Services for Armed Forces Veterans in Wales

Written evidence

Only those submissions written specifically for the Committee and accepted by the Committee as evidence are included.

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Written evidence submitted by John BR Mustoe

I have been posted a copy of the Call for evidence Announcement by my local MPs office as the case worker assigned to me, Mr. Anthony Jermyn, believes that this is an ideal opportunity for me to get my experiences and concerns considered by the committee.

I was medically discharged as a result of an injury sustained on an exercise in May 2008.

Below I have listed my service details and the problems and concerns that I have faced post medical discharge.

**Postings**

- Army Training Regiment - Lichfield.
- Royal School of Signals Blandford
- Royal School of Military Transport
- 16th Signal Regiment -230 Signal Squadron Vampire Troop- Allied Rapid Reaction Corps
- Royal Signals Motorcycle Display Team – The White Helmets
- HQ 12 Mechanized Brigade & Signal Squadron (228)

**Issues I would like to address**

- I was discharged without proper resettlement training.
- I was discharged without help with finding suitable housing for my disability (although I was promised help with this at my final medical board)
- I was not made aware what I was entitled to on discharge.
- The MOD are not taking responsibility for my injury, stating that I was not injured on exercise, meaning that they will not award me any compensation for the injury that has left me disabled. Also PAX insurance will not pay me compensation.
- I did not receive proper medical treatment; as a result I am still not sure what my injury is exactly. (I am currently seeking medical help through the NHS but have been put back to square 1)
- I have not been given any help from the MOD with finding funds for courses, I have had to find everything myself, this delay in obtaining funds has meant I have missed numerous courses.
- I have been unable to find employment due to my injury.

*September 2011*
Written evidence submitted by Healing the Wounds

The Argument for Special Treatment for The “Injured”: Short Stay Residential Treatment For Veterans With PTSD and Other Service Related Mental Health Issues

1. “The Covenant outlines the Government’s aspiration that the Armed Forces Community should face no disadvantage compared to other citizens in the provision of public and commercial services and that the Government will consider positive measures to enable equality of outcome with other citizens, as well as consider special treatment for the injured and bereaved, as proper return for their sacrifice”. (1)

We would request a utilisation of “positive measures” in assuring that Wales has the same or similar services in relation to Residential (Short stay) Treatment Centre for veterans with PTSD and other “service related” and/or mental health issues in comparison to the three other UK Countries. Via The Armed Forces Covenant. We recognise the value of veterans “comradeship” in the treatment process. (9) This is one of the reasons that we have decided upon STRC, and the need to provide this locally (9)

2. Based on the figures published by Combat Stress, there are some 259,000 veterans in the UK, of which they say 5% live in Wales, meaning Wales has 1,250 veterans (though I believe it to be more taking into account Combat Stress’ comments “Last year we admitted 2,545 patients”) of which they argue some 4% (The Americans say 17% or even 36%) (6)(7) will succumb to PTSD co-morbid conditions and other service related mental health issues. A somewhat conservative 49 veterans (not counting cases of late onset or cross border referrals covering to date until 14 years after the predicted pull out in Afghanistan 2015 that’s a minimum of 40 per year for the next 18 years). Combat stress has said that they are having difficulty meeting demand. We could address any “over subscription” from Combat stress for treatment.

3. Combat Stress say “Our caseload is considerable. Last year we admitted 2,545 patients to our three treatment centres: this amounts to 25,691 days of clinical care given to our Veterans”. Combat Stress (2). Since 2005 we have seen a 72% increase in demand for our specialist services caring for Veterans' mental health. Combat Stress (3). Relating to the treatment of PTSD (late onset) Combat Stress say “it currently takes 13 years from Service discharge” for PTSD to manifest itself.(4)

4. Organisations other than the NHS and/or the MOD can and should be included in maintaining The Armed Forces Covenant. This is where “Healing the Wounds” finds it’s remit alongside organisations such as “Combat Stress”. With its portion of the appropriate funding set aside for this purpose. Thus in turn addressing “un-met need” in Wales in Line with The Race Relations Act (1976). “Being treated less favourably on the basis of race or culture”.

5. We feel that The WAG refusal to fund such a centre due to "cost", added to H4H refusal for funding for a Welsh centre (whilst they have decided to fund yet another English centre at £17m, the third) put us at a distinct disadvantage and may be discriminatory. We believe the argument of cost being too high is wrong, an article published in the American Journal of Psychiatry (8) states that in a study of the “three models of care” They researched community based treatment, short stay residential care and long term residential care and found short term care had a higher level of efficacy and was economically superior.

6. Residential Treatment, Dr Dafydd Alun Jones (MA Psychiatry) specialising in residential treatment of PTSD at Ty Gwyn Rhyl speaking at The National Assembly For Wales: Health, Wellbeing and Local Government Committee: Post-traumatic stress disorder treatment for service veterans, February 2011. “Presented a strong case” for a residential facility, this was mirrored by Chris O’Neill of “Forces For Good” (10). As did service users and carers, Chris O’Niell Forces For Good as did Dr Steven Hughes of Pathways. Whilst Dr Johnathon Bisson acknowledged the benefits of residential treatment, he was concerned regarding the cost of a RTC.
The argument for the inclusion of “Healing the Wounds” lies within the Armed Forces Covenant.

“This obligation involves the whole of society: it includes voluntary and charitable bodies, private organisations, and the actions of individuals in supporting the Armed Forces. Recognising those who have performed military duty unites the country and demonstrates the value of their contribution. This has no greater expression than in upholding this Covenant.” (5)

1 We have no evidence or knowledge of any support available to armed forces veterans or their families in Wales through The MOD. This also applies to resettlement.

