

HELP FOR HEROES MANIFESTO

PRIORITIES FOR VETERANS AT THE 2024/25 GENERAL ELECTION

MISSION CRITICAL:

WHEN A CONFLICT
ENDS, FOR SOME
THE BATTLES DON'T
STOP. THEY JUST
STOP MAKING
HEADLINES.

For more details, and information, and if you would like to meet with us to discuss our manifesto, please contact Help for Heroes' Senior Public Affairs and Policy Manager

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HELP for
HEROES

PRIORITIES FOR VETERANS AT THE 2024/25 GENERAL ELECTION

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PRIORITIES FOR VETERANS FOR THE 2024/25 GENERAL ELECTION

These policies were developed in collaboration with organisations across the Armed Forces sector, reflecting our shared priorities for veterans.

We have prioritised policies that aim to reduce the costs and demand on public services in the long-term, specifically the NHS. These policies should simultaneously improve the standard of living, financial independence, and wellbeing of veterans.

HELP FOR HEROES

At Help for Heroes, we enable veterans and their families to live well after service. We support anyone in the Armed Forces community facing challenges by providing physical, psychological, financial, and welfare support. Our knowledge and expertise lie in supporting veterans and their families who are managing long-term health conditions, both physical and mental.

Founded in 2007, we continue to be actively engaged with politicians, the Office for Veterans' Affairs, the Ministry of Defence (MOD), the NHS, and local and national government bodies, working with them to address vital gaps in care provision for veterans and their families.

Alongside other Armed Forces charities, we supported the passing of the Armed Forces Act 2021, and successfully led the campaign to reinstate the Veterans Mobility Fund alongside Blesma, the Limbless Veterans Charity.



REFORMING THE MEDICAL DISCHARGE PROCESS

1. 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.ⁱ This process is clearly not working to support our veterans and needs urgent reform.

Over 40,000 personnel have had to leave the Armed Forces due to injury or illness over the last 20 years, and this number grows daily, with an average of three people medically discharged every day.ⁱⁱ

Our surveys revealed major inconsistencies and gaps in the MOD's support. Specifically, these are:

1. Service personnel medically discharged with mental health conditions do not always receive a formal diagnosis or information on treatment and support options.
2. Many service personnel are unable to get assessments for mental and physical health whilst they are in transition.
3. Those being medically discharged are not always able to access the courses available to help them because of their health condition. In these cases, the discharge time must be extended.
4. The time given between notification of discharge date and actual discharge date varies hugely between services and individuals.
5. 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.
6. 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.

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.

REMOVING BARRIERS TO COMPENSATION AND BENEFITS

2. 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.

3. End the practice of amputees having to undergo multiple Work Capability and Personal Independence Payments reassessments

Currently, amputees are often required to go through multiple reassessments for Personal Independence Payments (PIP).

Despite the life-long and non-recoverable nature of amputation, this does not automatically entitle the recipient to an 'indefinite award' (reviewed every ten years), and they are required to re-explain and repeatedly undergo physical tasks to continue to qualify for this support every two years.

Similarly, when applying for Universal Credit (UC) and Employment and Support Allowance (ESA), even when given a limited capability for work (LCW) or limited capability for work-related activity (LCWRA) status, amputees are required to be reassessed at an interval of the assessor's discretion, normally every two years. This has, in many cases, led to the absurd and undignified situation where amputees must continually re-prove their disablement.

We believe that full or partial limb amputees should automatically be granted PIP awards indefinitely and that amputation should be added to the criteria for 'severe conditions' where reassessment is not appropriate for UC and ESA. This would reduce the burden and disruption caused to claimants who must continue to re-evidence their disablement and free up resources that could be better focused elsewhere.

4. 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.ⁱⁱⁱ 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 and WP are 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.

5. Establish a compensation scheme for nuclear test veterans and their families

More than 20,000 UK military personnel served as part of UK nuclear weapon tests between 1952 and 1967 in Australia, Fiji, and other Pacific islands, of which an estimated 1,500 are still alive.

