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Manthorpe, J. & Bramley, S. (2019). Supporting ex-service personnel moving to social care work with older people: a systematic rapid review of the role of education. *Working with Older People*

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Supporting ex-service personnel moving to social care work with older people: a systematic rapid review of the role of education

Purpose:

This paper reviews evidence about the role of education in supporting ex-service personnel to move to social care work with older people. Social care has long-standing, well-recognised problems of staff recruitment and retention in many jurisdictions. Within ageing societies the need for more social care staff is predicted to rise. Therefore policy makers and employers are exploring if there are untapped sources of potential employees. Some ex-service personnel may be interested in exploring a move to social care work with older people but may need to gain additional qualifications.

Design/methodology/approach:

Databases and grey literature were searched systematically to provide an overview of the evidence on this topic. Six articles were included in the review.

Findings:

A narrative analysis revealed two themes: 1) Preparing ex-service personnel for enrolment onto health and social care programmes and 2) Supporting ex-service personnel during health and social care programmes.

Research limitations:

This review was confined to English language studies published between 2008 and 2018. Few mentioned specific user or client groups.

Originality/value:

This review identified evidence gaps relating to whether the skills, education, training and experience gained in the armed services are transferable to civilian social care work with older people; the types of support which are offered to ex-service personnel who are interested in completing qualifications necessary for social care roles and the views of ex-service personnel about their experiences of completing educational courses to facilitate a transition into social care work with older people.

Keywords

Social care, workforce, ex-service personnel, care work, education, older people

Acknowledgements and declarations - to be inserted

Introduction

Social care, the sector providing disabled or sick adults with care and support needs in activities of daily living, has long-standing and well-recognised problems of staff recruitment and retention. The adult social care workforce in England stands at an estimated 1.47 million people (Skills for Care, 2018) with many employees likely to be supporting the care of older people as the number of people aged over 65 continues to rise together with the recognised growing demand for social care (The Telegraph, 2018). In 2017/18 the vacancy rate of unfilled positions was 8.0%, equivalent to around 110,000 vacancies in the adult social care workforce (Skills for Care, 2018). The majority of these vacancies are for care worker jobs but there are many vacancies for managers of long-term care facilities or domiciliary care services. The National Audit Office (2018) reported the annual care worker turnover rate to be an astonishing 33.8% in 2016-17. The Chief Executive of Health Education England has warned of a gap of 115,000 staff by 2027 unless action is taken (Vize, 2018). Consequently there are national campaigns to find social care employees (Allen, 2018; Department of Health and Social Care, 2019a; 2019b) and to access untapped sources of potential labour (e.g. men, ex-service personnel, and former prisoners or ex-offenders).

In 2018 the UK Government, Northern Ireland Office, Scottish and Welsh Governments published its 'Strategy for our Veterans' which identified six priority key areas over the next decade (HM Government, 2018). Education, employment and skills are highlighted as areas of particular interest within the Strategy because, after leaving the armed services, ex-service personnel may decide to continue in education so as to gain qualifications which would enable them to pursue fresh careers. The Strategy also contains outcomes which the UK aims to achieve by 2028, one of which is that "veterans enter appropriate employment and can continue to enhance their careers throughout their working lives" (ibid:5).

This systematic rapid review focuses on the role of education in supporting ex-service personnel in the United Kingdom (UK) to take up social care work with older people. It is based in the context of the government's Armed Forces Covenant that stated: "Service personnel should expect to receive appropriate training and education for both personal and professional development, including the opportunity to gain nationally recognised civilian qualifications, in order to support them throughout their Service career and to prepare them for life after leaving the Service" (Ministry of Defence, 2011: 7). Furthermore, a Covenant commitment was made that education support should be available for all service personnel to assist their transition from service to civilian life (ibid: 8).

A consultation conducted by the National Audit Office (NAO) (2013) with armed forces personnel found that 82 per cent had obtained or studied for some kind of qualification since joining the armed forces. Despite this, concerns were expressed about whether these qualifications were transferable to future civilian employment – some respondents thought that the qualifications were too military focused, and not understood or recognised by civilian employers. Some reported that qualifications were not always accredited by civilian qualification frameworks necessitating ‘top-up’ of previous qualifications to ensure they were transferable (ibid: 5). Service personnel have some entitlements to financial assistance towards education courses and 67 per cent of the NAO respondents had used Standard Learning Credits or Enhanced Learning Credits schemes (ibid: 5). The Standard Learning Credits scheme provides financial support throughout a service career, whereas the Enhanced Learning Credits scheme provides greater financial support to full-time members of the Armed Forces for higher-level learning (i.e. A-Level or equivalent courses and above) (ibid: 13). Despite the financial support received by service personnel for education, questions were raised relating to concerns that service personnel were not given enough time to undertake study outside of their work roles; some service personnel reported problems with funding which had impacted on their opportunities for further study. They also perceived inconsistent support for service personnel to undertake or apply for further education that was not formally mandated, and would have liked better information about available courses (ibid: 13, 14).

