this community, it has recently been stated that there is limited research relating to the support needs of unpaid carers of veterans [9]. Therefore, this paper is important to add to this knowledge base. This article focuses on the findings from a national external evaluation of two projects funded by NHSE/I that sought to scope and understand the health and well-being needs of unpaid carers of veterans. This was in recognition of the health inequalities faced by unpaid carers and in light of the NHS Long Term Plan [22] commitment to support carers from vulnerable groups, including the veteran community.

2 | Materials and Methods

The data presented in this paper are taken from a national external evaluation of a set of 10 projects funded by NHSE/I that sought to scope and understand the needs of unpaid carers from a range of vulnerable communities, including Young Adult Carers, Learning Disabilities and/or Autism, LGBTQ+, Gypsy, Roma and Traveler, Veterans, and Drug and Alcohol Dependence [23]. The projects were developed by organizations, including charities working with carers and healthcare providers across England. The authors carried out the national external evaluation of this program, in which 28 carers and 78 practitioners participated overall. The external evaluation, also funded by NHSE/I, aimed to explore the needs and barriers experienced by carers and what matters most to them in relation to the services they access for their health and well-being. This paper focuses on two projects evaluated related to the needs of unpaid carers of veterans, specifically. Within our evaluation of these two projects, 10 carers who cared for and were partners or spouses of a veteran and 1 cared-for person who was a veteran,

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participated, and it is the data from these 11 participants that will be explored in this paper.

The voices and perspectives of participants were central to this external evaluation. Therefore, the approach to our evaluation was qualitative in order to gather the views of unpaid carers. We carried out primary research activities involving qualitative methods consisting of semistructured interviews and self-completed questions. Within this approach, we were flexible with the methods used in relation to whether this was carried out online, by telephone, email, or face-to-face. This was to ensure accessibility for participants and to use the methods that were most comfortable for them. We took the advice of project teams in relation to the most appropriate methods to use in each project with carers. The participants were asked questions about their caring role, the challenges and barriers that they faced, what mattered most to carers to improve their well-being, and what their hopes were for the future. Our external evaluation of Project 1 involved evaluative questions sent via email for carers to provide feedback, and five carers responded to our questions. Our evaluation of Project 2 involved semistructured interviews with three carers face-to-face, one carer, and one cared-for person via a joint online video call, and one carer via telephone. Evaluation data collection took place from February to May 2022.

Prior to data collection, the external evaluation was granted ethical approval by Liverpool John Moores University Ethics Committee (reference: 21/LCP/007). Through the ethical design of our evaluation, we ensured that all participants were provided with a participant information sheet outlining the aims of our evaluation, the voluntary nature of participation, their right to withdraw at any time, and the protection of their data through anonymity and use of pseudonyms, with Carers 1-5 related to Project 1, Carers 6–10 related to Project 2, and cared-for Person 11 related to Project 2. We also confirmed the informed consent of each participant by asking them to complete a set of questions, either verbally or in writing, ensuring that they understood the key points of the participant information sheet and were willing to participate.

The data gathered were audio recorded (with the permission of participants) and transcribed. We carried out a qualitative thematic analysis to identify patterns across the data, including similarities and differences in experience and opinion across the participants within and across sites. We carried out the thematic analysis following Braun and Clarke's [24] six phases involving familiarizing yourself with the data, generating initial codes, searching for themes, reviewing themes, naming themes, and producing the report.

3 | Results

Following thematic analysis of the data, five key themes were identified that related to the specific needs and barriers of carers of veterans that will be explored in this section:

- Veterans reluctant to accept help.
- Caring for the complex needs of veterans.
- Transition to "Civvy Street."
- Lack of understanding of the healthcare needs of veterans.
- Recognizing, identifying, and valuing veterans.

3.1 | Veterans Reluctant to Accept Help

Previous research, such as the Royal British Legion report [10], has highlighted the specific and unique experiences of carers in the veterans community, including the fact that veterans can be reluctant to seek support. This finding was echoed in both projects evaluated, as carers discussed the fact that veterans consider themselves as self-sufficient. This stems from the perception in the armed forces to "be tough" and prioritize service over their own needs. This was described by Carers 6 and 10:

> "Service not self" (Carer 6).
>
> "They're being told to man up, isn't it. That's why he kept it quiet all them years" (Carer 10).