Evidence suggests that the exposure to radiation during the test operations caused a unique and devastating set of injuries and illnesses to not only these veterans themselves, but also to their children.

Nuclear test veterans have higher rates of cancers and blood disorders.^{iv} Some studies have suggested that radiation is linked to higher rates of miscarriage, infant mortality, and birth defects among the children and grandchildren of these veterans.^v

One study suggests children of these veterans were 10 times more likely to be born with birth defects, and five times more likely to die as infants.^{vi}

The extent and severity of harm suffered by these veterans and their families goes beyond that which can be adequately addressed through War Pensions.

We advocate for a scheme to be established that provides lump-sum financial compensation to living nuclear test veterans, and to family members who can demonstrate that their injuries were caused as a result of their parent's service. Such schemes already exist in the United States, Canada and France.

IMPROVING CLINICAL PATHWAYS FOR INJURED VETERANS

6. 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.^{vii}

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.^{viii}

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.^{ix} 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.^x 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.



SUPPORTING VETERAN FAMILIES

7. Abolish application fees for indefinite leave to remain for all non-UK citizens who have served in the UK Armed Forces for four years and their dependent family members

Currently, there are more than 9,000 non-UK citizens serving in the UK Armed Forces, including many from Commonwealth countries.^{xi} As veterans, they have the right to apply for indefinite leave to remain (ILR) in the UK after four years of service. In 2022, to recognise their 'incredible contribution to the UK Armed Forces,' the UK Government abolished the visa fee to enact this right, but only for those with over six years of service or who were medically discharged. It did not abolish the fees for those with between four and six years of service nor for dependant family members.

This has created an unjust confusion in the rules, where those who leave after four years are entitled to ILR but are still charged for it, and all personnel are still charged a £2,404 fee for each family member.^{xii} For example, to secure the residency rights of a spouse and two children, a veteran must find the prohibitive amount of almost £7,500 to live with their family in the country that they served.

We believe that a UK Armed Forces veteran should not be disadvantaged because of their nationality. If you served our country, our country should not charge you or your family to remain.

We call for the length of service requirement to be lowered to four years to match the ILR entitlement and the fees for dependent family members to be abolished.



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AFGHANS WHO SERVED WITH OUR FORCES AND THEIR FAMILIES

8. Resettle all eligible family members of Afghan Locally Employed Civilians who have not arrived in the UK by the end of 2024

In 2021, the UK Government made a firm commitment that all Afghans who had served with our Armed Forces, and therefore at risk of harm from the Taliban, would be resettled in the UK. In their application, an eligible Afghan citizen may include a partner, dependent children, and additional family members who are eligible under the Afghan Relocations and Assistance Policy (ARAP). As of November 2022, based on employment records, the Ministry of Defence estimates there are around 4,600 Afghans (including dependants) still eligible for relocation under the ARAP scheme who have not yet arrived in the UK.^{xiii}

This scheme has been plagued by delays, leaving vulnerable Afghan Locally Employed Civilians (LEC) and their families stranded, in hiding within Afghanistan, or housed at public expense in hotels throughout neighbouring countries.

We are calling upon the Government to make a commitment to increase resources to the ARAP team at the Home Office to clear the backlog of applications and establish clear means of travel for those eligible. This will include allowing UK embassies and consulates in third countries, such as Pakistan and Iran, to assist in the processing of claims and making evacuation arrangements.



VETERANS WHO HAVE EXPERIENCED DISCRIMINATION

9. Establish a financial compensation scheme for LGBT+ veterans who were wrongfully discharged prior to the lifting of the pre-2000 ban on homosexuality in the Armed Forces

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 and are now committed to working to understand, acknowledge and, where appropriate, address the effect it has had on veterans.

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.^{xv}



STRENGTHENING THE ARMED FORCES IN LAW AND GOVERNMENT

10. Commit to maintain the Office for Veteran Affairs headed by the cabinet-attending minister

In 2019, Help for Heroes and many other veterans' charities led the charge in calling for the creation of The Office of Veterans' Affairs as a separate department from the MOD, to be headed by a minister who attends cabinet, and whose sole responsibility was the welfare of veterans.

