

The Veterans' Transition Review



Second follow-up report

November 2016

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Introduction

In late 2012 I was appointed the Prime Minister's Special Representative on Veterans' Transition. At that time the apparent plight of Service Leavers was much discussed in the media, highlighted by some charities and of concern in government. My interest in the Forces and their charities, military history and courage provided the background to the appointment, and I was in a position to bring a completely independent approach; I held no candle for any particular body.

To give the appointment real meaning I decided to conduct a detailed review of the transition of Service personnel into civilian life, setting up a small team which, over the course of a year, met every organisation that had a stake in this field, conducted further surveys and held discussions with government departments. The result was *The Veterans' Transition Review*, published in February 2014. It set out some 43 substantial recommendations of which the government agreed to implement 40; two of the others could be achieved in a different way and the third, concerning Northern Ireland, remains unresolved. In agreement with Oliver Letwin, who was leading and coordinating the government's effort, I said I would publish follow-up reports annually to monitor progress.

My first follow up report, published in July 2015, was rather critical. I felt that progress was slow, and that officials did not seem to understand the benefits to the Forces themselves of transition being seen as successful. Little had changed in the first year.

Since then, however, there has been much positive progress, though challenges remain. One must also point out that much of the work so far has been in drawing up new policies, developing structures, identifying funding and getting things going; much has yet to be tested on the street. Thus the full benefit of the many changes will only be experienced by those who have yet to join the Armed Forces. But it is fair to say that these changes are now being delivered as fast as is reasonable and, with the exception of Northern Ireland, there have already been a good number of important advances.

I think there three main reasons for the volume and pace of change that I see now, compared with my first follow-up report. First, the Armed Forces Covenant is clearly having an effect. I have been impressed by the way governments and administrations, and the NHS in England, Wales and Scotland have taken in the Covenant into core business. Second, David Cameron personally chaired a number of Covenant Reference Group meetings as Prime Minister, calling Ministers to account and establishing a momentum behind the programme. Third, we are now seeing the culmination of work which has inevitably taken government Departments some time to plan and execute. I have also observed that there are a number of individuals in key posts who are highly committed and have helped drive this along.

Despite the good work being done, public perceptions will be slower to shift. My research for *The Armed Forces & Society*, conducted in March 2012, found that more than nine in ten of the general public believed it was common or very common for former Service personnel to have been physically or mentally damaged by their careers. Perhaps surprisingly, my research for this report, conducted last month, has found that this remains the case today – despite the fact that on most other measures the Armed Forces and Service personnel are regarded (even) more positively than they were four years ago. It is disturbing that this view should persist: a sustained and co-ordinated strategy may be needed to correct it.

Much of what follows in this report is well known to those, particularly in government, who are in some way involved in the Covenant, transition and veterans' matters. However, other readers may not be aware of this progress and so I have picked out those changes and initiatives that have caught my eye and provide good examples. This report is not intended to be an exhaustive list – instead, its purpose is to comment on the progress the nation has made in ensuring those who leave the Services make a successful transition to civilian life.

This report has been compiled by my team based on discussions with many of those involved in this field, and by examining their public documents. I have also reviewed data from the regular surveys conducted among Service Leavers by the Career Transition Partnership, comparing the findings with similar research conducted before the *Veterans' Transition Review*; commissioned longer interviews with 73 personnel who have discharged since mid 2015; and repeated the poll of the general public to see whether and how perceptions had shifted since my *Armed Forces & Society* research in 2012.

The Ministry of Defence is the lead government department for transition and veterans' matters. The MOD coordinates activity through its "Grid" or action plan, into which others Departments feed, and is therefore an important reference for progress. I understand that the MOD's intention is to have the policies necessary to deliver its action plan completed by April 2017. This is not the only reference however: many practical advances are being achieved by devolved governments, local authorities, businesses and the three national NHS bodies of England, Wales and Scotland.

In conclusion, I feel confident in saying that a great deal has been done to ensure those who have served in the Forces will experience a far better transition to civilian life. Northern Ireland remains the exception, with those who resettle there being clearly at a disadvantage. There are steps that should be taken to bypass the institutional neglect and prepare those who intend to settle there for the circumstances they will experience.

