

# The Veterans' Transition Review



Third follow-up report  
October 2017

Lord Ashcroft KCMG PC



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## INTRODUCTION

This is my third follow-up report commenting on progress since I published my *Veterans' Transition Review* in 2014. Last year, after what had been a slow start, I found that things had indeed moved on, though mostly in terms of policy and planning; at that stage there was little that had a direct effect on those leaving the Armed Forces.

Reviewing what has happened over the past year, I see practical changes and real developments. Although there remain some important initiatives that have taken a long time to set up and are yet to be launched, and that there is still much to do, this report records a good deal of satisfactory progress.

While this work is moving on, there have been two important recent developments that will add momentum. These should bring together different efforts in the field of transition, producing processes and services that could resolve many outstanding issues and ensure proper support for those who have served the nation.

The first is the planned establishment of a Veterans Board, which will provide direction and co-ordination; I suggest possible and important tasks for it below. The second is the commitment in the Queen's Speech to deliver the Armed Forces Covenant across the UK, which has wider application than establishing support for Service leavers and veterans in Northern Ireland, and which has been one of my main concerns. Below, I show that many brilliant initiatives are too localised and we need ensure they are available to all. "Across the UK" should be taken as a commitment to make this happen.

However, the main theme of my work this year has been to look at the public's perception of the impact a Service career has on an individual. That is the most important part of this follow-up report. I believe that fixing this problem is the greatest challenge facing the government in this field and that it must be addressed.

## 1. PERCEPTIONS OF THE IMPACT OF A SERVICE CAREER

One of the consistent themes of my work on veterans' transition has been the public perception of Service Leavers and the supposed negative impact of service in the Armed Forces. In *The Armed Forces & Society*, published in 2012, I found that more than nine in ten members of the public believed it to be common or very common for former Service personnel to have some kind of physical, emotional or mental health problem as a result of their time in the Forces. This impression would obviously affect Service Leavers' future prospects, particularly when it came to employment, even though people's overall view of the Forces and those who had served in them was overwhelmingly positive. It must also hinder recruitment.

Four years later I repeated the question in my research for my second follow-up report to the *Veterans' Transition Review*. I found there had been no drop-off in the proportion believing Service Leavers were likely to have been damaged by their time in the Forces – even though we were no longer seeing casualties from Afghanistan, the military were less prominent in the media, and the campaign profile of the Forces charities was a good deal lower.

This suggested that public perceptions were a persistent problem and that such efforts as had been made to address it were not succeeding. I therefore decided to make this issue the main focus of my 2017 report. To help understand the problem in more detail I commissioned a nationwide survey of 2,000 people, along with eight focus groups around the country. The full results from this research are attached as an appendix. In this part of my follow-up report I will set my main findings, the implications as I see them, and my recommendation as to the action that needs to be taken.

### Key findings

- Though people's immediate response when asked to think about someone who has recently left the Armed Forces is very often positive, the idea that they might have been damaged in some way is close to the surface. The idea that many veterans suffer from serious problems, including mental health disorders, was mentioned unprompted by participants in all the focus groups.
- Half of our survey respondents said they thought a Service Leaver's negative and positive experiences from their time in the military would play an equal part in shaping their life as a civilian. One in ten thought their negative experiences would be more influential; one in three thought positive experiences would play a bigger part. Younger participants were the most likely to think negative experiences would be the more important.
- Asked to estimate what proportion of former Service personnel had some kind of physical, emotional or mental health problem, our survey respondents gave a mean estimate of 54% (rising to 61% among women and 18 to 24 year-olds). One in four said they thought the proportion of veterans with such problems was above 70%.

- Mental health was, by some margin, mentioned most often when we asked what were the most common problems faced by people leaving the Armed Forces. 82% in our survey chose this among the three problems they thought most often faced by Service Leavers; 65% chose “problems adjusting to a civilian environment”, and 61% chose “physical injuries or physical health problems”. More than three quarters thought mental health problems were more likely to happen (and more than a quarter – including 40% of 18 to 24 year-olds – thought them “much more likely to happen”) to former members of the Armed Forces compared to people in general. Around half thought suicide, divorce, alcohol addiction, unemployment and homelessness were also more prevalent among veterans than among the general population.
- While some in our groups argued that those who had been in the “front line” were more likely to face such problems, there was also a belief that those in supporting roles could be affected. In our survey, we asked people to estimate the proportion of those leaving the Forces who had faced dangerous or traumatic situations during their service: the mean estimate was 61%.
- People in our focus groups were unsure what help was available for Service Leavers and veterans who needed it, but the presence of charities in the sector led many to think that official or statutory provision must be insufficient. This conclusion had been reinforced by the media, and by the assumption that any such official provision had probably been hit by austerity. None of the participants in our groups had heard of the Armed Forces Covenant, and they tended to doubt that a written commitment from the government would make much difference to anything in practice. Asked to name, unprompted, charities that specialised in helping people who had been in the Forces, 49% mentioned Help For Heroes, making it by far the best-known organisation in the sector; a quarter named the Royal British Legion or the “Poppy Appeal”.
- When we asked people which sources had been most important in giving them their impressions about veterans and Service leavers, TV documentaries and TV news were named most often (though more by older people than younger; films and TV dramas, though chosen less often, were more likely to be named by younger people than older). Events like the Invictus Games, fundraising or awareness campaigns and charities had also played an important part.
- People tended to feel that the overall message from the media, charities and other sources was probably skewed on the negative side: positive stories were not news, and charities needed to highlight problems in order to raise awareness and funding. However, some also argued that in the absence of any completely neutral source, such information provided an important balance to the official picture, especially that portrayed in recruitment campaigns.

## The reality

In order to provide context to these findings, I compared them with the actual numbers who leave the Forces for medical reasons<sup>1</sup>. Obviously, some have identified medical problems during their career and are not discharged, being given other roles or help to manage the

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<sup>1</sup> *Annual Medical Discharges In The UK Regular Armed Forces, 1 April 2012 to 31 March 2017*, MOD, July 2017

condition within the Services, and some have problems that only emerge after discharge. Also, there will be a number whose pre-existing conditions emerge during their service, or who suffer some medical condition that has nothing to do with their job; they may be medically discharged but the condition is not due to their service in the Forces. However, in the absence of data on such cases, formal discharges for medical purposes provide a sound measure for the sake of comparison with public perceptions.

In the three years to April 2017, 55,956 people left the Forces. Of these 13.4% (7,502) were medically discharged.

- 7.45% (4170) were discharged due to musculoskeletal disorders or injuries.
- 2.37% (1331) were discharged due to a mental health condition, including 0.96% discharged due to being diagnosed with PTSD. The detailed figures show that the number of discharges due to mental health conditions has risen slightly over the period. I understand that this is mainly due to the effort that has been put in to reduce stigma, and thus encourage the reporting of such problems.

I also compared these figures with the whole military population studies undertaken by the King's Centre for Military Health Research which show that the overall PTSD rate has risen from 4% in 2004/6 and 2009/10 to 6% in the period 2014-16 (compared to 4.4% in the general population). Encouragingly, the percentage of those with mental health problems receiving treatment while still in Service has increased, which might be related to a small but significant decrease in measures of stigma. This means that more people are being recorded as receiving treatment for PTSD, which is a positive development. This is supported by the KCMHR research which suggests that help-seeking for mental health problems has increased, stigma has reduced and, very importantly recent Service Leavers are seeking help more rapidly, increasing their chance of a successful outcome.

Although there has been a small increase in PTSD rates overall, certain groups are more at risk of developing the disorder than others. Serving regular personnel and veterans who undertook a combat role during their last deployment had PTSD rates of 12% and 17% respectively, but as Professor Sir Simon Wessely, Director of the KCMHR, informed me:

“Neither of these is surprising – combat-exposed you would expect to be higher, but the rate there is 12%, so higher yes, but not remotely close to the public perception, and the same for veterans, and remember that poor mental health is anyway a risk factor for medical discharge or indeed any discharge, and it is definitely not all service-related. As we also have shown, 50% of cases of PTSD are not deployment-related (divided between assaults and RTAs, some of which are service-related but not deployment-related, and some of which are not service-related at all, but may reflect other pre-service issues and/or alcohol).”

I attach as an appendix the KCMHR 2017 Factsheet on mental health and associated problems. It is an important document and should receive wide exposure; everybody involved in this business, from policy makers to practitioners and commentators, should have this at hand.

## **Conclusions and recommendations**

Since my appointment as the Prime Minister's Special Representative on Veterans' Transition I have consistently highlighted the problem of public perceptions acting as a barrier to the prospects of Service Leavers in civilian life, and hindering recruitment into the Armed Forces.

The MOD has regularly assured me that it has a plan to improve these perceptions, though I have seen little evidence of it at work. At any rate, we can see from above findings, from research conducted three years after the UK ended combat operations in Afghanistan, that the problem is persistent and serious.

People wildly overestimate the problems suffered by Service Leavers and veterans, especially when it comes to physical and mental health. Despite their high regard for the Forces, too many believe that military service is harmful. The contrast between the numbers of Service personnel who are suffering mental problems and the overwhelming majority of the public who believe such conditions are among the most common problems affecting Service Leavers is staggering. By no means all of the problems encountered by our personnel and veterans are caused by their service in the Forces.

Evidently, the current approach to communications in this area is not working. Television documentaries and news are the most important basis for people's impressions about Service Leavers and veterans, but the MOD seems disinclined to put up authoritative individuals to challenge the negative picture presented. After my 2014 report I was told that the new MOD blog, *Defence In The Media*, would be used to refute myths; while it serves as a useful digest of the day's defence news, the response to stories on, for example, veterans' mental health is usually a brief MOD statement or "line to take" rather than a more detailed explanation of the issues involved or links to further information. In the course of my work on transition I hear much about the Armed Forces Covenant, but none of the members of the public who took part in my focus groups said they had heard of it.

Evidently, a new approach is needed. On a day-to-day basis, government media departments should be more proactive when it comes to, for example, countering a misleading story or documentary about the health of those who have served. At the same time, the government has to take up the task of changing public perceptions. This must be an active, ongoing effort.

I suggest that it may not be appropriate for the MOD to take on full responsibility for this task. Instead it needs to be led at Cabinet Office level by a Minister. I remarked last year that the greatest pace of change in this field came from when the PM personally chaired the Covenant Reference Group (CRG); it is this level of interest that is required. This could be an important role for the planned Veterans Board, which I understand is expected to meet for the first time later this year, and may best be achieved by a sub-group to provide the necessary ideas and strategic direction, bringing in expertise from the worlds of media, PR, the entertainment industry and psychology. I am sure that the right people will give their time freely for such an important cause.

It is simply unacceptable that in our democratic society, with long standing volunteer Armed Forces highly respected for their traditions and culture, that the public believes that military service harms the individual. While there are inevitably casualties in what can be a dangerous profession, their numbers are very much smaller, and help more readily available, than is widely believed. The reality is that our Armed Forces have outstanding leadership, a well-deserved worldwide reputation, are a powerful engine for social mobility, and form arguably the best apprenticeship scheme in the UK. This, rather than a sympathetic but greatly exaggerated assessment of the costs of serving, should once again be the focus of public opinion towards our personnel and veterans.



## 2. CAREER TRANSITION

There has been good progress in the whole process of resettlement and job finding though this is one area of transition where one cannot say that all issues have been fixed. I do find reports that suggest that the same themes I raised in my 2014 report are still in circulation; these include a lack of support for transition at unit level, and the need for greater exposure to civilian workplaces for Service personnel and those in transition. Whether these are prevalent, or isolated cases, or just a lag in recognition of the changes that have been made will be worth close examination.

There are still important initiatives that have yet to have an impact: the Personal Development Pathway, whereby the individual starts taking responsibility for their future and their preparation for it early on in their careers, will not be launched until next year. On the other hand, providing career transition advice to every Service leaver irrespective of length of service, is already happening.

I believe that the MOD policy is sound and the establishment of a 2-star committee (Major General level) to drive the change process is good news.

However, data from the Career Transition Partnership shows that little has changed in terms of outcomes: the numbers in work after six months has dropped slightly and those seeking work has increased. In 2013 some 9% of Service leavers were still looking for work 6 months after taking part in the Career Transition Partnership process; now it is 10%. One would have expected it to be less, given the improvements intended in the new contract, the fall in the national unemployment rate, and the fact that nearly all the Service leavers looking for work have some degree of training and experience (accepting that some very Early Service Leavers might have none). I understand that the MOD now gets more data from the CTP and would hope that this can be properly exploited to discover the causes behind the somewhat static performance figures and why, for example, a significant number of Service leavers do not use its service.

A good deal of work has been done on converting military skills qualifications into their civilian equivalents and it is obvious that this will help those who are applying for technical roles. However, I notice more and more that employers value the soft skills of leadership and teamwork and they tell me that in the younger generation these are difficult to find. Yet in the Forces, these characteristics are a way of life, developed and exercised every single moment of every day, often under the most challenging conditions. As one employer said at a seminar on this subject:

“If I have a task to be completed by Friday and give it to one of my non-ex-military team managers, I will have to remind them about it every day, check up and help them overcome obstacles. If I give the task to one of my ex-military managers I know I can forget about it. It will be done on time and they will sort out any problems on the way themselves.”

The Institute of Leadership and Management has been doing some useful work in this field and also concludes that leadership, teamwork and interpersonal skills are the strongest and most valuable traits inherent in the military and valued by employers.

