



OFFICE FOR VETERANS' AFFAIRS

SUPPORTING OUR VETERANS: A CONSULTATION

Help for Heroes

Every day, men and women have to leave their careers in the Armed Forces because of physical or psychological wounds; their lives changed forever. At Help for Heroes, we enable wounded veterans to live secure and healthy lives with purpose. We give them the strength to recover, by providing physical, psychological, financial and welfare support – when they need it and for as long as they need it.

For more information or questions please contact our Senior Public Affairs and Policy Manager, Rachel Taggart-Ryan at rachel.taggart-ryan@helpforheroes.org.uk.

Executive Summary

There are many gaps within the statutory provision for veterans that prevent them from living well after service. Our key asks for the Office for Veteran Affairs is to bring forward legislation and push for policy change at the MOD and across other government departments to:

1. Expand the criteria for acceptance into the IPC4V and increase the funding allocated per individual veteran from £27k to £40K per annum
2. Reinstate long-term funding for the Veterans' Hearing Loss Fund
3. Create an NHS rehabilitation pathway for veterans that provides equivalent level of care to the DMS
4. Roll out Programme CORTISONE
5. Improve awareness of Op RESTORE
6. Expand 'Veteran-friendly' GP accreditation
7. Commission an independent review of the medical discharge process
8. Improving Op Courage pathways
9. Disregard War Pensions and Armed Forces Compensation Scheme as income from benefits and pensions
10. Add chronic pain as a condition within the Armed Forces Compensation Scheme tariffs
11. Reform Armed Forces Compensation and War Pensions tariffs to closer reflect those received within the civilian compensation systems
12. Extend the scope of the Armed Forces Covenant in law

Response to Consultation Questions

General questions

1. Do you live/are you based in the UK?

Yes

2. Postcode

SP5 3RB

3. Are you replying as an individual, or on behalf of an organisation?

Organisation

[Questions 4-20 are not applicable]

21. Name of organisation

Help for Heroes

22. What is the nature of your organisation or service you provide?

Help for Heroes supports anyone in the Armed Forces Community facing challenges by providing physical, psychological, financial, and welfare support. Our knowledge and expertise lie in supporting individuals who are managing long-term health conditions, both physical and mental.

23. What type of organisation is this?

Charity

24. If you are an organisation delivering a service, can you estimate how many users your organisation serves?

Since our foundation in 2007, we estimated to have provided support to over 27,000 veterans, family members, and members of the Armed Forces community, through our clinical, financial, mental health services, as well as through our grant making and Sport and Fellowship programmes.

25. How did you hear about this consultation?

a. Email from this department

26. Are you happy for quotes from your response and used by the government and publicly associated with your organisation? (for example, in the Government's response to the consultation or an Impact Assessment).

a. Yes

27. If you would like to be potentially contacted about future engagement on the subject of this consultation, please provide an email address: (Please note, this data will be held separately to and not analysed with data collected in the rest of the consultation).

Rachel.taggart-ryan@helpforheroes.org.uk

[Questions 28-50 are not applicable]

Housing

[We have decided not to answer question 51 as we do not have expertise in private rental issues]

[Questions 52-60 are not applicable]

Homelessness and rough sleeping

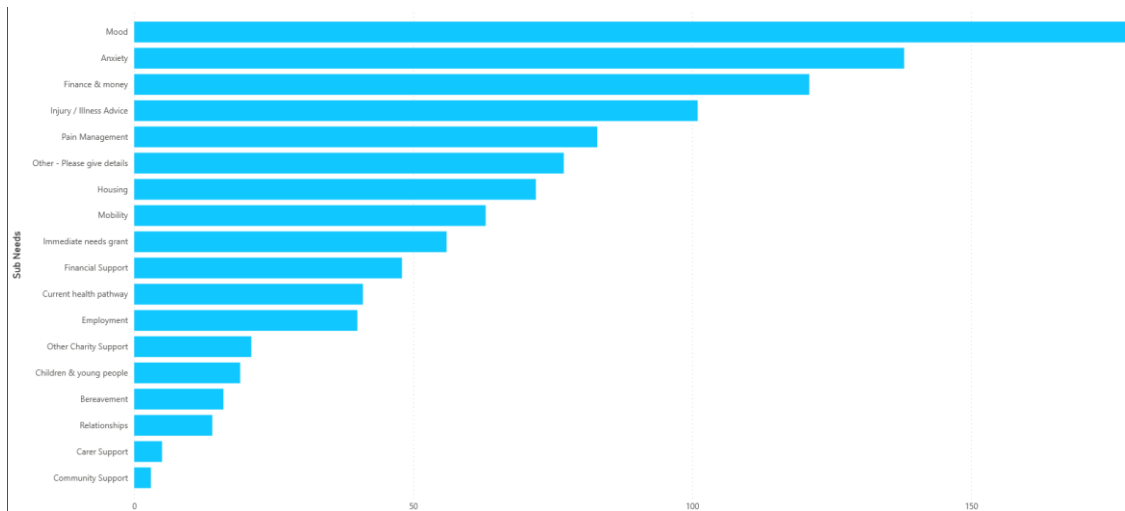
[We have decided not to answer questions 61 and 62 as we do not have expertise in homelessness issues.]

[Questions 63-65 are not applicable]

66. What are the most common support needs veterans present with? (select all that apply)

d. Other (please specify)

Below is a table showing the distribution of the various types of support beneficiaries approach Help for Heroes for.



Employment

[Questions 67-77 are not applicable]

Physical Health

78. What is your experience of physical health support for veterans with service-related issues?

d. Poor

i. There are very few NHS pathways and charities that offer physical health support specifically tailored to the needs of veterans. Help for Heroes is unique within the Armed Forces charitable sector for our holistic delivery, including both physical and mental health, as well as personal and financial wellbeing. Whereas a lot of the sector organisations focus solely on one type of physical injury, such as limb-loss or blindness. This gap in charitable support became very stark during the Iraq and Afghanistan operations and led to the creation of Help for Heroes in 2007.

NHS England has in recent years developed several veteran-specific referral and treatment pathways to ensure that they offer timely and relevant care, such as Op Courage and Op Restore. Whilst we have welcomed this provision in line with the NHS' commitment under the Armed Forces Covenant, the effectiveness of this pathways has been limited due to lack of resources and the reliance on the NHS waiting Lists. The accessibility of this pathways remains patchy across England, which the quality of care varies widely between different Trusts. Moreover, these pathways are only available in England, so veterans in the devolved nations are yet to see any benefit from their creation. We call upon the UK Government to work with the Scottish Government to create an equivalent to Op Courage and Op Restore within NHS Scotland and to roll them out into Wales.

Due to exceptionally long-waiting lists and poorer health outcomes within the Health and Social Care system in Northern Ireland, and concerns about the physical security of veterans identifying as such to health providers, we would like to see a specific referral pathway for Northern Ireland to receive musculoskeletal, prosthetics, and rehabilitation treatments in English Trusts.

79. Are there certain physical conditions that may affect veterans which you feel are not properly supported through current services?

a. Yes

Due to lack of resources and capacity, options for support for veterans with chronic pain injuries/conditions is very limited. The few pain clinics that are available through the NHS are often overwhelmed, have long-waiting lists, or are not taking on new patients. There are a few or no rehabilitation facilities for veterans with brain injuries or for prosthetic users. The prosthetics equipment is issued by the NHS, but veterans are not given the necessary follow up treatments at rehab or walking clinics. There is also very limited neuro-physiotherapy and psychology available on the NHS for veterans.

80. Are there any gaps in physical health support provision for female veterans?

• Yes

There is a need for medical practitioners within the DMS and NHS to better understand the long-term health impacts that male-fitting uniforms and protective equipment has upon the female bodies, particularly in the treatment of musculoskeletal injuries, which female veterans disproportional suffer from.

81. Before this consultation, were you aware of Op RESTORE in England?

a. Yes

82. Before this consultation, were you aware of the Veterans Prosthetics Panel in England?

a. Yes

83. Before this consultation, were you aware of IPC4V in England?

a. Yes

84. How could physical health support for veterans be improved?

Expand the criteria for acceptance into the IPC4V and funding allocated per individual: The IPC4V programme assists some of our most severely injured veterans, but the criteria for acceptance onto the programme are too narrow, specifically cutting off support from older veterans with needs are comparable to those on the programme. This is due to the criterion that only those whose injuries were sustained after 2010 can access this support. However, the majority of our most seriously injured veterans became so before this date. This cut-off date is arbitrary and should be removed, opening the pathway up to all wounded veterans on the basis of medical need only, rather than date of injury.

Additionally, the provision does not cover those who are living in care homes. Although these veterans may be receiving basic care in these homes, providers will not have the expertise or equipment to tailor care to the unique needs of someone who has suffered a severe battlefield injury. The veteran will also lack the community interaction that could be offered under IPC4V funding. Again, this omission seems arbitrary, making eligibility dependant on family circumstances, rather than medical need.

The funding allocated per individual is not sufficient for the complex care needs required for this group. They should be able to thrive as well as survive. The current upper limit annually for a recipient is £27,000, we would recommend this be raised to £40,000, with the ability to be adjusted according to the clinical need of the veteran: some may need more, some less.

Reinstate long-term funding for the Veterans' Hearing Loss Fund: An estimated 300,000 UK veterans suffer from hearing loss. Sixty-nine per cent of Royal Marine Commandos have had severe to permanent hearing damage, and, overall, those in our Armed Forces are 3.5 times more likely to suffer from hearing loss than civilians. Between 2015-2020 hearing loss/damage was the principal reason given for medical discharges from the regular Royal

Navy (4 per cent) Army (3 per cent), RAF (2 per cent) respectively. When the Government launched the Veterans Hearing Fund in 2015, it not only recognised that those who serve in our Armed Forces are exposed to a workplace that places them at substantial risk of hearing damage, but also that this cohort of veterans needed to receive hearing devices, peripherals, and therapies unavailable through the NHS. While the NHS offers hearing aids to veterans, these are typically designed for the general population and may not adequately meet the specific needs of veterans. This fund focused on ensuring access to the highest quality care and maximising post-service employability. To this end, it made £11.5M available using Libor revenue, and 3000 grants were made. Today the fund is no longer available, but this need remains. The Government needs to re-establish this fund and integrate commissioning for veteran-specific hearing treatments and equipment within the NHS in the long term.