In the same year the House of Commons’ Defence Select Committee (2013) conducted an inquiry into the education of Service Personnel. One part focused on the impact of education on resettlement, specifically the provision of civilian qualifications and resettlement prospects (ibid). The Defence Minister provided the Committee with examples of three pilot projects; one of which was developing a course to close the gap between basic military para-medical training and what is required to work in civilian ambulance services; another aiming to provide professional recognition for existing military para-medics in conjunction with Cumbria University and Yorkshire Ambulance Trust; and third, a possible future project involving West Midlands and East England Ambulance Trust (ibid).

Behind such innovations, for which there is as yet no evaluation evidence, lie differences between current ex-service personnel and the rest of the population in relation to educational attainment (Deloitte, 2016). Approximately 18 per cent of ex-service personnel finished their education between the ages of 15 – 18, compared to 60 per cent of the general population. Furthermore, approximately 25 per cent of ex-service personnel left school with A* - C

GCSEs as their highest qualification compared to 19 per cent of the general population. However, in respect of higher education, 28 per cent of the general population have a degree or equivalent as their main qualification compared to 19 percent of ex-service personnel. Nonetheless, approximately 64 per cent of ex-service personnel have achieved qualifications related to work compared with 45 per cent of non-veterans. Deloitte (2016) concluded that ex-service personnel seem to be determined and resilient when transitioning out of the armed forces and when up-skilling and transitioning during their civilian careers. However, the employment prospects of ex-service personnel who have a lower level of educational attainment compared to the general population may be not be good, as Deloitte (2016) found that only 42 per cent of medium and large organisations would consider employing people with non-academic qualifications. This is despite 71 per cent of medium and large organisations reporting that they consider employing ex-service personnel (ibid).

Currently, bodies such as the Department for Education (2018), Glasgow Caledonian University (no date) and The Open University (2019a), are running specific schemes to encourage former armed service personnel to train for new careers where there are major vacancies. The Department for Education (2018) has introduced a government bursary of £40,000 for ex-service personnel to retrain as teachers. The bursary will be paid in the final two years of a three-year undergraduate Initial Teaching Training programme and is available to veterans studying for an undergraduate degree with Qualified Teacher Status in England in a priority subject at secondary school level (i.e. biology, chemistry, computing, maths or modern foreign languages) (ibid).

Glasgow Caledonian University (no date) is working with HM Forces to identify courses which are particularly suited to military personnel and a learning pathway which assesses and recognises their prior learning. Courses that have been identified as potentially suitable include Information Technology courses, cyber security, risk management and project management (Enhanced Learning Credits Administration Services, no date).

The Open University (2019a) has developed a relationship with the Ministry of Defence to provide education and training for those serving in the Armed Forces. Its website contains student testimonials, three of which were written by former armed service personnel (The Open University, 2019b). For example, 'Simon' was a Royal Marine who retrained as a Physical Education teacher after leaving the Armed Forces due to injury (The Open University, 2019c). The Open University (2019d) permits service personnel to use their Enhanced Learning Credits (ELC) to pursue an undergraduate qualification or 80 per cent of their ELC to fund modules provided by The Open University while the member of service

personnel pays the remainder of the module costs. This scheme is operated by the Enhanced Learning Credits Administration Service (ELCAS) and lists over 500 approved ELC learning providers which offer courses that ex-service personnel can enrol onto (Enhanced Learning Credits Administration Services, no date). Some of these provide courses related to health and social care such as undergraduate degree courses in social work, higher education courses in nursing, healthcare professions, the acute care of older people, and diplomas in health and social care (Enhanced Learning Credits Administration Services, no date).