I suggest we would help our Service leavers more if these soft skills were given greater prominence. This is not just a matter of using the right language in the way we present them to potential employers. Earlier I said that we need to develop the right narrative that explains the nature of our Service personnel and veterans to the nation; this is part of that story. Also, in my Review, I suggested a far greater use of work placements. While I have constantly been reassured that a system is in place, I have met business people who knew nothing about it. I am surprised that so little energy, apparently, has been put into this, a low-cost programme that would greatly increase employers' understanding of the qualities Service personnel can bring to their businesses, and significantly reduce the culture shock some Service leavers find on entering the civilian workforce.

### 3. ACROSS THE UK

#### Northern Ireland

While both Scotland and Wales take a forward-leaning approach to encouraging Service leavers to settle there and providing support to those that need it, tailored to their nations' characteristics, Northern Ireland has given me concern.

In my report last year, I said that Service leavers and veterans in Northern Ireland were at a disadvantage compared with their colleagues in the rest of the UK. I do not need to repeat the problems again as I set them out clearly then. However, there has been some movement which offers the potential for improvement.

First, this year's Queens Speech made a commitment to the delivery of the Armed Forces Covenant across the UK. Secondly, Cobseo and the Reserve Forces and Cadets Association in NI have led an initiative to establish a Cobseo secondee to reinforce the Veterans Support Office NI. This increased capacity would enable this organisation to exploit links across national and local government, other statutory bodies and the charitable sector, and deliver a programme of activities to build capacity and maximize the delivery of the Armed Forces Covenant in NI. A bid has been submitted to the Covenant Fund and a decision is awaited. On this theme, some funding has been allocated to support the development of the statutory and volunteer sector. Thirdly, I understand that six councils have signed up to the Armed Forces Covenant. However, this has less impact than in the remainder of the UK as most authority is retained at Stormont, and given the political make up of NI it is unlikely that we will ever achieve all eleven councils signing. Finally, we nearly saw movement on the appointment of a NI representative to the CRG, but I understand this has stalled due to the breakdown in the political process there.

These developments will not in themselves make a difference to Service leavers wishing to settle in Northern Ireland or veterans already there: there is a huge amount of work to do. One only need compare the healthcare provision of veterans in NI with that provided by NHS England, as I show later in this report, to see the vast programme of change that is required. And recognising that direction and authority lies with Stormont it is important to remember that any progress can be hindered or reversed if the Minister holding the portfolio is not supportive of HM Forces. However, much is being achieved in England, Wales and Scotland, for example, all of which have different approaches on how it is managed. Thus, an imaginative solution that fits NI circumstances is required, with a good deal of support from Westminster; I doubt that much will be achieved without this. Also, rather than allowing the situation to drift, a high-level plan is required at Stormont/Veterans Board level to set out priorities, responsibilities and timelines.

## England

In England it is in the field of health that the most obvious progress has been made, and the one I wish to use to highlight the positive direction being taken. Service leavers are already benefitting from new the processes and new provisions that have been put in place.

Last year I praised NHS England in particular for the progress being made in medical transition and the provision of services for veterans. I am pleased to report that this progress and been maintained and in the near future we will have a system of which we can be justifiably proud. It is not a matter of tinkering around the edges; this is a comprehensive new approach, and provides a model for others. A very similar approach has been taken by NHS Wales which is similarly forward leaning in providing specialist service for veterans, and I cover in more detail later.

In England, we will soon have a process in place for an effective handover of those with medical conditions, not only documentation and medication but the new Transition Intervention and Liaison (TIL) Service which seeks to manage a complete and successful handover of mental health cases from the Defence Medical Services to the NHS. One of my major areas of concern when I produced my Review nearly four years ago has therefore been resolved in England, though not yet in the rest of the UK.

It is also pleasing to see some progress around physical health: for example, the work of the Veterans Trauma Network, and an alliance of NHS Hospitals in England and beyond seeking to become more “veteran friendly”. Also, well aware that good intentions in Whitehall may not always reach the front line, anecdotal evidence suggests that there is a good deal of knowledge; questioning a couple of large GP practices in England, in non-military areas, produced a reassuring response. Staff were well informed and committed to supporting veterans.

I attach further details, submitted to be by NHS England, as an appendix to this report.

## Wales

In Wales the “Welcome to Wales” theme is apparent right across a wide range of initiatives in health, housing, education, employment and the criminal justice system, as well as families and children. I do not need to precis the report from the Welsh Government, which I also attach, but it needs to be read; apart from the sheer volume of initiatives it contains some novel and interesting ideas. For example, the establishment of a veterans’ wing in a prison offers a realistic prospect of reduced reoffending and cost reduction. Similar schemes are in place in Dartmoor and Exeter prisons and I have discussed this initiative with Her Majesty’s Chief Inspector of Prisons, Peter Clarke, to see if it could be encouraged right across the whole prison establishment.

Overall, the Welsh initiatives draw in veterans to general provisions, ensure they have better information, and commit significant funds to assist them, and here too I am confident in reporting that a great deal is being done to ensure that not only are they not disadvantaged but also those that need help should be able to find it.

## Scotland

The Scottish Government is clearly committed to supporting Service leavers and veterans and ensuring they are not disadvantaged by their service in the Armed Forces, and makes apparent the contribution they can make to society. There have been a considerable number of developments since I published my Review across the fields of employment, education, housing and health and here too I attach as an appendix a report from the Defence Policy Unit which sets these out.

Of importance, and one to follow to see how successful such a scheme could work, is the recent establishment of a Veterans Employability Steering Group aimed at maximizing opportunities and support for Service leavers and veterans in employability, skills and learning. Its interesting aspect is how it brings together representatives of government, business and the third sector to spot and fix problems or utilize opportunities.

Looking at developments in Scotland, many ride on the back of changes taking place that benefit all citizens, but ensure that information is tailored and directed at veterans so that they too can benefit. Many are concerned with the provision of information specifically aimed at veterans' needs. But a significant amount provide new direct funding, for example for employment projects, housing and the third sector.

Overall, my view is that there is a clear desire to address aspects of veterans' employability across all sectors in Scotland, including finding meaningful and sustained employment for spouses. I sense a marked change in attitude towards the veteran community over the past four years with increasing recognition of the contribution it can make to our workplaces, economy and wider society.

## Conclusion

What emerges from the work being done in England, Wales and Scotland is that apart from the sheer volume, some extremely good ideas have been developed, and some positive initiatives launched. Many of the initiatives reported here have yet to benefit those leaving the Forces right now, though in terms of healthcare many Service leavers and veterans are already going through the new systems. Considering the scale of developments and the range of needs and natures of those leaving the Forces, doubtless there will be disappointments, but overall the will is there to ensure Service leavers are not disadvantaged.

While some ideas have been developed to suit local conditions or legislation, others seem to have wider application. This leads me to wonder how well is best practice is being captured, and how receptive organisations are to ideas developed elsewhere. A good example is the handover of mental health cases from the Defence Medical Service to the NHS in England. The TIL Service appears to be one of the most important developments in medical transition so far; it is after all the very essence of managed "transition", but it only applies in England. Of course, language and structures will vary according to local circumstances and legislation, but the idea of a properly managed handover of a medical condition between the Forces and the NHS trust where the Service leaver intends to resettle, now it has been "invented" by NHS England, is so obvious one would expect to see it being developed elsewhere, particularly as it should save costs in the medium term. Once again, strategic direction is required and better mechanisms for exchange of ideas and cooperation; this is what is meant by the "across the UK" delivery of the Armed Forces Covenant commitment made by the government in the Queen's speech.

## 4. THE THIRD SECTOR

Whatever improvements in process and provision is made by governments and local authorities, the Armed Forces charity sector will remain a vital part of the environment, supporting those that need help and demonstrating the nation's support for those who serve or have served.

However, events have combined to raise a number of significant challenges for all charities, and those that support the Armed Forces in particular. They have the added disadvantage that in the absence of military operations, and the reduction in the size of the Forces, Service personnel have once again, as during operations in Northern Ireland, faded from public view.

There is a loss of trust in the charity sector as a whole, caused mainly by misconduct by trustees and management in a few. This has eroded the feel-good factor about the way they work and their motives. The 2016 Charity Commission report on public trust and confidence in charities highlighted the sharp drop in confidence over the past few years. It identified concerns about the way money is spent, the way charities are run, and fundraising techniques. One outcome is a steady loss in income, and this is certainly being experienced by some Armed Forces charities.

All the Armed Forces charities will be well aware of the Charity Governance Code for larger charities. I suggest that there is an opportunity here for them to show that they are the best in the world, ahead of the game and thus entitled to the full confidence of donors, beneficiaries, and the wider public. Cobseo's successful involvement in promoting coordination and cooperation, as well as the constantly evolving "cluster" structure, offer the means for the Armed Forces charities to establish trust, increase funding and become more efficient; cooperation rather than competition must be the only way forward.

The recently launched Gateway project, which provides a single point of contact for those seeking help, is one example where the sector can improve the efficiency of providing support to those that need help. The confusing array of information and navigating through the many contact centres and websites has in my view been a barrier to getting help and now we have the chance to fix this. I have advocated this single contact point from the start. It is early days and I have only seen input statistics; in due course, we will only be able to judge its success on results, in other words those who have contacted Gateway, been passed smoothly to the right charity (or other agency) and had their problem solved. Success will also be seen when charities merge their contact centres with Gateway, creating one efficient unified process; this will save on costs, enabling them to divert funds directly to supporting their beneficiaries.

## 5. THE FiMT RESEARCH CENTRE

Another constant theme concerning the whole world of transition, repeated many times in my previous reports, has been the variable quality of information throughout. One strand of this has been the subject of research. Although veterans seem to be a popular subject for researchers, high quality, reliable work was often hard to find. I believed that we needed to set up a research hub that would bring together all the best research so that policy makers, the Forces, the media and the public had the best information available. My recommendation was the creation of a Veterans Research Hub.

This has developed well and reached an elegant and very satisfactory solution as the Veterans and Families Research Hub. Following its joint development and initial funding by myself, the Forces in Mind trust and Anglia Ruskin University, the FiMT is funding the ongoing work of the Hub.

In addition to this capability, a new FiMT Research Centre has been established at Anglia Ruskin University. It will give the FiMT a capability of significant horsepower that directly supports its objectives. As it is a substantial enterprise, I attach a brief on the FiMT Research Centre, but in summary there will be a five-strong team able to manage the research hub, synthesise research, commission it and even undertake some research itself. It provides for communication between all those in academia undertaking such research and the wider body of stakeholders and has a good deal of international academic and government interest. For example, the Centre is developing a close working relationship with the KCMRH. My recommendation is that government departments should officially make the FiMT RC one of their first ports of call for information on veterans and their families when considering policy development. This will spur its growth.

## SUMMARY

It is clear that many of the recommendations made in my 2014 Veterans Transition Review are being implemented. The speed of change varies, both in terms of the various elements of transition and in geography, but momentum has been established. Many of the changes have yet to affect those leaving at present but we are on the way.

However, observing the very process of change, and having the advantage of being able to take an independent view, has brought clarity to the areas yet to be resolved: public perception, the imbalance created by devolution, and Northern Ireland.

Nothing has yet changed for those in the Forces wishing to settle in Northern Ireland; the environment is no different to the one I described a year ago. However, we have the beginnings of a structure that could produce improvements and must acknowledge that there is a huge amount for it to do when you look at what is happening elsewhere in the UK. We have to be realistic about the obstacles that politics will throw at this, yet at the same time I must point out that the systems for delivery in England, Scotland and Wales are all different too and all are making changes successfully. Improvements in Northern Ireland will only come with significant intervention from Westminster; the Queen's Speech committed the government to this, so I look forward to seeing a strategy and plan emerge.

In England, Wales and Scotland we see a wide variety of positive changes. Some are responses to local characteristics but on the whole, most of the ideas can be applied everywhere. Some, such as the NHS England TIL Service are the very essence of successful transition and should be universal. I have been told that there are committees that cross-pollinate these ideas, the best of which will save costs in the long term, but I have seen little evidence of it working. I suggest that here lies a role for the Veterans' Board, in developing a strategy aimed at exploiting the best for the benefit of all.

Lastly, and the most important message to come out of my work this year, is the very negative perception that the public has of the effect of military service on the individual. Apart from the barrier this can create for the Service leaver during resettlement it must have an impact on recruiting. Also, this is important on the moral plain; is it acceptable that the people of the UK think that military service is bad for you? This view must be changed. Improvements will not come from doing more of what we are doing now, or even doing it better. It will require a new approach, bringing in expertise that government offices do not have, and must be driven with leadership and sustained energy at the highest level.



## APPENDIX A

RESEARCH ON PERCEPTIONS OF SERVICE LEAVERS AND VETERANS  
LORD ASHCROFT KCMG PC

# LORD ASHCROFT KCMG PC

## PERCEPTIONS OF SERVICE LEAVERS AND VETERANS

### JUNE 2017

- 2,001 adults were interviewed online between 23 and 27 June 2017. Data have been weighted to be representative of all adults in the UK.
- Eight focus groups were conducted between 15 and 22 June 2017 in Nottingham, Edinburgh, Bristol and London. Participants were from a range of ages and social backgrounds, and none had close connections with current Armed Forces personnel, Service Leavers or veterans.