Roll out Programme CORTISONE: Whilst we welcome progress towards the rollout of Programme CORTISONE, which will provide electronic transfers of medical records, and confirmation that the technical foundations of the programme are now in place. However, we remain dismayed by the time it is taking to deliver on this commitment which began in 2015. We would like to see this system operational by the end of 2024.

Improve awareness of Op RESTORE: We are pleased to see that NHS England and DHSC have continued to develop the former Veterans' Trauma Network to create an integrated plan for the physical health of veterans and aim to extend this work to the devolved administrations. The focus must now be around ensuring GPs, healthcare providers, and the third sector can effectively signpost and make referrals into this pathway and that care is consistently available and of high-quality regardless of where the veteran lives.

Expand 'Veteran-friendly' GP accreditation: While we welcome the fact that the number of Veteran Friendly GP Accreditations continues to expand, up to 2,300 from 1,520 the previous year, it remains evident from our beneficiaries that too many GPs are still unaware of the issues associated with service-related injuries. Accreditation remains voluntary and there is a further need to improve the identification and coding of veterans in GP computer systems. This would increase awareness and understanding of their health requirements. Consideration should be given to creating equivalents to 'veteran friendly' GPs in Scotland and Wales.

Create an NHS rehabilitation pathway for veterans that provides equivalent level of care to the DMS: We welcome the news that construction has started on the new National Rehabilitation Centre (NRC) located on the same site as Stanford Hall Rehabilitation Centre. We have repeatedly stressed our belief that rehabilitation services in the NHS are not as accessible as they should be for veterans and do not meet the same level of specialist care provided to serving personnel through the Defence Medical Services. The NHS is only funded to provide basic clinical care and limited additional therapies for a specified time for those who require rehabilitation for their injuries. Although this is delivered to a high standard, there is little or no equivalent level of rehabilitative service or expertise that a veteran can get outside of DMRC Stanford Hall, and we hope the NRC will address that.

We would like the NHS to provide a commissioning pathway that would guarantee like for like replacement of medical aids and devices for disabled veterans, who had been initially provided them by the Defence Medical Services. Whilst still serving, severely wounded veterans can access world-class rehabilitation services at DMRC Stanford Hall, run by the Defence Medical Services. They are provided with the highest standards of medical aids and devices, such as standing wheelchairs and high-performing prosthetics. However, once they leave service and the lifespan of these devices expires, replacing them becomes the

responsibility of the NHS, which is generally of lower quality and utility. We want the Government to improve the NHS pathway for commissioning of medical aids and devices for veterans to ensure that they standard of equipment they receive does not deteriorate over time.

85. Are you aware of specific physical health support for veterans and their families in Scotland, Wales and Northern Ireland? If so, what?

Wales: The country has Veterans NHS Wales which is a specific NHS Service for Veterans Mental Health. This was originally funded by Help for Heroes and is now funded by NHS Wales. The VNHSW is probably the best NHS affiliated Veterans Mental Health organisation in the UK. There is also a Veterans Trauma Network (VTN) which supports veterans that have received injuries/wounds whilst in service. This is designed along the same lines of the old VTN (now Op Restore) model in England.

Scotland: The Scottish Government is currently working on their Veterans Mental Health Action plan and have a Veterans Mental Health & Wellbeing Service being developed, which is due to go live in March 2024, but likely to be delayed. Scotland also utilises a network of Community Navigators, who specialise in social proscribing, in the community and amalgamating the existing V1P programme. Also, there is a planned version of the VTN for Scotland which is currently awaiting Scottish Minister approval. Currently, the VTNs and mental health support mechanisms can only be accessed by veterans and not family members. We would like to see this change. However, the Community Builders programme does look at the family as a whole.

Mental Health

86. What is your experience of mental health support for veterans with problems related to their time in service?

c. Average

87. Are there certain mental health conditions that may affect veterans which you feel are not properly supported through current services? (select all that apply)

h. Alcohol, drug and gambling addiction

m. Self-harm

n. Dementia

o. Eating disorder

88. To what extent do you agree or disagree that there is stigma associated with seeking mental health support within the veteran community?

b. Agree

89. Were you already aware of mental health provision for veterans in your area before this consultation (e.g. Op COURAGE in England, or other services elsewhere)?

a. Yes

90. How could mental health support for veterans be improved?

We welcome the step change in veterans' mental health provision, driven by significant investment allocated to Op COURAGE and the Armed Forces Covenant Fund Trust. However, we believe that many of the challenges stem precisely at the point of transition and that slow progress is being made through the commissioned services. We believe that a consistent care pathway needs to be established at the point of discharge to make sure this process is clearly transparent and adequately resourced. Most important is the transparency

of how individuals access support because many people find it extremely confusing, particularly if they are during a mental health crisis.

Commission an independent review of the medical discharge process: Our studies show that almost 70 per cent of the medically discharged veterans we supported had a negative or very negative transition experience following medical discharge from the Armed Forces. This process is clearly not working to support our veterans and needs urgent reform. In October 2022, Help for Heroes brought together stakeholders to discuss a cross-sectoral approach to addressing gaps in provision for those with mental health conditions who are medically discharged from the Armed Forces. From that, there was consensus that:

- I. Service personnel medically discharged with mental health conditions do not always receive a formal diagnosis or information on treatment and support options.
- II. Mental health is still a hidden problem for veterans, and it is still difficult for many to access what feels like the right help at the point of discharge.
- III. Many service personnel are unable to get assessments for mental health whilst they are in transition.
- IV. The transition between Departments of Community Mental Health and the NHS is seen as crucial. Non-injured amputees have the worst outcomes when being discharged, especially when it comes to mental health.
- V. The time given between notification of discharge date and actual discharge date varies hugely between services and individuals.
- VI. Compensation awards are often not formally disclosed until after service personnel have left the military. Interim awards are sometimes provided but are often insufficient to meet many individuals' financial needs. Often those with mental health injuries find it harder to get timely compensation awards as decisions are held off due to misunderstandings regarding the severity of such conditions or potential of recovery.
- VII. Individuals who are medically discharged often do not receive their full medical history documents for many months, or even years after leaving the military. We believe these should be provided no later than one month after leaving the military to ensure they can register with civilian GPs and continue to receive the appropriate treatment. This can be a disproportionately hard system to navigate for someone whilst dealing with a mental health crisis.

We want to secure an independent Government review of the medical discharge process, which is based on addressing these key inconsistencies and gaps in support. This review should view the process from the experience of serving personnel and consider consistency across all three military services.

Improving Op Courage pathways: There are also issues with consistency and that NHS practitioners do not routinely have expertise in military mental health, and those who provide the treatment may not have adequate experience treating veterans, particularly those with complex military psychological conditions. Mostly notably

- I. Op Courage is only available in England, so veterans in the devolved nations are yet to see any benefit from its creation. We call upon the UK Government to work with the Scottish Government to create an equivalent to Op Courage within NHS Scotland and to roll it out into Wales.

- II. There is a large difference in care standards between DCMH and Op Courage. However, there was a recognition that retention and recruitment of workforce in DCMH is proving to be a challenging issue, as it is in the NHS.
- III. There are missed opportunities to promote and signpost Op Courage. The veteran's perspective is needed when setting up services, and a lot of people struggle when they suddenly have to start navigating services by themselves.
- IV. Common assessment tools have been worked on for a while and some charities have now shifted in direction to think more about common outcomes.

91. Are there any gaps in mental health support provision for female veterans?

a. Yes

Female veterans are more prone to suffer from depression and anxiety, when compared to their male counterparts, as well as increased risk of developing mood and personality disorders and probable PTSD. Whilst they are at a lower risk of suicide compared to their male counterparts, the risk is higher in comparison to civilian women. However, the inpatient care cost per patient for mental services is lower for female veterans than for male veterans. This suggests that female veterans use these services differently and younger women are less likely to access veterans' health services compared to older women and men. Practitioners within the mental health services provided to veterans, such as Op Courage, need to be fully cognisant of these differences in diagnosis and reluctance to seek help. We were currently do not believe they are.

Additionally, these same mental health services need to commission specialist treatment of sexual trauma and harassment, which appallingly remain a feature of life for women in service. Within the UK Armed Forces 67% of servicewomen reporting instances of some form of unwanted sexual behaviour. A recent study on female UK Armed Forces veterans revealed 22.5% reported sexual harassment, 5.1% reported sexual assault, 22.7% emotional bullying and 3.3% physical assault. Younger women and of lower rank were more likely to experience emotional bullying and sexual harassment. Those who were combat experienced were more likely to experience military sexual assault.

NHS Awareness

92. In your experience, to what extent do you agree or disagree that staff in hospitals of veterans are aware of veteran support services?

4. Disagree

93. In your experience, to what extent do you agree or disagree that staff in GP surgeries are aware of veterans and veteran support services?

d. Disagree

[Questions 94-98 are not applicable]

Transition

99. What, if any, are the main barriers for veterans accessing healthcare within the first two years of leaving the military?

a. The most substantial barrier is the veteran's lack of knowledge of where to go to access NHS healthcare or ongoing treatment for existing conditions once they are no longer the responsibility of the DMS. This can be compounded by the difficulties in accessing medical records from DMS and lack of any detailed clinical handover system. Currently, it can take up to six months for a new veteran to obtain their records. This means that they are less likely to be able to register with a GP, and if they do, they will not be able to continue with ongoing treatments in a timely way.