The reluctance to seek support was highlighted by Carer 7, who described how they as a carer and the veteran they care for would not accept the help that had been offered to them:

> "I just think that all carers need support. A lot of people won't ask for that support. Myself, I didn't know where to turn to, I really didn't... I don't like to ask for help. I kind of do it on my own... I know there's help out there and places that you can go to get it but we try to deal with it on our own. He's a very proud man. He's gone through the ranks in the army. He went through all the ranks from an uncommissioned officer, became a commissioned officer and he wouldn't accept help from anyone" *(Carer 7).*

This barrier to accessing services can mean that carers and those they care for in this community may not be accessing the support they need to maintain their health and well-being. This barrier led to some stating that they needed a break from their caring role. As discussed by Carer 2 in the following, the complexity of the needs of veterans can impact the mental health and well-being of carers:

> "As well as space away from the veteran at times, I believe that if he is down, then generally I get dragged down too eventually, yet they lean so hard on you that they won't let you out of their sight and that can be very, very difficult for someone that needs to get out to keep their own mental health on an even keel" *(Carer 2).*

Another carer discussed the need for a place to escape and someone to talk to:

> "Having an independent safe place to escape to/talk to" *(Carer 1).*

The need for this escape links to this carer also referring to the fact that members of the armed forces can be reluctant to accept support, including the veteran they cared for:

> "His inability/stubbornness to recognize that he needs help/care" *(Carer 1).*

Linked to the challenge that veterans can be reluctant to seek support [10], carers discussed the impact on relationships,

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as this can lead to increased informal caring for those close to them [25]:

> "You haven't got a marriage. You're the carer, that's it, isn't it really… it's the sheer exhaustion of it all, mentally and physically, sheer exhaustion" *(Carer 10).*

As has been identified in previous research [10], carers in this community can feel lonely as a result of this lack of support. Both Carer 6 and Carer 9 discuss this loneliness and the importance of accessing support for carers to combat this feeling:

> "The carer becomes lonely and thinks they are alone" *(Carer 6).*

> "But there's nobody really that I can talk to. I said all through it I've just felt lonely. That's the only way I can describe it, feeling lonely… If somebody had said, "How are you?" it would be nice, but nobody ever says, "How are you?"" *(Carer 9).*

It has previously been discussed in wider research that veterans can be reluctant to seek support [10, 21], including medical treatment for physical health difficulties, due to embarrassment or the armed forces' need to be "tough" [25]. This reluctance can lead to increased informal caring for those close to them, including spouses who can find it distressing to care for a reluctant partner [25], with many carers in this community getting little respite from their caring role [10].

3.2 | Caring for Complex Needs of Veterans

Despite veterans being reluctant to seek support, they can have complex needs. The impact of caring for the complex needs of veterans was discussed by carers. Carer 9 discussed a range of challenges that this raised, including the impact on their own health and well-being:

> "I used to get terrible pains in my chest, just anxiety but I've not been to the doctor because I can't, I've got to see what he's doing because he's dangerous to himself…You can't describe it really. It's just like being on eggshells, wondering what they're doing, what sort of mood they're going to be in… I mean the lockdown was absolutely nothing to me because that is my life anyway, not going out, not doing anything. That is my life" *(Carer 9).*

The impact on Carer 9's own health and well-being is concerning, particularly as they did not feel they could leave the veteran they care for to go to the doctor to receive support for themselves. There were plans stemming from this project to develop further support for carers, including supporting the cared-for person with their mental health, support with their income, and accessing respite care. Each of these areas of support would go some way to addressing the needs of Carer 9 and to improve their health and well-being.