## 1. What do people associate with Service Leavers?

In the focus groups we asked for the first words and phrases that came to mind when they thought of someone who had been in the Armed Forces. Very often these were positive: “heroes”, “discipline”, “loyalty”, “comradeship”, “gratitude”. In every group, however, some said their immediate associations were more negative: “convalescing”, “mental illness”, “scarred for life”, “damaged goods”, “PTSD”, “undersupported”, “underappreciated”, “you hear a lot that they’re homeless, that they’ve now turned to alcohol or drugs because of traumatic stress disorder. You hear that they don’t really know where to go, they’ve not had the right support.”

We asked a similar question in our 2,000-sample online survey:

**Thinking about people who have been in the Armed Forces and have recently left, but are still of working age, what is the first word or phrase that comes to mind?**

Able (12%)	Disadvantaged (5%)	Bravery (4%)
Adjustment (7%)	Veteran (5%)	Abandoned (4%)
Admirable (6%)	Unemployed (4%)	Assistance/Help/Support (4%)
Heroes (5%)	Dedicated (4%)	Mentally damaged (3%)

The focus groups were asked to imagine an individual who had left the Armed Forces in their thirties. Again, the groups thought they would probably have many positive attributes (“skills”, “teamwork”, “communication”, “leadership”, “physically fit”, “well-drilled”). Beyond this, most of their immediate observations fell into one of two categories. The first was that such people would be facing a huge and difficult adjustment: “It must be tough, chaotic, really hard”; “They get institutionalised. They get told when to get up, what to eat...”; “They don’t know what route to take. They’ve been told what to do for ten years, now they’re a bit lost”; “They’ve got a lot to re-learn. It must be shocking for them” “They don’t get deprogrammed. It’s a horrible word to use but that’s what it is. They go from being a weapon of the state straight back into society.”

The second category was that the Service Leaver may be dealing with some kind of problem brought on by their time in the Armed Forces: “Aggression, temper issues”; “gambling problems, drink drugs”; “I’ve heard one in ten homeless people is ex-Forces”; “It sounds awful, but I think of someone hurt or wounded or who had some life-changing event out there”; “I think they’d be quite troubled, AWOL, a bit messed up”; “If you think about a young person who went in straight from school, a 16 year-old

entering the Army, coming out at 30, they might not be an emotionally stable person having seen the things they might have seen having been at war”; “If you’ve been to war and seen horrible things, there are all sorts of illnesses you’ve got to overcome.”

For a few, the fact that the individual was leaving mid-career must itself be an indicator that something was wrong: “Unless you really have no other option [when you join], you must have a vocation to go into it, so to leave it they must have a really good reason.”

## 2. The perceived impact of military experience in civilian life

In our survey, we asked people which they thought would play the bigger part in shaping a Service Leaver’s future civilian life – their positive experiences from being in the military, or their negative ones. Just over one third (34%) thought the positive experiences would be more influential, while exactly half thought negative experiences would play as big a part as positive ones. One in ten thought negative experiences would be more important, and 6 per cent said they didn’t know. Women tended to ascribe a bigger role to negative experiences than men.

**Thinking about people leaving the Armed Forces, which do you think is most likely to play the biggest part in shaping their life as a civilian?**

%	ALL	Men	Women	18-24	25-34	35-44	45-54	55-64	65+
The positive experiences from their time in the military	34	39	28	23	25	33	30	42	43
The negative experiences from their time in the military	10	9	12	28	15	11	8	5	3
Both equally	50	46	54	44	54	50	53	47	50

The proportion thinking that positive experiences from the military would play the biggest part in shaping a Service Leaver’s civilian life increased with age. Nearly one in three (28%) of those aged 18 to 24 thought negative experiences from the military would be the more important influence, compared to just one in twenty of those aged 65 or over. Those with AF personnel or recent Service Leavers among their close friends or family were slightly more likely to say positive experiences would be more important (38%) than those who did not (32%).

### *Experience of dangerous or traumatic situations*

We also asked what proportion of Service Leavers people thought had experienced dangerous or traumatic situations during their time in the Armed Forces. The mean estimate was that 61% of those leaving the Forces had experienced such situations, though women offered a higher mean estimate (68%) than men (55%), and younger people made higher estimates than older people.

**What proportion of those leaving the Armed Forces do you think have experienced dangerous or traumatic situations during their time in the military? That is, for every 100 people who leave the Armed Forces, how many do you think have been in such situations?**

	ALL	Men	Women	18-24	25-34	35-44	45-54	55-64	65+
Mean % estimated	61	55	68	64	65	64	60	58	56

Nearly one in ten (8%) thought that 91 to 100% of those leaving the Armed Forces would have experienced a dangerous or traumatic situation. Women (12%) were more likely to say this than men (5%).

### ***Most common problems believed to be faced by Service Leavers***

Asked which of a range of problems they thought Service Leavers were most likely to face in civilian life, our poll respondents selected mental health more often than any other. More than eight in ten believed “mental health problems” to be one of the three most common on the list, with two thirds mentioning “problems adjusting to a civilian environment”. More respondents thought “physical injuries or physical health problems” were common than “problems finding a new job”.

**Which of the following do you think are the most common problems faced by people leaving the Armed Forces?**  
*Please tick what you think are the three most common.*

<i>% choosing in top three</i>	ALL	Men	Women	18-24	25-34	35-44	45-54	55-64	65+
<b>Mental health problems</b>	<b><u>82</u></b>	<u>79</u>	<u>86</u>	<u>93</u>	<u>89</u>	<u>84</u>	<u>82</u>	<u>79</u>	72
<b>Problems adjusting to a civilian environment</b>	<b>65</b>	66	64	54	54	60	64	76	<u>76</u>
<b>Physical injuries or physical health problems</b>	<b>61</b>	58	65	68	72	63	56	55	56
<b>Problems finding a good new job</b>	<b>41</b>	44	37	28	35	34	42	46	53
<b>Homelessness</b>	<b>23</b>	22	24	30	22	27	26	17	16
<b>Family problems</b>	<b>15</b>	17	13	15	11	16	15	15	16
<b>Alcohol or substance abuse</b>	<b>12</b>	15	10	12	16	14	14	11	9

Those aged 65 or over were the only group not to mention mental health problems more than any other potential problem. Women and younger people were more likely than men and older people to mention both mental and physical health problems; older people were more likely to mention problems adjusting to a civilian environment or finding a good new job. All groups were more likely to mention homelessness as a potential problem for Service Leavers than family problems, or alcohol or substance abuse.

In our survey, more than three quarters (78%) thought mental health problems were more prevalent among former members of the Armed Forces than among the population as a whole. Small majorities said the same of suicide, divorce and alcohol addiction.

Overall, 27% (including 40% of 18 to 24 year-olds) thought mental health problems were “much more likely” to happen to former AF personnel, while 51% thought they were “somewhat more likely”. This was the highest ratio for “much” compared to “somewhat” of any of the potential problems we asked about.

**Do you think each of the following are more likely to happen to someone who has been in the Armed Forces compared to people in general, or less likely?**

*Much more likely to happen to someone who has been in the AF / Somewhat more likely / No more or less likely / Somewhat less likely / Much less likely to happen to someone who has been in the AF*

<i>% saying 'somewhat' or 'much' more likely if been in AF</i>	ALL	Men	Women	18-24	25-34	35-44	45-54	55-64	65+
<b>Mental health problems</b>	<b>78</b>	75	83	80	82	79	74	78	78
<b>Suicide</b>	<b>54</b>	50	58	67	66	55	51	46	47
<b>Divorce</b>	<b>52</b>	54	50	48	51	52	57	52	51
<b>Alcohol addiction</b>	<b>51</b>	51	50	55	56	54	48	47	46
<b>Unemployment</b>	<b>47</b>	47	47	48	53	48	40	46	47
<b>Homelessness</b>	<b>47</b>	46	47	53	50	50	45	40	43
<b>Drug addiction</b>	<b>37</b>	35	38	48	47	38	31	31	29
<b>Prison</b>	<b>17</b>	21	15	21	20	20	22	14	12

### *Perceived prevalence of physical, emotional and mental health problems*

In our survey we also asked people to estimate what proportion of former Service personnel had some kind of physical, emotional or mental health problem as a result of their time in the military. The mean estimate was that this was true of just over half (54%) of former members of the Armed Forces – though, again, the estimate offered by women (61%) was higher than that made by men (47%), and the younger the participants, the higher their estimate.

**What percentage of former members of the Armed Forces do you think have some kind of physical, emotional or mental health problem? That is, for every 100 people who leave the Armed Forces, how many do you think go on to have a problem like this as a result of their time in the military?**

	ALL	Men	Women	18-24	25-34	35-44	45-54	55-64	65+
<b>Mean % estimated</b>	<b>54</b>	47	61	61	60	57	52	49	46

A majority (58%) estimated that more than half of former AF personnel had some kind of physical, emotional or mental health problem. One in four thought the proportion with such problems was above 70%; women (32%) were nearly twice as likely to think this as men (17%).

In the focus groups people estimated the proportion leaving with physical, mental health or emotional problems at between 10% and 90%, with most saying more than half – though “there is probably a spectrum. Many people come out with some level of issue, but relatively few with really strong issues.” Some also suspected that the Armed Forces themselves might want to keep the true number under wraps, not least to avoid damaging recruitment: “They’re not going to highlight it, ‘you’re going to come out with this’.” Also, “it might be quite hidden. There might be a culture among those that have served that you don’t talk about it.”

### *The “front line”*

In the focus groups, several people argued that such problems were likely to be more prevalent among those who had been on the “front line” and, by extension, more common among those who had been in the Army than in the Royal Navy or the RAF: “If you’re in the Navy you’re less likely to have seen things on the front line. In my mind, we don’t have sea battles in the same way”; “I don’t see the Navy or the RAF as losing limbs or having stress, I see the Army boys being on the front line. The Navy and the RAF, you don’t hear much – well, I don’t pay as much attention, but I never hear, oh, he’s been in the Navy, he’s lost a limb”; “If you’ve been to Afghanistan and seen your mates having their legs blown off you will have a different time from someone who was servicing planes in Lincolnshire”.

People readily admitted that when thinking of people in the Armed Forces, infantry soldiers were the first to come to mind, and that their perceptions might have been distorted as a result: “All the stories you tend to hear about tend to be from those who have been in the front line. So the first thing that comes to mind is people with PTSD, but that’s not really the case, is it?” “There are a variety of roles in the Army and a lot of people who join them don’t have to see, like, all the action. I think Army life is much more textured. I think we’re looking at people in a very sort of Hollywood blockbuster way, when there are lots of roles in the Army and a lot of different experiences”; I would be interested to know what proportion of the Armed Forces have been in combat in the last ten years. It’s probably quite small.”

However, some argued that “front line” troops were not necessarily the only ones who might suffer longer term effects from their time in the Armed Forces. Those in supporting roles could also be affected: “Even the people flying the drones. When you’re in the thick of it it’s a bit more justified, but when you’re sitting with an X-Box controller, you’re more likely to have depression but less likely to have PTS;” “Nurses might have seen horrific injuries”; “I reckon it affects every person that leaves, if they’ve gone to war”; “If you’re not out there but you’re still hearing what’s going on, on the radios or whatever. Or medics, they’re seeing just as much”; “Even if you’re a chef, you’re in close quarters. Even if there are people on the front line and you’re just a chef, you still know these people because you’re in a small group. You get the aftermath. You see the effects of it. It might not have been particularly close to you but it doesn’t matter that I’ve just been cooking, I would be upset that I’ve just lost my friend”; “There have been so many wars that they will all have experienced something awful. They try to put it behind them but it will be there under the surface, bubbling away, and it might be years later when it comes out.”

### *Employing Service Leavers*

Asked how they would react to the idea of employing someone who had been in the Armed Forces, many were enthusiastic, reiterating the positive traits mentioned above and adding more: “Good person to deal with a bad situation”, “specialist skills”, “get the job done”, “dealing with pressure”, “commitment to public service – we’ve seen it recently, people running towards danger rather than running away. I think the Army breeds that into them”; “They would get on with life. There won’t be anything worse than what they’ve already seen or done.”

However, some said they would have doubts about the Service Leaver’s ability to adapt to a civilian working environment. People also said they would have concerns about the applicant’s mental health, even if no such problems had yet emerged: “Would an employer consider them a risk? Anger issues, war syndromes and all that type of thing. I think a lot of employers think along that line”; “They might think any of them could blow up any time now”; “It wouldn’t be outward. There could just be voices in their head and then they’d snap”; “They’ve got good timekeeping and things, but it’s what they’ve seen. That door could slam and bring something back”; “You’d worry that there would be a trigger factor, that something would just trigger anger”; “I’d be worried about PTSD and things like that. You can’t go asking them about their mental history, ‘sorry, have you got any issues?’”; “They might not want to sit

near the window, or something.” (For my more detailed research on employers’ attitudes to Service Leavers, see *The Armed Forces & Society*, 2012).

### *Availability of care and support*

People in our focus groups were very unsure what help was available for serving and former Armed Forces personnel. Though they often said they “would like to think” that support was available inside the services, they usually assumed that provision for Service Leavers and veterans was insufficient. There were three main reasons for this. First, as one participant put it “the fact that charities have been set up means that whoever is supposed to have been doing it has not been doing it.” There was an impression that if a Service Leaver was diagnosed with a mental health problem after discharge “they’d say ‘it’s not our problem’ and pass them on to charities like Help For Heroes.”