100. What more, if anything, could be done to make accessing healthcare after transition better?

a. Project Cortisone has been the long-anticipated solution to the problem of records transfer between DMS and the NHS. This system has been promised since 2015, yet after almost a decade of development, we are yet to see it rolled out. Despite delays and additional costs, Project Cortisone needs to be prioritised. We believe that the OVA could play an important cross-departmental role in getting this digital system off the ground. The MOD should also institute a formal handover process, whereby those leaving service who are receiving ongoing treatment or have ongoing conditions related to their service are able to make referrals directly to or provide guidance for veterans about accessing specialist services before the person leaves service. There is also a need, as described above, to expand the Veteran-Friendly GP accreditation to build up the expertise within NHS primary care of the needs and vulnerabilities of new service-leavers.

[Questions 101 is not applicable]

Veterans in Care

102. Are you involved in, or have experience of caring for veterans? (e.g. as a service provider, a family member of a veteran in care, or carer).

Yes

103. Do you feel there is sufficient support for veterans in care?

b. No

i. Our Very Seriously Injured (VSI) team support several veterans in care settings and there is huge disparity in services. There is not enough support for veterans in care homes and in our experience, this is due to funding. Our biggest complaint from veterans is being stuck and isolated within the care home and not being able to access the wider community. This problem is especially acute for younger veterans who are severely injured, and who find the care is designed around an older population, with little opportunity to socialise with their contemporaries. Whilst veterans who have adequate funding (IPV4V or litigation) are likely to have access to the community and have 1-1 staff, those veterans who do not have funding and who's relatives are not close by find that they are unable to leave care settings and are generally stuck inside the home with elderly people. Even the Royal Star and Garter Care Home has an elderly population and some of the younger veterans are in the minority. Access to therapies in can also be very disjointed, owing to the nature of the veterans' injuries a lot of them need maintenance therapy- this is not something that can be continued by statutory services. If there was a pot of money to allow for ongoing therapies, this would have physical and emotional benefits for the veterans.

[Questions 104-108 are not applicable]

109. Are there particular types of support you would like to see offered more widely to veterans in care settings?

a. A solution to the isolation problem would be a buddy system whereby the veteran and their buddy could go out together and access the community. We find that staffing is sometimes an issue for the care homes so they cannot release a staff member to go out with the veteran. If the care homes were given an extra staff member or dedicated community hours this would combat that, these hours however would need protecting.

110. Are there barriers to introducing veteran specific support?

a. Ideal veteran support would be supported independent living with access to ongoing rehabilitation and activities. The main barriers to this are adequate funding. Specifically, challenges around siloed funding and lack of cross-border health and social care. There are also barriers around the location of Care Homes and Care Units which can often lead to the isolation of the veteran from the wider community. They need to be in areas where there is a reasonable travel and community connections for the veteran. There can be a lack of understanding on veteran culture in care homes. There can be added complexities that staff are not overly proactive in encouraging veterans to engage in activities even when this is known to be beneficial to them. Finally, investment is needed to ensure that access to stepped up care is always available when required.

Pensions and Compensation

111. To what extent do you think veterans understand their Armed Forces pension entitlement?

c. Limited understanding

112. To what extent do you think Service personnel and veterans are supported to make informed decisions affecting the value of their Armed Forces pension?

c. Not supported

113. To what extent do you think injured Service personnel and veterans are supported to make informed decisions about managing their compensation awards?

c. Not supported

114. What is your perception of the claim process?

a. The biggest concern we have about the War Pensions and Armed Forces Compensation Scheme process is the frequent delays in processing applications. The average customer journey time for a veteran putting in for a War Pension is supposed to be six months which is rarely met. The perception of this for a veteran can be very overwhelming, they are unable to log in to any portal to check the progress of their application and are unable to speak directly to the case workers processing their cases. Such delays are partly caused by a lack case workers at Vets UK, but most significantly because the case system is in dire need of digitalisation. This is still a paper casefile-based process with workers having to order up and move dozens of boxes of case files in and out of archives and between desks. This makes it almost impossible for veterans to receive an update or check something in their applications in a timely way as most of the time the caseworker will not have their files to hand. Veterans also experience delays around gathering the relevant information from GP's, obtaining the discharge medical evidence and consultant reports. Amongst all that paperwork goes missing which again slows the process down so by this time you can imagine how anxious a veteran becomes once they are told this.

We also have serious concerns about non-medical decision-making on complex cases leading to poor outcomes for veterans. All the case workers at Vets UK are lay civil servants with no prior medical knowledge and especially not of complex conditions arising from frontline or military service. A small team of medical staff do sampling of decisions and training with staff to ensure that consistency in decision-making, but we feel that this is insufficient to ensure quality decision-making and to reduce the number of claims that go to appeal. We would like to see medical staff oversight and sign off on all decisions.

115. How do you think official communications concerning Armed Forces pension and compensation schemes could be further improved?

a. There has been a significant improvement in customer service, since an online version of the application forms became available for compensation claims and a recent reform of the bloated complaint procedure at Vets UK. Both have been welcome developments. However, I think there needs to a greater emphasis on allowing claimants to track the progress of their claim. There is also a perception among veterans that the system prioritises physical injuries over mental health injuries, and that the latter are not given the same level of esteem and care in the decision-making process. One cause for frustration that we have heard from veterans in these cases is that evidence from their NHS healthcare provider, whether that be a primary GP or a mental health specialist, is often dismissed or contradicted by case workers and decision-makers. There is a perception that in mental health cases, Vets UK are inclined to delay making an award in the hope that the veteran will recover, and the claim can be dismissed. There needs to be better communications around how mental health claims are processed, what evidence needs to be presented and what weight it will be given, as well as the expectation of how long a claim will take to be resolved.

Social Security Benefits

116. To what extent do you think veterans are aware of the social security and other state benefits they are entitled to?

c. Unaware

117. To what extent do you think people dealing with claims and/or medical assessors understand military life and military benefits?

d. Poor understanding

118. Do you think there are barriers to veterans claiming social security and other state benefits?

a. Yes

Disregard War Pensions and Armed Forces Compensation Scheme as income from benefits and pensions: Military compensation payments are made to veterans in recognition of the pain and disablement that their service injury or illness has caused them. As such, it is distinct from other forms of income replacement or disablement benefits. Veterans and their families should not be disadvantaged in receiving other welfare benefits to which they would otherwise be entitled because they are in receipt of military compensation, nor be forced to forgo it. This runs counter to the first principle of the Armed Forces Covenant. The Government has recognised this by changing policy to fully discount this from Universal Credit – this is a continuation of a policy that has already been in part enacted. However, currently across other benefits, whether this income is discounted, and by how much, varies between War Pensions (WP) and Armed Forces Compensation Scheme (AFCS) recipients and across different benefits (see Appendix, Section 2). Although administered differently, this disregard should also apply to attributable Service Invaliding Pensions (SIPs) and Service Attributable Pensions (SAPs), which are an additional form of compensation to supplement the pensions of those whose military career was cut short due to a service-attributable injury.

Policy should be amended to disregard all forms of Armed Forces compensation as income from all forms of benefits and pensions. In 2022, there were only 150,000 veterans and their families who received military compensation to support the ongoing costs of an illness or injury acquired in Service. Of these, only a small proportion will also claim various forms of welfare benefits. Furthermore, only an estimated 10,000 local benefit awards per year involve military compensation, so there are very few applications per any individual local authority. However, 80 per cent of British councils treat some or all of this as income. In

addition to the moral argument presented by the Armed Forces Covenant in favour of this policy, simplifying this overly complicated means test would vastly reduce the operational time and resources spent by the Department for Work and Pensions (DWP) and local authorities administering these benefits, as it already has in the case of Universal Credit. As the number of veterans receiving War Pensions (WP) and Armed Forces Compensation Scheme income (AFCS) are a very small percentage of the overall benefit recipients, this policy will not add a significant additional burden on the welfare system.

Add chronic pain as a condition within the Armed Forces Compensation Scheme tariffs:

Chronic pain is recognised as a distinct disease of itself by the World Health Organisation (WHO) as a pain that persists for more than three months. Chronic primary pain has no clear underlying condition or is out of proportion to any observable injury or disease. Chronic secondary pain is a symptom of an underlying condition. Chronic secondary pain and chronic primary pain can coexist. However, the AFCS is currently out of step with medical guidance as they do not recognise or compensate veterans who suffer from diagnosed chronic primary pain as a condition resulting from service. This is at odds with how mental health injuries are compensated through the same system, where an ongoing mental disorder is seen as a distinct condition from a physical injury, to which it was initially associated. Additionally, current AFCS legislation omits higher or distinct compensation tariffs for secondary chronic pain where the pain is over and above the initial physical effects of injury or illness persist after they have fully healed or been resolved. The very purpose of the AFCS is to compensate for 'pain and suffering' experienced by those injured and their families because of their service. Yet when it comes to pain, the system completely fails to consider the lifelong and extensive impact of these conditions. We advocate that AFCS legislation is amended to include chronic pain in line with the WHO's latest International Classification of Diseases.

119. Do you think the support that veterans can access through the social security benefits are sufficient to support them in civilian life?

b. No

Reform Armed Forces Compensation and War Pensions tariffs to closer reflect those received within the civilian compensation systems: Our Armed Forces Personal proudly serve our country and should not receive less compensation for an injury in their place of work than those in civilian professions. For those eligible, AFCS and WP will provide a lump sum award to reflect suffering which results from the injury sustained or illness acquired because of service. The lump sum will be taken from a tariff guideline (set out in JSP 765). However, these tariffs are outdated, do not include injuries resulting in chronic pain conditions, and there is likely to be a dramatic difference between the award made to a veteran and that you would reasonably expect in a civil claim. For example, for a Non-Freezing Cold Injury, under AFCS the injured Veteran would receive a lump sum of £6,000. For the equivalent injury, a civilian could expect to receive anything up to £180,000. In line with its duties to ensure that no veteran is disadvantaged because of their service under the Armed Forces Covenant, the Government must commit to reforming the tariff system.

