



Hello and Merry Christmas from the ADVANCE Team!

As we approach the end of a busy and exciting 2025, we want to thank all of you for your continued support of the ADVANCE Study – you know we couldn't do this without you!

This year has been jam packed with incredible research and insights. From our team presenting the latest outcomes during the BSPRM Annual Conference and attending the sobering but vital OpRESTORE Conference, to the release of the new report on military medical discharge centred around ADVANCE data and our participant testimonies.

We've had the pleasure of welcoming many of you at the DMRC and catching up on your latest ventures, challenges and even some new family members!

PSST When you next visit us do pop some comments and feedback about your day in our visitors book, or better still, send us an email – it really gives the team a boost to know how much you got out of your visit.

Looking Ahead to 2026

You have told us that it's important to you to receive updates about the study results so far. All of our academic summaries are available on our website [here](#) and our newer findings can be found on pages 6 to 16 in this newsletter.

And finally, we wish you a very Merry Christmas and a Happy New Year!

Best wishes,
The ADVANCE Team

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New Outcomes for a New Year!

In September the European Journal of Epidemiology published our latest cohort profile - a report that outlines what we've learnt so far and what we aim to discover in the future. You can read the full report [here](#).



Latest Outcomes

Major combat trauma substantially increases the likelihood of early-onset knee Osteoarthritis. Combat-injured servicemen, especially amputees or those with knee injuries, had over four times the odds of knee osteoarthritis eight years post-injury compared to uninjured peers.

[LEARN MORE](#)

Altered biomechanics after amputation may accelerate joint degeneration, highlighting the need for tailored gait and prosthetic interventions.

[LEARN MORE](#)

Serum biomarkers like leptin, COMP, and cytokines were linked to radiographic knee degeneration, revealing biological pathways involved in post-traumatic osteoarthritis (PTOA).

This molecular profiling can help predict and personalise treatment for early PTOA following combat injury.

[LEARN MORE](#)

Improving autonomic balance, which regulates involuntary body functions like heart rate, breathing, and digestion, could help reduce arterial stiffening and cardiovascular risk in military populations

[LEARN MORE](#)

Physical injury and psychosocial vulnerability after service may elevate drug-use risk, underscoring the need for targeted post-deployment support.

[LEARN MORE](#)

Serious combat trauma can cause long-term autonomic dysfunction, suggesting the need for cardiovascular monitoring in injured veterans.

[LEARN MORE](#)



Group Captain (Prof) Alex Bennett
Defence Professor of Rheumatology and Rehabilitation
Head of the Academic Department of Military Rehabilitation
Chief Investigator of the ADVANCE Study

What the ADVANCE study can offer to support Ukraine



Recently the ADVANCE Team attended the two-day NHS OpRESTORE Conference 2025: Lessons From the Front Line.

The conference began with an address from the Ukrainian Ambassador, who shared a powerful overview of the current state of the war and the importance of international collaboration during such unprecedented times. This provided valuable context for the discussions that followed as well as a sobering but vital reminder of the realities people are facing every day.

Our Ukrainian colleagues spoke of their experiences caring for those injured in the conflict, the lessons they've learned, the progress made, and the immense challenges they continue to face. Hearing their stories gave everyone in the room a lot to think about, especially around how countries like the UK might respond if faced with something similar.

For our team, the event was an invaluable opportunity to connect directly with Ukrainian surgeons, doctors, and representatives from organisations such as UK-Med, who are providing hands-on medical support. These conversations reinforced just how valuable the ADVANCE study's decade of data and experience could be in helping improve trauma care and rehabilitation, not just here at home, but around the world.

What the ADVANCE study can offer

Thanks to the incredible commitment of our participants, who have given their time and data so generously over the last 10 years, ADVANCE now holds a remarkable wealth of information about recovery, rehabilitation, and long-term health.