Second, “from what you see on the news, it’s no help, out of the door, go to your GP, good luck.” This impression sometimes seemed to be confirmed by more direct experience: “I know a guy who lives in the bushes [near Bristol]. In his head he’s still in the Army. He’s full-on nuts. He’s scary to be around sometimes. It makes you wonder how many others there are like that.”

Third, many assumed that any support offered by the government or the Forces themselves must have fallen victim to austerity: “With the cuts to the military, that’s an obvious thing to cut. You see it in schools – the people we have lost are counsellors, support workers. You lose the fluffiness.” Moreover, “the mental health system in England isn’t that great for civilians, so it must be worse for them with all the trauma they’ve had;” “There is no government department that deals with it – no Minister for Ex-Servicemen or anything like that.”

Whether help was available or not, there were doubts as to how readily it would be taken up by those who needed it: “In my mind, you’ve got rufy-tufy Army lads who think asking for help is a sign of weakness. Women are more likely to ask for help. Men won’t go to the doctor’s, we’ll go to the doctor’s for anything.”

Asked to name charities that specialised in helping Service Leavers and veterans, our eight groups between them could think of only three: Help For Heroes, the Royal British Legion – often referred to as “the poppy people” – and in the Edinburgh groups, Erskine. We put the same question to our poll respondents. Again, Help For Heroes and the RBL were mentioned more often, and recall was highest among older people.

**Can you name any charities that specialise in helping people who have been in the Armed Forces?**

*Unprompted*

<i>% naming</i>	ALL	Men	Women	18-24	25-34	35-44	45-54	55-64	65+
Help For Heroes	49	51	47	32	41	42	55	60	60
Royal British Legion	19	23	15	6	7	15	22	28	30
SAFA	8	9	7	1	4	4	9	12	14
Poppy Appeal	5	6	5	3	4	6	6	5	6

Smaller numbers mentioned the British Red Cross (3%), the Salvation Army (3%), Invictus Games (2%), Combat Stress (1%) and Veterans Aid (1%). 38% could not name any.

## *The Armed Forces Covenant*

All our focus group participants claimed never to have heard of the Armed Forces Covenant. Some made guesses as to its purpose: “it means a promise, doesn’t it – is it some sort of legislation we don’t know about, a sort of promise to soldiers?” “Is it to get them back into work?” “Is it like a Rotary Club type thing?” “A pot of money to help? A committee of people?” “Is it a kind of pledge?” “An agreement that the Army gives you back something for giving up your time?”

There was also puzzlement when it was explained that the purpose of the Covenant was to ensure that current and former Armed Forces personnel were not disadvantaged as a result of their service. Some wondered why this was needed: “Why would they have a disadvantage once they were back in civvy street? I don’t understand it”; “Sounds like they were treated worse, but how?” (Equal treatment in the provision of public services did not sound much of a prize to some: “Does it mean a veteran has to wait six months for an operation like everyone else?”)

People were also sceptical that such a written commitment from the government resulted in much positive action: “Sounds like the government saying it just so they can say they’re doing something”; “Sounds like politicians’ lip service”; “How do they make sure it happens? Is there a veterans’ badge?” “They need a body to action it. One thing Trump has done is pour a lot of money into the Department of Veterans’ Affairs. We don’t have anything like that.”

## **3. Information sources**

We asked our poll respondents where they had picked up their impressions of Service Leavers and veterans. Television documentaries and TV news were mentioned most often (though more by older people than younger; films and TV dramas were more likely to be mentioned by younger people were older, as were the Armed Forces themselves). Events like the Invictus Games, fundraising or awareness campaigns and charities had also been important in helping to shape their understanding.

**Which of the following would you say have been the most important in giving you your impressions of people who have been in the Armed Forces?**

*Please tick the three most important.*

<i>% naming in top three</i>	ALL	Men	Women	18-24	25-34	35-44	45-54	55-64	65+
TV documentaries	51	51	51	44	52	50	52	55	53
TV news	45	45	46	40	38	45	51	43	52
Events like the Paralympics / Invictus Games	36	36	37	17	24	30	38	47	54
The Armed Forces	35	35	35	41	43	37	34	33	25
Newspapers	27	29	25	25	21	28	27	26	33
Fundraising / awareness campaigns / celebrities	27	25	29	33	24	23	23	30	31
Charities	23	24	23	28	23	23	23	24	21
My friends / family	22	21	22	24	27	27	19	17	16
Films	13	14	12	21	22	17	10	10	2
TV dramas	12	11	12	18	16	12	14	7	6
Government / politicians	8	9	7	10	9	9	8	8	6



## ***The media***

This balance was reflected in our focus groups. Asked what they thought they had formed their impressions, many participants mentioned news and, particularly, documentaries: “I read an article about an ex-soldier sleeping in his car”; “In papers like the *Guardian* it’s a regular theme, disregard for the human cost of the military”; “I read about a man who had PTSD and was going out in his garden – it was in the *Sun* – and he still thought he was in the war. He was even holding a pretend rifle. His family were begging for help but there wasn’t any”; “There was a documentary – you can end up drinking too much, being abusive to your partner, their life is a disaster and so is everyone’s around them”; “Those Ross Kemp programmes. When he’s in a war zone, Helmand. You think, I’m going to be scarred just watching this”; “There was a thing on BBC3 about a guy who had been a decorated soldier, loved by his fellow soldiers, he got in a fight outside a pub and ended up really hurting someone, and went to prison for six years. He didn’t have the tools to deal with things. He was a weapon of the state, and then...”.

Asked if they could recall any specific positive stories about current or former members of the Armed Forces, most of the groups mentioned the Invictus Games (“Prince Harry’s thing... bloody impressive”). One mentioned “that MP who helped the cop outside parliament – he was ex-Army.”

Some said films and TV dramas had also helped shape their views. Participants mentioned *Born On The Fourth Of July*, *Lone Survivor*, *Saving Private Ryan*, *Forrest Gump*, *Jar Head*, *Birdsong*, *Soldier, Soldier*, and “that one with Stacey from *EastEnders*. They’re all depressing, they all look at the darker side.” The fact that many of these featured the US military made little difference: “I think of *American Sniper*. Quite a scarred character, wouldn’t come away from his role. I felt sorry for him. He didn’t have a life like everyone else. I wouldn’t want my child being put in that predicament. I know it’s not the British Army, but it’s still the Army.”

A few also mentioned war poetry, school history lessons and the Imperial War Museum as having played a part in shaping their perceptions.

## ***Charities and good causes***

Publicity for charities and good causes had also had a powerful role in shaping many people’s perceptions of the challenges facing Service Leavers and veterans: “You always think of the adverts of, like, Erskine or whoever it is that helps them. I would say that advert’s more in your mind than just a normal Army recruitment advert. You would take note more, something like that, if a guy’s standing there with his leg blown off saying ‘help our soldiers’.” Such publicity also tended to reinforce the idea, mentioned above, that charities are filling a gap left by the government or the Forces themselves: “I saw a programme about Help For Heroes. There was a guy who had had his legs blown off and they were in a mansion house getting him back on his feet, and fitting prosthetic limbs. I don’t think the Army help them at all to be honest, I think it’s down to them and the Legion.”

People readily accepted that charities would inevitably “want to pull on your heartstrings because they want you to open your wallet.” Even so, they tended to think this was a legitimate way of raising awareness of the issues they dealt with, and raising the funds needed to continue their work: “Charities are doing wonderful things supporting soldiers and so on, and to do that they’ve got to show the problems they’re facing.”

## ***Balance***

Most people in the groups felt that the overall message from the media and other sources was probably skewed on the negative side. There was no “neutral source where you can get information of this type”, and newspapers and broadcasters “are never going to talk about the positive stuff.” Though many or

most of those leaving the Forces would do well, “you don’t hear that so much. You hear about the guy living in a tent outside the dole office who’s got PTSD from blowing things up.”

However, people did not necessarily see this as misrepresenting the experience of Service Leavers and veterans “because the problems are there. But we don’t know what percentage.” Indeed, not only was it inevitable that charities and the media would focus on problems rather than everyday successes, this helped to provide an important balance to the picture from official sources, especially that portrayed in recruitment campaigns: “There was that ad on the TV about a lad who worked in a pub. It said ‘I was born in so-and-so but made in the Navy’. But it’s just giving one side”; “The ads showing the training, saying you can leave and get a good job. I don’t believe it. They don’t show the bad side. It’s false. They need to show the balance, what might happen – not ‘Green Berets, loads of money, see the world’”; “I think it’s a fairer representation now. War movies used to be made by governments”; “The public can be very sceptical towards continued positive stories about what someone in the military has done. As a nation, we’re pretty sceptical of wars and politicians and all that kind of stuff.”

## APPENDIX B

THE MENTAL HEALTH OF THE ARMED FORCES, JULY 2017  
KINGS CENTRE FOR MILITARY HEALTH RESEARCH



## THE MENTAL HEALTH OF THE UK ARMED FORCES (July 2017 version)

This briefing note provides an outline of the current evidence on UK military mental health, including prevalence rates of mental health problems in serving regulars, serving reserves and those who have left service<sup>1</sup>. Findings relating to suicide, help-seeking, risk-taking, violence, offending and deployment mental health support are also addressed.

### Main Findings:

#### 1. MENTAL HEALTH (REGULARS)

- a. The PTSD rate, in a combined sample of veterans and still serving personnel, was 4% in 2004/6 and 2009/10, but had risen to 6% in 2014/16<sup>2</sup>. This compares to a rate of 4.4% within the civilian population.
- b. Potentially harmful alcohol misuse remains a common behavioural problem, but has declined steadily from 16% in 2004/6 to 10% in 2014/16.
- c. The rate of common mental disorders has remained stable at around 20% from 2004/6- 2014/16.
- d. The prevalence of PTSD is not uniform across groups. In serving personnel it was 5% while in those that have left service it was 7% where it may have been related to leaving service because of poorer mental health.

#### Combat Role

- e. Among serving regulars, being in a combat role during one's last deployment is consistently associated with an increase in PTSD. In 2014/16, PTSD in serving regular combat personnel was 12% whereas in combat service support personnel it was 4%. Among those that had left service, the PTSD rate among those in a combat role during the last deployment was 17% compared to 5% among those deployed in a service support role.

<sup>1</sup> The main data source for this briefing is the KCMHR cohort study. KCMHR completed three waves of questionnaire-based data collection from serving UK Armed Forces personnel in 2004-6 (phase 1), 2007-9 (phase 2) and 2014-16 (phase 3), with phase 2 surveying recent Service leavers who constituted approximately 50% of the cohort in phase 3. These findings are supplemented with data from a range of other KCMHR research projects, research from Defence Statistics (Health) and US military health research, as well as open sources. The publications produced by KCMHR, ADMMH and associates can be found at [www.kcl.ac.uk/kcmhr/publications](http://www.kcl.ac.uk/kcmhr/publications)

<sup>2</sup> All reported percentages are rounded up or down.

## Deployment

f. In 2014/16, PTSD was higher among regulars with a history of deployment (5% non-deployed, 7% deployed).

g. PTSD was greater in those with a history of deployment who have left service. The rate was 4% in serving regulars who had deployed and 9% in ex-serving regulars who had deployed.

## Number of deployments

h. Among serving regular Army personnel and Royal Marines there was no evidence that greater number of deployments was associated with any health outcomes. This is in contrast to US data.

## Harmony Guidelines

a. In 2004/6 and 2009/10, deployment per se was not associated with CMD or PTSD in regulars, except for personnel who deployed for longer than recommended in the Land Harmony Guidelines<sup>3</sup>.

## 2. MENTAL HEALTH (RESERVES)

a. In contrast to regulars, in 2004/6 and 2009/10 the prevalence of PTSD in deployed reserves was higher than in non-deployed reserves and continued to be so in 2014/16. The prevalence of PTSD in deployed regulars and reserves did not differ in 2014/16 (7% in each) but non-deployed reserves had lower PTSD rates than non-deployed regulars (3% and 5%).

b. Harmful alcohol misuse was lower in reserves than in regulars across time but the prevalence in deployed reserves did not decline over time and remained significantly higher among deployed reserves than non-deployed reserves in 2014/16.

c. The increase in health problems and associated difficulties in deployed reserves compared to non-deployed reserves persisted for five years between 2009/10 and 2014/16.

## 3. SUICIDE

a. Overall, rates of suicide are lower in the Armed Forces than they are in the general population. The exception is an increased suicide rate in young Army men (under the age of 20). Young veterans (aged 16-24) or those classified as early service leavers are also at an increased risk of suicide. This increase is influenced mainly by pre-Service vulnerabilities, such as childhood adversity<sup>4 5</sup>. Self-harm in Service personnel is mainly impulsive, is not associated with deployment and is a poor predictor of subsequent increased suicide risk. The longer an individual stays in the military, the lower the suicide risk: long-serving personnel appear to be an increasingly select and resilient group.

<sup>3</sup> Up to one year on deployment in three years

<sup>4</sup> Kapur, N., While, D., Blatchley, N., Bray, I., & Harrison, K. (2009). Suicide after leaving the UK Armed Forces—A cohort study. *PLoS medicine*, 6(3), e1000026.