While those responsible for this work are proud of what has been achieved, they all unprompted say that there is more to be done. I agree. much remains to be tested and the momentum that has now been established needs to be maintained.

Career transition

Many of the recommendations in the *Veterans' Transition Review* were on the theme of earlier preparation, and there is good progress on this front. I proposed an early start on a Personal Development Plan for all Service personnel. This was initially absorbed by the proposed New Employment Model, which was itself such a big project that delivery of the PDP looked some way off. However, it appears that many smaller initiatives, some being web based educational packages offered earlier in a career, are making it easier for Service personnel to prepare themselves better. The PDP has morphed into the concept of a "Skills Passport" which would achieve much the same by another route. Other examples serve to show that practical advances have already been made, such as in housing with the important Forces Help to Buy Scheme and many housing initiatives at the local level.

The importance of early preparation – especially on housing and financial management – was emphasised in many of our interviews with recent Service Leavers. Several regretted leaving their planning until too late, especially those who had given transition little or no thought until their decision to leave – both on a practical level, and in terms of their mental readiness to leave.

In the *Veterans' Transition Review* I quoted findings from surveys among Service Leavers conducted by the Career Transition Partnership between September 2012 and August 2013. In order to enable a comparison for the purposes of this follow-up report, the CTP provided aggregated data from those surveyed between September 2014 and March 2016. The surveys cover topics including unit-level transition support and the usefulness of CTP services.

As in the original research, the level of unit support reported by respondents varied by rank and service. Junior ranks were much more likely than officers and senior NCOs to rate their ability to secure "adequate time off to attend resettlement activities" as "poor": 16% of Royal Navy juniors said this, as did 15% of those in the Army, but only 6% of juniors in the RAF.

Overall, 75% of respondents said when surveyed at the time of discharge that support from their line manager had been good or very good, but this had fallen back from 79% among the equivalent cohort in 2012/13. Here there was less of a difference between Services, though in all cases juniors were around twice as likely as officers to say that support from their line manager had been poor.

Our interviews with recent Service Leavers confirmed that support for transition at unit level remained patchy. While officers had largely been able to organise their own time, several more junior participants said they had had to plead with their line manager to be allowed time to attend courses or other resettlement activities, or had even been put under pressure to cancel them.

In the CTP surveys, the proportion agreeing at discharge that the three-day Career Transition Workshop had been useful for achieving their resettlement aims had risen very slightly to 88%, with the proportion agreeing strongly up from 23% to 29%. There were small increases in the already high numbers saying at time of discharge that the CTW helped them to identify transferable skills, write a CV, research the job market, apply for jobs and prepare for interviews.

At the time of discharge, 42% said they had already decided on a future career before using the CTP's services – up from 37% in 12/13 – and the proportion saying their CTP career consultant had helped “identify or confirm the type of career or employment most suitable for me” rose from 60% to 74%.

The proportion agreeing that they had received effective guidance from the CTP in “identifying the vocational training appropriate to my future goals” increased from 64% to 78%, and agreement that the vocational training received at their Resettlement Training Centre or Regional Resettlement Centre “was useful in helping me to achieve my goals” rose from 83% to 89%. There was also a small increase, from 79% to 83%, in the number agreeing at time of discharge that “overall, the guidance received from the CTP has given me confidence that I am able to secure employment, or another way forward of my choice, after leaving the services.”

This generally positive picture was supported by our interviews with recent Service Leavers. With a few exceptions, most spoke positively about the service they had had from the CTP, particularly their career consultant – though a few reported problems with availability due to the consultant's workload, and some said the CTP seemed less well-placed to advise on careers in very specialist fields. They also praised the website, the courses they had attended and the three-day Career Transition Workshop, which had helped to put them in the mindset of planning their transition.

Though most said the help available had been explained clearly to them at the outset and had managed to negotiate the process successfully, some more junior Service Leavers said they had struggled to navigate the system.

Several related that despite all the practical advice they had received, they still felt unprepared for the culture shock of leaving the Forces – both the emotional loss of comradeship and personal networks, and the differences in working in a non-military environment (“civilians take a lot of getting used to”).