Ex-service personnel may be able to apply their qualifications, skills, knowledge and experience to provide care for disabled, sick and/or injured older veterans as well as others and to provide elements of person-centred care (see Demos, 2018). An estimated 190,000 to 290,000 veterans live in communal establishments such as care homes in the UK (The Royal British Legion, 2014). The Royal British Legion (2014) found that 7 per cent of veterans in England, Wales and Northern Ireland thought that care homes could be helpful or useful in the near future. PoppyScotland (no date) estimates that there will be 50,000 veterans (excluding their dependants) resident in Scotland over the age of 80 in 2025. It reports 11 care providers in Scotland provide care specifically for veterans, indeed these may experience difficulties in meeting future demand due to the ageing population (ibid).

There are other anecdotal reports of ex-service personnel gaining work in care of older people (see Box 1). Overall, however, there is little substantial evidence of ex-service personnel obtaining social care qualifications to facilitate their employment in the sector. The primary aim of this systematic rapid review was therefore to establish the evidence base about the role of education in helping former armed service personnel to move to UK social care work with older people. We use the term former or ex-service personnel in this paper to reflect the UK tendency to equate the term veteran to older age groups (Burdett et al., 2012) but it should be noted that the term veteran is commonly used in the US.

INSERT BOX 1 HERE

Methods

Search Strategy

In systematic rapid reviews, the procedures used are set out apriori in a rapid review protocol and therefore we followed the procedures set out by Haby et al. (2016). A search strategy (Appendix 1) was developed using the mnemonic PICO: Population, phenomenon of Interest or Intervention, Context and Outcome (Glasper & Rees, 2017). The review examined international, English language, scientific and grey literature and was conducted using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher, Liberati, Tetzlaff & Altman, 2009). PsychInfo, Embase, Social Policy and Practice, Web of Science, ASSIS, Social Care Online, AgeInfo, NHS Evidence, Scopus and grey literature were searched for literature related to ex-service personnel and social care roles published between 2008 and 2018 which yielded 2,225 publications. After removing duplicates, abstracts and titles of potential articles were screened and relevant material was selected for further investigation. Figure 1 presents a flow diagram of study and report selection. The review was conducted between July 2018 and January 2019. The review was based on independent research commissioned and funded by the NIHR Policy Research Programme (Policy Research Unit in Social Care Workforce: Ref 035/0095).

INSERT FIGURE 1 HERE

Data extraction and quality assessment

We reviewed the eligible articles and assessed the methodological quality of the literature. Qualitative studies were reviewed against the Critical Appraisal Skills Programme Qualitative Research Checklist (Center for Evidence-Based Management, 2014). Studies that did not pass the first two screening questions were excluded from the review.

Narrative analysis

Narrative analysis was undertaken to identify key themes and concepts from the literature which related to the aims of the review. Each piece of literature was repeatedly read and a summary of each article was produced to highlight salient findings. Once this was

completed the summaries were read and synthesised so as to develop a thematic framework which formed the basis of the article.

Findings:

Six studies were included in this review (all indicated by a * in the reference list), all being from the United Kingdom (UK) or the United States (US). In general there was a paucity of literature concerning ex-service personnel and their experiences of completing qualifications or training related to social care and older people, therefore the scoping review was broadened to consider the role of education for ex-service personnel in relation to health and social care.

The literature was analysed and organised into two themes: 1) preparing ex-service personnel for enrolment onto health and social care programmes and 2) supporting ex-service personnel during health and social care programmes.

Preparing ex-service personnel for enrolment onto health and social care programmes

The accreditation or recognition of the skills and qualifications achieved during their service may enable individuals to enrol onto health and social care educational programmes. However, in the UK, a compilation of case studies by Step Into Health, a pathway developed by the National Health Service (NHS), The Royal Foundation and the charity Walking With The Wounded to support former military personnel to access NHS career opportunities, contained an account which raised the possibility that armed forces qualifications are not always transferable or recognised by civilian employers (Step into Health, no date). 'George' stated that although he was fully trained as a 'medic' he found that when he left the Navy (due to ill health) his qualification was not transferable and did not permit him to become a nurse or practise manager in the civilian world. Following several years of unemployment he re-trained and studied for a degree in Bio-Medical Science (ibid).

However, other studies present more positive learning. From the US Voelpel et al. (2017) described student recruitment measures, individualised admission considerations, academic and clinical curriculum enhancements, student support and retention strategies adopted by a US University and its School of Nursing in order to help veterans to successfully complete a nursing degree program. For example, the School collaborated with the University's Office of Veterans Affairs to implement strategic outreach and recruitment efforts. This included

partnering with an external organisation providing information about education and employment opportunities to veterans. It further organised outreach and information sessions at other educational institutions to target enrolled veterans who had expressed interest in the nursing profession. Veterans' military transcripts were reviewed in order to assist them to enrol on the most appropriate program or enrol onto an accelerated program.