<sup>5</sup> Pinder, R. J., Iversen, A. C., Kapur, N., Wessely, S., & Fear, N. T. (2012). Self-harm and attempted suicide among UK Armed Forces personnel: Results of a cross-sectional survey. *International journal of social psychiatry*, 58(4), 433-439.

b. It is not true that “more Falklands Veterans died of suicide than in conflict”. But regardless of absolute numbers, what matters is whether the suicide rate is higher among Falkland veterans compared to members of the Armed Forces who did not deploy to the Falklands, or the general population. Defence Statistics (Health) has shown that neither is true.

#### **4. SCREENING**

a. KCMHR recently completed the first ever randomised controlled trial of post-deployment mental health screening. This showed that mental health screening and the provision of tailored advice carried out with a large number of personnel within 6 to 12 weeks since the end of deployment had no impact on either mental health or help seeking; at present post deployment screening cannot be recommended.

b. Pre-deployment mental health screening does not reduce the rate of post deployment mental health problems and fails to accurately detect those at risk of poorer post-deployment mental health.

#### **5. HELP SEEKING**

a. The most recent KCMHR interview study (2014/2016) suggested that help-seeking increased among both serving personnel and those that have left service. 31% of those with recent mental health problems had accessed a mental health specialist and 47% had consulted a GP or Medical Officer.

b. Alcohol misusers were the least likely to seek help.

c. Only 7% had not sought any help at all

d. Rates of usage, awareness and willingness to use a range of medical and support services

were similar in serving and ex-serving regulars and reservists.

e. Among help-seekers, Mental Health Specialists were rated as the most helpful source of support.

f. One paradox is that nearly everybody said that they would be willing to use health services for their mental health problems, while in practice only about a third actually did so. Recent studies suggest that some believe that their emotional problem is not sufficiently serious to warrant support, they wish to deal with the problem themselves or question the quality of mental health services.

g. Mental health-related stigmatisation is one barrier to care. There is evidence that levels of stigma in the UK military have been declining since 2008 and also that recent service leavers are seeking help more rapidly than ever before. Stigma appears to be particularly problematic for those who have not accessed mental healthcare before.

h. Unwillingness to use mental health services is a general problem across society and is not specific to the UK Armed Forces. The same pattern of help-seeking and reluctance to seek care has been found in the US and Canadian militaries and the Australian Defence Force.

## **6. VIOLENCE AND OFFENDING**

- a. Defence Statistics (Health) estimates that 3.5 % of the current prison population have served in the UK military. This is lower than expected or predicted by press narratives
- b. Ex-service men still constitute a significant subset of the adult male prison population and are the largest occupational group. They are also more likely to be in prison for a sexual offence or violence against the person than the general population. Rates of acquisitive offending are, however, lower than in the general population.
- c. Self-reported violence increases after deployment and is associated with pre-Service adversity, alcohol misuse and PTSD. Combat personnel are twice as likely to report violence on return from deployment as those less exposed to combat. However, higher levels of pre-enlistment adversity and deployment related mental health problems account for much of this increased risk.
- d. Those who have served have a lower lifetime rate of criminal convictions than those who have not. However, this is not true for violent convictions, which are increased. The main associations are age, gender and previous convictions. Violent offending is not associated with deployment per se, but is associated with experiencing combat and the link is mediated by alcohol, traumatic exposures and PTSD.

## **7. RELEVANT IN-SERVICE POLICY INITIATIVES**

### **Reserves Support**

- a. The Veterans and Reservists' Mental Health Programme (now incorporating the medical assessment programme) was set up in response to KCMHR findings on Reservists' mental health. Uptake has been low, but the service appears to be clinically and occupationally effective.

### **Trauma Risk Management**

- b. The peer support programme TRiM (Trauma Risk Management) seeks to provide the right support for the right people at the right time. A randomised controlled trial found that the TRiM was a safe and acceptable approach; it is now being used across the UK military. TRiM may help people access social support and mental healthcare following deployment and in non-military studies its use is associated with a reduction in traumatic-event related sickness absence.

### **Leadership, Morale and Cohesion**

- c. Our deployment studies confirm that good leadership, morale and cohesion are the main determinants of better mental health when deployed. Events at home, including relationship problems and lack of family support are as important as combat exposure.

### **Deployment Clinical Care**

- d. Our evaluations of clinical support provided during operations suggest that the provision of mental healthcare in the operational setting is associated with good occupational outcomes both in the short and longer-term.

### **Third Location Decompression**

e. Decompression is popular, although personnel are initially reluctant to engage with it; our evidence suggests that it has a modest positive impact upon mental health and alcohol misuse but not post-deployment readjustment and is less helpful following substantial combat exposure. It is equally useful for individual augmentees and personnel in formed units.

### **UK Battlemind**

f. In a large randomised controlled trial, a UK version of the US post-deployment Battlemind training system did not reduce rates of PTSD, but led to a modest decrease in problem drinking.

### **Physical Ill-health**

g. Mental health problems are increased in severely physically injured service personnel, but there is an even greater impact on personnel who develop severe general medical conditions whilst deployed.

## **8. RISK-TAKING**

a. Our previous studies have shown that risk-taking behaviour such as unsafe driving or alcohol misuse was more common among regulars and reserves who deployed to Iraq or Afghanistan. This had declined in 2009/10 and continued to do so up to 2014/16. A number of factors including increasing age of many cohort participants, the introduction of a hard-hitting road safety campaign and changes in driving practices on deployment may have contributed to the decline. For deployed reserves but not regulars, the rate of risky driving remained elevated following deployment.

## **9. RELATIONSHIPS**

a. The majority of regulars and reserves participating in the cohort study reported satisfaction with their intimate relationships and deployment had no effect on this finding. However, divorce or relationship breakdown was higher in those deployed to Iraq or Afghanistan particularly for regulars.

## **10. CONCLUSIONS**

The overall mental health of UK Armed Forces personnel has remained relatively stable throughout our period of study (2004-2016). However, there has been a moderate increase in PTSD in the latter years, largely accounted for by increases among ex-service cohort members. However, among regulars with a combat role, PTSD increased from 6% in 2004/6 to 7% in 2009/10 and is now 12% while among regulars in a non-combat or support role, PTSD increased from 3% in 2004/6 to 4% in 2014/16. Other than the increase in PTSD among combat arm personnel, there is no evidence of a “tidal wave” or “tsunami” of mental ill-health. However, rates of PTSD in those who have left service, especially those who have deployed in a combat role (17%), appear to be substantially higher than rates found in support arms. This is a different picture to that reported from the USA. Harmful alcohol use has decreased over the years, but still remains high.

**King’s Centre for Military Health Research and Academic Department for Military Mental Health, July 2017.**



## APPENDIX C

POSITIVE RECENT HEALTH DEVELOPMENTS INTO IMPROVING THE TRANSITION  
OF ARMED FORCES PERSONNEL INTO BECOMING CIVILIANS  
NHS ENGLAND, SEPTEMBER 2017

## **NHS ENGLAND - POSITIVE RECENT HEALTH DEVELOPMENTS IN IMPROVING THE TRANSITION OF ARMED FORCES PERSONNEL INTO BECOMING CIVILIANS.**

- MOD MH Strategy.
  - The wellbeing of the armed forces community is less a result of treatment but more a function of mental health and wellbeing. As such, good transition in housing, employment, education, financial management, family relations, etc. will increase mental wellbeing and decrease mental ill-health.
  - For the first time the NHS was fully involved in the development of the MoD Mental Health Strategy. This is a positive step as veterans and their families are cared for and have their services commissioned by the NHS. The NHS England Five Year Forward View for Mental Health was also integrated and a greater emphasis placed on prevention and early intervention. We will continue to work in partnership towards an action plan.
- Mental Health Awareness
  - Public Awareness. There are a number of reasons that all sections of the general population and the different parts of the Armed Forces Community have seen rising levels of referrals into services, despite a relatively static level of incidence (due to presenting earlier for treatment). Work done in partnership with armed forces related MH charities (“Contact” (see also below)) and the Royal Foundation’s “Heads Together” programme have assisted public understanding and reduced the stigma of MH issues. This has also sought to highlight in the veteran community the prevalence of common mental health conditions, alcohol misuse issues, and complexity of mental health presentations (and not just the severe but less frequent issues of post traumatic event issues).
- Professional Awareness of Veterans. Significant further work has also been ongoing to improve professional awareness:
  - The Professions. Health Education England has delivered training packages on-line and others in-person, to improve the awareness of GPs (whose curriculum and exams now include veteran and armed forces community awareness). The RCGP has also just begun a pilot to develop accredited armed forces friendly practices that have a heightened awareness of armed forces issues. Similar ideas are being explored with the RCN and RC Psych.
  - Clinical Networks.
    - A Veterans’ Trauma Network (VTN), based in NHS Major Trauma Centres, has also been created to support the continuity of care of those leaving with injuries and illness requiring reconstruction work (often lifelong and

routine) and has links this to NHS MH services (see further details below). Emergency Services. Work is on-going with A&E Departments, Out of hours, 111 services, Crisis and ambulance service to increase knowledge and awareness of the context of armed forces related MH treatment and the additional services available.

- Health Providers.
  - NHS Improvement is setting up an Alliance of NHS Health Service Providers (physical and mental health) that (as with the GPs practices above) will accredit providers that are friendly towards the Armed Forces Community.
- New Services for Veterans. Following extensive engagement with veterans and professionals better knowledge is being gathered on veteran use of main stream services and new bespoke services were and are being commissioned for this group:
  - Main Stream NHS Services. Nearly all the services for MOD civilians and service families are provided by NHS mainstream services. In addition, between 67 and 90% of all veteran and reservist treatment in England is also provided by main stream NHS commissioned and provided services about 22,000 pa with a further 5,000 pa contributed by bespoke veteran services and only about 3,000 provided by service charities. (Further work is ongoing to improve the accuracy and range of data that is veteran/armed forces specific but also note figures are not exact due to issues raised below).
  - Transition, Intervention and Liaison (TIL) Service. The NHS has commissioned a service that started in April 2017 that seeks to support veterans and (for the first time) serving personnel (with a planned discharge date). The service accepts referrals from a wide range of sources and looks after those with both complex problems and those in need of a general veterans' service. It also seeks to case manage them between service to ensure a holistic response. The service is targeted to treat about 6,000 patients per year for 3 years but is dependent on non-recurrent LIBOR fine funding
  - Complex Treatment Services (CTS). The public engagement exercise demonstrated that the current 6 week residential trauma service in only a few locations is not the most effective way to use NHS funds. We are currently in the midst of procuring this new service and so most details are commercially in confidence.
  - Service for Veterans in the CJS “Gate to Gate”. NHS England has put in place 5 regionally-based pathfinder programmes to access: assessment of trauma related condition, information sharing, crisis intervention, integrated mental

health and criminal justice care pathways and families support in a variety of differing secure, community and health-related settings. (see Annex below)

- Coordination of Care.
  - MoD and NHS England are working with the Contact Group of Veteran Mental Health Charities and are working to develop models of care to deliver common approaches to assessment, stabilisation and mutual understanding of roles and responsibilities along a patient pathway. They have also collaborated in the international arena at the 5 Eyes Conference and are looking at joint presenting at the main international military medical conference later this year.
  - NHS England and MoD are working with RBL to develop the Veterans' Gateway (for service users and with Northumbria University on the Map of Need (for professionals) to support early access to the right service first time. We are also working with RBL to reduce and minimise misunderstanding around the term "priority treatment" and when and where it applies
  - Complex Needs. A baseline assessment has been done on 2-3 very seriously injured veterans with long term "continuing health care" conditions. As soon as Veterans UK welfare officers are recruited, a pilot will be run to look at improved transfer arrangements for enabling a transition out of service with improved autonomy and choice for those with long term complex needs.
- Data. Significant improvements in data are enabling a better understanding of the needs of and accessing of services by veterans. These include:
  - The use of IAPT services by veterans and service families.
  - A new NHS GP registration form.
  - The ability to collect data on veteran use of all NHS mainstream mental health services
  - The transferring of pre-service/pre-mobilisation data from the NHS to the MOD and on discharge/de-mobilisation from MoD to the NHS is key to managing care and safeguarding. However the current MoD medical IT system cannot fully integrate with NHS systems. Improvements in the flagging of veterans in OGDs (e.g. housing, employment, CJS, LA services, etc.) would also help.
  - Working with NHS England, MoD now produce a summary of key medication for individuals on discharge; to complement a revised discharge medical proforma process (though see note above re notes handover)
  - NHS Choices continues to be reviewed and revised as new (safe and assured) services are commissioned and delivered. Those serving, those in transition and

veterans and their families, as well as professionals are advised to consult the specific pages and the wider encyclopaedic pages.