[Questions 120-122 are not applicable]

National Insurance Relief

123. Were you aware of the National Insurance Rate Relief Scheme?

a. Yes

[Questions 124-126 are not applicable]

Justice

[We have decided not to answer question 127-136 as we do not have expertise in veterans in the justice system]

Veterans and the Armed Forces Covenant

137. Were you aware of the Covenant and that it covered veterans prior to this consultation?

a. Yes

138. To what extent do you agree or disagree that the Covenant provides for the needs of veterans?

c. Neither Agree nor Disagree

139. Do you have evidence there are any limitations to the Covenant in providing support to veterans or areas where government could go further?

a. Extend the scope of the Armed Forces Covenant in law: The Armed Forces Act 2021 puts the promise of the Covenant on a legal footing for the first time. However, while most of the public believe it is the responsibility of national government to deliver, the UK Government has exempted itself from the new duty to give due regard to the Covenant in decision-making and policy development. Instead, only some limited public bodies (mainly local councils) are subject to the new duty. This cannot be right when responsibility for many of the issues concerning our Armed Forces community rests with national government. We believe that national government should be brought within the scope of the new legal duty and that the full range of policy areas protected by the Covenant should be extended to include all issues affecting the Armed Forces community, including social care, employment, pensions, compensation, and immigration. The power to do so already exists within this legislation and it is within the power of the Secretary of State for Defence to enact.

140. Do you have any other views on the Covenant as it pertains to veterans?

It is too early to say whether the new duty is making a difference. However, we need to be equally alive to the risks of unintended consequences, such as the focus on a legal standard diminishing what was already being achieved through best endeavours. Clearly, the new duty should help in addressing shortfalls, which is another reason why we believe it should apply for all aspects of Covenant delivery, including those where responsibility sits with central Government or Devolved Administrations. Sector engagement to date suggests that the administrations in Wales and Scotland would be happy to be included in the scope of the new duty.

There are additional sensitivities in Northern Ireland, but the NIVSO have been instrumental in facilitating support to the serving and veterans' communities and we understand there have been encouraging developments in terms of engagement with veterans of late. However, local authorities in Northern Ireland have a very limited range of responsibilities and are not responsible for education, housing, health, adult social care, or children's services – all of which are the responsibility of the Northern Ireland Executive and its agencies. The wording of parts of the legislation that underpins the Good Friday Agreement means that the Northern Ireland Executive and its agencies have not adopted the Covenant. There is yet to be a clear solution to overcoming the perceived disadvantage in healthcare caused by the unique security concerns in Northern Ireland leading to veterans not disclosing their status to their GP and how the covenant can be used to ameliorate this.

Finally, establishing an effective means to monitor the delivery of Covenant commitments has been a longstanding issue. There is no evidential basis for monitoring and measuring

the effectiveness of Covenant commitment and leaves us having to rely on perceptions.

141. Are you a signatory of the Armed Forces Covenant?

a. Yes

142. How easily have you found it to deliver your commitments under the Covenant?

c. Neither Easy nor Hard

143. Have there been any specific difficulties in delivering your commitments to veterans under the Covenant?

No

144. Are there any examples of best practice in delivering your commitments to veterans under the Covenant you can share?

We seek to uphold the principles of the Armed Forces Covenant, by:

- Promoting the fact that we are an armed forces-friendly organisation; Help for Heroes supports veterans and serving personnel who have been wounded or injured, or have become sick, because of serving their country. Additionally, their families and dependents receive support from the Charity as they care for their loved one and adapt to the new challenges that they face. Many of our Recovery staff have recently served in the Armed Forces and come to Help for Heroes as experts in their fields. They fully understand our beneficiaries and their needs. We have created fellowship networks for the wounded, injured and sick and for close family members, which give opportunities for peer support, public recognition and a greater understanding of their needs.
- Seeking to support the employment of veterans young and old; Help for Heroes Career Recovery recognises that veterans are highly skilled and capable individuals with a huge amount to contribute to society. Responding to this need, Help for Heroes actively supports wounded, injured and sick veterans into paid or voluntary work through the Pathfinder Experience – a 3 phase programme of training and skills development to help ensure that anyone who has been wounded, injured or sick and has left the Armed Forces is given every opportunity to achieve a fulfilling career elsewhere. The Help for Heroes Career Recovery work is officially recognised by City and Guilds and The Institute of Leadership and Management. In addition, we support other charity partners to ensure that wounded, injured and sick Service personnel receive every opportunity to compete in the civilian employment market. Members of the Armed Forces Community make up almost one quarter of H4H's workforce.
- Striving to support the employment of Service spouses and partners and endeavouring to offer a degree of flexibility in granting leave for Service spouses and partners before, during and after a partner's deployment; A number of our staff and volunteers are Service spouses. Help for Heroes recognises the unique circumstances of service life and offers flexible leave around deployments, overseas training and other military events.
- Seeking to support our employees who choose to be members of the Reserve forces, including by accommodating their training and deployment where possible; Help for Heroes employs several Reservists, the majority having recently left the Armed Forces. The charity accommodates training and deployments on a case-by-case basis.
- Offering support to our local cadet units, either in our local community or in local schools, where possible; Those closest to our wounded, injured and sick play an essential role in the recovery process and thus we recognise the need to support family members, including children, as they support their hero. Help for Heroes

therefore engages people of all ages, including young children and teenagers, in order to promote the work of the Charity.

- Aiming to actively participate in Armed Forces Day; Help for Heroes promotes Armed Forces Day through our social media channels and actively takes part in local and regional Armed Forces Day events, using the opportunity to promote the work of the Charity and its mission.
- Working collaboratively with partner charities to deliver more support to more members of the Armed Forces and their families than ever before. Help for Heroes is an executive member of COBSEO (Confederation of Service Charities), which ensures that the Charity is part of the powerful voice that lobbies on behalf of all Service charities. We work closely with all the key delivery charities such as The Royal British Legion, SSAFA, BLESMA, Blind Veterans UK and Combat Stress as well as all the MoD, NHS and civilian agencies to deliver the right, timely support.

We publicise these commitments through our literature and/or on our website, setting out how we honour them and invite feedback from the Service community and our customers on how we are doing.

145. Have there been any limitations to the Covenant in providing support to veterans?

The Armed Forces Act 2021 puts the promise of the Covenant on a legal footing for the first time. However, while most of the public believe it is the responsibility of national government to deliver, the UK Government has exempted itself from the new duty to give due regard to the Covenant in decision-making and policy development. Instead, only some limited public bodies (mainly local councils) are subject to the new duty. This cannot be right when responsibility for many of the issues concerning our Armed Forces community rests with national government. We believe that national government should be brought within the scope of the new legal duty and that the full range of policy areas protected by the Covenant should be extended to include all issues affecting the Armed Forces community, including social care, employment, pensions, compensation, and immigration. The power to do so already exists within this legislation and it is within the power of the Secretary of State for Defence to enact.

Equalities (all)

[We have decided not to answer questions 146 as we have covered all relevant points elsewhere in the consultation.]

[Questions 147-159 are not applicable]

Financial skills

[We have decided not to answer questions 160-163 as we do not have expertise in financial advice to veterans]

Who is a Veteran?

The government and much of the Armed Forces charity sector generally defines veterans as those who have served at least one day in the UK Armed Forces. This is an inclusive and simple definition, and it formed the basis of the question that was asked for the first time in the England and Wales census in 2021 and then in Scotland in 2022. On this definition, the current veteran population in the UK is estimated to be approximately 2 million. However, wider understanding in society of what is meant by a 'veteran' can vary and be uncertain. We are interested in understanding all the definitions currently used and understood.

164. Do you agree with the above definition of a veteran?

a. Yes

This is the definition that Help for Heroes uses as its qualifying criteria for our beneficiaries. We support this definition as it is easily understood both within the veteran community and wider society. It also allows us to support the broadest range of beneficiaries by removing any definitional barriers that might prevent veterans from coming forward and seeking help from our services. We believe any definition that adds any caveats to who is a veteran, such as length of service, deployment status, age, or how and why they left service, will only serve to harm the cohesion and sense of identity within the veteran community and deter many who need support from veterans' charities and services from coming forward.

A more expansive definition of veteran could be based on all those who have been under the jurisdiction of "Service discipline" as defined by the 2006 Armed Forces Act (this means all UK armed forces, and non-UK Armed Forces Personnel who are bound by the rules of service discipline within a designated area). E.g non-military personnel embedded within military operations on a military base in a combat area.

165. Do you agree with the above definition of a veteran?

b. No

Although, we provide support as a charity to certain groups of locally employed civilians, such as the Afghan interpreters, on a par with Armed Forces veterans, we believe there should remain a definition distinction. We use the term 'Armed Forces Community' to talk about the slightly wider group of people we support, which includes families and people who worked alongside the British military, such as locally embedded civilians and journalists.

166. What length of time should a person have worked under the jurisdiction of "Service discipline" to qualify as a veteran?

N/A

167. Is there any action that should remove someone's status as a veteran?

b. No

Discrimination against veterans

168. Are you aware of any instances of discrimination against veterans due to their veteran status?

b. No

169. To what extent do you agree that discrimination against veterans is a significant problem?

- Disagree

a. We have no evidence that veterans have experienced any widespread occurrence of discrimination because of their status of having served in the Armed Forces. From this we conclude that it is not a significant problem. There are, of course, groups within the veteran community, such as those from certain ethnic minorities or LGBT+ veterans, who have experienced discrimination either whilst serving or as a veteran because of a protected characteristic, but not their status as a veteran.

There is an exception when it comes to veterans in Northern Ireland, where there are security concerns related to period of The Troubles, where a person's status as having served in the UK's Armed Forces would not only put them at physical risk of harm, but might also be used against them in terms of employment and access to goods and services. Veterans feel very uncomfortable telling anyone outside of their family their veteran status and would not

disclose it to any public body. One complaint we often receive from beneficiaries based in Northern Ireland is the assessment office for Employment Support Allowance, operated by Capita, is located on the Falls Road in Belfast. This is considered a 'no-go area' for veterans who therefore are disadvantaged in being able to make benefits claims.

