



THE PEOPLE'S PROMISE

A pathway to a country
where all veterans
find peace after service

FOREWORD

A MESSAGE FROM OUR CEO

As the UK weathers a period of increased global instability, the demands on our Armed Forces are growing. Therefore, so too does our responsibility to those who serve and have served. We rely on them for our safety and security. All of us have a moral obligation to ensure they have that same security when their service is over.



Most veterans enjoy fulfilling lives after service. But that's not the whole story and those who fall between the cracks often suffer considerably worse outcomes than their peers. As a society we must do more to support service leavers, particularly those who are most likely to be disadvantaged, such as those who were medically discharged.

The Armed Forces Covenant is a promise made by the nation to those who serve: that they should face no disadvantage as a result of their service, and that special consideration may be appropriate for those who are injured or unwell.

Today, too many veterans still face avoidable barriers to living well after their service ends: a lack of clear diagnosis at the point of discharge, poor continuity of healthcare, financial insecurity, and inconsistent access to support.

At Help for Heroes, we see the impact of this every day. We see first-hand what works and where change is needed. Demand for our support is at a record high, reflecting the ongoing and often complex pressures faced by those leaving service today.

The UK has made important commitments to veterans in recent years. The priority now must be on delivery, ensuring these commitments lead to consistent, long-term improvements in people's lives.

This manifesto sets out practical, evidence-based reforms to support that progress. We stand ready to work with Government and partners to help deliver them.

James Needham – CEO, Help for Heroes.

INTRODUCTION

DELIVERING THE PEOPLE'S PROMISE FOR VETERANS

The People's Promise is our campaign to ensure that the Armed Forces Covenant is delivered in practice. It reflects a shared responsibility across government, services, and society to support our veterans.

At its heart is a simple principle: those who serve our country should be able to rely on support that is fair, consistent, and accessible. Nobody should be disadvantaged because of their military service.

This manifesto sets out how that promise can be delivered in practice, through four priority areas for reform:

1 BETTER ACCESS TO HEALTHCARE

2 FINANCIAL SECURITY

3 CONSISTENT SUPPORT FOR ALL VETERANS

4 A SOCIETY THAT FULFILS ITS DUTY TO VETERANS

Together, these form a clear and practical roadmap to ensure the changes required for veterans to live well are delivered – not just in principle, but in practice.



BETTER ACCESS TO HEALTHCARE

Creating a society in which people can live well after service starts with getting the basics right.

The transition from military to civilian life is one of the most important points in determining a veteran's long-term health and wellbeing. For those leaving service through medical discharge, access to the right healthcare and support at the right time is fundamental to living well after service. It underpins everything: physical recovery, mental wellbeing, financial independence, and the ability to build a stable civilian life.

Most veterans transition successfully, allowing them to enjoy the next chapter of their lives. However, those whose service ends through medical discharge – the group most likely to rely on health and rehabilitation systems – are much more likely to be let down by a system that is fragmented, inconsistent, and difficult to navigate.

WHAT NEEDS TO CHANGE

Medical discharge should be a structured and supportive process. Instead, too many people leave military service without a clear diagnosis, without access to appropriate rehabilitation, and without confidence that their care will continue once they enter civilian systems.

When this happens, the consequences are long-lasting. Delays in treatment, gaps in care, and poorly managed transitions can lead to worsening health outcomes, increased reliance on the NHS, and reduced ability to work and participate fully in society.

Getting the medical discharge process right is not only a moral obligation, but also a practical one. Early intervention and effective care reduce long-term costs and improve outcomes for individuals, families, and public services. This is particularly important for families and carers, who are often affected by the consequences of injury, illness and unplanned transition but are not always fully included in support pathways.

Evidence from Help for Heroes and across the sector shows that too many veterans experience:

- Significant variation in obtaining a diagnosis and access to treatment during medical discharge, with some veterans leaving service without a clear or formal diagnosis.

- Limited ability to engage with transition support, such as resettlement services and employment services, and broader barriers to moving into employment due to health conditions.
- Delays in accessing medical records and continuity of care after leaving service.
- A lack of recognition for long-term conditions such as hearing loss and chronic pain.

These gaps undermine confidence in the system and leave veterans living with complex needs without consistent support.

Veterans should be able to rely on a healthcare system that recognises the impact of service and provides coordinated, continuous support from the point of discharge through to civilian life.

This requires action both at the point of transition and in how long-term conditions are recognised and treated.