This information is already helping shape the understanding of long-term recovery and rehabilitation, and has the potential to guide medical teams in Ukraine, including those at the Superhumans hospitals, as they develop systems for caring for war-injured patients and veterans.

The ADVANCE team has already started meeting with groups helping Ukraine set up a national trauma registry, sharing insights and practical advice. The study was also presented at the conference itself, where it drew lots of interest from experts keen to learn from the ADVANCE approach and findings.

How this can shape policy at home

The impact of ADVANCE isn't just overseas, it's helping to shape thinking here in the UK too.

The study's findings are already being used to inform discussions about how we support the long-term health and wellbeing of serving personnel and veterans, e.g. the recent [Medical Discharge Short Report \(2025\)](#) that highlighted challenges faced by our community, and made recommendations for those experiencing medical discharge.

By learning from our participants' experiences, we can help improve care, strengthen services, and make sure the lessons from ADVANCE continue to drive positive change for years to come both internationally and at home.



Eleanor Miller
Senior Data Manager
The ADVANCE Study
Imperial College London

Op Services: NHS Veteran Specific Support

Following the OpRESTORE conference we are highlighting some of the NHS services tailored for veteran care and support available to our participant community.

OpRESTORE

Help for anyone who has previously served in or are leaving the UK armed forces and have injuries or related medical problems that are attributed to their time in the forces. **It does not matter when the injury or medical problems occurred or how long ago you left the armed forces.**

There are many things they can help with including:

- ensuring you access to the right care and support
- making sure you are treated by people who understand the military and specialise in the type of physical injury and related medical problems you may have
- Preparing a care plan that works for you.

Your GP must refer you.

REFERRAL INFO 

OpFORTITUDE

A hotline for veterans experiencing homelessness connecting them to a network of support including housing providers, charities, and local authorities.

This service supports veterans by either helping them stay in their current accommodation or find new housing options.

Op Fortitude is open 24 hours a day, 365 days a year.

Contact Op Fortitude on: **0800 952 0774**

Or via the referral form

REFERRAL FORM 



The Veterans Physical Health and Wellbeing Service

OpCOURAGE

Op COURAGE is an NHS mental health specialist service designed to help veterans and their families.

They can help you and your family with:

1. transitioning into civilian life by providing mental health care with Defence Medical Services
2. help you to recognise early signs of mental health problems, treat advanced mental health conditions and psychological trauma
3. support and treatment for substance misuse and addictions

They accept self and GP referrals.

REFERRAL INFO 

OpNOVA

Support for veterans who are in contact with the justice system providing non judgemental support programs that have helped over 5000 veterans since 2014.

REFERRAL FORM 

All of these services understand that the problems they aim to help with often go hand in hand- they all work together closely to provide you with well-rounded support.

Since working with OpNova 81% of veterans have said they experienced improved mental health and wellbeing, 73% said they had improved their relationships with their friends and family, and 79% stated they had improved their anger management.

Below you can find out more about where our team have been talking about ADVANCE:

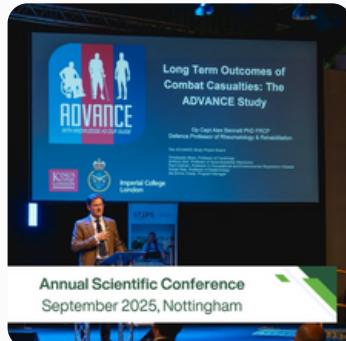


Veteran's Minister Visit

October 2025

Hosted by ADVANCE's Professor Anthony Bull, the Minister learned more about the Centre for Injury Studies and its work to support veterans' healthcare.

[READ MORE](#)



BSPRM Conference

September 2025

Gp Capt Prof. Alexander Bennett discusses his talk on 'Long-Term UK Combat Casualty Outcomes: The ADVANCE Study' at the British Society of Physical & Rehabilitation Medicine's Annual Conference.

