

Veterans Strategy Consultation Response

Collaboration between organisations

1. If you have experience of a successful multi-organisational collaboration that we could potentially learn from, please provide details including what sector it was in, who the recipients were, which organisations were involved, what was successful about this collaboration, how you were involved, and contact details of one of the organisations (if possible).

Since our launch in 2007, Help for Heroes has been the strongest advocate that those who become wounded, injured and sick as a result of their Service should receive the best support available, irrespective of whether that is delivered directly or indirectly by our charity or outside our organisation. This is why, over the past decade, we have granted almost £40m to other charities and organisations with like-minded aims and objectives. This includes almost £2m to partners in Wales and almost £3m to those in Scotland. We give grants in specialist areas beyond our Recovery delivery, supporting organisations such as Step Together Volunteering, Chicks, who provide respite breaks for the children and Winston's Wish, which provides bereavement counselling for families of Service Personnel and Veterans.

We are a member of Cobseo, the Confederation of British military charities. As part of the Confederation's desire to improve collaboration in the sector, cluster groups were set up in 2009. Each of these focuses on a specific area where issues are identified, such as employment, welfare, housing etc, and those within the cluster work together to identify solutions and make recommendations for the implementation of change.

Help for Heroes is also a founding member of Contact, a collective of charities, health providers, government departments and academics with an interest in military mental health. Its aim is to share best practice, increase collaboration and simplify help-seeking for the many thousands who have not come forward for help. By working in partnership with organisations such as Walking with the Wounded, The Royal British Legion, Big White Wall and the NHS, Contact is making it easier for people to find the support they need. Contact also represents the military sector in the Royal Foundation's Heads Together campaign which aims to raise awareness across society of the importance of good mental health and tackle stigma and mental health issues.

One significant success was the introduction of common guiding principles for all service providers to help ensure that organisations that provide mental health care (in any form) for Veterans and their families or the families of still serving personnel do so in a manner that is safe and allows the Veteran to make properly informed decisions about the care they might receive. These have now been adopted by Cobseo in full, therefore any organisation seeking to join must meet these as a basic requirement. The Guiding Principles are available here: https://www.contactarmedforces.co.uk/media/1051/2017_cen_com_026-contact-guiding-principles-v5.pdf

The strength of these examples of collaboration lies in our desire to achieve a common goal: improve the lives of those injured in, or as a result of, Service. Having subject matter experts in the same room leads to more comprehensive and long-term solutions. The benefit of this is that we can avoid duplication of work, enhance the support we offer where relevant and keep the beneficiary/service user at the centre at all times.

Broadly speaking, charities within this sector do collaborate well. We would welcome seeing Government departments and agencies collaborating to the same extent as the third sector, and working more closely with relevant Government departments on a strategic level.

Coordination of Veterans' services

2. On a scale of 1 to 5 (1 being not at all, 5 being extremely effective), how effective is the UK Government in delivering support to Veterans to enable them to be valued, contributing and supported? What are your reasons for this score?

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The first thing to understand here is that the UK Government doesn't "deliver support to Veterans"; if anything, it delivers support to society as a whole irrespective of Veteran status – which ignores the contribution of these men and women to national and international stability and security. There is certainly little understanding or recognition of the specific and unique need of wounded, injured and sick Veterans. This responsibility falls to the charitable sector; however, our effectiveness is limited by the funds donated by the British public as most military charities do not benefit hugely from statutory funding. The words and intent from Government departments and Ministers are not consistently applied across the UK - particularly in Northern Ireland where the interpretation of Section 75 of the Northern Ireland Act 1998 block the legitimate application of the Covenant.

In terms of the Armed Forces Covenant, while the intention was admirable, it is not uniformly understood or applied. Outcome measurements are sorely lacking and there is therefore no evidence that "support" offered is timely and effective

Looking specifically at the support provided, Help for Heroes has previously called for Departments of Communities Mental Health (DCMH) support to be provided for much longer than the current 6 months and for NHS Trusts to ensure that therapists undergo military awareness training to understand the unique identity and particular needs of Veterans. We would also like to see DNRC offering support and treatment to Veterans¹ as well as those still Serving – their exclusion is currently perceived by veterans as an "insult and betrayal" and is causing significant issues for clinicians at the Royal Centre for Defence Medicine (RCDM) /Queen Elizabeth Hospital Birmingham.