This continued to work both ways, however: a number of interviewees reported that potential employers still “see the soldier not the person” or expected former Service personnel to be unimaginative, unable to use initiative, uncollaborative, and to have a tendency to shout. Several also reported difficulties translating their military experience and qualifications into a civilian context, especially outside the fields of engineering and logistics, though this was raised less often than in our research for the *Veterans' Transition Review*.

Information provision

PUBLIC PERCEPTIONS

In the *Veterans' Transition Review* I highlighted the widespread public view that former Service personnel are disproportionately likely to suffer from serious problems as a result of their time in the Forces. I called for a renewed focus in MOD and Service communications to change the narrative about Service Leavers and veterans to promote a more positive view, ensure that problems are seen in their proper context, and challenge misleading or partial information in the media and elsewhere.

I am pleased to note that there has been progress on this front. The MOD's blog, *Defence In The Media*, does a good job of promoting a positive message and providing a balanced response to defence stories in the daily news, setting the record straight where necessary. The Defence Relationship Management is improving channels of communication with employers, and there has been a renewed focus on getting information out about the Armed Forces Covenant. (Most of the recent Service Leavers we interviewed were aware of the Covenant – an improvement on the previous round of research – but many were not aware of the practical implications for them in terms of schools and other services).

I also recommended the establishment of a “research hub”, which would serve as a recognised source of authoritative academic research about veterans and transition. As this was not a recommendation that fell easily as a government responsibility, and clearly needed to be independent, I decided to help set it up myself. The result is that that a Veterans Research Centre will be operational next year, running a web-based Veterans Research Hub, with international reach, pulling together and making readily available the best research for policy makers, the Forces, the media and the public. By mapping the work that has already been done it will be able to highlight areas where further research is needed. I funded the development phase jointly with the Forces in Mind Trust. It is now proposed that the capability itself will be funded by FiMT and run by Anglia Ruskin University.

To assess whether public perceptions are changing, last month I conducted a 2,000-sample survey of the general public repeating many of the questions I initially asked in my research for *The Armed Forces & Society* in March 2012. Overall public perceptions of the Services remain extremely strong: asked to say how positive they felt towards various institutions on a scale from zero to ten, respondents gave the Armed Forces a mean score of 7.85 (up slightly from 7.47 in 2012), compared to 7.26 for the NHS, 6.82 for the police, 6.26 for the BBC, 4.58 for parliament and 4.48 for the press. More than one third (36%) said their opinion of the Forces had improved over the last few years, with only 7% saying it had got worse (the comparative figures for 2012 being 37% and 8% respectively).

The proportion saying they thought the Armed Forces were portrayed positively in the media had fallen from 77% to 67%, while the proportion thinking they were portrayed negatively doubled from 5% to 10%. However, there is evidence that people did not think this shift was justified. Of those thinking the media's portrayal was positive, 72% thought this was "fair and accurate" (up from 67% in 2012); of those who thought the portrayal was negative, 94% thought "the media deliberately focuses on negative things and ignores more positive aspects" (up from 84% in 2012).

I also found improved public perceptions of Service Leavers' employability: 34% said they thought a former officer "would find it easier than most people to find a new job" (up from 29% in 2012), and 19% thought the same of other ranks (up from 15%). The proportion saying they thought officers would find it harder than most people was unchanged at 30%; the proportion saying other ranks would find it harder was down slightly from 39% to 36%).

However, the finding that caused the most consternation from my earlier research remains unchanged so far. In March 2012 I found that 91% of the general public thought it was very common or quite common "for former members of the Armed Forces to have some kind of physical, emotional or mental health problem as a result of their time in the Forces". Last month, despite the positive steps described above, the figure was 92%. Evidently this has become an entrenched view among the public; correcting it will take sustained efforts over many years. Further research may be required to understand why this view continues to endure.