Carer 10 also discussed their own mental health needs that have developed as a result of looking after the complex needs of their veteran partner, who suffers from PTSD, and the lack of support from the NHS:

> "I mean I've had nearly 28 years looking after his PTSD…It's just everything and no help… so I've been on antidepressants all those years on and off…It was just a waste because it didn't help me at all. Now they just don't want to know" *(Carer 10).*

A further barrier faced is related to the lack of inclusion in the healthcare of the veteran, which can be exacerbated by veterans' reluctance to seek support and mental health issues. This is discussed by Carer 5 as follows:

> "Not being able to liaise properly with his support workers when he tells them not to speak to me when he has a bad episode. This is when he needs the most support and for me to be able to help with this, which I can't do if I don't have permission to speak to anyone" *(Carer 5).*

The lack of inclusion in veterans' care and a lack of communication have been highlighted by wider research, where it has been found that there is a lack of recognition of carers of veterans and that they can feel ignored [10]. Murphy et al. [26] discussed the emotional distress and isolation experienced by partners of veterans with military-related PTSD and the barriers they face to accessing support. Therefore, despite the official recognition that members of the veterans community should not be at a disadvantage when accessing services, the Royal British Legion [10] found a range of difficulties faced by carers in this community, and this has unfortunately been echoed by carers in this evaluation.

3.3 | Transition to "Civvy Street"

Linked to the issues above are barriers relating to the transition from the armed forces to "Civvy Street" (civilian life outside the armed forces), which can raise unique challenges due to unfamiliarity with civilian life [11]. Carers of veterans discussed the challenges this can raise, with this being a difficult transition as follows:

> "Adjusting to Civvy Street is very different" *(Carer 2).*

Adjusting to life after leaving the armed forces can raise a number of issues and barriers. First, carers discussed the challenges of caring for a veteran, as there can be a number of triggers within civilian life, particularly for those who are suffering with PTSD, that can bring up memories and traumas from their life in service. This was discussed by Carers 9 and 10:

> "There's just so many triggers. We can't go out for a family meal. I have to check that there's not a party going on with party poppers and balloons and any bangs or anything like that. We can't go out hardly at all to anything really because even just going on a bus and he's sick every time he leaves the house…When it was the Gulf War, when it's the anniversary in January and February, I dread it. I get to Christmas and everybody is like, "Oh Christmas," I'm like, "Oh my God, no. I've got to get January and February done." That's when he tried to take his life. You know the trigger points and you're like, "Oh my God." I couldn't get through at this time" (Carer 10).

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“It’s like I said like just smoke coming out of a chimney because that was Northern Ireland because that’s what they used to do, put the smoke up as they went along so they knew where the troops were. A lot of it is Northern Ireland and he was only 18 then... People don’t know the horrors in Bosnia, they don’t know how bad that was and he had to guard mass graves and there was children just thrown in there up in the mountains and things like that. He’s got so much to deal with. Then they come out, it’s like pat on the back, ‘Well done. Off you go” (Carer 9).

Triggers within civilian life can make everyday events challenging to manage for both veterans and carers. As discussed by Carer 9 above, it was felt that there was a lack of ongoing support for veterans to adjust to civilian life. Carers also discussed the difference in the way support services are accessed, as in the armed forces services are readily available, whereas on “Civvy Street” individuals need to access support themselves. This can be an issue for the veterans and their family members, as discussed by Carer 3:

“Families are used to support being available and everything done for them” *(Carer 3).*

This was further discussed by Carer 7, who raised challenges of accessing general healthcare once leaving the military as a spouse:

“I do feel quite strongly that when you’ve been within a military family...we come under the military health service for dentists and doctors. The minute that you come back to the UK, the men are looked after, the military are looked after because they get their dental services and whatever but the wives and families can’t register with a dentist and get UK dental care and that. It’s just a nightmare” *(Carer 7).*

Carers also raised practical barriers relating to financial matters that had become an issue since returning to civilian life. This was discussed by the carers in the following, related to paying for treatments and also the negative impact of their caring role and veteran needs on employment:

“Finance- having to pay for treatments that are not necessarily available on the NHS” *(Carer 1).*

“Financially when having to take time off work to care for and support him” *(Carer 5).*