We believed then, and still believe now, that this office would ensure all Government departments issue policies that recognise their responsibility to veterans and their families. Furthermore, it has also been a driving force behind substantial veteran-focused policy initiatives since its creation, which would likely not have happened without its existence and independence from the MOD. Most notably, the reinstatement of the Veteran Mobility Fund, the introduction of Veteran ID cards, and the creation of Op Fortitude.

We call upon the party to commit to retaining this vital branch of Government and to have its minister attend Cabinet.

11. 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 the majority 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.





GENERAL ELECTION APPENDIX: COSTINGS AND SAVINGS

This appendix gives a brief overview of the costs and savings associated with our policy asks. Our guiding principles are a focus on outcomes, investing to save, and switching spending to areas of higher efficacy.

We have prioritised policies that aim to reduce the costs and demand on public services in the long-term, specifically the NHS. These policies should simultaneously improve the standard of living, financial independence, and wellbeing of veterans.

REFORMING THE MEDICAL DISCHARGE PROCESS

1. Commission an independent review of the medical discharge process

NET SAVING: REDUCING DEMAND ON THE NHS

We anticipate negligible costs to the public purse from this policy and a net saving by reducing the burden of veteran care on the NHS.

The cost associated with running the review process will be minimal and it will primarily focus on identifying areas of poor practice within existing policies, rather than introducing new funding into the discharge process.

Removing the current barriers within the process that inhibit injured veterans from being able to successfully manage their condition outside of service, will reduce the additional pressures this group will place upon the NHS.

In 2018, the Government began this process by reviewing the broader transition process and introducing a Holistic Transition Policy, so the case for improving this process has already been recognised.

However, this review did not investigate the medical discharge process specifically, and many wounded service personnel feel their needs have been largely ignored. In many cases, those who have been medically discharged have a greater, and more complex support need than those who leave for other reasons.



REMOVING BARRIERS TO COMPENSATION AND BENEFITS

2. Disregard War Pensions and Armed Forces Compensation Scheme as income from benefits and pensions

NET SAVINGS BY REDUCING RESOURCES AND COSTS FROM THE DEPARTMENT FOR WORK AND PENSIONS AND LOCAL AUTHORITIES

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.¹

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.² However, 80 per cent of British councils treat some or all of this as income.³

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.

SIGNIFICANT POSITIVE IMPACT FOR INDIVIDUAL VETERANS

Taking one example, anyone claiming Pension Credit who is over State Pension Age and with an income that is below what is required to live on (£201 if single, £307 for couples) is means-tested. In 2021, over half of veterans were over the age of 65 (one million people). However, only 20 per cent claimed an occupational pension for their time in service, and many were on a low income (2021 Census).

Approximately 87,000 veterans claimed Pension Credit in 2021, and of these, only around 5,000 were in receipt of military compensation.⁵ The average weekly compensation award is £96, £86 of which is treated as income. This is then deducted from their Pension Credit. Some are denied any support at all.⁶

3. End the practice of amputees having to undergo multiple Work Capability and Personal Independence Payments Reassessments

NET SAVING BY REDUCING RESOURCE AND COST FROM THE DEPARTMENT FOR WORK AND PENSIONS

Removing the need for these degrading and unnecessary reassessments would free up considerable resources that could be better focused elsewhere by reducing the amount of Work Capacity Assessments (WCAs) and Personal Independence Payments (PIP) Assessments that the DWP must undertake. This would save on operational costs.

The total value of the assessment contracts for PIP, ESA, and UC over the next five years commencing 1 August 2023, is £2 billion, rising to £2.8 billion if the DWP chooses to extend the contract for an additional two years.⁷

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


MODEST COST BUT REDUCING DEMAND ON HEALTH AND SOCIAL CARE SERVICES


The moral case under the Armed Forces Covenant for this policy is highly compelling. The fact that claimants are specifically disbarred from making claims for chronic pain that can directly and specifically be attributed to a traumatic or accidental injury that occurred during service, (i.e. incurable, chronic neuropathic pain), is unjust and reduces the capacity of the veteran to live well and be economically active after service. Such pain never resolves and is often considerably more debilitating than the original injury for which a compensation payment has been awarded.