[WATCH NOW](#)

[READ MORE](#)



BSRA Conference

September 2025

200 delegates from across the ageing research field came together for the 74th BSRA meeting on the Biology of Ageing at Manchester Metropolitan University from September 3rd to 5th, 2025.

[READ MORE](#)



OpRESTORE 2025 Lessons From the Front Line

September 2025

Recently the ADVANCE Team attended the two-day NHS OpRESTORE Conference 2025: Lessons From the Front Line.

[READ MORE](#)

Upcoming Events



Centre for Evidence Conference 2026

May 2026

[READ MORE](#)



Veterans Mental Health Conference 2026

May 2025

[READ MORE](#)



Your Experiences of Medical Discharge: What are the Outcomes?

For those who dedicate years, often decades, of their lives to the UK Armed Forces, service is more than a job - it's a defining identity. But what happens when medical discharge cuts this short?

A new report from our ADVANCE researchers at King's College London explores the outcomes and experiences of UK Armed Forces personnel who were medically discharged having sustained serious injuries whilst deployed in Afghanistan.

The report, from the King's Centre for Military Health Research (KCMHR) and funded by Forces in Mind Trust and the ADVANCE study charity, highlights the difficulties that many medically discharged personnel face and puts forward several recommendations that the authors hope will ease the transition process.

It's a report that demands attention from every corner of the military, academic, and veteran community.

"I would have been in forever; I'd have still been in now. So yes, it was massive. Did I tell anyone about that? No. I think my wife knew, could sense it. But for me personally, absolutely devastated when that happened."

"If you give an 18, 19-year-old squaddie £400, 000, I mean I knew boys who were spending it on absolute garbage. They were spending thousands of pounds on stuff they didn't need. So, if they had some sort of financial planner, financial adviser to help them at the time, I think their lives would have been a lot better."

An Evidence-Based Path Forward

This report isn't just a catalogue of difficulties; it's a roadmap for positive change. It puts forward ten tangible recommendations:

1. Enhanced agency and collaboration.
2. Early, tailored career support.
3. Improving medical continuity.
4. Robust financial guidance
5. Develop peer support networks.
6. Review the timings of discharge.
7. Address housing uncertainty.
8. Support for Families.
9. Standardised resettlement processes.
10. Increased employer engagement and education.

As Professor Lisa Scullion FAcSS highlights, the support provided during medical discharge is crucial - not only for immediate well-being but "to ensure that the final chapter of service does not overshadow what were otherwise meaningful and rewarding careers."

The Unseen Battle: Transition Challenges

Drawing on unique mixed-methods data from the ADVANCE and ADVANCE-INVEST studies, this research provides a powerful voice to 435 seriously injured ex-service personnel, complemented by 28 in-depth interviews.

While the Government acknowledges that services have expanded, the core findings underscore the persistent, complex difficulties faced by this cohort:

- **A Loss of Agency:** Participants expressed significant dissatisfaction over the perceived lack of collaboration with the military regarding their departure. As Professor Nicola Fear CBE, Director of KCMHR, states, a combat injury and medical discharge can represent an "unexpected end to that identity." It highlights a critical need to ensure that those in the chain of command and resettlement actively work alongside Service leavers to increase their sense of control over their final chapter.
- **The Mismatch in Career Support:** There is a clear frustration over the lack of tailored career advice. The reports joint first authors, note, medically discharged personnel face lower rates of post-Service employment and personnel must often "reinvent" their professional future swiftly. The report advocates specialised and personalised career advice that is introduced early in the physical rehabilitation process and explicitly takes into account the person's physical and mental limitations following their injury.
- **A Breakdown in Medical Continuity:** A crucial concern was the lack of smooth communication between medical care pre- and post-transition. The journey from military hospital to veteran support should be seamless, yet for many, it becomes a fragmented experience.

As Professor Lisa Scullion FAcSS highlights, the support provided during medical discharge is crucial - not only for immediate well-being but "to ensure that the final chapter of service does not overshadow what were otherwise meaningful and rewarding careers."