Further US evidence reports a model for recognising military veterans' service training and experience so that prior learning credits can be awarded for upper division nursing courses leading to a Bachelor of Science in Nursing (VBSN). Sikes et al. (2018) created a competency based education (CBE) model in Texas, US, for recognising military veterans' service training and experiences. Their article reflects on the implementation of this initiative – the Competency Assessment Placement. The process encompassed three elements – recognising and validating veterans' military training and experience; successful completion of quantitative summative assessments of the designated CAP courses and successful performance of required simulation skills in CAP-eligible courses (e.g. completing a simulated health history and physical examination of a standardised patient). The first cohort comprised seven former veterans and the authors discussed the “lessons learned”, focusing on two areas – the implementation of the VBSN track competency and education delivery; and the continual concern about the educational Veteran Affairs benefits for the students. The authors suggest that establishing partnerships with veterans' organisations may help to: reduce inconsistencies when awarding academic credits in recognition of military service and experience and develop a process to document and demonstrate military veteran students' competencies. These initiatives could help with understanding veterans' existing knowledge and expertise; ensuring that grades were recognised as “prior learning credits” and allowing students to accept or decline grades achieved on their CAP course so they are able to complete the assessment again during their VBSN course. Another study found that veterans may face challenges when seeking recognition or accreditation for their military training and experience (Allen et al., 2014). To address this the authors called for specific veteran student advisors to help explain the military educational process to institutions and veterans to facilitate the awarding of credits (ibid).

Preparing staff members so that they can effectively support veteran students was also mentioned as a potential facilitator to student veterans' educational attainment. Sikes et al. (2018) noted that one institution ran staff training to provide them with an overview of the military veteran population, resources available to veterans and common challenges faced by veteran students. This institution had also recruited a military veteran as a Program Liaison Officer to guide prospective and current students through their course and support

staff (ibid). Voelpel et al. (2017) described another institution's staff preparation to support student veterans via staff development activities which explained the obstacles that veterans may encounter when returning to a learning environment.

Other potential barriers to ex-service personnel enrolling onto health and social care educational courses were outlined by Allen et al. (2014) and Sikes et al. (2018). Allen et al. (2014) summarised the unique socio-economic considerations which they argued should be taken into consideration when attempting to help military student veterans to succeed as a professional nursing student – education, finances and advisement/counselling (ibid). Sikes et al. (2018) reported that one US institution waived course fees for participation in certain courses therefore removing a financial barrier to achieving nursing qualifications.

Supporting ex-service personnel during health and social care programmes

Some studies focused on initiatives to help ex-service personnel during their health and social care programmes. Allen et al. (2014) suggested that education institutions should employ a Veteran Case Manager to help veterans get the correct financial support during their studies (ibid). Furthermore they recognised that veterans may face difficulties interacting with faculty staff and younger students; veterans may also have health problems and so may need an adapted learning environment and support from a student centre which is focused on supporting veterans.

Voelpel et al. (2017) outlined initiatives which were developed to support ex-service personnel during a nursing degree program at Stony Brook University (US). They described efforts to promote inclusivity within the learning environment by integrating veterans within generic Bachelor of Science programs. Student veterans' educational progress and academic success were monitored by a program director who also acted as their advisor. Furthermore, efforts to retain student veterans were provided via peer-to-peer mentorship, clinical faculty mentorship and interventions with the aim of reducing stress (e.g. equine assisted therapy). The University also altered the program's format and permitted veterans to complete the program in two years with the aim of providing them with extended time and opportunity to enhance their knowledge, achieve higher grades in exams and prepare for professional nursing. It further offered veterans the learning opportunity to provide care to veterans and their families during a placement. They participated in a "yearly disaster drill" which simulated delivering care to the wounded in an emergency situation. These initiatives were thought to provide veterans with both an opportunity to combat residual stress from prior experiences and to access counselling services and other types of support.