“Our biggest challenge is money because he can’t work” *(Carer 9).*

The negative impact of caring on a carer’s financial situation and employment of the veteran was previously raised in the Royal British Legion report [10], where carers felt that the lack of financial support from the government was further evidence that they were not valued. The current cost-of-living crisis has also exacerbated the financial concerns of many families within the veteran community [3, 18]. For carers of veterans, the specific experiences of life in the armed forces for the veterans they cared for created ongoing challenges once they had left the service. This impacted many aspects of their lives, including managing everyday tasks and events, using transport, accessing services, and even triggering complex issues such as PTSD. This had a significant impact on the lives of carers and veterans.

3.4 | Lack of Understanding of Healthcare Needs of Veterans

The complex needs of veterans were not always understood in the healthcare services that they accessed. The recognition of carers of veterans does not necessarily extend into all services, and carers shared with us their feeling that there was a lack of understanding within the NHS. The carer in the following lists a range of issues related to this, including disadvantages faced despite the Armed Forces Covenant [14] and the lack of identification of veterans within healthcare services:

“Lack of understanding from people in the NHS and the wider public. Tackling stereotypical views. Long waiting periods despite covenant promises and advertisements stating veterans get priority care, especially from admin staff who organize appointments etc., Nobody ever asks if he is a veteran - this should be a standardized question - many forget to mention it / the importance of identifying a veteran” *(Carer 1).*

These issues and a lack of awareness of the specific needs of this community within some healthcare services have been recognized as an issue that needs to be addressed in order for the legal duty of the Armed Forces Covenant to be fulfilled consistently [11]. Carers discussed this lack of understanding of the specific healthcare needs of veterans, such as the treatment of PTSD:

“In the past I was labeled as a demanding carer when trying to access help, the local mental health services have no idea how to support ex-service personnel and no understanding of complex PTSD they were quick to give labels and medication but never recognized PTSD” *(Carer 3).*

Some carers discussed a lack of support from health services at various points of care. Carer 7 described the lack of support they received when their spouse came out of hospital and that they had to organize support for themselves following the sudden onset of caring responsibilities after an injury:

“When my husband came out of hospital, I was just left to pick up the pieces. There was no support from the doctor’s surgery. My husband left hospital completely immobile with a set of crutches, couldn’t get very far. Anything I’ve got, occupational health and that, I have done myself” *(Carer 7).*

Participants also highlighted issues with healthcare for veterans. A cared for person who is a veteran discussed the lack of NHS support for veterans, despite requirements to prioritize healthcare through policies such as the Armed Forces Covenant [14]:

“The feeling is that the support isn’t really there from the NHS for ex-servicemen... there was a policy of prioritizing care by

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the NHS as it arose but it hasn't really happened that way. The carers have also got no support as well" *(Cared for person 11).*

Therefore, it remains that carers of veterans face disadvantages when accessing healthcare and can face a lack of understanding within this service. This is in spite of the aims of the Armed Forces Covenant [14] to remove these challenges.

3.5 | Recognizing, Identifying, and Valuing Veterans

As highlighted above, veterans can have complex needs, including mental health conditions such as PTSD and being reluctant to seek support. However, carers discussed the need for support services that recognized the unique challenges of caring for these needs. One carer discussed this in relation to mental health services and the fact that the carer may also need support as a result of the detrimental impact on their well-being:

"I think since the partners and families generally shoulder the burden of their loved-one's mental health and angst, sometimes for years before they ever get ill enough to be deemed at crisis point, it would be nice if some of the activities should also include the partners. During this time they are often ground down and need help themselves, then along comes the mental health teams and it can suddenly feel like we're being dismissed. I ended up being suicidal myself - as this stuff has been going on for almost 30 years now" *(Carer 2).*

Another carer discussed the need for therapy services that are designed for veterans to also support family and spousal relationships through counseling:

"I think more military relationships would stand a better chance of survival if relationship counseling was given alongside the veteran's therapy; while the veteran is starting their therapy the partner often gets forgotten about. We become just the carer and in my experience that has meant pretty much being someone to just dump everything on and continuously being expected to pick up all the pieces with no concern for how we are being affected" *(Carer 5).*