Fundamentally, delivery is disjointed and no one department in Government has overarching accountability, budget or drive to ensure support is delivered consistently across the UK.

3. What other mechanism could be effectively used to coordinate provision?

The Veterans Board should go some way to ensure the needs of Veterans are considered holistically by all relevant Government departments. However, improved communication and pathways with agencies is needed to ensure obligations under the Covenant and support available to Veterans (especially wounded Veterans) is fully understood and recognised. This must improve both top-down from Government and bottom-up from charities. An annual Veterans forum could improve how frequently the relevant organisations gather to review provision and disseminate

¹ With service attributable injuries or illnesses.

information about what support is available - similar to the consultation days held by the MOD in February, where organisations both large and small were able to share information. A legally binding obligation to measure and report on outcomes may also increase focus on the key issues and solutions.

Data on the Veteran community

4. What barriers does your organisation currently face on sharing existing data on Veterans?

There is not currently one readily available standard and comprehensive GDPR-compliant data sharing agreement for the sector to use to enable different organisations who support the Armed Forces to share their data. Instead, individual organisations have their own Memorandums of Understandings and data sharing contracts. It means that many similar data sharing agreements exist, which are not necessarily comprehensive or GDPR compliant, and result in much time being spent updating existing contracts and creating new ones when new partnerships are formed. This is neither efficient nor effective. There is also not currently one standard privacy wording/privacy policy available sector-wide to demonstrate to clients how their data will be stored, processed and reported. Having one standard paragraph available to all organisations will cause less confusion for beneficiaries. A significant barrier to sharing data and insight is that there is no common set of assessment questions or metrics through which we can evaluate success of particular recovery streams or activities. The lack of consistency and information sharing has a significant impact on Veterans who have to repeatedly re-tell their story and circumstances to multiple agencies and organisations in order to get the support they need.

5. What more could be done to improve data collection?

Establishing one cross-sector standardised assessment (on initial contact) and evaluation framework that enables measurements across the 6 Veterans Strategy key themes in support of the vision would help to improve data collection. This should specify the data to be collected, and the scales and format to record against. By doing so, the sector will be able to collectively monitor, measure and report the support activities provided and the impact made. As an example, all organisations record client age but report it using different scales, i.e. 30-44, 45-59, whilst others use the ONS standard of 34-45, 46-55 etc. A single framework will make data collection, collation and sharing much easier and help build the evidence base needed to determine whether outcomes have improved for beneficiaries. The framework should guide organisations to collect data on:

- The total number of individuals seeking support;
- The type of support accessed (with clear definitions of what the support types are);
- The cost of support/activities per head;
- The impact of their work, using a standard set of evidence-based tools;
- The underlying reasons for disengagement from services (once accepted into support)

6. What gaps do you perceive there are in the currently available data on Veterans and their families?

The primary information gap is the number of Veterans, Service Personnel and family members that reside in the UK. In addition, there is no clear data on the numbers of those with Service attributable injuries, nor is there a full picture of the nature of the injuries (i.e. how many Veterans/Serving Personnel have long-term physical and or psychological issues or injuries). Available data is also not tracking those who are most seriously injured or whose service-attributable injuries are deteriorating post discharge.

Help for Heroes also has concerns that MOD medical discharge statistics do not provide an accurate understanding of numbers and types of co-morbid physical and mental health issues, in

addition to the Principle Invaliding Condition to ensure a full and accurate understanding of the scale of the current and future need.

There is no reliable data on the number of Veterans who have died by suicide – and apparently there are no plans for coroners to register this information even when held by GPs - or unemployment, or homelessness.

There is no reliable data on any of the above for Reservists or those who served in Northern Ireland or before. We often find this is precisely the cohort in need of support, but the absence of data leads to an incomplete picture of the scale of the need.