"I always thought that...the Army's going to put us up in a house, so they're going to look after us and I'll still go to work, they'll find us a job that I can actually do within the military and I'll do all that. And then for a long time I thought that, then yeah, then the fairytale finished then when I realised that they're not."

Your Experience Matters

Your participation made this research possible and is a testament to some of the challenges you faced and an instrument for understanding how to better support you.

This summary is only a snapshot of the amazing research and testimonies included within the full report.



This research is thanks to:



Dr Howard Burdett
Research Fellow
Military Health (KCMHR & ADMMH)



Anna Verey
Research Associate
ADVANCE-INVEST



Dr Laura Palmer
Lecturer in Global Mental Health
King's Centre for Military Health Research



Group Captain (Prof) Alex Bennett
Defence Professor & Head of ADMR
Chief Investigator of the ADVANCE Study

This research is thanks to:



Professor Paul Cullinan
Academic Respiratory Physician
Imperial College and Royal Brompton Hospital



Professor Christopher Boos
Consultant Cardiologist
Heart Clinic Poole



Professor Anthony Bull
Research Fellow
Institute for Inflammation and Ageing



Professor Nicola T Fear
Research Fellow
Institute for Inflammation and Ageing

Aaron Moon: What Power Can Mindset Hold?

When Aaron Moon was rushed to A&E on January 3rd, 2025, doctors didn't expect him to survive the night. But Aaron defied the odds—again.

Aaron is a former Royal Marines Commando who lost his leg in Afghanistan in 2009 after his vehicle was struck by an IED, dying twice en route back to the UK.

Refusing to be defined by injury, he went on to become a professional golfer, the world's first amputee indoor skydiving instructor, a motivational speaker, and a TV personality on Channel 4's Hunted.

As a participant in the ADVANCE Study, his journey is also deeply tied to medical research. "The more I learn about my body, the better I can preserve myself," he explains. "It's not just about helping others—it's helping me too."

"I survived a catastrophic saddle pulmonary embolism."

January this year brought fresh challenges when a massive blood clot spread across both lungs and his heart, dropping his oxygen levels to a critical 60%. Aaron was experiencing a catastrophic saddle pulmonary embolism, a condition which accounts for only 2-5% of all acute PE cases. Thankfully, Aaron wasn't done yet.

"I've always bounced back," Aaron says. "There's no limit to the amount of times you can be reborn."

"There's no limit to the amount of times you can be reborn."

His philosophy of rebirth has fuelled a new venture, Reborn Mindset, a company built around six core principles:

1. Recognise Reality
2. Embrace Change
3. Build Resilience
4. Own Your Mindset
5. Reignite Your Purpose
6. Never Quit

Through talks in schools, businesses, and even prisons, Aaron is helping others reshape their lives - just as he did.

"Mindset is everything."



Now, he's training to set a world record, cycling the full length of the historic Route 66. He'll travel 2,486 miles, from Chicago to LA, in just 24 days on a standard road bike, with one prosthetic leg.

All to raise awareness of the challenges faced by veterans and amputees and funds for four incredible charities: Blesma, Wounded Warrior Project, WHYSUP and Team Forces.

"It's not just about helping others - it's helping me too."

Aaron's story is a testament to the power of mindset. "Whatever you want to achieve in life," he says, "it all comes from being in the right headspace. Mindset is everything."

If you have been affected by any of the issues raised in this article please click [here](#) for signposting and support.

Would like to support Aaron's campaign?

DONATE 

Inflamm-ageing: How Mental and Physical Scars Could Speed Up Ageing

In both civilian and military circles there is a growing interest in understanding the long-term health impacts of traumatic injury; part of our core focus here at ADVANCE.

Thanks to recent advancements in emergency medicine and hospital care, survival rates among victims of major trauma have seen increases in the odds of survival and a significant reduction in mortality rates.