Here are some examples of disadvantage reported to us for Northern Ireland veterans:

- Last year a veteran was in Belfast Hospital receiving treatment. A nurse found out he was a veteran and refused to help him any longer. The nurse received no formal discipline, but was just moved to another ward.
- A lot of veterans report still taking security precautions every day, for example checking under the car before getting in it or starting it because of the threat of a car bomb.
- Last year, a veteran was volunteering as part of a Poppy Appeal collection for the Royal British Legion in a Tesco store, when he was attacked, and his stall set on fire.
- We have received several reports of bullying and harassment in the workplace if a person is found out to be a veteran.
- One of our Veteran Ambassadors has been personally targeted twice in the last few years and has had to move house to conceal his veteran status.

Disadvantages faced by veterans

170. Are you aware of any incidents where veterans have faced a disadvantage when accessing public and commercial services?

b. No

171. To what extent do you agree that veterans face significant disadvantage compared to civilian peers?

c. Neither agree nor disagree

i. We have selected option C because although we do not believe that there is evidence of disadvantage in this way in Britain (as in England, Scotland, and Wales), the situation in Northern Ireland is an exception to this as we have described above. The lack of a sense of physical security for veterans and their families in Northern Ireland leads to a situation where they are unwilling to disclose their veteran status to any business or public body for fear that they would face not only disadvantage but be refused service or in some cases actively harmed.

Veteran ID cards

[We have decided not to answer question 172 as we have no expertise in ID card security measures]

Voter ID

173. Do you think the Veteran Card should be added to the list of accepted forms of ID for elections covered by requirements for photo ID?

a. Yes

i. If the Veterans ID card meets the standards needed to verify identity on par with other accepted forms of voter ID, such as passports and driver's licences, there is no reason why it should not be included in the list of accepted documents. Any measure which assists or makes accessing polls easier for the public would be in the interests of democracy to pursue.

174. Are there any other potential uses for a Veterans Card, for example as a means of identification?

a. Yes

We hope that the Veterans Card could be used as a means of proofing status to get discounts and other benefits with commercial business that have such offers and would encourage more businesses to do so. It will also be hugely beneficial to the Armed Forces third sector in establishing the eligibility of beneficiaries.

Medals

175. To what extent do you agree that inappropriate use of medals and uniforms is a significant problem?

d. Disagree

i. Beyond the occasional anecdotal account, we have no evidence to suggest that the inappropriate use of medals or uniform is an ongoing or widespread problem. We have no specific accounts of this occurring to share with this consultation.

176. Do you think that it should be an offence to wear military medals to which one is not entitled?

B. No

i. Although the inappropriate wearing of medals may be deemed by some veterans to be offensive, we do not support this action becoming a criminal offence. We believe that such a step would be hugely disproportionate and unjustifiably interfere with the right to freedom of expression. It is not the place of criminal law to police the wearing of any garment or adornment, unless in the very exceptional circumstances in which to do so may interfere with the national security or the health and morals in line with Article 10 of the Human Rights Act. Such exceptions may include the use of medals with emblems from proscribed organisations or that incited people to commit a hate crime. We do not foresee any circumstance in which the wearing of military medals from the UK Armed Forces would fall under any of these exceptional circumstances.

177. Do you think that the provisions of the Uniforms Act 1894 need updating?

b. No

i. Although the language of the Act is somewhat out of date, with regards to the type of exceptions that should exist for entertainment purposes, we believe the Act adequately protects against the false wearing of military uniforms to make a fraudulent representation or to undermine the reputation or authority of that uniform. It provides a strong basis of protection in law with a proportional penalty for violations. Judges today would be able to create case law upon the language of licensed 'stage plays' and 'a music hall or circus performance' to apply to more modern mediums such as video and their digital communications under the principle that the Act protects the wearing of uniform for artistic purposes broadly. We also believe that the exception from the offence for 'bona fide military representation' would also not only encompass the wearing of uniforms for reenactments, but for broader educational purposes.

178. Do you think it should be an offence to falsely claim to have served in the UK Armed Forces?

b. No

i. Fraud by false representation is already an offence covered in the Fraud Act 2006. So, if someone is falsely claiming to have served in the UK Armed Forces with intent to make a financial gain for himself/herself or access to a service that they would not otherwise have been entitled, there is already recourse for that in criminal law. A separate offence is not necessary. In the case where a person is falsely claiming to have served not for any specific financial or other gain, but merely for the sake of kudos or general respect, whilst this may be deemed as offensive behaviour by the veteran community, we do not believe it meets the threshold of a criminal offence.

[We have decided not to answer questions 179-180 as we do not have expertise in the prevention of misrepresentation and false claims online]

181. What is your assessment of the harm caused by those who impersonate veterans, exaggerate their service or wear medals they have not earned?

d. Nominally harmful

182. Are there any other circumstances, in addition to artistic endeavours and appropriate use by friends and family, that you think should be exempted from any provision on the wearing of medals?

a. We believe that the exemption under the Uniforms Act 1894 relating to 'bona fide military representation' should be understood to include educational purposes and for the purposes of reenactment.

General Support for non-UK veterans

183. Are there any gaps in UK support provision for non-UK national veterans?

a. Yes

i. The Gurkhas Pension Scheme, underpinned by the 1947 Tripartite Agreement, is no longer fit for purpose to provide for the needs of Gurkha veterans living in the UK. The Scheme needs to be reformed to offer Gurkha veterans who left service before 1997 equal pension entitlements to their British counterparts. Changes to the immigration rules in 2009, which allowed former Gurkha veterans with more than 4 years' continuous service to settle in the UK, has resulted in a fundamental change in the relationship between Gurkha veterans and the UK state. Prior to this change, the Gurkha Pension Scheme had lower rates as it had assumed they would return to Nepal after retirement, where the cost of living was significantly lower and was presumed to be sufficient to provide a quality standard of living in retirement. This is no longer the case, and many Gurkhas veterans have chosen to reside in the UK. The UK Government has recognised the need for reform to ensure parity of esteem and entitlement by allowing Gurkhas who served after 1997 to opt to transfer into the Armed Forces Pension Scheme. This cut-off date is arbitrary and results in older Gurkha veterans being disadvantaged because of their service and nationality. We recommend the Government bring in legislation to retrospectively amend the Gurkhas Pension Scheme.

[We have decided not to answer questions 184-185 as we do not have expertise in the non-UK veterans and access to support services]

[Questions 186-189 are not applicable]

190. Do you have any data or evidence regarding the experiences of non-UK veterans (without providing personal information or naming anyone)?

No

Immigration

191. To what extent do you agree that the current immigration process provided for the non-UK national community of veterans supports them in securing their long-term status in the UK?

e. Strongly Disagree

i. UK immigration regulations for non-UK service personnel and their dependants remain complex and excessively expensive. For instance, applications for indefinite leave to remain for a family of four total nearly £10,000, a significant financial cost which often means many non-UK soldiers and veterans are kept apart from their families. The policy frameworks

affecting the non-UK cohort stem from the effects of the changes to the Armed Forces immigration rules in 2013. This confirmed the existing requirement for those non-UK Personnel seeking settlement in the UK to have served a four year probationary period before being eligible to apply for settlement and to be earning an individual salary of £18,600, or to have a salary of £22,400 if they are seeking to bring a spouse and child to the UK (or to provide a further £2,400 for each additional child).

In line with UK policy on immigration, restrictions have also been introduced on parents and grandparents of non-UK families migrating to the UK unless they require long-term personal care not available in their own country. Knowledge of the English language and of 'Life in the UK' are also requirements for non-UK Personnel, veterans and families seeking to become UK citizens, in accordance with UK policy for all those applying for citizenship.

The British Army has published guidance notes to assist Non-British Service Personnel to manage their service life and transition to civilian life, but we believe more consideration could be given to the practical delivery of this. This should include receiving regular information on immigration policy throughout their career in the Armed Services and further steps should be taken to engage, signpost and support non-British nationals and their dependants, particularly in dealing with key concerns around the immigration process.

We also believe that more consideration could be given to the principles of the Armed Forces Covenant when addressing many aspects of the immigration process. Non-UK Personnel and their families should be supported by these commitments which attempt to ensure that they receive respect, support and fair treatment, should face no disadvantage compared to other citizens, and in some case be given special consideration.

192. What changes could be made to the routes to citizenship for foreign nationals that have served in the UK Armed Forces?

Foreign and Commonwealth members of our Armed Forces make up a significant and vital part of the UK's Defence capability and, as a nation, we ask them to make significant sacrifices to do so. We therefore welcomed steps taken by the Government to scrap immigration fees for non-UK Serving Personnel who have received a medical discharge or served a minimum of six years. However, currently – and as we outlined in the 2021 consultation – non-UK Serving Personnel are legally eligible to claim Indefinite Leave to Remain after four years of Service, and we believe the fee should therefore be waived at this point.

We also believe that application fees should be abolished for dependent family members. Reflected in their service is the sacrifice made by their families, who are often put through the same stresses and strains of being uprooted on postings and experience the anxiety of knowing that their loved ones are doing a difficult and dangerous job. As the Army Families Federation have previously reported, it is important to consider the additional burdens that families and dependants face by having to cope with the cultural adjustments, costs and resettlement issues that this entails. While many of the issues (e.g., housing, employment, health and welfare) that occur in transition from Armed Service life to civilian life will be equally applicable to British Service Personnel, we believe the complexities of applying to remain in the UK for non-UK veterans and families adds a further dimension to these issues that calls for additional support.

193. The Home Office held a public consultation on the proposal to waive settlement fees in 2021. Is there anything you would like to comment on which was not already covered in

this consultation?