Carers discussed the importance of recognizing and valuing veterans to ensure they have their needs met, and that this is something that should be delivered nationally. This is discussed by the carers as follows:

"Prevention is better than cure and it makes me somewhat sad that serving personnel are not cared for better so that perhaps they never even reach the depths that the veterans do in the first place" *(Carer 2).*

"That support for veterans is not a post code lottery and that they are valued as are the people supporting veterans" *(Carer 3).*

Carer 6 also highlighted the need to reconsider the terminology that is currently used relating to "veterans" and "carers" as some do not identify with the current language used:

"Need to rebrand from "veteran" as younger ones don't identify with this term and also rebrand the term carer to "look after/helper" and help to educate carers that they are a carer" *(Carer 6).*

The language used to describe "carers" and "veterans" can act as a barrier to identifying and supporting unpaid carers. In addition, the fact that carers feel that the veterans they care for are not valued and are not receiving the care they need means that the principles of the Armed Forces Covenant [14] are not being put into practice in a consistent manner. The need for support for carers of veterans has been raised in previous research, as it has been highlighted that carers in this community may be more likely than the general population of carers to have a mental or physical health condition [10, 11]. Carers of veterans are also less likely to receive support [10]. Therefore, carers stressed the importance of support that recognized not only the specific needs of veterans but also the negative impact that caring for these needs can have.

4 | Discussion

This paper has added to the knowledge related to the needs of unpaid carers of veterans. This is important as there is a lack of previous research about the needs of this community [9], yet it has been reported that unpaid caring disproportionately impacts veterans and their families [10]. Therefore, it is vital to continue to gather more understanding of their needs in order to deliver effective services. There have been commitments from the UK government to improve services for this community, including the Armed Forces Act 2021 [15]. However, despite this official recognition that veterans and their families should not be at a disadvantage when accessing services, this research found a range of ongoing difficulties faced by carers in this community. The specific challenges faced by unpaid carers of veterans included being self-sufficient and reluctant to accept help, caring for complex needs, including mental health conditions such as PTSD, struggling with the transition to "Civvy street," and a lack of understanding of the needs of veterans in services such as the NHS. These needs carried specific and unique challenges related to their time in service. For carers of veterans, this added additional challenges to their caring role, which can already bring a range of personal costs [3]. Moving forward, carers had a number of hopes for the future, including support that recognizes these unique challenges of veterans and their families. The fact that carers are not receiving the support they need means that the principles of the Armed Forces Covenant [14] are not being put into practice in a consistent manner.

The specific and unique experiences of carers of veterans have also been highlighted in previous research. This includes that carers in this community may be more likely than the general population of carers to have a mental or physical health condition [10]. This could be due to a number of issues raised by carers in this community, including a lack of a break from caring, loneliness, and the impact of caring for complex physical and mental health needs (including PTSD). In addition, veterans can be reluctant to seek support [10], including medical treatment for physical health difficulties due to embarrassment or the armed forces' need to be "tough" [25]. This reluctance can lead to

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increased informal caring for those close to them [25]. The impact of caring on partners of veterans was also explored by Murphy et al. [26], who researched the experiences of romantic partners of veterans with PTSD. They found that caring can increase the risk of common mental health difficulties and secondary traumatic stress in carers [26]. Therefore, the specific needs of carers of veterans and those they care for raised in this research and previous studies need to be understood.

An issue that was consistently raised and deserves some reflection is the language and terminology used relating to the term "carer" that many people do not identify with [5]. Therefore, the language used within support services may be acting as a barrier and is something that needs to be considered carefully when developing services. This is something that has been considered by the Royal British Legion [10] in their report relating to unpaid carers in the armed forces community, but the learning could be applicable to wider communities. In order to support identification and self-reporting of carers in their research, they drew upon the language used in the 2021 Census to focus on the practical care provided and used the following definition:

> "Do you look after, or give any help or support to anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age? Do not count anything you do as part of your paid employment?" ([10], p. 6).