“ It was a sharp drop in support, when I needed it most. ”

WE CALL ON THE GOVERNMENT TO:

- **Commission an independent review of the medical discharge process**, centred on the lived experience of service personnel and their families, and focused on improving consistency and outcomes across all three branches of the military.
- **Reinstate long-term funding for the Veterans' Mobility Fund and the Veterans' Hearing Loss Fund** and commit to embedding veteran-specific provision within NHS commissioning over time.
- **Improve care pathways for veterans with complex rehabilitation needs**, ensuring coordination between the MOD, NHS, and specialist providers.

WHY THIS MATTERS

In line with the Armed Forces Covenant, veterans should not face disadvantage in accessing healthcare. Yet in practice, this is not always the case.

When healthcare works, veterans recover, rebuild, and contribute. When it doesn't, avoidable harm is carried forward by individuals, families, and the State.

A fair and consistent healthcare system is the foundation on which all other outcomes depend.

Barrie – RAF veteran, medically discharged after 34 years of service

"After more than three decades of service, I was medically discharged following a serious spinal injury that required emergency surgery. While I was serving, my care and support had been structured and consistent.

But as I approached discharge, that support fell away. I was given a date to leave, after which I was no longer under the care of the Armed Forces and had to navigate civilian systems on my own.

The transition was abrupt and disorienting. I had limited clarity about what support would be available or how my needs would be met outside the military system.

In the military, there's always someone to ask. Outside, you're in an alien world – and if you're already dealing with injury or poor mental health, it's overwhelming.

It was a sharp drop in support at the point where I needed it most."



2

FINANCIAL SECURITY

The system is inconsistent and unfair.

Financial security is one of the foundations of living well after service, and ensuring veterans and families can build their new normal. Veterans should not be disadvantaged because of injuries or illness sustained while serving their country.

Yet too often, injured and ill veterans face unnecessary hurdles when accessing the compensation, benefits, and support they are entitled to. The system can be complex, inconsistent, and, in some cases, fundamentally unfair.

This is particularly evident where compensation is treated inconsistently across the benefits system, where lifelong conditions are subject to repeated reassessment, and where some service-related conditions are not fully recognised.

WHAT NEEDS TO CHANGE

Military compensation is intended to recognise the pain and disablement caused by service. It is not designed to act as income replacement, yet it is often treated as such within the benefits system.

Including compensation when assessing income for eligibility to means-tested benefits creates an unfair disadvantage for recipients. Veterans who receive compensation often receive far less support than they need.

At the same time, processes do not always reflect the realities of lifelong conditions. Some veterans with permanent injuries can be required to repeatedly prove their circumstances, while other conditions causing pain and suffering are not consistently recognised within compensation frameworks.

This issue is most commonly experienced within parts of the wider benefits system, particularly Personal Independence Payment assessments.

Chronic pain is recognised as a condition in its own right under the World Health Organization's ICD-11 classification. However, chronic primary pain, which has no clear underlying condition is not consistently recognised within existing compensation frameworks which use the older ICD-10 classification.

This leaves some veterans without appropriate recognition or support, despite experiencing long-term and debilitating effects. Current Armed Forces Compensation Scheme (AFCS) legislation does not always adequately recognise the ongoing effects of chronic pain, even where pain persists long after the initial effects of an injury or illness. These issues create avoidable stress for veterans and their families, while also placing unnecessary administrative burden on public services.

“ The hardest part wasn't just the pain – it was proving the impact it had on daily life. ”

WE CALL ON THE GOVERNMENT TO:

- **Disregard Armed Forces compensation as income across benefits and pensions.** All forms of Armed Forces compensation, including legacy schemes such as Service Invaliding Pensions, should be fully disregarded as income across the benefits system.
- **End repeated reassessments for amputees.** Amputation should be recognised as a severe, permanent condition, with indefinite awards granted for Personal Independence Payments and other benefits where appropriate. This would reduce unnecessary distress for claimants and allow resources to be focused where they are most needed.
- **Recognise chronic pain within the Armed Forces Compensation Scheme.** Armed Forces Compensation Scheme legislation and tariffs should be updated to reflect modern medical understanding to ensure more consistent and fairer outcomes.

WHY THIS MATTERS

When compensation and benefits systems work effectively, they provide the stability veterans need to recover, adapt, and build fulfilling civilian lives.

When they do not, veterans can be pushed into cycles of financial insecurity that affect their health, families, and ability to remain in employment.

Simplifying and strengthening these systems would not only improve outcomes for veterans but also reduce unnecessary administrative burden and deliver better value for Government departments.