The lack of verifiable data on Veterans needs and the impact of medical discharge on the key themes identified in the Veterans Strategy (employment, education and skills, finance and debt, health and wellbeing, community and relationships, criminal justice system) limits our ability to conduct longitudinal studies which would enable the Government and third sectors to ensure the appropriate level of support is available for those who need it. Similarly, more data and information on the outcomes of those treated through DCMH would allow for better understanding of where the core issues lie and therefore stronger policymaking.

7. What more can be done to further encourage declaration and/or identification of service at the earliest opportunity to enable better data on the numbers of Veterans in the criminal justice system?

We need to ensure the onus of declaration is removed from the Veteran and ensure this information is evident on GP records which follow the individual through life. This would ensure better data on Veterans in criminal justice system, employment, healthcare and enable coroner recording of suicide when necessary. To enable this to take place, the MOD and NHS systems must be compatible to ensure data sharing. However, we have serious concerns about the timely release of medical records to civilian GPs and the merging of the information contained within.

Public perception and understanding

8. How could the misconceptions about Veterans be effectively challenged?

National campaigns, like Armed Forces Day and Remembrance are key to reminding the general public of the military community. However, the way Veterans are depicted in the media reinforces the belief that military service leads to injured and broken people (e.g.: Bodyguard). The charity sector does have a role to play in changing perceptions and highlighting the positive contributions Veterans can make and demonstrating that they are a force for good in society, irrespective of their injury. The media also has a huge role to play in balancing how Veterans are portrayed. It has been suggested that a voluntary code of conduct could be introduced which ensures a more accurate depiction of those who have Served.

Unconscious bias is harder to mitigate against and cannot be rectified overnight. We need to highlight that Veterans can be a force for good in society and draw more attention to the dearth of skills military service provides. This is especially the case for potential employers where Veterans can add real value to the workforce. Greater awareness of value of military service and skills acquired is essential.

If the concern is that the public perceives Veterans as “mad, bad, sad and broken”, the first step is surely ensuring they do not leave the military “broken”, and more work is done earlier to ensure a smooth transition into civilian life. Helping Veterans regain their sense of purpose is key to unlocking their potential and highlighting their successes.

Recognition of Veterans

9. Do Veterans and their families deserve greater recognition than they receive currently?

Those who serve their country and put themselves in harm's way do deserve for this service to be recognised. Many of the policies and initiatives brought in under the Armed Forces Covenant do demonstrate recognition of Service and the sacrifices made by those who served and their families, but far more focus needs to be on evaluating the success of these initiatives to ensure they are in fact improving the lives of Veterans, and especially wounded Veterans, and their families. It is important to understand that recognition ensures they are given a fair deal; it does not mean glorifying war.

10. Do the families of deceased Service Personnel, whose deaths are attributable to Service, receive appropriate support and recognition?

Other organisations better placed to respond.

11. Should there be recognition for those suffering life-changing injury in the service of their country?

Yes. Recent statistics on the physical health of members of the Armed Forces community indicate that many serving personnel and Veterans have injuries that were caused by, or made worse by, military service. Approximately half of the injuries sustained in Afghanistan between 1 April 2006 and 30 November 2014 were to the extremities. Open wounds, fractures and fragmentation/shrapnel wounds were the most common types of injury.² There must be recognition that those injured will need through-life care, which in many cases will exceed that routinely provided through the NHS. It is a sign of a civilised society to ensure that wounded Veterans can grow old with dignity and pride. Several sources of evidence point towards increased physical care demands in the future for the most severely injured veterans. For example, the Centre for Veteran's Health suggest that with blast injuries, there is an increased risk of cardiovascular, gastrointestinal, respiratory and musculoskeletal conditions, diabetes, compromised immune systems and chronic pain. Additionally, PTSD, stress, anxiety, mood affective disorders and adjustment disorders have all been noted to affect how we respond to pain and manage pain. Alcohol and substance misuse are also on the increase in the veteran population. Not only will this impact upon mental health services, but this will impact upon primary and secondary healthcare provision. We believe those who put their life on the line, deserve a second chance at life. In particular, those injured in Service to their country do deserve greater consideration and recognition that even the most routine activities can be much more taxing for WIS Veterans and their families. We believe the Armed Forces Covenant goes some way to offering this but is too vague to provide the necessary safeguards and outcome measurements.