INFORMATION PROVISION FOR SERVICE LEAVERS

Ensuring the delivery of useful and timely information remains a significant challenge. In spite of best efforts can still be difficult for those that need help to navigate their way easily to the right provision. However, there have been a number of helpful developments since I published my Review. For example, the Veterans UK website is enormously improved. What I would say about government websites is that while one can understand the desire at the centre to control everything and establish a uniform message and appearance, one should instead think about the needs of the reader; those who need most help will be the least likely to be able to navigate a stiff, formal website. These should be designed for the user, not the provider.

Two even more important initiatives in the information sphere are in train. One is the Gateway project (which I will discuss under Charities and the Veterans' Welfare Service). The other, still in its infancy, is consideration of an App for mobile devices for all Service Leavers and veterans. I strongly support this. Most young people now use mobile devices to run their lives rather than computers, and the App could be a tool that does far more than just give access to information and help. It can be used for research, seek veterans' views on their situation, push information to them, and if location services are enabled, identify where veterans are to help enable the development of appropriate local services.

Health care

There has been considerable progress recently in connecting health care provided by Defence to the NHS on transition in England, Wales and Scotland. It is important that this progress is recognised.

In England, where most Service Leavers settle, support for veterans is written into the NHS England Constitution. This means, among other things, that the Armed Forces Team produces plans for the improvement of medical care for Service personnel and veterans, and reports on progress. It is clearly taken seriously and I am impressed with the commitment of the NHS England team to this cause. Close involvement is manifested in the Commissioning Board, which has responsibility for assuring the commissioning of services across all Clinical Commissioning Groups as well as some centrally managed bespoke services, such as that for prosthetics.

There has been very significant progress in England over the past two years. Much has been done, and continues to be done, to improve GPs' awareness of veterans' issues and the support available to them. GPs' registration forms are being rewritten to highlight that the individual has served in the Forces. With large numbers of GPs to brief, naturally it remains a challenge to achieve universal success. The NHS England report¹ on mental health shows that when it works, the service for those with mental health is outstanding, but when neither patient nor practitioner has the right information it can be very poor.

Aftercare for those with prosthetics, such a major issue just three years ago, is now embedded, funded and working, with BLESMA supporting the delivery. Similarly, in partnership with the RBL, funding for wheelchairs and hearing aids is now routine.

Another historical issue was that of the transfer of a Service Leaver's medical records to GPs: it used to be a given that they would be lost. There is now a process for sending a manual summary, which can be followed by the full records where necessary. In due course this will be digitised. I understand that NHS England is ready to do this but the MOD Medical Information Service system will not be ready until 2019. The idea of patient-owned records is being considered as an interim measure. (In our 73 interviews with very recent Service Leavers, only three reported medical records going astray. For most, the biggest complaint about the move to civilian health care was the shock of having to pay for prescriptions and dental appointments).

Other planned initiatives include the possible establishment of personalised budgets for those requiring high dependency care. A continuum of care and involvement for

¹ Developing mental health services for veterans in England engagement report
Prepared for NHS England by NEL Commissioning Support Unit
September 2016

disabled Service Leavers similar in concept to the Transition Intervention Liaison programme (mentioned below) is also being considered.

The governance structure in place to coordinate the effort between the DoH and the MOD, and with the devolved NHS, appears to be working well. This also acts to deal with “cross border” issues and to exchange information and ideas.

However, I remain concerned about PTSD. I have written before on the overstatement of the numbers who suffer from the condition. There are a number of reasons for such inflation: it is easier and more interesting for the media, both factual reporting and fiction, to assign any mental health problem to PTSD even though we know that there are other mental health conditions far more prevalent. In some cases it is used as a mask for other problems.

I believe that this is a serious problem that needs to be addressed, for three important reasons. First is that those who have a mental health condition are statistically more likely to suffer from something other than PTSD; they need correct diagnosis and treatment for the condition they have. Second, this overstatement dilutes the focus on those who genuinely suffer from PTSD. It is a terrible condition for those that have it and I understand that the earlier the correct intervention the better the outcome. Third, the over-emphasis of PTSD makes a poor impression on employers who might be reluctant to take on somebody if they believe that they might (wrongly) present a risk, and probably contributes to the public perception that Service personnel are likely to be damaged by their careers.