George – Royal Navy veteran

“Following my medical discharge from the Royal Navy, I was left trying to navigate complex health, compensation and support systems at a time when I was very unwell. It was only after receiving specialist support and a diagnosis of chronic neuropathic pain that I began to properly understand my condition and what it would mean for my future.

Chronic pain is often a hidden disability. Its effects can be debilitating and difficult for others to recognise, yet existing compensation frameworks do not always reflect the long-term impact these conditions can have on veterans’ lives.

Navigating these systems can be incredibly difficult, with technical processes and uncertain outcomes creating additional distress at an already challenging time. Better recognition of chronic pain would help ensure veterans receive fairer support after service.”



3

CONSISTENT SUPPORT FOR ALL

Support must work for everyone, whoever and wherever they are.

Support must be fair and accessible to everyone within the Armed Forces community. It should not depend on where someone lives, where they served, their identity, or the circumstances in which they left service.

For many, this promise is realised. But too often, veterans encounter a system that is inconsistent, difficult to navigate, and does not fully reflect the diversity of the Armed Forces community. Where this happens, it is those already facing the greatest challenges who are often left behind.

WHAT NEEDS TO CHANGE

Support for the Armed Forces Community should be consistent across the UK. Too often, access to services varies by geography, creating a postcode lottery that can erode trust in government commitments and make the transition to civilian life more uncertain.

At the same time, the Armed Forces community is not a single, uniform group. Support systems must better recognise and respond to those whose needs have historically been overlooked or underserved.

This includes veteran families and carers, whose wellbeing is closely tied to the experience of service and transition; veterans living in Northern Ireland, who can face distinct legal and service provision challenges; ex-service women, whose experiences and needs have often been under-recognised; and LGBTQ+ veterans, many of whom were historically excluded or marginalised. This is particularly important given evidence that ex-service women are more likely to be medically discharged from some parts of the Armed Forces.

These groups can face additional barriers to accessing support, including lack of recognition, gaps in provision, and services that are not designed with their experiences in mind.

Addressing this is not simply a matter of fairness. It is essential to tackle wider impacts such as social isolation, loss of identity, and disengagement from support services.

There are also clear examples where the system has yet to fully deliver on its commitments. Afghan nationals who served alongside UK Forces continue to face uncertainty, separation from family members, and challenges in rebuilding their lives. Without further action, these issues risk becoming long-term injustices.

“ My dismissal was sudden and deeply humiliating. I lost not only my career, but also my home, my community, and my sense of identity. ”

WE CALL ON THE GOVERNMENT TO:

- **Ensure consistent access to veteran support across all regions and communities**, building on efforts such as VALOUR to reduce variation and improve coordination, so that support does not depend on location or circumstance.
- **Invest in targeted support for underserved groups**, ensuring services are designed with and for those with lived experience.
- **Remove barriers to belonging for those who have served alongside UK Forces**, including ensuring timely and effective resettlement support for Afghan Locally Employed Civilians and their families.

WHY THIS MATTERS

Every veteran deserves to live with security, dignity, and a sense of belonging. When support is inclusive and responsive, veterans are more likely to engage with services, maintain strong community connections, and build stable lives after service.

When it is not, individuals can become isolated, disengaged, and less able to access the support they need.

Those from underrepresented or marginalised groups may face compounded challenges, further widening inequality within the veteran community.

By creating a system that works for all veterans, government can strengthen trust, reduce inequality, and ensure that no one who has served is overlooked.

Jean – Army veteran

“I was discharged from the Army in 1981 for being gay, under the ban on homosexuality that affected thousands of service personnel. At the time, I had been thriving in my role and was recommended for promotion.

“My dismissal was sudden and deeply humiliating. I lost not only my career, but also my home, my community, and my sense of identity.

“The impact of that experience has lasted decades. I lived with long-term mental health challenges and struggled to rebuild stability in civilian life.

“I believe my experience reflects a wider pattern, where those who serve can be excluded from the very community they were part of, with consequences that endure long after service ends.”



4

A SOCIETY THAT FULFILS ITS DUTY

Promises must now be delivered and sustained.

The UK has taken an important step forward in strengthening support for veterans through recent reforms set out in the Armed Forces Bill 2026.

This creates a stronger foundation for ensuring that veterans are not disadvantaged as a result of their service.

The Armed Forces Covenant is a promise to those who serve. We now need to deliver on that promise in practice, ensuring it leads to consistent outcomes for veterans and their families.

WHAT NEEDS TO CHANGE

Many of the issues affecting veterans – healthcare, welfare, employment, housing – sit across multiple government departments. This makes delivery inherently complex and requires clear coordination and ownership at the centre of government.