Community and relationships

12. Do you specifically include Veterans in your initiatives to tackle loneliness and/or social isolation?

Help for Heroes runs two Fellowship schemes for Veterans and service personnel who have been wounded, injured and sick (Band of Brothers) and for their families and friends (Band of Sisters).

²

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/502888/20160223_Afghanistan_Types_of_Injuries_Official_Statistic_Final_OS.pdf

The aim of the membership groups is to reduce social isolation and promote mutual support across the nation within communities. Fellowship teams facilitate activities and events for like-minded individuals to meet with each other and to connect via shared experiences. It is also used as a gateway to access further Recovery support for all Veterans and their families. There are currently 12,000 members of the Fellowship scheme. It is unique within the Service charity community.

13. Where they have not already, how could Veterans be encouraged to integrate into communities?

It is important that those transitioning out of the Armed Forces are appropriately supported into their new community. For the charity sector, gaining access to those who may need support with integration is very challenging and the MOD could do more to actively signpost them to relevant charities, rather than just hand out a booklet. We are keen to continue reaching out to those in need within communities to encourage new veterans to come forward for support. More work can be done by local authorities, many of whom have funding streams to support reducing social isolation and loneliness and who run events to help prevent social isolation for all ages. If local authorities raised more awareness of Veterans groups and family events it would encourage those who need support to get involved across the UK. Showing that they are welcome at community activities and creating opportunities for integration will encourage Veterans to participate in local community events.

Employment, education and skills

14. If you are an employer, what else do you think Veterans need to prepare them for civilian employment?

Many wounded Veterans have multiple vulnerabilities which gives rise to a greater complexity of needs. We believe that a holistic, linked approach needs to be taken to provide the best support. Therefore, we believe that CTP statutory funding should be extended for longer than 2 years for WIS.

To ensure those leaving the Armed force are better prepared to enter the civilian workforce, it has been suggested that civilians should be involved early in the transition to assist them in understanding what will be expected of them after they leave. Improving the individual's understanding of how their skills could be utilised or adapted for civilian employment would also be beneficial. CV support throughout their military career would improve their familiarity with this skill and prepare them for job-seeking as civilians. This is similar to the Australian Defence approach to resettlement: preparing to leave when you join.

15. If you are an employer, what do you do to maximise the previous experience of employees like Armed Forces Veterans?

As an employer, we are keen to ensure pre-existing skills are utilised in Veterans' new civilian roles. As a military charity, we employ a number of Veterans, both WIS and not, and this helps to develop a more systemic understanding of the unique needs of former military personnel. Fundamentally, we believe that in-work support should be a key component of the strategy and all civilian employers should be encouraged to provide this - especially if they employ a large number of Veterans. At present, many employers do not understand the military, the military mindset, or the widespread benefits of employing veterans and we believe this should be rectified.

Finance and debt

16. What are the potential barriers (systemic, cultural, psychological, educational, experience, etc) to Veterans sustaining employment?

Mental and Physical health conditions can present a barrier to Veterans finding and sustaining quality employment. Stigma and bias (whether conscious or not) can also become obstacles for those leaving the Armed Forces. For many, the level of employment experience in the civilian world can limit employment options for those who have spent most of their working life in the military. Improving the understanding of how skills, experience and qualifications translate to civilian roles would be the single-most helpful way to assist Veterans into employment.

The level of educational attainment is also a significant barrier for those leaving the military. More needs to be done to enhance basic skills and qualifications while still in Service. It would also be helpful if appointers supported those stills serving with CV-writing throughout their military careers.

Once employment has been secured, often there is little or no in-work-support and especially in the case of WIS Veterans, a bespoke support package can help sustain the employment.