Cohort Size

1125



Age & Sex

34.6

100%



Injury Status

556 Uninjured



566 Injured



157 with limb-loss

Mental Health

Depression

Anxiety

PTSD

What DO we know?

Civilian and military survivors of major injury are at an increased risk of developing cardiovascular disease, arthritis, dementia and sarcopenia when compared to non-injured subjects, alongside increased episodes of infectious disease.

Those who sustain a critical injury are more likely to develop age-associated diseases earlier than their non-injured peers.

Severe injuries have been reported to result in chronic alterations in metabolic, immune and inflammatory responses.

Military and civilian trauma survivors have shorter life expectancies and are associated with an increased risk of mortality.

Physical activity has been shown to slow or reverse some of the changes associated with ageing.

1

2

4

An Emerging Idea

'Severe traumatic injury may accelerate the normal biological ageing process.'

Supported by results from a small number of studies that have reported evidence of:

- Chronic low-level inflammation in trauma survivors ("Inflammageing").
- Accelerated immune ageing in both civilian and military survivors of major injury.

How can we measure biological ageing?

It is now possible to assess how rapidly someone is ageing. Calculations can be performed on DNA cells methylation data* to measure different aspects of "biological ageing".

This article focuses on "Pace of Ageing" – a prediction of the rate of "biological ageing" for an individual – provides insights into future health trajectories.

*DNA methylation data is created by collecting a DNA sample (often from saliva or blood), performing laboratory analysis, and then analysing the resulting data.

What is the purpose of this research?

1. To establish the impact injury and mental health has on epigenetic ageing.
2. To identify which lifestyle and environmental factors may have a protective effect.

What could the data tell us?

- Whether physical injury accelerates the biological ageing process.
- If increased physical activity protect us from these effects.
- If other lifestyle choices such as diet and sleep, have an effect.
- Recommendations from this research that may help specific communities such as those experiencing limb-loss.
- If mental health plays a role in biological ageing.

This research is thanks to:



Professor Janet M Lord FMedSci, CBE
Emeritus Professor of Immune Cell Biology
Department of Inflammation and Ageing



Dr Jon Hazeldine BSc (Hons), MSc, PhD, AFHEA
Research Fellow
Department of Inflammation and Ageing

Factors such as socioeconomic status and increased BMI have been shown to increase the rate of biological ageing.

3

There is growing evidence regarding the impact of mental health conditions and injury on biological ageing.

5



Dr. Jack Sullivan
Research Fellow
Department of Inflammation and Ageing



Dr. Jack Sullivan
Research Fellow
Institute for Inflammation and Ageing



WATCH
this space

We'll have an update on this in the coming months!

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Book In

2026 dates are
booking up fast!

Research LATEST PUBLICATIONS

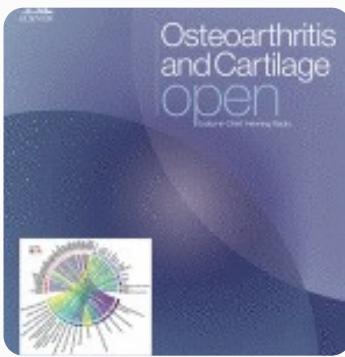
Below you can explore the latest ADVANCE research publications and summaries:



Biopsychosocial factors and low back pain in military personnel with lower limb loss

September 2025

READ MORE



Prevalence, incidence, and progression of hip osteoarthritis in a young military population

December 2025

READ MORE

Want to keep up to date with our latest news, outcomes and publications?

Click to Follow Us



A New Study for Lower Limb Loss

Lower limb loss is a life-changing injury that affects many serving and former members of the Armed Forces, who face long-term health problems beyond mobility challenges. One of these is a reduction in hip bone strength, which can occur earlier than in the general population. This weakening of the bones increases the chances of fractures, particularly from falls. Fractured hips cause pain, disability and place a burden on healthcare services.