Whilst adding chronic pain as a condition would increase the number of eligible claims made under the scheme and require increased expenditure, it is also the case that ensuring that veterans with chronic pain are adequately compensated will reduce costs in the NHS and social care sector. This is in line with the central principle of the Armed Forces Compensation Scheme.

OVERVIEW OF THE MIXED POLICY ACROSS THE BENEFITS SYSTEM⁶

ADMINISTERED BY	BENEFIT	WAR PENSION	ARMED FORCES COMPENSATION SCHEME	SIPS AND SAPS
Department of Work and Pensions	Universal Credit	Disregarded	Disregarded	Income
Department of Work and Pensions	Child Tax Credit	Disregarded	Disregarded	Disregarded. (SAPS are tax-free hence not considered as income for Working and Child Tax credits)
Department of Work and Pensions	Income Support	£10 Disregarded	Capital Limits	Income
Department of Work and Pensions	Income-based Jobseeker's Allowance	£10 Disregarded	Capital Limits	Income
Department of Work and Pensions	Income-related Employment and Support Allowance	£10 Disregarded	Capital Limits	Income
Department of Work and Pensions	Working Tax Credit	Disregarded	Only those on the Guaranteed Income Payment (GIP) tier are disregarded	Disregarded
Department of Work and Pensions	Pension Credit	£10 Disregarded	GIP is considered income. Otherwise, Capital limits are included. For those claiming Armed Forces Independence Payments (AFIP), this is passporting benefit that automatically provides pension credit.	Income
Department of Work and Pensions	Social Care	Disregarded (Except NI)	Disregarded (Except NI)	Discretionary
Local Authority	Housing Benefit	Discretionary	Discretionary	Discretionary. SIPS considered income; SAPS are discretionary.
Local Authority	Council Tax Support	Discretionary	Discretionary	Discretionary
Local Authority	Discretionary Housing Payments	Discretionary	Discretionary	Discretionary
Local Authority	Disabled Facilities Grant	Discretionary	Discretionary	Discretionary

 Compensation considered as income

 Compensation disregarded

It is not possible to accurately estimate the number of veterans who would be eligible to claim under this change. Often chronic pain is not recognised as a reason for medical discharge or it may develop several years after they have left service. Nor is it possible to estimate how much any individual claim would be, as this is dependent on the level of disablement, years of service, and their final salary.

However, how mental health injuries are compensated through the same system can act as a good proxy for how the tariffs for chronic pain should be set. An ongoing mental disorder is seen as a distinct condition from a physical injury, with which it was initially associated, and can be dealt with as a distinct and separate injury within the provisions of the scheme. There is no reason why chronic pain conditions should be treated differently or set at the same tariff level.

5. Establish a compensation scheme for nuclear test veterans and their families

MODEST COST BUT REDUCING DEMAND ON HEALTH AND SOCIAL CARE SERVICES

More than 20,000 UK military personnel served as part of UK nuclear weapon tests between 1952 and 1967, of which 1,500 are still alive. The moral argument aside, we believe that this compensation would allow veterans and their families who were also affected by radiation to better manage their condition, thus reducing the burden on the health and social care systems.

The precedent that a separate compensation scheme, outside of ordinary war injuries, is needed, has been established by all comparable nations that conducted nuclear testing, namely the USA, Canada, and France, for a modest amount of Government spending. For example, over the past decade, the French scheme has granted compensation to 1,600 nuclear test veterans at a small cost of \$30M USD.⁸ In 2008, Canada compensated approximately 1,000 veterans with a scheme capped at \$22.4M USD.⁹

We expect a compensation scheme for UK veterans and their families to cost a similar amount.

6. Reinstate long-term funding for the Veterans' Hearing Loss Fund

NET SAVING: REDUCING DEMAND ON THE HEALTH SERVICE

Investing in a specialist fund would reduce resources, waiting lists, and the demand on the NHS, which does not routinely commission the types of equipment or therapies needed to deal with the unique auditory problems associated with service in the Armed Forces.