No

194. Do you have data on the number of non-UK veterans going through the immigration process?

No

[Questions 195-203 are not applicable]

Government Commitment and Stereotype Reduction

204. Do you think any specific nationalities of veterans from the non-UK community face unique challenges?

The Gurkhas Pension Scheme, underpinned by the 1947 Tripartite Agreement, is no longer fit for purpose to provide for the needs of Gurkha veterans living in the UK. The Scheme needs to be reformed to offer Gurkha veterans who left service before 1997 equal pension entitlements to their British counterparts. Changes to the immigration rules in 2009, which allowed former Gurkha veterans with more than 4 years' continuous service to settle in the UK, has resulted in a fundamental change in the relationship between Gurkha veterans and the UK state. Prior to this change, the Gurkha Pension Scheme had lower rates as it had assumed they would return to Nepal after retirement, where the cost of living was significantly lower and was presumed to be sufficient to provide a quality standard of living in retirement. This is no longer the case, and many Gurkhas veterans have chosen to reside in the UK. The UK Government has recognised the need for reform to ensure parity of esteem and entitlement by allowing Gurkhas who served after 1997 to opt to transfer into the Armed Forces Pension Scheme. This cut-off date is arbitrary and results in older Gurkha veterans being disadvantaged because of their service and nationality. We recommend the Government bring in legislation to retrospectively amend the Gurkhas Pension Scheme.

More than half a million black African and Asian soldiers who fought in the British Armed Forces during the Second World War received significantly lower salaries than their white counterparts and were given discriminatory demob payments upon leaving the service. For example, when men of the East Africa Force received their demob pay in 1945, it was strictly calibrated according to their race, with a black African soldier paid a third of the amount given to his white African counterparts of equal rank in the same regiment. Such discrimination is not historical but still affects many veterans, alive today within the UK and Commonwealth. We believe that the UK Government, and particularly the Ministry of Defence, must acknowledge the harm caused by these racist policies. We recommend that an independent review is commissioned into the impact of these policies upon veterans with a view to recommending financial compensation and an official apology.

205. What is your assessment of the government's commitment to addressing the historic hurt experienced by specific cohorts and groups within the veteran community?

We are pleased that the Government has indicated that it will accept all the recommendations of Lord Etherton's Review of LGBT+ veterans and each service will continue their successful moves towards making the UK the most LGBT+ inclusive Armed Forces in the world. However, the success within for this group has been slow and fought over a period of seven decades and represents an exception rather than the overall experience of cohorts of veterans who were discriminated against in service.

There has been no commitment to amend legislation to address inequalities in the pensions received by older veterans from the Gurkha regiments, despite many years of high-profile campaigning from Gurkha welfare groups. Similarly, we are unaware of any commitment from Government to review discriminatory demob payments and salaries paid to veterans

from ethnic minority groups during the Second World War. We were pleased by the Government's 2021 apology and the accepting of recommendations by the Commonwealth War Graves Commission to acknowledge that there had been institutional racism within the organisation that had led to the inequitable commemoration of black and Asian servicemen from the First World War onwards. However, we are yet to see any tangible outcomes from the Report of the Special Committee to Review Historical Inequalities in Commemoration.

206. Do you believe it is making meaningful progress in addressing historic hurt experienced by these specific cohorts?

d. Disagree

[Question 207 is not applicable]

Women Veterans

208. To what extent do you agree that current statutory support services meet the needs of women veterans?

d. Disagree

i. Until the MOD understand the issues serving women experience, they cannot provide the support required. We need more research involving more women; both those serving and veterans. Women feel support services are centred around male delivery and are not tailored to the specific health issues experienced by these women. This includes the increased risk of musculoskeletal injuries due to poor fitting male designed equipment, and high levels of sexual assault, harassment and work-place bullying.

209. To what extent do you agree that women veterans feel comfortable accessing support services (statutory and third sector)?

d. Disagree

i. The main difficulty is that female veterans are much less likely to identifying as veterans or not seeing services as appropriate for them. Although women experience the same reluctance as their male counterparts in seeking help, including lack of awareness of support services and associated stigma, there are several key additional barriers that are sex specific. The first is the branding of these services is often overwhelmingly catered towards men, focusing exclusively on combat and battle related trauma, with language such as 'heroes' and 'strength'. This focus on combat trauma is less reflective of the female experience of the armed forces where often military sexual trauma, bullying, and harassment are more commonly reported reasons for help-seeking. Not only are women not seeing the Armed Forces Charities or statutory services as being places where they can get help, but actively fear receiving similar experience as they did within the Armed Forces. Recent research by Salute Her showed that 82% of female veterans with military sexual trauma avoided military charities for this reason and 100% of research participants wanted a sex-specific service with civilian therapist.

210. Do you agree women veterans are sufficiently visible and that their service is recognised by society as a whole?

d. Disagree

i. It has only been five years since women achieved full equality in the Armed Forces, one of the last areas of employment to maintain sex-based discrimination. Although this is a very positive step, most female veterans would have served before this time and are not given the same level of recognition or level of visibility in public discourse on service or in remembrance ceremonies. The picture of a veteran held by the public is still overwhelmingly male and does not acknowledge the

role of service women both today and those who served in past wars. The contributions women make serving their country needs to be much more visible.

211. How well informed are you about the issues facing women veterans?

b. Somewhat informed

212. To what extent do you agree that women veterans have different needs to men as veterans?

b. Agree

i. Although each veteran's experience is unique and individual, sex characteristics do lead to differing needs within the veteran community. As described above, high levels of bullying, harassment, and sexual assault remain a reality for women in service. This leads to long-term negative mental health outcomes, which differ from those of male veterans. Salute Her's recent research showed overwhelming support amongst female veterans with military sexual trauma for a sex-specific support service with civilian therapists. The former bans on pregnant and LGBT individuals serving led to a cohort of female veterans who were wrongly investigated and discharged from service. The injustices that these veterans experienced (exclusively women in the former group and disproportionately women in the latter) have for a long time gone unaddressed within the statutory support and charitable sectors. There is also a need for medical practitioners within the DMS and NHS to better understand the long-term health impacts that male-fitting uniforms and protective equipment has upon the female bodies and in the treatment of musculoskeletal injuries, which female veterans disproportionately suffer from.

213. How many women access your services/what proportion of the total veterans who access your services are women?

a. 18% of all our beneficiaries are female. 15% of all our beneficiaries who are actively accessing services are female. 17% of all veterans we support are female. 12% of all veterans who are actively accessing support are female.

Disabled Veterans

214. What is your experience of statutory support / public services for disabled veterans?

d. Poor

215. Are there particular issues that you do not feel are addressed by statutory services?

a. Yes

i. As outlined in our answer to question 79, due to lack of resources and capacity, options for support for veterans with chronic pain injuries/conditions is very limited. The few pain clinics that are available through the NHS are often overwhelmed, have long-waiting lists, or are not taking on new patients.

There are a few or no rehabilitation facilities for veterans with brain injuries or for prosthetic users. The prosthetics equipment is issued by the NHS, but veterans are not given the necessary follow up treatments at rehab or walking clinics. There is also very limited neuro-physiotherapy and psychology available on the NHS for veterans.

We would like the NHS to provide a commissioning pathway that would guarantee like for like replacement of medical aids and devices for disabled veterans, who had been initially provided them by the Defence Medical Services. Whilst still serving, severely wounded veterans can access world-class rehabilitation services at DMRC Stanford Hall, run by the Defence Medical Services. They are provided with the highest standards of medical aids and devices, such as standing wheelchairs and high-performing prosthetics. However, once they

leave service and the lifespan of these devices expires, replacing them becomes the responsibility of the NHS, which is generally of lower quality and utility. We want the Government to improve the NHS pathway for commissioning of medical aids and devices for veterans to ensure that the standard of equipment they receive does not deteriorate over time.

216. Do you feel that there are circumstances in which disabled veterans in particular are disadvantaged?

a. Yes

Military compensation payments are made to disabled veterans in recognition of the pain and disablement that their service injury or illness has caused them. As such, it is distinct from other forms of income replacement or disablement benefits. Veterans and their families should not be disadvantaged in receiving other welfare benefits to which they would otherwise be entitled because they are in receipt of military compensation, nor be forced to forgo it. This runs counter to the first principle of the Armed Forces Covenant. The Government has recognised this by changing policy to fully discount this from Universal Credit – this is a continuation of a policy that has already been in part enacted. However, currently across other benefits, whether this income is discounted, and by how much, varies between War Pensions (WP) and Armed Forces Compensation Scheme (AFCS) recipients and across different benefits (see Appendix, Section 2). Although administered differently, this disregard should also apply to attributable Service Invaliding Pensions (SIPs) and Service Attributable Pensions (SAPs), which are an additional form of compensation to supplement the pensions of those whose military career was cut short due to a service-attributable injury. Policy should be amended to disregard all forms of Armed Forces compensation as income from all forms of benefits and pensions.

217. Is there more that could be done to support disabled veterans?

a. Yes

i. As we have highlighted above there are several areas in which statutory services for disabled veterans could be improved. Most notably,

- Changing the eligibility criteria and amount of funding available to our most severely wounded veterans under the IPC4V programme.
- Reinstate long-term funding for the Veterans' Hearing Loss Fund
- Roll out Programme CORTISONE.
- Create a pathway within the NHS for veterans to receive the same level of care and quality of medical aids and devices as they would have received if they had remained in service and were cared for by the DMS.
- Roll out more Veteran Friendly GP accreditations
- Ensure that the gold standard of mental health commissioning for veterans, OP Courage, is accessible across all the regions and nations.

[Question 218 is not applicable]

219. Do you feel that the service of disabled veterans is sufficiently recognised?

c. I don't know

Neurodiverse Veterans

[We have decided not to answer questions 220-221 as we do not have expertise in neurodiverse veterans]

Social mobility and socio-economic background

[We have decided not to answer questions 222-225 as we do not have expertise in veterans socio-economic and mobility issues]

LGBT Veterans

226. Do you think the current support is sufficient for LGBT veterans?

e. Disagree

i. LGBT+ people in the Armed Forces have a long history of discrimination and disadvantage, most notably by the pre-2000 ban on homosexuality which led to wrongful discharge, removal of medals, loss of pension entitlements, and imprisonment. Past governments have accepted that this policy was wrong. But we are now seeing for the first time a commitment to working to understand, acknowledge and, where appropriate, provide tailored support for this community.