Allen et al. (2014) outlined changes to curriculum design which were considered to help veteran students to obtain qualifications to enable them to obtain Registered Nurse Licensure. "Transitional nursing educational interventions" were developed from two existing programs using distance-learning technologies, one being the eLine Military Program (ELM) which "fast tracks" Veterans through a Bachelor of Science in Nursing (BSN) qualification towards Registered Nurse Licensure. Veterans' prior learning was assessed via a set of standardised tests and assessments of their clinical skills were used to reveal any gaps in knowledge from military service and competence at the BSN level. The ELM also employed a "student-friendly approach" to move military/veteran students in and out of content where they already have prior learning by using virtual learning environments and Skype to facilitate academic tutoring. Clinical Coaching was also employed where the veteran students were paired with a BSN prepared nurse who became their primary educator for all clinical experiences except certain specialities. The authors maintained that such 'scaffolding' helps a student to slowly transition into the role of professional nurse as they start to use their critical thinking skills and develop them into decision making skills, assume the activities of the nurse and then perform the nursing role alongside their Clinical Coach. The Clinical Coach role also helped students to socialise with other staff and become a part of the team. In conclusion, the authors argued that using competency based education approaches enables curricula to be tailored to the military student veterans and using Clinical Coaching can help them to successfully complete their program.

Dyar (2016) conducted a literature review to explore whether nurse education was prepared to meet the educational needs of veteran students. This outlined several barriers which students who are veterans may face when completing training programmes including stigma, co-operating with their peers, learning with traditional pedagogies utilised in nursing education, personal and financial responsibilities, and their gender. Veteran nursing students may face a negative and stereotypical stigma and may be asked difficult and/or inappropriate questions by academic staff and fellow students. Such students may also struggle to form relationships with their peers; especially if the veteran believes that his/her fellow students do not share the same work ethic or are perceived as immature, lazy, disrespectful or undisciplined.

Furthermore, Dyar (2016) suggested that veteran nursing students may have difficulty learning via lectures or lab demonstrations as they may be more familiar with repetitive training. They may also feel ill-prepared for the rigours of academic life where they may be taught by multiple teachers and their learning may be affected by their own health conditions.

Her review highlighted that veteran students may encounter personal and financial problems yet find it difficult to ask for support, sometimes becoming isolated and unable to share experiences (Dyar, 2016). Student veterans may also find it difficult to leave a male-dominated workforce and enter a female-dominated cohort, this may lead to feelings of isolation and risk of failing their program. Aside from these barriers, Dyar (2016) identified several strengths among veteran students such as maturity, teamwork, self-efficacy and global awareness which may help them to provide leadership. She concluded that nurse education is not prepared for a rapid increase in combat veterans, however it can prepare for a potential influx of veterans to nursing programs.

One study explored the views and experiences of staff and student veterans who were completing a nursing degree program (Voelpel et al., 2017). This included a survey of 53 student veterans. Veterans said they liked the one-to-one faculty student advertisement protocol, mentorship resources, peer mentorship and that links were formed between the university, the school and the institution's Office of Veterans Affairs. However, they also encountered challenges including the intensity of the classroom teaching, class scheduling, the pace of the course, the level of difficulty of coursework and/or clinical assignments. Many had encountered difficulties with communication, concentration, trust, maintaining relationships, establishing study habits, feeling a sense of belonging and their test-taking abilities. Some difficulties were attributed to psychological injuries, symptoms of Post-Traumatic Stress Disorder (PTSD) and/or traumatic brain injuries (TBI). However, student veterans liked the equine therapy sessions which helped reduce stress, improved communication skills and established relationships. Members of staff were also asked for their opinions about student veterans; these reported that nursing student veterans did not expect to receive any special consideration as a reward for their prior military service. In relation to program outcomes, 29 out of 62 veterans were expected to graduate in 2018 or 2019. The authors concluded that the program was meeting its intended outcomes and provided an opportunity for ex-service personnel to gain a qualification which could lead them to pursue career in nursing.

Discussion

This systematic rapid review was conducted to improve the existing evidence base about the role of education in supporting ex-service personnel to enter the social care workforce and work with older people. There was a lack of literature relating to this topic and therefore the review was broadened to consider the role of education for ex-service personnel in relation

to health and social care. The literature was organised into two themes; (1) preparing ex-service personnel for enrolment onto health and social care programmes and (2) supporting ex-service personnel during health and social care programmes. The literature located was from the UK and the US, and largely focused on nursing education rather than education relating to social care roles or other work with older people.