17. What are the current financial issues faced by Veterans and their families?

For those Veterans unable to work as result of their injuries, the financial issues faced are connected to the roll-out of Universal Credit. While we support the broad principles of UC, there remain concerns over the 5-week application process and accessibility of the system, which depends on easy access to the internet. The complexity of the application process for both UC and PIP can be very stressful, especially in cases where injury is not visible, and reassessment or appeals are needed to ensure the correct level of support is secured. Any improvement on the 6-week wait time to be moved over to UC would be greatly welcomed.

An issue encountered by some Veterans we support is that reductions in their benefits, or sanctions, can lead to rent arrears and serious financial hardship.

18. How can the current financial issues be tackled?

Improving understanding of personal financial management while still Serving would be very beneficial and help alleviate financial hardship later in life.

We welcome the Department of Work and Pensions awarding Citizens' Advice Bureau (CAB) the contract to support claimants with Universal Credit queries (including PIP and ESA); Help for Heroes and other military charities do signpost to CAB. However, an area where support is no longer offered is at face to face assessments. This is a very intimidating process and having a representative alongside not only reassures the claimant but can also be the deciding factor on whether or not they receive the award.

19. What financial information, training or support would Service Personnel benefit from receiving before they left the Armed Forces?

A lot of the issues Veterans face result from the transition process itself. Our own data shows 69% of our beneficiaries report negative experiences of transition, citing little awareness of the support that could be available to them. We have previously suggested a standard, longer transition time (up to a year) to ensure all have sufficient time to: secure safe housing in a location

of their choice in a supportive community; secure adequate household income (through civilian employment and/or state benefits); and secure the right NHS medical support to enable them to be as healthy as they can be. All of this takes many months to accomplish and individuals need time to plan for this.

We also ask that all serving WIS (not just those in recovery units) access the mandated Foundation course in the Recovery Centres to give them a good chance of a positive transition and formal access to charity support; we believe this should be made compulsory.

Many veterans ask for charity support when in crisis. We believe that many of these requests for support may be preventable if a holistic transition assessment is undertaken on all service leavers at least 6 months prior to discharge (not just to the WIS in Recovery units) to understand the totality of their support needs and ensure the right coordinated support is put in place.

In terms of tangible improvements, providing debt management and budgeting advice training while in Service could improve broader understanding of personal finance management later in life; giving more information on what support is available after transition would alleviate some concerns about visiting job centres if and when needed; providing a list of all priority bills they can expect to pay upon leaving the military would also allow for a more realistic budgeting.

Health and wellbeing

20. What are the shortfalls in current provisions of ongoing rehabilitation, recovery and continuous health care through life for those Veterans with service attributable physical and/or mental illnesses or injuries?

Over 1,300 individuals were medically discharged from the Armed Forces in 2018 with musculoskeletal disorders and injuries. Many of whom may require physiotherapy for many years to come. We must make sure there is adequate provision for Veterans injured in Service.

As mentioned previously, the fact that Veterans do not have access to DNRC is not acceptable, especially where injuries were incurred in Service. The strength of Headley Court, and now Stanford Hall, is the connection to the military that many wounded Veterans would benefit from maintaining. There remain many unknowns about the ongoing and future needs of the battlefield wounded. Help for Heroes is working closely with the ADVANCE study to understand more about the needs of these Veterans.

For those in need of psychological support, we believe Departments of Community Mental Health (DCMH) needs to extend its timelines for support from 6 months to a minimum of 2 years for those who have left service. This could greatly alleviate the burden on the NHS, but the Government needs to ensure DCMH is appropriately resourced.

We recommend that all Improving Access to Psychological Therapies (IAPT) Step 3 therapists, and above, have some Armed Forces culture training. If this is not possible, we believe a proposed minimum requirement of at least one key member of staff in Step 3 services is a Veteran champion (i.e. has had additional professional training and development around working with veterans).

We also believe Armed Forces Veteran friendly accreditation for GP Practices needs to be rolled out much more widely, with haste and publicly communicated much more effectively.