- Public Health England and the Local Government Association have provided improved guidance to local authorities on their duties and best practice with regard to veterans.
- Programme CORTISONE. Secure, fast and accurate transfer of clinical information can be a key factor in a good transition. This will be delivered by an electronic interface between MoD and NHS IT systems and will not be able to be delivered until Programme CORTISONE is delivered to MoD; any delays to this programme could have an adverse effect on transition.
- Baselines. Without credible and accurate data on the whereabouts of veterans it is difficult to accurately assess needs and design services to meet them. Therefore support for the 2021 Census to record those that are veterans will enable better understanding of veteran issues. The single biggest support to data remains the insertion of a key question in the national census

## Annex A

### **Veterans Trauma Network - VTN**

The Veterans Trauma Network has now been fully running for 9 months, with approximately 50 seriously injured trauma veterans referred to the service. It continues to deliver specialist reconstructive care, close to where veteran patients live (as asked for by them) and uses the full suite of wrap-around services and skills that the NHS Major Trauma Centres and associated centres can deliver. Growing evidence suggests this is both efficient and effective use of specialist resources, as well as benefitting veteran-patients. Dialogue between patients, their families, their GPs and specialists remains a key tenet of delivering high quality care. The VTN has links to NHS mental health services, including the regionally-based NHS Transition Intervention and Liaison services and into local NHS mental health services and both the veteran patients and their families have been able to access these services. Recent terrorist atrocities across UK showed that the skills the specialists and their teams have developed are of wider national benefit; where the skill-sets developed through veteran-related trauma care were put to excellent use in support members of the public directly caught up in the consequences. The VTN uses the clinical, professional and inter-agency approach and learning from this work to support research and development of care through centres such as Imperial College Centre for Blast Injuries Studies. It is intended that this research potential will be further developed. The specialists and professionals also exchange learning through routine interaction and the MTC approach to learning. Inter-agency and lead-charity working is fundamental to delivering a patient-centred service and close working relationships enable this to occur on a routine basis. This is all supported by excellent feedback from patients, families and professionals. The VTN also provided expert care during recent terrorist attacks in UK

#### Key headlines:

- Approx. 50 through system
- Multi sites now used – as well as multi-specialists in trauma reconstruction and associated care
- MTCs continue to be key focus (to ensure full range of wrap-around services)
- MTCs being added to with more local centres, on hub/spoke model – to give even more ‘closer to home’ service
- Learning being discussed across sites and with inter-agency, professional and with patients and families
- Specialists a key component in supporting clinical input to consequences of UK-based terrorist attacks in 2017
- Good inter-agency working and hand-offs between NHS primary and secondary care and lead charities
- Referrals via GPs, charity and from acute sector
- Model discussed with Devolved Administrations as their MTCs develop
- Specialists and centres can access NHS Transition, Intervention and Liaison mental health services, as well as local mental health services
- Opportunities for research and development being used and to be further developed
- Excellent patient, family, GP, charity and professional feedback – all continuing to contribute to learning and development

#### Annex B

##### **Gate to Gate – veterans in the criminal justice system**

Gate to Gate report (September 2016) made the following recommendations following publication of an independent NHS England commissioned report and backed up with extensive stakeholder input, including veterans, families, professionals (clinical, criminal justice-based and associated support) and charities:

- Assessment of trauma related conditions;
- Information sharing;
- Crisis intervention;
- Integrated mental health and criminal justice care pathways;
- Families.

NHS England therefore put in place 5 regionally-based pathfinder programmes (from Apr 2017) to access all these factors, across differing secure, community and health-related sectors, to support better commissioning by evaluation, over a two year period. Interventions are ongoing, with learning through routine feedback sessions at regional and national level, as well as with professional and charity partners. Key issues already being assessed include:

- A single, competent case manager with admission rights to a relevant inpatient treatment service;
- A common assessment and care planning framework that is shared across both mental health and criminal justice systems and includes planning and interventions for crisis interventions;

- Support and treatment for the whole family, including children, as part of the same pathway;
- Involvement of housing, debt management and employment support agencies;
- De-escalation interventions in criminal justice agencies that operate prior to court or imprisonment, e.g. street triage, police, Liaison and Diversion and courts liaison;
- Access to specialist therapeutic interventions for trauma.

The second year (2018-19) will allow further evaluation to assess full implementation requirements of learning and framework, as well as associated inter-agency working and non-health-related issues. This also aligns with other developmental and investment Mental Health Five Year Forward work in the wider (and locally-based) mental NHS health field; and includes the armed forces community-focused Transition Intervention and Liaison services and to-be-procured Complex Trauma Service.

## APPENDIX D

### DEVELOPMENTS IN SUPPORT TO SERVICE LEAVERS AND VETERANS IN 2017 WELSH GOVERNMENT



## **Welsh Government: Developments in Support to Service Leavers and Veterans in 2017**

### **Healthcare**

#### **Cais and Betsi Cadwaladr partnership working**

A pioneering new partnership between Veterans NHS Wales and Change Step is helping military Veterans in Wales access crucial mental health treatment and support – with the backing of new funding from Betsi Cadwaladr University Health Board.

As part of the innovative collaboration two highly skilled Veteran peer mentors are working alongside specialist psychological therapists to support former Forces personnel who need treatment related to experiences during their time in service, or in adjusting to civilian life. They also help Veterans access social support within their communities, where necessary.

#### **Hafal**

In Wales, Hafal is driving forwards a campaign in collaboration with organisations such as Cais, Change Step and Veterans NHS Wales aimed at helping boost and improve mental health services for Armed Forces Veterans.

*FORCES for CHANGE*, a Wales-wide 2017 campaign, has seen armed and blue light Veterans reaching out to fellow Veterans who are experiencing mental health problems. Their goal is to support them in accessing the services needed to recover and to hear their ideas about how those services could be improved.

At the end of the campaign Hafal will report back to policy makers, politicians, health professionals and others on the key mental health issues facing Veterans and make recommendations for developing and improving services across Wales.

#### **Healthcare priority for Veterans**

As part of its commitment to raising awareness of the Covenant and healthcare priority for Veterans, Welsh Government has issued new guidance to health boards and NHS Trusts in Wales.

This guidance, WHC (2017) 41 Armed Forces Covenant - Healthcare Priority for Veterans, updates and replaces the guidance issued in 2008. It gives GPs, consultants, allied health professionals and administrative staff more information on the process of identifying, recording and referring Veterans eligible for priority healthcare. The guidance also provides links to statutory and third sector organisations that may be able to assist both health staff and Veterans.

#### **Veterans NHS Wales**

Since it was set up in 2010, Veterans NHS Wales (VNHSW) has had 2836 referrals to the service. It has secured over £500,000 funding from Help for Heroes which will pay for 3 full time Veteran therapists for 3 years. These new posts will be targeted at health boards with the longest waiting lists.

VNHSW is leading the way in recruiting Veterans into research trials to help find new treatments and cures for military related mental health problems, working with Welsh universities and international collaborators. The service is involved in a phase 2 randomised controlled trial of Motion-assisted Multi-modular Memory Desensitisation and Reconsolidation (3MDR) for treatment resistant post traumatic stress disorder in military Veterans. This is a new talking therapy which shares many of the principles and methods used in existing therapies, but which extends these using virtual reality techniques including adding in the Veteran's own music, photographs and walking on a treadmill.

#### Fast-track pathway for secondary and specialist care

The Ministry of Defence Fast-track pathway for secondary and specialist care for Armed Forces personnel based in Wales is an all Wales service which prioritises access to treatments for Armed Service personnel who are actively serving but are currently graded as medically non-deployable.

In 2016-17 the Welsh Health Specialised Services Commission's (WHSSC) spend to support the fast track was £70,759. The fast-track process covers both secondary and specialist care. Feedback from the Ministry of Defence and WHSSC is that it is working effectively.

#### Prosthetics

In 2016-17 WHSSC funded 28 War Veterans to receive prosthesis including artificial limbs, sports blades, up-grades and replacements (WHSSC spend £188,559, which included an individual prosthesis costing £84,000).

#### Psychological therapies

Welsh Government is committed to expanding provision of psychological therapies in adult services and has made available £3 million to support this since 2015-16. It has also commissioned a national action plan, developed by Abertawe Bro Morgannwg University Health Board on behalf of all health boards. This will take account of the talking therapy needs of all the population, including Veterans, and is now being implemented across Wales.

#### Dentistry

Welsh Government have provided an additional £1.3m recurrently from 2017/18 which will help create 10,000 new NHS dental places in some of the most deprived parts of Wales. The package of new investment will also strengthen specialist children's dentistry services across Wales.

## **Education**

### **Additional learning needs**

The Welsh Government consulted on a draft *Additional Learning Needs and Education Tribunal (Wales) Bill* between July and December 2015. Engaging with the Ministry of Defence to understand the issues facing children from Service families the Bill makes provision for a new statutory framework for supporting children and young people with additional learning needs. To date the Bill has reached Stage 2 and is undergoing detailed consideration by the Children, Young People and Education Committee.

### **Recognition of Prior Learning**

The *Recognition of Prior Learning* scheme, a collaborative approach between the University of South Wales, Cwm Taf Community Covenant Panel and 160 Infantry Brigade and Headquarters in Wales is aiming to help ex-Serving personnel who have served in the last 10-15 years gain Higher Education credits. Placing a value on their knowledge, skills and experience that they have achieved whilst serving or since leaving the scheme can be used to develop a new career pathway. Working with ex-Serving personnel staff in the University of South Wales map their prior learning and any evidence that demonstrates their learning against relevant courses to determine the number of Higher Education credits that can be awarded. Depending on previous experience up to two thirds of an undergraduate qualification or possibly up to two thirds of a post graduate qualification can be accredited.

## **Case study**

"Having served in our Armed Forces in both a reserve and regular capacity, I have gained numerous skills and abilities that the likes of civilian employment could never give. However, the civilian employment market doesn't recognise said skills and abilities as it's not in their recognised/mainstream qualifications etc. The recognition of my prior learning and experience has now enabled me to not only start a new career, but I'm also enhancing my future employment opportunities, and developing my existing skills to a higher level. Due to my experiences, skills and abilities the University of South Wales (USW) has offered me an unconditional top-up to the Public Services BA Hons degree, via the Armed Forces recognition of prior learning scheme. The said qualification will now allow me to bring a newly devised working relationship with USW to teach a HND in Public Services at my college. Recognition of prior learning and experiences of service personal is paramount to our future success not only individually but also as a community - we are a highly motivated work force; who are ready for the challenge and need schemes like this to recognise our value to the wider community".

**Lecturer in public services, tourism and Welsh Baccalaureate**

### **Supporting Service Children in Education Cymru**

Ensuring the continued development of resources, information and advice for schools, teachers and organisations working with Service children and their families the Supporting Service Children in Education Cymru project is going from strength to strength.

Working closely with the Wales Principal Education Psychologists Network to raise awareness of the emotional challenges a Service child may face the award winning Military Kids Club (MKC) has been launched in Wales. Enabling children of Serving personnel and Veterans to come together with children of their own age and sharing experiences the club offers an avenue of joint support when it is most needed.

### **Case study 1**

Llantwit Major school in the Vale of Glamorgan organise events throughout the year as part of their MKC Heroes work, supporting Service children and bringing them together with non-Service children. MKC Heroes in the school also links with the schools 'Ministry of Defence Ambassadors' who have regular meetings throughout the year to plan and organise commemorations and charity days such as 'Red White and Blue day' and Armed Forces day.

The school have also teamed up with the Motivational Preparation College for Training (MPCT) to provide additional support for Service children. MPCT staff attend the school and work on a number of different challenges with pupils such as team building, leadership and communication. The instructors also provide mentoring to the Service children throughout the year and support these students when they may need it. The school have also built links with Brecon high school and collaborate to provide challenge days where pupils from both schools get together to complete challenges and activities, have fun and make friends.

### **Case study 2**

Prendergast primary school in Haverfordwest has around 15% Service children within the school. The school runs an MKC heroes club after school, supporting Service children and their friends and providing fun activities and opportunities to chat, support each other and have fun. This is run in conjunction with the school's Ministry of Defence keyworker who is the first point of contact for service children and their families.

## **Accommodation**

### **Housing Pathway**

Welsh Government continues to ensure Veterans and their families have access to affordable, high quality homes that meet their needs. Working with its key partners Wales now has a *Housing Pathway* which provides information and signposting to services and options available. The Pathway was officially launched in November 2016.

To further publicise the Pathway Welsh Government has developed advice cards for ex-Service personnel sleeping rough along with leaflets and posters. The advice cards, leaflets and posters include contact details for the Veterans' Gateway service in addition to a QR code

which when scanned directs the user to further options and information about their housing needs.

#### Wrexham self build

First Choice Housing in partnership with Wrexham Local Authority were successful in being awarded £2.26m to provide accommodation for Veterans in Wrexham through the Ministry of Defence's (MoD) Libor funds.

The funding has enabled them to convert and refurbish a property to provide 12 bed supported housing for Veterans returning to civilian life. The property called Ty Dewr, also provides an outdoor gymnasium for residents and the local community. Ty Dewr was officially opened on 29 April 2016.

The funding is also being used to build 16 new flats on land donated by Wrexham Local Authority. The self-build project is a partnership between First Choice Housing Association, Wrexham County Borough Council, Ministry of Defence and Williams Homes Limited. The aim of the project is to make it possible for personnel from an ex-Service background to benefit individually and collectively from being a member of a self-build project. Whilst participating in the construction of their own homes they acquire a range of skills and qualifications which may aid their future employment opportunities whilst offering a place to live, upon completion of the build.

#### Grwp Cynefin

Based in North Wales Grwp Cynefin's aim is to provide high quality homes, excellent services and develop sustainable communities where people wish to live. Working in partnership with Alabare Grwp Cynefin provides accommodation and support for up to 9 Veterans in Glan Conwy.

The scheme opened in December 2016, and is the first dedicated facility for Veterans in Conwy County. Residents have settled in well, and a positive relationship has been established with the local community.