Exercise programmes are known to improve bone strength in older adults, people with osteoporosis, and astronauts who lose bone density in space. However, no research has tested whether resistance and high-impact exercises can prevent or reverse bone weakening in people with lower limb loss. To address this, we developed guidelines with international experts, for exercises that could help strengthen bone in those with lower limb loss.

In this study, we will test whether the proposed exercise programme is safe, acceptable, and practical for prosthesis users. Ten male participants with below-knee limb loss will take part in an eight-week programme, doing exercises such as squats, deadlifts, and jumps twice weekly at home, with regular telesupervision from the research team. Alongside monitoring safety and participation, we will measure muscle strength and structure before and after the programme.

This research will provide the first evidence on whether such an approach is feasible, laying the groundwork for a larger trial to protect bone health in those who suffered a lower limb loss. This could inform Defence rehabilitation practice, and help towards safeguarding the long-term health of injured personnel with limb loss.



Dr Marina De Vecchis
Higher Scientific Officer
Clinical Biomechanics
Academic Department of Military Rehabilitation

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Community PODCASTS

A curated selection of podcasts we hope you'll enjoy:



An unlikely saviour

October 2025

In this heart-warming episode, we meet an unlikely saviour, whose capacity to intervene when danger threatens has given Geoff back his freedom and sense of worth.

[LISTEN NOW](#)



Mne Alex Krol

September 2025

Alex recounts his experiences following the motorcycle accident, his departure from the Royal Marines, and his transition back to civilian life as a wheelchair user.

[LISTEN NOW](#)



Echoes of Bravery

25th October 2025

Matt reflects on his research and the courage of the men behind the medals, exploring what drove them, what connected them and why their stories still matter today.

[LISTEN NOW](#)

Meet the Team: Sandra Simpson



Hi!
Sandra Simpson
Clinical Project Assistant
ADVANCE-TBI

Outside of the study, what's a hobby or passion you enjoy?

Walking my neurotic dog.

What is your role at the study?

My role at the study is to carry out neuropsychological assessments on the study participants. That is, I assess their 'executive functioning', which includes things like memory and concentration span etc. - a bit like the 1% Club gameshow.

What does a typical day or week look like for you?

I only work 2 days per week (Monday and Tuesday). On a typical working day I will prepare the paperwork in readiness to see the study participants attending that day. I will then complete some admin tasks like writing letters or QC checks until it is convenient for me to go up to the ward and see our participants. I return to the office to score the outcomes and to enter all the data into our database, before finishing off with some more admin.

What has been the most interesting or surprising thing you've learned so far at ADVANCE?

I previously worked for the NHS on Mental Health research projects, so it has made a nice change to be working with a completely different group of study participants.

One thing that has shocked me (although I suppose it shouldn't have done) is how competitive all the study participants are.

Early bird or night owl?

Night Owl.

Favourite biscuit for the office tea break??

Jammy Dodger.

City break or countryside retreat?

Countryside retreat.

One word you would use to describe the study participants?

Interesting.

The best piece of advice you've ever been given?

Never eat yellow snow and don't waste your today by worrying about your tomorrow.

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Community **AWARDS & RECOGNITION**



Dr Laura Grover
Research Associate

"Finishing this PhD has reminded me of the very lesson at the heart of my research: great things are achieved through support and community. I'm incredibly grateful to my wonderful supervisors - Nicola Fear, Howard Burdett, and Laura Palmer - and to the entire ADVANCE team for making this possible. And above all, thank you to the participants for sharing their experiences with such honesty and courage."

This marks the end of her mixed-methods PhD, exploring social support within the ADVANCE cohort. Her examiner feedback was something special "terrific piece of work"; "enough for two PhDs"; and, "chapter 9 was a triumph". We can't think of a more glowing review.

Congratulations to Dr Laura Grover, from the entire ADVANCE team!



Professor Nicola Fear CBE

Professor of Epidemiology and Director of the King's Centre of Military Health Research (KCMHR)

Congratulations to ADVANCE board member, Professor Nicola Fear CBE. This October she was recognised as a 2025 Fellow of the Canadian Institute for Military and Veteran Health Research (CIMVHR), for her contributions to military and veteran health research.