According to research by the Royal British Legion (RBL), prior to the implementation of the fund in 2015, of those veterans who had been issued with one or two hearing aids, 67 per cent had them issued by the NHS.¹⁰

The scale of the need is significant.

Research by the RBL has shown that veterans of a working age are 3.5 times more likely to suffer from noise-induced hearing loss than the general population, with 11 per cent of UK veterans having trouble hearing, and 6 per cent experiencing tinnitus.¹¹ Additionally, between 2005 and 2022, sensory injuries (including hearing loss/damage) amounted to 6 per cent of all lump sum awards under the AFCS.¹²

The Government already recognised the clear case under the Armed Forces Covenant for a specialist fund, beyond that provided by the NHS, when it committed £11.5M to the initial fund between 2015–2020.¹³

During this time, 7,000 applications were received and over 3,000 awards were made, at an average cost of £3,464. It is difficult to calculate the precise number of veterans who would access a reinstated fund. But given that hearing devices have a lifespan of three to four years, we are unlikely to see a decrease in demand from when the fund was initially operational.

The Veterans Hearing Foundation says it currently has '2,000 veterans waiting for our support',¹⁴ and over 2,170 UK Regular Armed Forces personnel were medically discharged with hearing loss sustained during deployments to Iraq and Afghanistan alone.¹⁵ Estimates created by the RBL in 2021, based on the level of demand at the time, 'predicts that it would cost £7.5M a year to deliver the Veterans Hearing Fund (VHF), with this reducing to £5M over time.

SUPPORTING VETERAN FAMILIES

7. Abolish application fees for indefinite leave to remain for all non-UK citizens who have served for four years in the UK Armed Forces and their dependent family members

NEGLIGIBLE COSTS BUT SIGNIFICANT SAVINGS IN HOME OFFICE RESOURCES

We estimate that the cost of lowering the length of service requirement for non-UK citizens who have served in the UK Armed Forces from six to four years will be negligible to the taxpayer.

For example, in the 2017/18 financial year, 500 regular personnel from Commonwealth countries left the UK Armed Forces.¹⁶ Assuming all these veterans completed four years of service, for a typical family of one veteran with three dependants, the cost of abolishing application fees – currently set at £2,404 for the veteran and each dependant – would only amount to £3.6 million for the dependents and £1.2 million for the veterans themselves.¹⁷ However, this would be offset by an initial saving of £491 in the unit cost of administering each application.¹⁸

In addition to these initial savings, these veterans have served and trained in our Armed Forces and, as such, have highly valuable skillsets that would be of great value to the UK employment market and likely to result in a net positive contribution to the economy.

The 2021 Census showed that 2.1 per cent of UK Armed Forces veterans were born in Commonwealth nations (excluding Nepal and the Republic of Ireland). It is time that we ensured they receive the fair treatment they deserve from our immigration system.

OUR PROMISE TO AFGHANS WHO SERVED WITH OUR FORCES

8. Resettle all eligible family members of Afghan Locally Employed Civilians who have not arrived in the UK by the end of 2024

INCREASE HOME OFFICE SPENDING AND GUARANTEE RESOURCES ALREADY COMMITTED

As of November 2022, an estimated 4,600 Afghans (including dependants) who have not yet arrived in the UK, are still eligible for relocation under the ARAP scheme. Over 1,000 of these are accommodated in hotels outside of the UK.

Spending should be increased to resource the Home Office sufficiently to be able to clear this backlog by the end of 2024.

Following arrival, the Government's core tariff for settled accommodation and integration support over three years is £20,520 per person.¹⁹

We call upon the Government to commit to retaining this funding and the promised £250M for the expansion of the Local Authority Housing Fund to help councils to source homes for Afghans currently in bridging accommodation after the general election.