I fully understand that it is a complex condition which may present itself in several ways and may well be accompanied by other problems, such as alcohol abuse. Some seek help from a charity and are either “signposted” to another organisation or go elsewhere if they do not get the answer they want. This can easily lead to a downward spiral. I accept that this is difficult to manage.

I do note, however, that the MOD and the NHS in England, Wales and Scotland are fully aware of these issues and are taking action – on the MOD side with a new mental health strategy and in the case of NHS England with the establishment of the Transition Intervention Liaison programme, an initiative that aims at a complete and successful handover of a Service Leaver with a mental health condition to the right body in the NHS. A comprehensive programme of studies and research is in place, some of which will take time to bear fruit.

Even so, I do believe that more should be done on the information front: both the MOD and the DoH should seek to put the record straight and not hesitate to challenge those who overstate the extent of mental health problems among Service Leavers and veterans.

I also think that Service Leavers should be briefed on mental health, the likely conditions, and the possible symptoms. The importance of registering with a GP as part of the discharge process should be emphasised, along with the vital need to see

a GP early if they suspect they may have a mental health condition. This need comes across strongly in the NHS England report on mental health². I realise that the resettlement briefing programme is already congested but this is vital knowledge. Some practitioners will baulk at the idea of putting such a complex subject to Service personnel, and some will say that many will take no notice. But many will and it is worth the risk to ensure a better understanding and may help reduce stigma. It is also crucial to ensure that spouses have this information.

² Developing mental health services for veterans in England: Engagement report
Prepared for NHS England by NEL Commissioning Support Unit
September 2016

Devolved Governments

SCOTLAND

In Scotland I have noted a healthy change in tone, from one which saw veterans as a community that needed help to one that seeks to make Scotland a home of choice for valued Service Leavers. This recognises the skills of Service Leavers across all sectors and occupations, and is demonstrated, for example, by the police actively recruiting them. With the Scottish Government's policy document, *Renewing Our Commitment*, as well as a Minister responsible for veterans' affairs and a Scottish Veterans' Commissioner, there is a clear determination to deliver the Armed Forces Covenant.

The independent Commissioner is required to hold the Scottish Government to account for their policy towards the veterans community. This happens mainly in the form of thematic reports that review levels of support to veterans and makes recommendations to the government, local authorities and other devolved organisations.

The Commissioner's 2015 report into housing made numerous recommendations on the provision of better information, something that has been the major theme of everybody's work on transition. Like others, he has found that with implementation the province of local authorities and many separate housing organisations the results are variable. Even with the size and relative homogeneity of Scotland, it is difficult to get the information sphere right, although there is growing evidence that many more local councils are recognising the need to provide better information to their veteran communities.

For mental health issues, difficulties in information flow are partly overcome by Veterans First Point which runs a network of drop-in centres and an excellent website. It seems to be working and is a well-designed first port of call.

This year's priority for the Commissioner has been on Employability, Skills and Learning, with a report released on 3 Nov. This highlights some good practices that remove existing barriers to meaningful employment and makes a number of recommendations intended to provide greater strategic leadership, wider access to Further and Higher education and practical support for those seeking work. Of note has been the increased support from several major companies that have signed up to the Corporate Covenant. Along with events such as a recent Armed Forces Champions' conference, the appointment of a Commissioner has worked well for Scotland and has made a significant contribution to resettlement there for Service Leavers.

As with other devolved administrations, the Scots feel that central government has a London-centric view, and that there should be more recognition that large numbers join the Armed Forces from Scotland and resettle there.

WALES

The Welsh Government has also adopted a strikingly active approach to delivering on the Armed Forces Covenant, both for serving personnel and veterans. The document *Welcome to Wales* lists the positive measures taken for Service personnel there and sets an encouraging tone. While it may seem relatively small, the offer of free swimming at all Local Authority pools for Service personnel, their families and veterans is a very good statement of the government's commitment.