Nicola's research focuses on the health of military personnel and their families, earning international recognition, including a CBE awarded in the 2025 King's New Year's Honours List for her services to military and veteran communities.



Anna Verey

Research Associate

"I was awarded a PhD Fellowship by The Colt Foundation, in July 2025, to investigate sexual dysfunction in male combat-injured UK Armed Forces personnel, using ADVANCE data. This three year PhD will start on the 2nd Feb 2026. I am proud to be one of the two successful applicants, who were successful out of a pool of 21."

The Colt Foundation funds high quality research in environmental and occupation health with a particular interest in projects that are likely to inform policy and working practices and thereby improve the health and wellbeing of workers and the wider population.

Congratulations to Anna from us all at ADVANCE!

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Community TEAM UPDATES



Fraje Watson

Research Associate

We bid a fond farewell to Fraje, who joined the ADVANCE Study in 2022 as a Research Associate, bringing her invaluable experience and bright personality.

"I've had a wonderful 3-years being part of the extraordinary ADVANCE study. I felt welcomed by the whole team from the very start and humbled by the commitment and frank approach by all the participants, especially those I met through the Participant Panel. I'm sad to leave but extremely proud to have worked with and known you all."

Her expertise and commitment has enriched our team, and she will be deeply missed.

farewell

Book In

**2026 dates are
booking up fast!**

Community
KEY DATES & INFO

CHRISTMAS CLOSURE

Closed: **19th December**
Reopening: **5th January**

Community
MERRY CHRISTMAS



Merry Christmas &
a Happy New Year
From all of us at



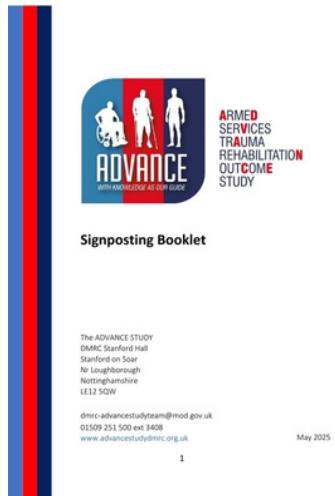
Community
DO YOU NEED SUPPORT?

Find Support

If you have been affected by any of the issues raised in this edition our team have curated a collection of contact details for services experienced in veteran support, offering support for your mental and physical health to occupational support.

To read this booklet:

1. Use the arrows  to engage full screen mode.
2. Once in full screen mode you will be able to read the information and links.



What's Inside?

- Alcohol, Substance Misuse & Gambling
- Bereavement
- Carers & Respite Care
- Children, Teens & Young Adults
- Transition to Civilian Life
- Employment & Work
- Families, Friends & Relationships
- Finance & Benefits
- Housing
- Mental Health & Emotional Wellbeing
- Mobility
- Recreational Activities
- Sensory Impairment (Sight and Hearing)
- Services for the Wounded
- Sexual Health & Wellbeing
- Veterans
- Veterans in Custody
- Welfare & General Wellbeing

Community
OUR FUNDERS

The ADVANCE Study has been made possible through the generous support of numerous organisations committed to helping veterans and service personnel. We are grateful to all our funders whose contributions ensure the continued success and growth of the study.

The ADVANCE Charity, alongside its Trustees, wishes to extend its' thanks to the following key organisations for their invaluable funding and support:

Thank you & Merry Christmas,
The ADVANCE Team

The ADVANCE Charity was founded in late 2018 to support the work of the ADVANCE Study. Its mission is to raise essential funds and provide guidance to the ADVANCE Study Project Board on the future direction of the research. Our Charity registration number is 1190361.



LIBOR Grant



THE NUFFIELD TRUST
for the Forces of the Crown
Supporting the men and women of our Armed Forces