In general the review suggests that there should be tailored support for veterans who are interested in enrolling onto health and social care programmes. For example, educational institutions should work with the Armed Forces so that military transcripts (containing details of skills and experience) are understood and former service members' skills, knowledge, and qualifications are recognised where appropriate. These achievements may be taken into consideration so that prior learning credits can be awarded to help ex-service personnel enrolling onto educational courses or to count towards their course requirements. Veterans should also be made aware of potential education and employment opportunities within social care and the types of roles which may be suitable for them. The UK educational institutions encouraging ex-service personnel to enrol onto courses by creating partnerships with HM Forces and via a dedicated pathway for the Armed Forces community offer examples of such initiatives which should be evaluated. Learning from US studies may also be transferable such as the creation of partnerships to help individuals obtain funding for courses and engage with prospective veteran students through community outreach or engagement activities. Furthermore, educational institutions may consider liaising with the Armed Forces to learn about the needs of veteran students who may have been wounded, injured or became sick during their period of military service, or are living with mental illness (e.g. Post-Traumatic Stress Disorder) and may require reasonable adjustments to be made to learning environments. Research on recent soldiers has found that while engagement in armed conflicts does not have negative effects on the majority, 'poorer mental health, lower cohesion and lesser leadership were significantly associated with intention to leave' (Morris-Butler et al., 2018: 6). Some studies identified in this review addressed the variation in circumstances among ex-service personnel and the impact of their mental and physical health on a subsequent career in human services work. Interestingly, a recent study found musculoskeletal problems to be the predominant reason for medical discharge from the armed services (Williamson et al., 2018).

The literature also revealed insights into the types of support that veteran students may require when enrolling onto social care programmes. Ex-service personnel may find it difficult to interact with their peers, may experience stigma, have a different work ethic to

their peers and find it challenging to be in environments with a different gender balance (Dyar, 2016). Nevertheless within the literature there was an emphasis on pastoral support where the progress of veteran students was monitored by a personal tutor or mentor (Voelpel et al., 2017). Furthermore, veteran-focused interventions were developed such as equine assisted therapy with the aim of relieving stress, improving relationships with staff and students, and communication skills (ibid). Efforts were also made to provide veteran students with a sense of inclusion by integrating veteran students with more generic Bachelor of Science programmes (ibid). Such insights were obtained from US studies but may be applicable to the UK context.

There was also evidence of educational institutions adapting the curriculum and its delivery to meet the needs of veteran students, although several of them might be commonplace currently. Learning materials were uploaded to virtual learning environments and personal tutorials were conducted via Skype which meant that students did not need to travel to campus to meet their tutor (Allen et al., 2014). These initiatives may assist veteran students (and others) who have additional personal and/or family commitments which they need to fulfil (i.e. part-time employment, caring or parental responsibilities). Coaching was also employed to support veteran students to learn clinical skills, build a relationship with a member of clinical teaching staff, become members of new teams and socialise with fellow students (Allen et al., 2014). There was also an example of veteran students being given the opportunity to practice their skills during a familiar sector placement such as within a veteran health care facility (Voelpel et al., 2017). Furthermore, there were suggestions that the learning styles of veteran students may need to be taken into account by educational institutions when designing programmes, teaching activities and assessments as they may be familiar with kinesthetic learning (Dyar, 2016).

There was a lack of evidence concerning veteran students' views of completing health and social care programmes. We found only one study that had explored the views and experiences of veteran students and staff in relation to nurse education (Voelpel et al., 2017). The study reported that veteran students may face challenges when studying relating to their workload, class scheduling, the pace of the course, the level of difficulty of coursework and/or clinical assignments, and personal or social difficulties. Staff members were also asked for their views and reported their satisfaction with the attainment of student veterans and their attitude towards learning (ibid). Despite this evidence, research could help determine student veterans' satisfaction with wider health and social care programmes other than nursing.

To conclude, little research has investigated the role and impact of education and training in supporting ex-service personnel to enter the UK social care workforce. We do not know if education providers, social care employers and social care users share the views of 91 per cent of the UK general public that it is quite or very common that those who have served in the Armed Forces will have some kind of physical, emotional, or mental health problem as a result (Centre for Social Justice 2016: 14). There appear to be many gaps in evidence relating to whether military education is transferable to civilian social care, whether veterans are aware of social care programmes or the sector's opportunities, whether educational institutions are equipped to support ex-service personnel students throughout the student journey from admission to graduation, the extent that ex-service personnel are satisfied with current entry routes into social care and ex-service personnel's experiences of seeking employment in social care. Learning from the US which has emphasised the importance of practical support, pastoral support and creating partnerships with the Armed Forces may be highly relevant and transferable to the UK so that veterans are supported to pursue qualifications relating to social care and transition into the social care workforce; however the social care sector is largely unqualified and other routes to care work remain uncharted.

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