The service is modelled on a two stage approach to support. In Stage One homes, residents have their own bedroom; however, the rest of the home operates on a very communal basis, such as shared meals. Residents value the support they receive from each other having had shared experiences. In Stage Two homes, whilst residents still benefit from living together, the focus of the home is on increasing independence, thus preparing them for managing their own accommodation.

Many existing staff are Veterans themselves and have a keen understanding of the needs and issues faced by those leaving the Services.

#### Welsh Veterans Partnership

The Welsh Veterans Partnership (WVP) is working to improve holistic care for Veterans in Wales and works in partnership with other stakeholders — the NHS, military charities and serving members of the Armed Forces.

Its Coming Home project was launched in Wales in August 2016 with the aim of providing sustainable homes for Service leavers, Veterans, and families in Wales. A new build development at Cardiff Bay it will include 84 two bed apartments and 16 one bed apartments. The WVP are looking to house a minimum of 15% of the properties to Veterans.

## **Employment**

### **Employment pathway**

In addition to the various programmes and initiatives offered by Welsh Government and partner organisations Welsh Government is working collectively with its key partners in the development of an employment pathway for ex-Service personnel. Aiming to clarify the employment options available and services that can offer assistance the pathway will lessen the challenges facing Serving personnel upon transition in finding new employment.

### **Covenant Funding**

In Wales a variety of organisations have been successful in their applications for Covenant grant funding. *Llangwm Community Centre* worked in partnership with its local history society and the Village Voices organisation to stage a performance entitled “WW1 – A Village at War”. Involving the entire community in its delivery the production helped encourage a greater understanding amongst the local population on the role the village played in the First World War.

### **Case study**

“We were very struck by the ambition of this project, the mobilisation of so many in the community, its weaving of local stories into national events and the obvious significance it had in bringing the community together. To have such a project reach such a high standard and achieve its aims requires dedication and determination which was evident throughout.

It really was testament to the spirit of the community today and the reflection of the strength and fortitude of the community 100 years ago.”

**John O’Brien, Co-founder Remember WW1.**

### **Local Authority Armed Forces Liaison Officers**

North Wales Local Authorities were successful in their collaborative bid for Covenant Funds to appoint two *Armed Forces Liaison Officers*. Integrated within the six Local Authorities the two officers cover the East and West of north Wales and their varied work includes mapping the Armed Forces Community population within each Local Authority, implementing training for Local Authority staff, strengthening partnerships between third sector organisations and the Local Authority, supporting projects for Covenant and Ministry of Defence funding that aid integration and the community and reviewing Local Authority policies in line with national guidelines. Appointments for Liaison Officer roles across other Local Authorities in Wales are underway.

## **Covenant in Business**

Two Welsh companies, Pontypridd's Edwards Coaches and Swansea-based Alpha Safety Training have received the Employer Recognition Scheme (ERS) Silver Award. Since its launch in 2014 the number of Welsh private and public sector employers that have achieved the Silver status now amounts to 35.

Edwards Coaches have established direct links with local Reserve units and supply support to Reservists they employ during and after their operational mobilisation. The company actively encourages employees to become Reservists, enabling the training commitments with flexible working patterns, and looks for Veterans in their recruiting processes.

Alpha Safety Training currently employs six Veterans and prides itself on the mutually beneficial two-way relationship. Ex-Service personnel are helped to make full use of their transferable skills in the transition into civilian employment and the company also develops their skills through continuous education.

## **Covenant in the Community**

### **Funding for National Arboretum visit**

To enable bereaved family members to attend the dedication of the Royal Welsh Memorial at the National Memorial Arboretum the Welsh Government contributed £1,500 in financial support to the Royal Welsh.

The memorial is intended to represent all former antecedent regiments of The Royal Welsh (Royal Welch Fusiliers, Royal Regiment of Wales, South Wales Borderers, Welsh Regiment & Monmouthshire Regiment) and to recognise both the Regiments' former and future existence.

### **National Armed Forces day**

Conwy has been selected to host the tenth National Armed Forces day in 2018. With support from the Welsh Government, the Ministry of Defence and other key partners the event will be an opportunity to celebrate the Armed Forces and for the public to express their support and thanks to the wider Armed Forces community.

### **HMS Cambria**

Funding has been provided by the Royal Navy to build a new Naval Reserve facility in Cardiff Bay. It will be designed to meet the aspirations of the Maritime Reserves for the next 50 years, proving a modern 21st century training establishment for HMS Cambria - the Wales Royal Naval Reserve Unit, the Royal Marine Reserve Cardiff Detachment and the Wales University Royal Naval Unit.

The new build will provide state-of-the-art training and classroom suites, accommodation, administrative services, as well as social and fitness facilities. There will also be access to the Waterfront and docking facilities for visiting warships. The project is being delivered by the Reserve Forces' and Cadets' Association for Wales in partnership with the Royal Navy and Associated British Ports, who have offered the Navy a long term lease on the waterfront site.

It is anticipated the building will be completed in mid to late 2018 and opened formally in the summer of 2019.

### Keep Safe Cymru for Veterans

Developed in collaboration between South Wales Police and 160 Brigade and Headquarters in Wales, the *Keep Safe Cymru for Veterans* scheme is now available in North Wales, and provides Veterans with much needed practical and emotional support from the Emergency Services in times of crisis.

The Veteran would register their details with the police to ensure should the need arise; they would adopt their response appropriately. For example if an officer had to call at the home of an amputee it would be useful for them to know that it may take a little longer for them to answer the door.

When a person registers for the scheme they will be issued with an Armed Forces Keep Safe Card and will be given a direct line into the South Wales Police Public Service Centre should they require assistance, and the operator who takes the call will know immediately that this person has registered for the scheme.

### Criminal Justice System

#### HMP Berwyn and HMP Parc

The Endeavour Unit at HMP Parc in South Wales opened in January 2015. Housing ex-Service personnel with prisoners sentenced to custody for the first time the unit provides a focus for specialist Veteran support services working outside the prison to help rehabilitate prisoners during sentence and on release. Peer mentoring services for ex-Service personnel are delivered by Change Step with employability support from Hire a Hero.

Adopting a similar model HMP Berwyn opened in February 2017 in Wrexham, North Wales, a category C training prison for sentenced adult and young adult men. Including a Veteran wing there is a strong focus on rehabilitation as over time the Veteran prisoners are moved out of the Veteran wing to aid transition into civilian life.

#### STOMP

An innovative project that also received funding is the *SToMP (Supporting the Transition of Military Personnel)* project - a whole system approach to supporting ex-Service personnel who come into contact with the Criminal Justice System in Wales. Through the use of strategic multi-agency co-ordination the aim of the project is to improve the identification and signposting of Armed Forces personnel to specialist Armed Forces services at all stages of the Criminal Justice System.

#### Barnardo's

The project is currently exploring the barriers to self disclosure by ex-Service personnel in a criminal justice setting and working closely with Barnardo's Cymru, Public Health Wales and the ACEs Hub to ensure that research conducted into those affected by Adverse Childhood Experiences (ACEs) includes an ex Service personnel. A *SToMP Prisoner Pathway* is also being developed to ensure a consistent assessment and referral process to specialist support services.

Awarded £433,000 from the Covenant Fund Barnardo's Cymru offers direct support to the children and families of Veterans through its *Families of Veterans' Support Service (FVSS)*.

In collaboration with the British Legion and other Forces' charities across Wales, Barnardo's Cymru creates a 'whole family approach' to supporting Veterans and their families. It is also



working with the Endeavour Veterans' wing in HMP Parc Prison to identify and offer support to families who need extra help when the Veteran is serving a prison sentence.

The service promotes a whole family approach with an emphasis on early intervention where specific multiple support needs have been identified to build resilience in children and their families. The project also seeks to mitigate adverse childhood experiences.

## **Benefits and Tax**

### **War disablement pension social disregard**

Veterans in Wales can claim under the War Pension Scheme if they are no longer serving and their disablement was a result of their service before 2005. From April 2016 £25 per week of the war disablement pension was disregarded when assessing social care needs. From April 2017 a full disregard was introduced.

## **The wider Covenant**

### **Communication**

The Welsh Government continues to improve communication amongst its key partners and the Armed Forces community in Wales.

Its Expert Group meets bi-annually. Providing an opportunity for the members to discuss key issues facing the Armed Forces community in Wales and collectively consider methods to resolve these issues the group is currently focusing on how transition amongst Early Service Leavers could be improved.

Chaired by the Welsh Local Government Association a Local Authority sub-group has been established to discuss issues of local and regional interest to the Armed Forces community. Through a nominated representative issues raised are shared with the Expert Group.

An annual Armed Forces Covenant conference is delivered and attracts a diverse audience from all corners of Wales. Aimed at Local Authority and Local Health Board Armed Forces Champions, Third Sector, Ministry of Defence plus many others with an interest in Armed Forces issues the forum offers an opportunity to hear about new initiatives, share good practice and consider opportunities for further collaboration.

## **Additional information**

Welsh Government has provided an additional £2.1 million to help tackle youth homelessness and rough sleeping. This is in addition to the £8 million of funding provided via the Homelessness Prevention Grant programme and the £6 million allocated to Local Authorities to prevent homelessness.

Local Authorities, working with voluntary sector organisations, will be invited to apply for the funding for projects which address rough sleeping, youth homelessness, people with a mental health need who are homeless or potentially homeless and improving access to the private rented sector for people in housing need.

## APPENDIX E

### DEVELOPMENTS IN SUPPORT TO SERVICE LEAVERS AND VETERANS IN 2017 SCOTTISH GOVERNMENT

## **Scottish Government Contribution to the Update to the Lord Ashcroft Review**

**October 2017**

This Scottish Government is committed to supporting veterans and ensuring they are not disadvantaged by their service in the Armed Forces. Where it has devolved responsibility, the Scottish Government provides direct support to veterans in a wide number of ways, including in healthcare, housing, and employability. *Renewing our Commitments*, published in 2016, sets out our achievements and future priorities for the Armed Forces and veterans communities.

Some recent examples of the support provided are:

- In 2015, the Scottish Veterans Minister, Keith Brown MSP, met with HRH the Duke of Rothesay to seek his support to promote the valuable skills that veterans can bring to businesses in Scotland. This resulted in Scottish Government partnering with Business in the Community Scotland, Salute My Job and Veterans Scotland to launch the *Supporting Veterans into Employment Initiative* in October 2016. Following on from this initiative, in March 2017, the Scottish Government launched *Capitalising on Military Talent*, a toolkit developed with the key partner organisations to help employers recognise the skills that Service leavers and veterans bring to the civilian workplace.
- The Scottish Government established a Veterans Employability Strategic Group in April 2017 to drive forward work on Veterans' employability in response to the Scottish Veterans Commissioner's recommendations in his Employability, Skills and Learning report published in 2016. The Group chaired by Mark Bibbey, Chief Executive Officer of Poppyscotland, has made great progress in bringing together key partners to consider how to work collaboratively to maximise the opportunities and support for the Armed Forces Community.
- The Scottish Government announced funding of up to £6.1m in 2017/18 for Phase 7 of Community Jobs Scotland (CJS). This programme aims to support up to 700 job training opportunities lasting up to 12 months with third sector employers, including opportunities for Early Service Leavers and other veterans.
- On 7 September 2017 the Scottish Government launched the pilot of the Flexible Workforce Development fund (FWDF). Scotland's employers can apply for part of a new £10 million fund to partner with colleges to deliver in-work skills training. The one-year pilot fund will focus on the up-skilling and re-skilling of existing employees of any age, with individual organisations able to apply for up to £10,000.

- The Fund will be available to organisations across the private, public and third sectors who are subject to the UK Government’s Apprenticeship Levy.
- The Scottish Government has continued to invest in services for veterans – with £824,591 invested this year in the network of Veterans First point services which support veterans no matter their need.
- Since 1 April 2017, £5 million has been committed to ensure that veterans in receipt of social care in Scotland will now get the full value of their war pensions.
- Almost £1 million has been provided through the Scottish Veterans Fund since its launch in 2008, supporting a total of 144 projects for veterans. The current fund, which totals £600,000 to 2019-20 and includes a dedicated stream for employment, supported by funding from Standard Life Aberdeen. On 2 October, the 2018-19 round of funding was opened for applications.
- The Scottish Government assisted MoD in producing a Scottish annex to their guide for Local Authorities in Scotland to help share best practice and deliver better services for veterans in Local Authority communities.
- In June 2017, the Scottish Government Veterans Portal, available on the Scottish Government website (<https://stage.mygov.scot/veterans/>) was launched to bring together a range of useful information on housing, health, jobs, education and veterans support services both in Scotland and the rest of the UK.
- The Scottish Government is consulting on a revised Additional Support for Learning (ASL) Code of Practice which will include a reference to children from Service families and the barriers to learning they may face. The Code, which is due to publish late 2017, supports local authorities and schools in their statutory duties.
- The Scottish Service Children Strategy Group (SSCSG) supported the MOD Parent Support Officer to develop an ‘Introductory Guide to Education in Scotland’ for Armed Forces parents:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/606820/DCYP\\_Education\\_in\\_Scotland\\_2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/606820/DCYP_Education_in_Scotland_2.pdf)
- The Association of Directors of Education in Scotland (ADES) developed ‘Guidance for Local Education Authorities on the Admission of Children and Young People of Armed Forces Families to Scottish Schools’ on how education authorities could provide a balanced approach to admissions taking account of the circumstances faced by Forces Families.