As part of the reconciliation process, we are calling upon the Government to provide compensation and restore lost pensions to those wrongly discharged, as recommended by the Independent Review chaired by Lord Etherton. Whilst we support most of the recommendations in the review, the suggested cap of £50 million (estimated to be £20,000 per victim) on the whole compensation pot falls substantially short of what is needed to replace the victim's loss of earnings and pension entitlements, let alone provide feelings of justice or security in later life. We recommend that this is significantly increased.

We are also concerned that there has been no commitment from the Government to resource a support service for these veterans to get advice on their pension entitlements, nor a communications plan inform those affected that they could be entitled to a change in their pensions.

227. Do you think LGBT veterans understand what statutory support is available to them?

e. Strongly disagree

i. As described above, there has been very little specific statutory support tailored to this group so far, although some is upcoming as the recommendations of the Lord Etherton review are enacted. However, one of the major themes of that review is the shunning and rejection from the wider Armed Forces Community that this group felt. Many, even to this day, do not feel comfortable identifying as veterans and are unlikely to seek help from statutory services provided for veteran community as a whole. Regaining the trust of this cohort will remain a major challenge for the MOD provided veterans' services and for third sector organisations.

228. Do you think LGBT veterans' service is recognised by society as a whole?

e. Strongly disagree

i. As you will be aware, up until the year 2000, if you served in the Armed Forces, it was illegal to be LGBT+ and, as evidenced by Lord Etherton's recent review, this ban was cruelly enforced and led to some devastating and long-lasting suffering for those who were wrongfully discharged, through one means or another, from the Armed Forces. So unsurprisingly, the relationship between the Armed Forces Community and the LGBT+ community has been rather fraught over the years, to say the least.

In his review, Lord Etherton highlighted the lack of engagement and support from the Armed Forces third sector with the LGBT+ community, and the perception that these organisations are/have been riddled by homophobic views and bullying. This perception does, to a certain

extent reflect, if not the charities themselves, but the behaviour of the wider supporter base. Whenever Help for Heroes has put out content in support of LGBT+ veterans we have received a backlash and homophobic comments online. It is clear from this that there is a very vocal part of society that describes itself as being supportive of veterans who do not recognise the contributions of LGBT+ veterans.

There has been a great improvement since 2008, when all three services took the decision to participate in Pride Marches, clearly signalling a sea change in attitude and a desire within Armed Forces to create a workplace where LGBT+ people would be welcome. From 1996, when the last person left prison for the crime of being homosexual in the Armed Forces, to now, the UK Armed Forces has transformed into one of the most inclusive in the world. We hope that institution of a memorial at the National Memorial Arboretum to LGBT+ veterans, the LGBT+ service pin, the official apology from the Prime Minister, and programme of official pardons that will be adopted by the Government will go a long way to ensure that their service is recognised officially.

Faith and belief groups amongst veterans

[We have decided not to answer questions 229-234 as we do not have expertise in faith and belief groups amongst veterans]

Veterans from ethnic minority backgrounds

235. Do you think statutory services sufficiently address the needs of ethnic minority veterans?

Unsure

236. Do you feel that the service of ethnic minority veterans is sufficiently recognised?

b. No

i. The 2021 findings of the Commonwealth War Graves Commissions review of inequality in commemoration conclusively showed that Black and Asian soldiers were not sufficiently recognised for their contributions nor treated equally in burials and memorials from the First World War onwards. More work needs to be done to rectify historical injustices committed against veterans from ethnic minorities, but also to recognise the contributions of those who have served recently.

Veterans' families

237. Do you think more should be done in supporting family members during the transition to civilian life?

a. Yes

l. Transition is missing for families within Armed Forces Covenant. Service personnel can do the courses provided to make the transition back into civilian life, but often there is nothing for families and information is not often relayed back to those at home. A common theme is financial mistakes being made with payouts and pensions, leaving the families in debt or unable to receive support from local authority housing and the unknown of support services available to them in their new communities, leading to isolation. There is nothing available as far as we are aware within the MOD transition courses or external options for families to tap into on their route into civilian settlement. It needs to be recognised that it's not only the service men and women transitioning, but also their families, who should, if they want to, be involved and have access to the same support and information.

[Questions 238-244 are not applicable]

Reservist veterans

245. Are there any unique issues faced by veterans of the reserves? Please set these out below with explanations.

Reservists may not have equal eligibility to access statutory services for veterans or Armed Forces charities. We call for a standard approach to eligibility across the sector ensuring the widest possible access to services.

Reservists are likely to experience problems with continuity of health care and treatment. When deployed, they have care provided by Defence Medical Services, however they are the responsibility of the NHS when not on active service. It can be difficult, as we have discussed above, to access medical records across these two different systems and to ensure a course of treatment, diagnosis, or prescription is carried over as the reservist moves back and forth between service and civilian life. This is a reason why Project Cortisone is so needed.

This shifting between two workplaces can make it difficult for reservists to express any concerns or traumatic experiences they have had during deployment. Whilst serving personnel normally remain with the units they deploy with and therefore can continue to express any concerns or traumatic experiences within a peer group, reservists return to civilian employment where their colleagues are unlikely to understand what they have experienced. Reservists often report receiving comments from civilian colleagues such as "how was your holiday." When a deployment may have traumatic, this can be difficult to deal with.

Merchant Seafaring Veterans who have seen duty on legally defined military operations

246. To what extent do you agree or disagree that Merchant sailors who have participated in military operations are recognised as veterans?

c. Neither agree nor disagree

247. To what extent do you agree or disagree that veterans from the merchant marine are aware of the support and services available to them as veterans?

c. Neither agree nor disagree

Data collection and Statistics

248. Do you think a veteran question should continue to be asked in any future censuses?

a. Yes

[Questions 249-251 are not applicable]

Government and Veterans

252. Were you aware that the UK Government now reports annually on the Armed Forces Covenant, including on Veterans?

a. Yes

253. Were you aware that there is a Minister for Veterans Affairs attending Cabinet?

a. Yes

254. Were you aware of the Office for Veterans' Affairs?

a. Yes

255. To what extent do you agree that the Government and Ministers should have specific structures and responsibilities to ensure the interests of veterans are represented?

a. Strongly agree

256. To what extent do you agree or disagree that veterans are valued by society?

b. Agree

257. Do you think the Government should be required to report annually to Parliament specifically on support for veterans?

a. Yes

i. Under the 2011 Act, the Government is required to produce an annual report to Parliament on the Armed Forces Covenant, which covers much of its support and initiatives for veterans. The Defence Committee also examines veterans' issues in the context of the Armed Forces Covenant Annual Reports.

However, establishing an effective means to monitor the delivery of Covenant commitments has been a longstanding issue. There is no evidential basis for monitoring and measuring the effectiveness of Covenant commitment and that leaves us having to rely on perceptions.

The Government's Annual Report on the Covenant each year outlines just how much Covenant-related activity is undertaken by, and is the responsibility of, national government. Even where the delivery of services may be local, the source of policy development, legislative requirements and direction is often central government. Despite this, current legislation applies only to elements of local government, and some health and education bodies.

The new Covenant statutory duty should help in addressing shortfalls, which is another reason why we believe it should apply for all aspects of Covenant delivery, including those where responsibility sits with central Government or Devolved Administrations, and so that central Government can be better held to account within Parliament.

258. Do you think the Government could do more to support veterans? If so, how?

As we have highlighted above there are several areas in which support services for veterans could be improved. Most notably,

- Changing the eligibility criteria and amount of funding available to our most severely wounded veterans under the IPC4V programme.
- Reinstate long-term funding for the Veterans' Hearing Loss Fund
- Roll out Programme CORTISONE.
- Create a pathway within the NHS for veterans to receive the same level of care and quality of medical aids and devices as they would have received if they had remained in service and were cared for by the DMS.
- Roll out more Veteran Friendly GP accreditations
- Ensure that the gold standard of mental health commissioning for veterans, OP Courage, is accessible across all the regions and nations.
- Disregard War Pensions and ARmed Forces Compensation Scheme payments as income for means tested benefits and pensions.
- Add chronic pain as a tariff within the Armed Forces Compensation Scheme.
- Review the medical discharge process.

Veterans Commissioners

259. Were you aware of the Veterans' Commissioners prior to this consultation?

a. Yes

260. To what extent do you agree or disagree that the Commissioners have been effective to date?

b. Agree

i. Overall, we believe that the Veterans' Commissions have been an effective method of spearheading veterans' policy and services in their respective nations. However, there has been a lot of regional variation in their effectiveness. The Northern Ireland Commissioner has been the most impactful across the devolved nations, given the unique difficulties faced by veterans in that region. The Wales Commissioner is relatively new in post but has made some inroads in liaising with the third sector and building awareness of his role. However, we feel that the Scotland Commissioner has not as visible enough across the third sector.

261. Do you think that the Commissioners should be established on a permanent, paid statutory basis, rather than as direct appointments?

a. Yes

i. Removing the doubt over whether the Commissioners' role will be there in the future gives service users (veterans, their families, and statutory bodies) confidence that there are, and will remain, national and regional structures that are solely tasked within improving their wellbeing and will be their voice in the political arena. Making these appointments on a permanent, paid statutory basis would add prestige and authority to the roles and help embed veterans' welfare as a priority across the devolved administrations.

Ombudsman

[We have decided not to answer questions 262-263 as we do not have expertise on the Ombudsman]

Education

[We have decided not to answer questions 264 as we do not have expertise in the education and schooling system]

[Question 265 is not applicable]

Arts

266. Do you agree or disagree that it is important for veterans to tell their own stories through the arts?

a. Strongly agree

i. Help for Heroes has always been a strong advocate for veterans being able to express themselves through the arts, and arts activities play a key part of both our clinical and fellowship services. We are currently developing a community arts project that seeks to embed good practice in the therapeutic use of arts, putting the expression of the veteran at the heart of our work.

The Help for Heroes Veterans Choir has long been one of our most known forms of artistic work with veterans. We also recently held an exhibition of work by veterans across the UK in partnership with Stockport Metropolitan Council. The images were taken by veterans who have been part of the Help for Heroes photography community over the past 2 years. Through a range of courses delivered online, veterans and partners have learnt valuable

skills and techniques. This has helped to increase their confidence in their eye for an image and how to get the most out of their camera.