It was also highlighted by carers in this research that the term "veterans" can be problematic, as younger ex-service people may not identify with this term. Therefore, reflecting upon the learning stemming from carer experiences, such as the issue of terminology used, can ensure that services develop in a co-produced manner to improve the health and well-being of carers.

In particular, the needs of carers of veterans must be supported to address the health inequalities felt by this community as a result of their time in service [11]. The barriers experienced by unpaid carers of veterans have also been exacerbated by the current cost-of-living crisis [18], and financial concerns were identified as a barrier by carers of veterans in this research. It has been found that there is a relationship between health and deprivation, meaning that deprived communities experience worse health and a shorter life expectancy than more affluent groups [27]. As carers are more likely to live in lower-income households than noncarers [12], including carers of veterans [18], it has been argued that longer-term solutions need to be developed to bring unpaid carers out of poverty [4].

Hillyard et al. ([28], p. 20) provide a useful framework for exploring categories of social harm, including physical, financial/economic, emotional/psychological, and cultural safety. For example, the harms caused by food poverty related to health inequalities [29] and fuel poverty, including the impact this can have on carers [30], have previously been noted, and this has only been exacerbated by the cost-of-living crisis. This research uncovered a range of barriers experienced by carers of veterans that relate to these categories, including caring for complex physical injuries, financial concerns, impact on relationships and mental health, and the difficulty transitioning to "Civvy street." In addition, it can be argued that carers experience autonomy and relational harms [17] as a result of their caring role. Autonomy harms can relate to poverty and financial insecurity that have been exacerbated in the cost-of-living crisis, and relational harms can result from social isolation that carers can experience through loneliness reported in this research. In addition, financial insecurity can result in secondary harms, such as anxiety and stress, that can lead to poorer health outcomes [17]. Certainly, the financial pressures experienced by carers in this research were having a negative impact on their well-being. The needs and barriers highlighted by unpaid carers of veterans through this research need to be considered in the context of an ongoing cost-of-living crisis and the impact of lasting austerity measures on services such as social care [12]. Unpaid carers highlighted the need for more support. However, this could be challenging to deliver within services that have experienced ongoing funding cuts over recent years [13].

With the personal and economic costs [3, 4] of caring increasing, it is vital that the perspectives of unpaid carers are heard and valued in order to recognize the contribution they make to health and social care within the United Kingdom. In particular, this research has added understanding to the unique challenges that are faced by unpaid carers of veterans. Carers of veterans often face complexities in their caring role, coupled with a lack of support, whether as a result of reluctance to accept this or a lack of understanding within services. Therefore, it is important that services recognize the specific experiences and needs of unpaid carers of veterans in order to improve accessibility of support. There is also a need for further research in this area to add to the limited knowledge base.

4.1 | Limitations

As we have focused on two projects in this paper, the findings presented are not representative of the national set of projects as a whole. In addition, as we took a qualitative approach, we deliberately recruited a small sample of participants in each case study site to allow for in-depth discussions. This approach gathered valuable insights, but it must be recognized that the participant accounts are not generalizable to the wider participants within each project site.

5 | Conclusion

There is a range of learning points raised in this paper that stem from the perspectives of carers. Carers of veterans identified a range of challenges faced and recommendations that would help to address these and improve their health and well-being. In particular, it was clear that there is a range of specific barriers experienced by carers of veterans that need to be addressed in order to overcome inequalities, particularly at a time when pressures on unpaid carers are increasing. Therefore, this paper is timely to add to the limited evidence base relating to carer experiences in this community. The harmful consequences of policy responses that impact carers, such as those related to the current cost-of-living crisis and the austerity cuts to services, including social care, must be understood in order to recognize the causes of barriers to health and well-being for unpaid carers.

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Overcoming these barriers would ensure that the unpaid carers of veterans feel supported and their contribution recognized.

Author Contributions

The authors contributed equally to this work.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Due to the nature of the research and the participant privacy considerations, supporting data are not available.

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