There have been a number of initiatives to support veterans and once again I can only pick out a few to demonstrate the range and detail of the impact of the Covenant: annual funding from the Welsh Government for veterans who need treatment for mental health conditions, including shortening waiting time (with a considerable number of referrals proving that the process is well known), a disregard of a proportion of war pension when assessing social care needs and a commitment to fully disregard it in 2017, a housing initiative for vulnerable veterans, and ensuring veterans have access to the Veterans Hearing Fund, and establishing a whole system approach to veterans in the criminal justice system, including the establishment of a veteran's wing in a prison, which could have a positive effect on behaviour and rates of reoffending.

Further initiatives are worth mentioning. GPs already have an online learning package, work is underway to provide a veteran's tick box for GP registration, and the administration has a policy that no veteran should become homeless.

NORTHERN IRELAND

Northern Ireland is the exception to the good progress being made in the remainder of the UK. Indeed I believe it fair to say that Service Leavers and veterans suffer discrimination in NI as a result of what could be seen as determined efforts to make no provision for them.

It starts at the top. The Forces, Service Leavers and veterans are all heavily politicised in NI yet there is no Minister with responsibility for veterans, no senior responsible official and, crucially, nobody nominated as the NI representative to the Covenant Reference Group (CRG). This latter failure is in spite of repeated encouragement from ministers involved in the CRG, and pleas from Assembly Members. Unlike the other administrations, Stormont does not report annually on the application of the Armed Forces Covenant.

In my *Review* I proposed that Section 75 of the Northern Ireland Act, which deals with discrimination, be amended to allow veterans to be registered as such on (for example) social housing applications and GP registration forms. I understood Westminster's reluctance to approach this but felt that the intention was clear; ways needed to be found to ensure Service Leavers were not disadvantaged. Instead, the

Northern Ireland Executive has used Section 75 as a reason for not doing anything. Even the appointment of a representative to the CRG is supposedly “prevented” by Section 75. This is nonsense.

As a result, there is no process for dealing with difficulties that arise because of NI’s particular situation. One example serves to demonstrate this. I understand that MOD letters authorising an individual to an Enhanced Learning Credit show their Service number and rank. Some are reluctant to present these to a university due to the security situation. The CRG and the MOD could surely overcome this. In the same vein, although some charities have received LIBOR funds there is a perception that such funding does not apply to NI; thus they don't ask.

I acknowledge that there have been some changes, though I am told they have reduced impact. One example is that Service Leavers can now apply for social housing while still serving outside NI, with a letter from their Commanding Officer stating that on departure they will be rendered homeless, and they get points automatically. But this is given no publicity, few know about it and, once again, there is a reluctance to use them. Another is that all councils now have elected members who are Armed Forces Champions, but they have no funding and no centralised support structure.

Without central leadership, coordination across the charities, and between them and government stakeholders, is informal and weak. The Veterans' Support Forum, which tries hard and could be the basis of a Cobseo-type body in NI, is not properly structured, has no process, and is not well resourced.

The charities work discretely; the phrase "under the table" is used constantly. This is fine for those that can find their way to them through contacts or via UK based charities. It does not serve those who don't know how to navigate their way into the system – perhaps, by definition, those who most need help. There are some charities in NI that should not be used by those that need help, yet there is no guidance or process to get people to the charity that is right for them.

Among the many issues facing those seeking to resettle in NI, I have looked more closely at mental health support. This is partly because it addresses those that most need help, partly because it highlights the inattention given to veterans there, and also because something could be done about it, even without the involvement of the Northern Ireland Executive.

NHS NI does not appear to recognise veterans or Service Leavers. Those who need medical help therefore rely heavily on 38 (Irish) Brigade or the charities. None of the initiatives I have seen elsewhere in the UK have been applied in NI. The loss of Combat Stress Welfare Officers at the same time as the charity receiving a major grant from the LIBOR fund for NI is a major blow and thought to be inexplicable, though I understand that the charity is working with others to ensure that there will be no loss of a route to help and their clinic service will continue.

Security remains an issue for many Service Leavers in NI, and those who settle there are often reluctant to identify themselves as veterans, even when they need help. This is a significant barrier to proper diagnosis of mental health conditions.