- ADES's dedicated National Transitions Officer (NTO) is developing a website<sup>2</sup> of guidance, resources, local authority pages and partner organisation information which will go live in Autumn 2017. The NTO has also supported the development of two film resources: Getting it Right for Forces Families<sup>3</sup> for educators; and a second film for parents for release later this year.
- The NTO has worked to enable local authorities to record on their management information system where school pupils are from an Armed Forces family (and whether regular, reserve or veteran). Local authorities are in the early stages of beginning to accumulate and analyse this data.
- The Education Scotland national self-evaluation tool '*How Good is Our School 4*' now includes a specific quality indicator on '*transitions*' and '*ensuring wellbeing, equality and inclusion*'. Both are significant in supporting children from Armed Forces families, including veterans.

Scotland is committed to ensuring that all UK armed forces veterans living in Scotland are able to access the best possible NHS care and support. Veterans continue to be entitled to priority NHS treatment and services for health problems which were sustained as a result of serving their country; subject to clinical need.

- **Specialist mental health services – Combat Stress: Scottish Government**  
The Scottish Government are currently funding the provision of specialist mental health services for veterans resident in Scotland at £1.2 million per year to 2018 in partnership with NHS Scotland and Combat Stress.
- The Scottish Government continues to discuss with the Ministry of Defence to explore ways to streamline the transfer of military health records to local GPs for service personnel leavers.
- **State of the art National Specialist Prosthetics Service:** NHS Scotland has made it a priority to ensure that Armed Forces veterans have equal access to the well-established National Specialist Prosthetics (SOTA) Service. If their injuries are as a result of Service, they will be eligible for priority treatment.

The Scottish Government continues to work to deliver high quality sustainable homes for all people in Scotland and has taken forward the recommendations of the Scottish Veterans Commissioner on housing information.

- The Scottish Government has improved its on-line information on housing to help Veterans easily access the most appropriate source of assistance: <https://www.mygov.scot/veteran-housing/>. It clearly sets out housing options and how veterans and their families can access more tailored advice and support.

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<sup>2</sup> [www.forceschildrenseducation.scot](http://www.forceschildrenseducation.scot)

<sup>3</sup> <https://vimeo.com/185790355>

- The Scottish Government is also revising its guide: *A Scottish Guide for People leaving the Armed Forces and Ex-Service Personnel* which is aimed at Service leavers and Veterans. The revised guide will reflect the Veterans Commissioner's recommendation on visual impact and accessibility and will be issued in late 2017.
- In addition, the Scottish Government's practice guidance on social housing allocations is being revised and will be re-launched in 2018, providing advice on meeting the needs of Service leavers and Veterans, including advice on local connection.
- The Scottish Government will continue to ensure that the Joint Services Housing Advice Office (JSHAO) and other relevant organisations are kept updated on housing options in Scotland.
- Priority access to the Open Market Shared Equity Scheme (OMSE) and the New Supply Shared Equity Scheme is provided to both serving members of the Armed Forces and veterans who left the armed forces within the past two years. It is also open to widows, widowers and other partners of Service personnel for up to two years following the death of their partner during service.
- The Scottish Government has awarded a grant of £1.3 million to Scottish Veterans Garden City Association (SVGCA) to build 38 homes across Scotland for physically and psychologically disabled ex-Service personnel. To date, 25 homes are complete and SVGCA is working to secure other development opportunities for the remaining 13 homes.

## APPENDIX F

THE FORCES IN MIND TRUST RESEARCH CENTRE  
THE FORCES IN MIND TRUST

## Forces in Mind Trust Research Centre

### Background

The requirement for a research hub to facilitate the study of veterans and families was identified and proposed by Forces in Mind Trust (FiMT) and Lord Ashcroft KCMG in 2014. The resulting Veterans' and Families Research Hub (VFR Hub) project was initiated in February 2015, funded on a tripartite basis between FiMT, the Cayo Foundation and Anglia Ruskin University (ARU) and developed by ARU's Veterans & Families Institute (VFI). That project culminates in September 2017 with the VFR Hub becoming available as a functional online resource [www.vfrhub.com/](http://www.vfrhub.com/).

The VFR Hub is an accessible, contemporary and authoritative source of UK and International research-related resources and literature on military veterans and their families, including transitions to civilian lives, to inform and stimulate research, policy development, improved service delivery and journalistic enquiry, and will be free to use at the point of access. The VFR Hub's purpose is to enable the widest spectrum of academic and lay users to:

- Search for research and evidence by subject area
- Interrogate a database of published and 'grey' literature
- Identify researchers and institutions with common interests
- Work as a community of interest to generate and share ideas and innovations
- Raise questions and engage in contemporaneous discussions
- Identify research gaps to facilitate funding and collaborative opportunities

Following on from the establishment of the VFR Hub, FiMT will fund the establishment of the FiMT Research Centre (FiMT RC) to be developed, operated and maintained by ARU within the Faculty of Health, Social Care and Education as an integrated component of the Veterans and Families Institute (VFI). The Centre will, in support of the research needs of the Armed Forces Community, have a broader capability and remit than the VFR Hub.

The FiMT RC will capitalise on the existing staff and work of the VFI and add additional support and academic staff to further the mission of bringing evidence to decision makers supporting the ex-service community. The FiMT RC will manage and curate the VFR Hub; identifying and closing gaps in knowledge with the harvesting of existing research and production of targeted new material, including lay-friendly summaries, graphics and animations. It will also connect and empower those with an interest in supporting the veteran community by fostering discussion, networking and opportunities to collaborate.

### Centre Purpose and Scope

The aim of FiMT is to provide an evidence base that will influence and underpin policy making and service delivery in order to enable ex-Service personnel and their families to lead successful and fulfilled civilian lives. In support of this aim the FiMT RC will provide a UK-based research-enabling and production facility that will develop and strengthen links between the academic community, government organisations, statutory and voluntary



service providers, the media and the public, including the whole Armed Forces Community. It will engage academic and other research resources to facilitate effective knowledge exchange of relevant content, at a level and in a medium appropriate to the user. In enabling the above purpose, the Centre will contribute to the following outcomes.

- Better informed:
  - Public
  - Armed Forces Community
  - Politicians
  - Policy makers
  - Media
- The underpinning of relevant policy and service provision by research
- A stronger and more coherent network of academic partners
- Improved networking and knowledge sharing among participants
- A more coherent understanding of research coverage and gaps
- Recognition of excellence in research

In order to achieve the above purpose, the Centre will be established with the following scope:

- Curation and management of the VFR Hub
- Provision of advice and support
- Production of specified research outputs
- Planning and management of an annual conference and awards

### **Centre Outputs**

The breakdown of the Centre's scope into specific outputs is as follows:  
Curate and Manage the VFR Hub.

- Hub management & development
- Research gap identification & analysis
- Hub content growth
- Online moderation

Provide Advice and Support to FiMT and others.

- Relationship/network development
- Research support
- Research influence & impact on policy/service provision/ opinion
- Membership of/support to/ liaison with management/ stakeholder bodies

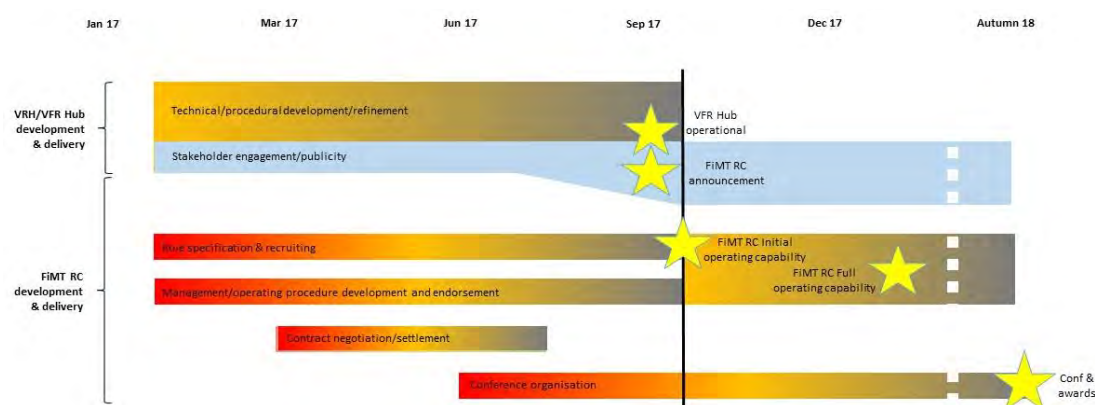
Produce Specified Research Outputs.

- New summary material
- Original research

Plan and Manage the Annual FiMT Conference and Awards.

## Centre Establishment and Schedule

The Centre is scheduled for establishment in September 2017, preceded by activities to negotiate and settle specific protocols and outputs. The outline schedule covering the period of the Centre's establishment, which will require additional discussion and action, is shown below.



Outline schedule for the establishment of the FiMT Research Centre

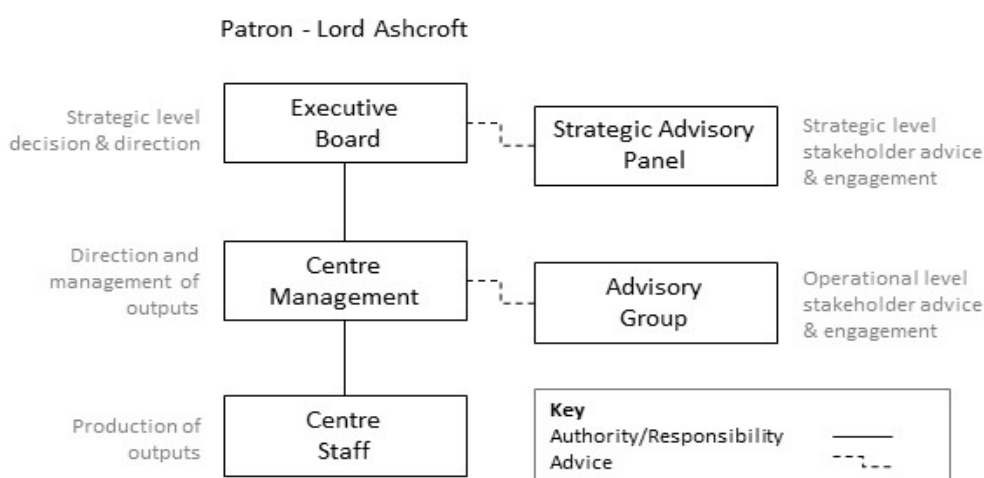
Once established, the Centre will fulfil the following schedule of activities & outputs. Specific formats, protocols and level of output will be agreed between the Parties and developed during the period leading up to the Centre's establishment:

Frequency	Activity/Output
Monthly	Written report to Executive Board members (activities, outputs, issues, finance)
Quarterly	Meeting of the Advisory Group (including Director's report)
Half-Yearly	Meeting of the Executive Board (including Director's report and Board level direction)
Annually	Meeting of the Strategic Advisory Panel Conference and awards
As required	Production of specific research outputs Requests for/production of information, advice & guidance Representation/attendance at appropriate events, panels and organisations

Schedule of Outputs

## Management and Governance

The Centre management and governance is structured and populated as follows:



Centre Management & Governance Structure

**Patron.** Lord Ashcroft as The Patron has no executive powers or responsibility, but will play a leading role in the annual awards.

**Executive Board.** The purpose of the Executive Board is to provide strategic level decision making and direction to the Centre Management, and to report on Centre plans and performance to FiMT's main board. The Board consists of senior representatives of FiMT and ARU and is chaired by the nominated Board Director from FiMT who shall have a casting vote on any matter where the votes of the members of the Executive Board are otherwise tied. The Board will meet twice a year in order to receive a report from the Centre Director (Secretary), discuss matters of relevance and provide direction accordingly.

**Strategic Advisory Panel.** The Purpose of the Strategic Advisory Panel is to advise the Executive Board on the needs and priorities of strategic partners and stakeholders in relation to the Centre's activities and outputs. The Panel augments the membership of the Executive Board with senior representatives of independent academia, public policy, Third Sector and media organisations and is co-chaired by the FiMT Board Chairman and the ARU VC. The Panel will meet annually to receive a report from the Chair of the Executive Board and to offer expertise and advice relating to achieving the Centre's strategic objectives.

**Advisory Group.** The purpose of the Advisory Group is to advise the Centre Management on the needs and priorities of operational level partners and stakeholders in relation to the Centre's activities and outputs. The Group augments the Centre Management with representatives of independent academia, public policy and Third Sector organisations and is chaired by the Centre Chair. The Group will meet quarterly to receive a report from the Director and to offer expertise and advice relating to achieving the Centre's strategic objectives.

**Centre Management & Staff.** The purpose of the Centre Management and Staff is to furnish the outputs required in Tables 1-4 in accordance with the frequency in Table 5. The Management and Staff consist of the posts shown below in Table 6. The Centre will operate in close consultation with the VFI and staff will be seconded as needed based on output/skills requirements.

Organisation	Name or Appointment	Roles/Comments
Anglia Ruskin University	Centre Chair	Call on additional staff/resources from ARU as required. VFR Hub technical support is planned to be outsourced to the web development and hosting company as a responsive and enduring managed service.
	Centre Director	
	Research Fellow	
	Research Assistant	
	Centre Administrator	

Centre Management & Staff