One of the principle shortfalls in provision of healthcare is the length of time it takes for medical records to move across from MOD to civilian GPs. We understand aligning IT and software

capabilities would go some way to removing this blockage and create the streamlined process needed.

21. Is there evidence that there are further physical and/or mental health and wellbeing issues that affect Veterans more or differently than the general population?

In 2016, a King's College London (KCL) study, commissioned by H4H, found that of those who served between 1991 and 2014, at least 61,319 might suffer from poor mental health compared to at least 6,195 who might suffer physical health problems. This contrast is not reflected in the MOD's statistics which show mental health issues accounting for only 20% of all medical discharges.

Those with the greatest need for support have complex, inter-related needs which are mainly a combination of mental health issues (63%), social isolation issues (58%) and issues identifying appropriate jobs and/or physical/therapeutic activities and/or a focus (52%).³

Over 2,000 veterans and family members have accessed mental health support from the Help for Heroes Hidden Wounds service since September 2015. Of those who completed treatment reductions were reported in anger, depression and anxiety (from moderately severe to mild). In addition, of those with complex, multiple, inter-related needs, Help for Heroes beneficiaries reported reducing anxiety (from 67% who experienced anxiety all or most of the time to 50%), improved mood (from 62% who experienced low mood all or most of the time to 44%) and improved access to local mental health support (from 29% who felt they could access local support to 40% who are now able to access it locally).

Help for Heroes believes that the Government should provide clear and transparent statistics and performance data on the number of veterans seeking support for mental health issues through the NHS and their subsequent mental health diagnosis; waiting times on referral to assessment and assessment into treatment; how veterans are then supported and their outcomes; and work to ensure national performance targets are met in all localities.

Making a home in civilian society

22. Do Service Personnel and their families need to be better prepared to find accommodation on leaving the Armed Forces?

Yes, earlier awareness of support services will help to make a huge difference to the transition process. The main housing issues Veterans and their families encounter are accessing suitable accommodation - including navigating statutory housing support (21%); accessing house adaptations (7%).

We believe the Government should ensure all those who have Served, particularly those with mental health and physical injuries, have swift and secure access to safe and affordable housing, in line with the Armed Forces Covenant. In our experience, many local authorities are not fully aware of their obligations under the Covenant, which must be addressed as a matter of priority.

23. What more could be done to specifically assist those leaving the Armed Forces earlier than planned to find suitable housing?

We ask for a standard, longer transition time (up to a year) to ensure all have sufficient time to: secure safe housing in a location of their choice in a supportive community; secure adequate household income (through civilian employment and/or state benefits); and secure the right NHS

³ Help for Heroes recovery data and insight, gathered January 2018

medical support to enable them to be as healthy as they can be. All of this takes many months to accomplish and individuals need time to plan for this. We also ask that all serving WIS (not just those in recovery units) access the mandated Foundation course in the Recovery Centres to give them a good chance of a positive transition and formal access to charity support; we believe this should be made compulsory.

Many veterans ask for charity support when in crisis. We believe that many of these requests for support may be preventable if a holistic transition assessment is undertaken on all service leavers at least 6 months prior to discharge (not just to the WIS in Recovery units) to understand the totality of their support needs and ensure the right coordinated support is put in place. We would ask that coordinated and holistic transition support is then activated during their remaining time in service, embedding charities into the transition process and appointing a lead organisation to provide coordinated support interventions. This approach requires all statutory bodies (including health services, local authorities, charities and community organisations) to work together proactively to provide assistance. This should then protect and support those at greatest risk of poor transitions and reduce the need for subsequent crisis support thereafter.

Furthermore, we ask that a consistent measuring and evaluation system is adopted across the MoD and service charities to track service leavers across the multiple interventions/services/charities accessed during and after their discharge to evaluate their distance travelled and to avoid the current fragmented and sometimes duplicated support approach.

Veterans and the law

24. What more can be done to support Veterans in the criminal justice system, including reducing likelihood of reoffending?

Other organisations will be better placed to respond.