Mental health services therefore appear to me to be the most obvious area where Service Leavers and veterans in Northern Ireland are seriously disadvantaged. There is no publicly known pathway to support for those who need help. GPs generally do not have veterans' Service medical records, and do not know that the patient is a veteran. I am told that there is a tendency among GPs who do find out that their patient is ex-Forces and has a mental health concern to diagnose PTSD, rather than consider other more likely conditions, and prescribe pills. Specialist help is rarely offered.

To try to deal with this, the MOD has created five³ rather complicated categories of NI veteran. For example, ex-members of the UDR and Royal Irish (Home Service only), but not Royal Irish General service or any other veterans (except those discharged via to a Personnel Recovery Unit (PRU) since 2012) are dealt with by "Aftercare" which can provide assessment and some treatment. Some other categories are assessed by the Defence Community Mental Health unit in NI, once again dealing with a complex mix of entitlements. In all cases the first step is to establish whether the patient is entitled, or not, and who might deal with them.

Add to this some of the problems associated with NI, such as the lack of registration as veteran in GP records which could lead to misdiagnosis, little publicity about DCMH in NI-linked veterans' publications, and the difficulty in going back to GP in view of all the above with a diagnosis or assessment, and it is easy to see why veterans in Northern Ireland feel they are at a disadvantage in the field of mental health.

I understand that in the past year just four veterans were seen and assessed by the DCMH unit, each one having found their way there through personal contacts. On top of this one might have what some say is a ridiculous situation of two veterans each with the same condition, are "entitled" to completely different care processes.

As long as this situation persists it seems to me that the Defence mental health services and the related charities in NI should be optimised to cover the gap. To begin with, all veterans should fall into one category: veterans are veterans. Second, there should be one process for all, whether delivered by Aftercare or the DCMH unit, and it should be transparent and well publicised. Lastly, the development of a NI "Cobseo" will help the charities work together. The skeleton structure is there and numbers are not great, so this should not unduly challenge the resources available.

³ (1) UDR/RI Home service and PRU pts discharged since 2012 entitled to Aftercare service/combat stress/DCMH assessment. (2). All other veterans entitled to Combat stress. (3) Veterans who have demobilised since 1982 entitled to one off DCMH assessment. (4) Veteran Reserves who have demobilised since 2003 entitled to DCMH care and treatment if within capacity, but not in patient MH care. (5) Veterans who were under DCMH care at time of discharge can access a local DCMH for 6 months

An important pair of studies, being undertaken by Ulster University, have been commissioned by the Forces in Mind Trust, one looking at support and services available to armed forces veterans and their families living in Northern Ireland, the second into mental health. These will start with the establishment of “ground’ truth and should give us a comprehensive view of everything that needs to be done. However, this will not report until 2018, and I have been told that this work is being used as an excuse for inaction in the meantime.

There are a number of actions that should take place now, some of which are within the gift of the MOD and the charities:

The Northern Ireland Executive should appoint someone immediately to the Covenant Reference Group. The failure to do so is shameful and Section 75 cannot be used as an excuse.

A local Cobseo-style coordinating body should be established to bring the various disciplines and stakeholders together, as well as providing advice to those who seek help where the best place is to go.

All veterans living in NI should be in a single category when it comes to mental health care and be dealt with using a common process.

GPs should be given access to web-based advice on veterans, their health issues, associated mental health problems and symptoms, and the specialist services available, even if this is provided outside the NHS NI intranet.

We must acknowledge that security remains an issue for many veterans; NI has not "normalised".

If the NI Executive continues to make no provision for veterans, particularly in the health sector, and the charities can make no progress, the MOD should warn those that are considering settling in NI that they will be at a disadvantage compared with their colleagues in the rest of the UK.

Charities and the Veterans' Welfare Service

CHARITIES

In my *Review* I noted the difficulty for those that need help in finding the right charity easily and quickly. Charities competing with each other, the overwhelming amount and variable quality of information available, much of it poor, the absence of a guide as to which charity does what, and a lack of certainty about accreditation all contributed to a confused picture, especially as those that need the greatest help will find it most difficult to track down what they need.

I recommended the establishment of a Directory of Armed Forces charities, and that has now happened.