VETERANS WHO HAVE EXPERIENCED DISCRIMINATION

9. Establish a financial compensation scheme for LGBT+ veterans who were wrongfully discharged prior to the lifting of the pre-2000 ban on homosexuality in the Armed Forces

NEW SPENDING

We are calling for the Government to establish a compensation scheme in line with recommendation 28 in the Independent Review chaired by Lord Etherton, which stated:

'An appropriate financial award should be made to affected veterans notwithstanding the expiry of litigation time limits. The Government's overall exposure should be capped at £50 million.'²⁰

However, we believe the £50M should be treated as the minimum figure for a possible compensation scheme, not its cap.

STRENGTHENING THE ARMED FORCES COVENANT

10. Commit to maintain the Office for Veteran Affairs headed by a cabinet-attending minister

NO CHANGE IN EXPENDITURE FROM THE CURRENT STATUS QUO

As stated in the main document, since its inception in 2019, the Office for Veteran Affairs has punched well above its weight in terms of delivering on its core objective of embedding consideration for veterans across governmental decision-making. Its annual budget of £5M plus a recent cash injection of £10M announced in the 2023 Spring Budget, to increase the service and engagement over the next two years, is modest in comparison to its outreach. We do not anticipate any significant changes in this budget.

11. Extend the scope of the Armed Forces Covenant in law

NEGLIGIBLE COST

There are no major cost implications associated with this policy. The power to extend the statutory duties of the Armed Forces Covenant to cover national government and to add further areas of policymaking already exists within the Armed Forces Act 2021. It is therefore within the power of the Secretary of State for Defence to enact. We anticipate that there will be nominal costs within the budget of the MOD to develop guidance on implementing these extended duties and staffing resources for the Armed Forces Covenant Team within the department. Such costs are highly likely to be offset by the benefit of improved decision-making with regard to the Armed Forces community which will, over time, result in a reduction in demand for other services.

As part of the equality impact assessment that was made during the passing of the Armed Forces Act 2021, it was estimated:

'the main costs of this legislation will fall on the public service providers, requiring changes to policy-making, and decision-making processes, and also through an increase in the use of their complaint processes. Whilst the additional costs incurred through the complaints process are considered zero, there are likely to be minimal cost implications to public service providers.'²¹

It is reasonable to suggest that a similar level of cost would be associated with this extension.

ⁱ Help for Heroes, Improving the Medical Discharge Process, 2019. <https://www.helpforheroes.org.uk/our-impact/action-for-change/policy-papers/improving-the-medical-discharge-process/> Results of survey conducted between 19 and 30 August 2019 using a sample of 403 veterans who have been medically discharged from the British Armed Forces and are supported by Help for Heroes.

ⁱⁱ Data gathered from Ministry of Defence publications, Ministerial responses and Freedom of Information requests: 1999–2001; 2001–2003/4; 2004/5; 2005/6–18/19. Ministry of Defence Medical discharges among UK service personnel statistics, financial year 2020/21. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001267/UK_service_personnel_medical_discharges_financial_year_2020_21.pdf

ⁱⁱⁱ Pain Concern, New classification for chronic pain, <https://painconcern.org.uk/new-classification-for-chronicpain/#:~:text=Chronic%20primary%20pain%20is%20defined,explained%20by%20another%20chronic%20condition.>

^{iv} Gerry M Kendall and Mark P Little, 'The new study of UK nuclear test veterans'. J. Radiol. 2022. Prot. 42 020101 <https://iopscience.iop.org/article/10.1088/1361-6498/ac6a23>

^v Christopher Busby and Mireille Escande De Messieres, 'Miscarriages and Congenital Conditions in Offspring of Veterans of the British Nuclear Atmospheric Test Programme' Epidemiology . 2014, Vol 4(4): 172. <https://www.omicsonline.org/open-access/miscarriages-and-congenital-conditions-in-offspring-of-veterans-of-the-british-nuclear-atmospheric-test-programme-2161-1165.1000172.php?aid=30829&view=mobile>

^{vi} Ibid.

^{vii} Veterans Hearing Foundation. <https://www.veteranshearing.org.uk/>

^{viii} Royal British Legion, 'A proposal for the Treasury to provide interim funding to continue the Veterans Hearing Fund and ensure that vital hearing loss provision remains for veterans injured serving their country.' February 2021.

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