Recent proposals to extend the Armed Forces Covenant legal duty strengthen the framework. However, experience across the sector shows that without clear expectations and oversight, there is a risk that implementation becomes uneven – varying between departments, regions, and services.

There is also a risk that “due regard” becomes a procedural requirement rather than a meaningful driver of change, with compliance measured by process rather than outcomes.

For veterans, success should ultimately be measured by improved outcomes rather than the completion of administrative processes.

The challenge now is not whether the right structures exist, but whether those structures for delivering policy are applied consistently, measured effectively, and sustained over time.

Delivering for veterans requires more than individual policy reforms. It requires a system where:

- Responsibility is clearly owned across government.
- Standards are applied consistently, regardless of geography or department.
- Outcomes for veterans are visible, measurable, and acted upon.

This is how the Armed Forces Covenant moves from a principle to a practical tool for improving lives.

“ It is the Government’s responsibility to ensure that those who have served this country receive the support they need. ”

WE CALL ON THE GOVERNMENT TO:

- **Ensure consistent implementation of the Armed Forces Covenant across all departments**, with clear guidance on how “due regard” should be applied in policy design and decision-making.
- **Establish transparent accountability mechanisms**, including regular, cross-government reporting on outcomes for veterans in key areas such as health, welfare, employment, and housing.
- **Embed veterans’ needs at the earliest stage of policymaking**, so that potential disadvantage is identified and addressed before it occurs, not retrospectively.
- **Provide long-term clarity on leadership and coordination**, including the role, remit, and resourcing of the Office for Veterans’ Affairs as the central driver of delivery.

WHY THIS MATTERS

Supporting veterans is not the responsibility of one department. It is a shared responsibility across government and wider society.

Too often, individuals, charities, and local organisations are left to fill the gaps. While their contribution is vital, they should not be relied upon to compensate for an inconsistent system.

Government must lead a more joined-up and visible approach, working with partners across society to ensure that veterans are properly recognised and supported.

Without clear accountability, even well-intentioned policies will fall short. With it, consistent and lasting improvements can be delivered in the lives of veterans and their families, ensuring the People’s Promise to veterans is fulfilled in practice, not just in principle.

David – Army veteran and active spokesman for the Armed Forces community

“It is the Government’s responsibility to ensure that those who have served this country receive the support they need.

Many veterans don’t ask for much. They are fiercely independent, and too often put up with the disadvantages their service has left them with.

But responsibility for supporting them is spread across multiple systems, from healthcare to benefits and employment, with no single point of accountability. As a result, support can be complex, inconsistent, and difficult to navigate, particularly for those with the most complex needs.”



APPENDIX: COSTS, SAVINGS AND LONG-TERM IMPACT

The reforms set out in this manifesto are grounded in a clear principle: improving support for veterans delivers long-term value for the public purse.

Where the system does not work effectively, demand is displaced rather than reduced. Poor transitions and unmet need can lead to worsening health, reduced employment, and increased reliance on the NHS, welfare system, and local services.

Nearly 2,000 personnel were medically discharged in 2024/25 (an average of five people each day), contributing to more than 40,000 individuals leaving service due to injury or illness over the past two decades.¹ At the same time, substantial resource is already committed within the system, including hundreds of millions of pounds each year on disability benefit assessments, but this is not always targeted in the most effective way.

Many of the reforms proposed can be delivered at low or negligible cost, focusing on improving policy, process, and coordination rather than requiring significant new spending. Others require targeted upfront investment but are expected to reduce long-term demand on public services by improving outcomes earlier.

The Veterans' Mobility Fund provides a clear example of this approach in practice. Since its reinstatement in 2023, over £1 million has been distributed through more than 170 grants, supported by a multi-year government-backed programme worth over £2.5 million.² This targeted investment improves independence and reduces reliance on health and social care services. This type of intervention demonstrates how focused support can deliver both better outcomes and better value for the system as a whole.

A small number of proposals involve targeted new spending, primarily to address historic injustice or specific unmet need. For example, improving compensation arrangements and targeted support for underserved groups. These are limited in scale, proportionate to the impact experienced by those affected, and aligned with approaches taken by international partners.

Taken together, these reforms represent a practical and affordable package of change. By shifting the system towards earlier intervention and more effective support, they reduce long-term pressure on public services and deliver better value for taxpayers.

¹ Ministry of Defence annual medical discharge statistics (2005–2025); aggregated estimate

² Help for Heroes, Veterans' Mobility Fund programme data (2024–2025)



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