267. Do you agree or disagree that the experience of veterans is appropriately represented in the arts and media?

c. Neither agree nor disagree

i. We neither agree nor disagree that the experience of veterans is appropriately represented in the arts and media. Representations vary widely from stereotypes depicting veterans as 'mad, bad, or sad' to bold courageous heroes. Most school children will encounter First World War Poetry during their secondary education but might be less familiar with more contemporary depictions of veterans post the Second World War. There is a marked lack of representation on films and media of Falklands, Iraq, and Afghanistan War veterans. The invisibility of younger generations of veterans has been exacerbated by the Taliban takeover and withdrawal from Afghanistan and the rise of ISIS and continued unrest in Iraq. The narrative represented in the media surrounding these conflicts has shifted away from the actions of those who fought in them to the wider questions about the political purpose and outcomes of these wars.

268. How can veterans be better empowered to share their experiences through the arts?

To empower veterans, you should start by using the artistic skills and capabilities that many veterans possess to create safe places spaces where they can express these with those who share common interest. In our experience lots of veterans have an interest in motorbiking, dogs, and tattoos. These are good conduits to introduce arts as a tool for sharing experiences.

This can be supported through peer-led art in the community in places where veterans already go. This can demystify art and help veterans to feel it is media for them in be express through. The use of co-design with credited artists can be very effective. Help for Heroes' choir often uses this to help veterans creates songs, lyrics, and poetry about their lives. We also use photography as a tool to express experience. We started the project locally, building up to a national scale exhibition in Stockport.

For any veterans' organisation, your community arts offer must become integral to a range of social activities. Such as creative writing, painting, creating opportunities to be able to share with peers. This will reduce barriers to accessing the materials, tools, and those with profession or lived experience to inspire their own creative freedom.

The empowerment piece works in the same way as any activity in a community development context by making opportunities that are accessible, inclusive, based where people live and work: co-created, social justice and equality, anti-discrimination, community empowerment, collective action, working and learning together.

[Question 269 is not applicable]

Heritage

270. To what extent do you agree or disagree that veterans are sufficiently celebrated in our heritage?

a. Strongly agree

i. The UK maintains an extensive network of between 70,000-100,000 commemorative memorials, the majority of which are recorded in national War Memorial register and are overwhelmingly well maintained, even after a century has passed since many were first built. These sites are protected by statute. Under the War Memorials (Local Authorities Powers)

Act 1923 local authorities are granted the power to maintain, repair and protect war memorials within their jurisdiction. This power does not extend to a duty to do so. We would recommend that this power be extended in legislatively going forward. Additionally, Parochial Church Councils have the power to repair any memorial on the church's land. There are also several large organisations that provide funding to maintain memorial heritage such as a War Memorials Trust in partnership with English Heritage and Scottish Heritage. In Wales, Cadw can provide grants for the repair of the historic fabric of memorials.

In addition, this the National Memorial Arboretum in Staffordshire contains over 400 monuments, the vast majority to veterans, and welcomes over 300,000 visitors to site each year, including over 20,000 young people for formal and informal learning visits. Each year around 250 events take place on site, from small intimate services of Remembrance to set piece events like Armistice Day, Remembrance Sunday, a summer proms and Armed Forces Day. Across the heritage sector there are also over 170 museums or historical sites dedicated to various aspects of the Armed Forces and veterans from the large multi-site institutions such as the Imperial War Museum to local museums such as the Stratford Armouries. Taken together veterans celebration and commemoration constitutes a large and well protected element of our culture and heritage sector in the UK.

Public monuments and events

271. Do you feel there are sufficient opportunities to celebrate or commemorate the service of veterans? Please explain why

a. Yes

i. There are four days in the UK calendar of events that are dedicated to celebrating the contributions of service personnel or commemorating veterans. In addition to the long standing and high profile dedicated days of Armistice Day (11 November) and Remembrance Sunday (Sunday following 11 November), there is also Armed Forces Day (29 June), which is show your support Armed Forces community, and Reserves Day (26 June) to recognise the valuable contribution reservists make to our Armed Forces. No other single institution has such a strong foundation of support and commemoration within the country. The wearing of poppies during the Remembrance Season is still widespread within the UK, with more than 45 million poppies are sold and 130,000 poppies wreaths are displayed at cenotaphs and military memorials throughout England, Wales, and Northern Ireland in November each year. There is little to no indication that they number of people buying poppies or participating in events surrounding these four days is decreasing or that support for commemoration of veterans is decreasing. Remembrance is also taught on the primary school curriculum, ensuring that children can learn and participate in commemorative activities. Taken together there is a well-established calendar of commemorative events and celebratory opportunities, which are well embedded within our national culture and education system.

[Questions 272-274 are not applicable]

Monuments

275. Do feel there are sufficient monuments nationally and locally recognising and memorialising veterans?

a. Yes

[Questions 276-277 are not applicable]

Promoting Positive Perception

278. In your opinion, how can individuals and organisations best collaborate with the government to promote a more positive perception of veterans in society?

There is an inherent tension within the Armed Forces third sector between the wish to promote a positive image of veterans as a group that has and continues to contribute greatly to our society and is worthy of its respect, with the need to fundraise by highlighting the disadvantages that veterans suffer. It is a difficult balance to strike. It has become increasingly challenging as the older generation of veterans from the Second World War become a less publicly visible part of the community. For the older generation, veterans had a much more visible presence in society, and the value of their war service is better understood than it is for later conflicts such as in Iraq and Afghanistan. This sector looks to COBSEO for leadership on how to strike this balance in our communications, where we can sign up to a shared communications framework of positive values and language which we use to showcase positive images and narratives. OVA is carrying out qualitative research into this area and we would like to see it further collaborate with the third sector organisations in taking this research further.

Aside from the 'mad, bad, and sad' narrative of veterans, one of the most damaging perceptions currently being promoted about the veteran community is that of the far-right. Such groups often co-opt imagery associated with veterans and remembrance to further nationalistic, including white-nationalist, and anti-immigrant rhetoric. This often leads to the portrayal of veterans themselves and the Armed Forces as an institution are being bigoted and racist. This can be hugely damaging to the perception of veterans as being worthy of respect by society.

This is a problem that Help for Heroes has had to contend with and combat. We have had problems with members of the far-right wearing our charities merchandise whilst publicly, using our name to carry out fraudulent bucket collections, and members of proscribed organisations pretending to be associated with the charity. In 2013, we refused to accept donations from the English Defence League. We would like to see leadership across the sector in combatting the appropriation of veteran narrative by these groups. We believe there a joint pro-active approach across the Armed Forces sector, led by COBSEO and supported by the OVA, needs to be developed before the 2024 Remembrance season to counter the harmful effects that the far-right is having upon the public perception of veterans.

279. In your view, what more can the Government do to raise awareness of the positive contributions made by veterans to society, including their unique skills and charitable work?

We were very concerned by the recent findings from OVA's public perceptions of veterans survey that one in seven of the public feels uncomfortable about the idea of working with a veteran. This is strikingly high, and we believe caused by the ongoing narrative that veterans are harmed, either physically or mentally, by their service. We believe that Government can best dispel the 'mad, bad, and sad' stereotypical image by supporting programmes that aim to get them into successful and meaningful employment after service. This includes making permanent the National Insurance Holiday for employers for the first year that they take on a service-leaver and consider how this financial incentive could be further utilised to encourage employers to take on those who have left through medical discharge and may be need extra support to enter the civilian workforce. We hope that the launch earlier this year

of the Civil Service Veterans Network will go a long way in promoting a positive image of success of veterans in government careers.

We welcome the creation of the Guaranteed Interview Scheme for veterans within the civil service and would be supportive of a programme which encouraged local government to adopt something similar. In tandem to this, we believe the MOD should create a veteran ambassadors and mentoring programme that focused on showcasing the career prospects and how to build on transferable skills with those who are within the first year of transition.

The OVA is well placed to undertake a public awareness and media campaign highlighting the positive contributions of different groups of veterans to society, with a focus on those from under-represented minority groups and those groups who have suffered historical hurt. There are several designated commemoration days for the Armed Forces and veterans throughout the year that could act as anchors for such a media campaign as well building them into the significant number of historical anniversaries of First and Second World War operations that will be marked in the next few years. We would recommend that the OVA work with the Imperial War Museum and other cultural institutions in the Armed Forces space to commission exhibitions and learning resources for schools focused on the contributions of Black and Asian veterans to the British Armed Forces and showcase stories from less recognised cohorts, such as the nuclear test veterans and those who have served in Bosnia or as part of UN Peacekeeping missions.

The Minister for Veterans Affairs should report to Parliament on the implementation of the War Graves Commission's recommendations in its Report of the Special Committee to review Historical Inequalities in Commemoration.

Impact of Recognition Initiatives

280. Have you observed any tangible outcomes or benefits resulting from initiatives such as celebrating veterans' achievements?

a. Yes

281. To what extent do you agree or disagree that government-supported programs effectively promote the unique value veterans bring to society?

c. Agree

i. As described in our section on heritage, the Government supported programmes for the annual National Remembrance Service, and the protection it provides for war memorials has had a hugely positive effect in embedding the contributions of veterans within the national culture over the last 120 years. We certainly hope that this continues to be the case.

We are supportive of the roll-out of veteran ID cards, as we think this will foster a sense of belong to a distinct community for those who have served and will make the due diligence checks carried out on beneficiaries by the Armed Forces charities easier. However, we are aware that a substantial number of veterans are unclear about the purpose of the card and how and where it can be used. We frequently receive queries from veterans asking if it is a discount card, will it display their regimental and service information, and what benefit is there to applying for one. We believe that there needs to be clearer communications from the OVA on what the overall objective and uses for the card are.

282. How important is the Government's role in supporting commemorative events and sharing positive stories about veterans on social media channels and through partnerships with other organisations?

b. Very important

[Questions 283-299 are not applicable]