I suggested the establishment of a single contact number or contact centre through which anybody that needed help would be passed to the right charity straight away. This is also due to happen in 2017 with the Gateway project. Linked to this was the idea of an App that via a single portal gives to access all types of advice and any service needed; as I mentioned earlier, I understand that this is now being considered.

This suggests that we are finally on the way to a more efficient process for those that need help getting it quickly. However, we must be vigilant that Gateway, provided at some cost to LIBOR funds, does not end up masking business as usual.

There has been a fashion in the state and charity sector for "signposting", which can too often mean batting the individual away onto somebody else. This can be a disaster for somebody who really needs help, and can lead to them giving up. During the course of research for this report I came across a number of recent Service Leavers who said that they were bounced from one charity to another. Anecdotal evidence suggests this trend is increasing. The NHS England report on Developing Mental Health Services for the Armed Forces makes sorry reading and supports my view that this needs to be watched.

"Signposting" should not be a word in the lexicon of Armed Forces charities. Instead one should see a culture and process of embracing everybody who approaches them and conducting what is known as a warm handover to the right organisation. A charity should "own" an applicant until they have successfully handed over that applicant to the right organisation.

I understand that this concept of the warm handover is embedded in the contract for Gateway. But it needs more than process to make it a success: there needs to be a shift in attitude to being prepared to look after somebody who does not fit a charity's objectives to do enough to get them into the right hands. If we can achieve that, then we will really have a world-class charitable sector that merits the considerable state funding it receives.

This is probably even more important now than it was when I produced my *Review*. The Armed Forces are no longer in the public eye to the same extent, and we are thankfully not seeing the level of casualties that gave us the determination, amongst other things, to improve the lot of those who leave the Forces and need help. Some charities are experiencing a drop in funds. LIBOR funding, which has been a massive boost to the sector, will fall. However, there are some who have left the Forces, and many more who have yet to leave, who may well find that they need support from the charitable sector in years to come; we must ensure we get the best out of every pound.

In my Review I suggested that Cobseo should encourage greater cooperation between charities. The structure for this now exists with a far better “cluster” structure and subordinate action groups. Ministers attend some meetings and many smaller charities are eager to be involved, suggesting confidence in the structure and that it is working. Thus the cooperative mechanism is now in place and I look forward to seeing it producing an effect on the ground.

The LIBOR funding for Cobseo itself is very welcome and at £150k per year for three years now allows it to think ahead instead of constantly living from hand to mouth. This represents a very good use of these funds as this small organisation has achieved much considering its size. Cobseo intends to develop a number of corporate members to sustain the organisation in the longer term.

I have in the past questioned the way LIBOR funds have been managed, feeling that this was not a job for the Treasury and the task should be given to an independent body, demanding high standards of the recipients. I also suggested Cobseo should have a major say. However, this area has been resolved successfully and I only raise it in this report as recent, and inaccurate, publicity suggested otherwise. The Covenant Fund Unit, set up last year, is an excellent initiative and is working so well that the Treasury has transferred more and more funds to it to manage. It sets out demanding terms and conditions, undertakes proper due diligence and monitors progress. An independent group makes the funding decisions. I think that the MOD, the Treasury and the CRG can be proud of this initiative and I suspect it is one that others could copy.

THE VETERANS WELFARE SERVICE

I have in the past championed the Veterans Welfare Service and expressed concern that outsourcing it was being considered. I am pleased that this is no longer on the table. I have always thought it to be a valuable unit, already small, down to some 85 staff and doing more now than ever. By remaining under government control it can be rapidly redirected to meet a new need. Central to this is that while charities can vary their service (for example Combat Stress having to drop its welfare service) the government-mandated VWS is permanent. It is also significant that as a government

agency it has access to DWP database thus able to inform veterans of their entitlements.

It is seeking further efficiency though more “clinic” based operations (some co-located with RBL) and fewer home visits and I understand that its contact centre is working well, with out of hours coverage by the Samaritans and Combat Stress. It has also improved its connectivity with the charities through participation in some Cobseo “clusters”.

This the VWS is working well, and I believe that if anything it should be built upon and relied upon to provide a good range of welfare service to veterans.