2 (1) The provision of medical and mental health services for veterans in Wales in our opinion is insignificant. The only “appropriate” service to the best of our knowledge is The Specialist Trauma Day Unit at The UHW, which is headed up by Prof Johnathon Bisson.

(2) The only “cross Border” provision that we are aware of is that provided by “Combat Stress”, CS has taken donations from H4H who stipulate they will only fund “Iraq and Afghanistan veterans”. This means that instead of alleviating a problem they have created one: veterans from Northern Ireland (1969) onwards and Falklands veterans (1982) onwards have to rely on community based “outreach” programmes and feel dis-enfranchised/marginalized. CS says that this has arisen because of the volume of “new” referrals.

3 (1) It has been our personal experience that the MOD is conspicuous by their very absence in veteran’s affairs regarding health, let alone mental health. The Welsh Office/Assembly appear to be placing great stock by the opinions of NHS professionals and the first invitation to any meeting/group arrived this week, we have operated since 2009. It would appear that the actions proffered to commence in April 2010 (1) have not manifested themselves to the voluntary or registered charity sector. “We are a “4 veterans by veterans group” and feel that our knowledgeable and un-teachable military knowledge/skills are invaluable in treating veterans, yet in this field where we know far more and have more contexts we have been treated as persona non grata.

(2) Service provision appears to be a well-kept secret, other than the NHS service at UHW we do not know of any other service provision, the UHW provides a day service. We feel that there is need for a “short Stay” Residential Service in Wales (in relation to TRRA 1976). Currently every other country in the UK has an RTC, England has two and H4H (after refusing Wales) is building a third. If the Government/MOD recognise Combat Stress’s Residential Treatment Centres as “Effective” then they should acknowledge the need for one in Wales if they do not then why are they funding Combat Stress?
4 (1) Regarding The Armed Forces Covenant, and its implications for Armed Forces Veterans living in Wales. It is difficult to envisage the impact at this stage. Other than to say that, it’s emphasis on joint working with all aspects of care provision can only be viewed as positive. As it will bring a fragmented service provision, into a cohesive service provision.

(2) The inclusion of the veteran’s family in the Covenants duty of care is innovative, as up to the moment they have been omitted from the care cycle and concern. PTSD and other mental health issues can have a dramatic negative effect, rendering the entire family unwell.

**Mental health and wellbeing service for veterans in Wales**

Veterans will now be able to access a local mental health service tailored to their specific needs. Many veterans in Wales are affected by mental health problems as a direct result of serving their country. The service will be funded fully by the Welsh Government from April 2010. Health Boards will now deliver a service which will include:

- Comprehensive assessment of the psychological and social needs of veterans;
- **veteran and carer involvement in the development of management plans to meet their health and social care needs;** This should lend itself to the request by veterans and their carers for a residential treatment centre
- Veterans and carers to be given information on other services and support that they are entitled to in an effort to improve their health and quality of life.

Additional support for veterans is now available to specifically address their needs. **Armed Forces Champions**’ in each Local Health Board and NHS Trust will help ensure their needs are met locally. **Does this mean that if we request an RTC in Wales (locally) that this is viable**

*September 2011*

**References:**

(1) [http://www.mod.uk/DefenceInternet/AboutDefence/WhatWeDo/Personnel/Welfare/ArmedForcesCovenant/](http://www.mod.uk/DefenceInternet/AboutDefence/WhatWeDo/Personnel/Welfare/ArmedForcesCovenant/)
(2) [http://www.combatstress.org.uk/pages/message_from_director_of_medical_services.html](http://www.combatstress.org.uk/pages/message_from_director_of_medical_services.html)
(3) [http://www.combatstress.org.uk/pages/about_us.html](http://www.combatstress.org.uk/pages/about_us.html)
(4) [http://www.combatstress.org.uk/pages/about_us.html](http://www.combatstress.org.uk/pages/about_us.html)

(7) [THE VA AND PTSD CARE: POLICY OPTIONS, KLEIN AND KORNBLAU POLICY SOLUTIONS](http://www.ncbi.nlm.nih.gov/pubmed/9167502)
(8) [http://www.combatstress.org.uk/pages/faq.html](http://www.combatstress.org.uk/pages/faq.html)
Written evidence submitted by the Royal College of Nursing in Wales

I am writing on behalf of the Royal College of Nursing in Wales in response to the current Committee Inquiry: Support for Armed Forces Veterans in Wales.

This Committee Inquiry is of great significance to the Royal College. Our members from Wales include specialists delivering healthcare services to serving military personnel and to veterans. Moreover the 203 Welsh Field Hospital of the Territorial Army was deployed to Afghanistan in 2008 and will be deployed again in 2013. This means that many of our members will also be veterans themselves having experienced delivering healthcare in active military service.

The following comments provide our views on healthcare provision for veterans in Wales.

1.0 Introduction

1.1 The RCN is the world’s largest professional union of nurses, representing 400,000 nurses, midwives, specialist community public health nurses, health care support workers and nursing students, including over 23,000 members in Wales. The majority of RCN members work in the NHS with around a quarter working in the independent sector. The RCN works locally, nationally and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland. The RCN is a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing. The RCN also represents nurses and nursing, promotes excellence in practice and shapes health policies.

1.2 The RCN welcomes the opportunity to submit evidence to the committee for their inquiry on “Support for Armed Forces Veterans in Wales”.

2.0 Access to healthcare services for veterans in Wales

2.1 Developing effective transfers for veterans to primary care upon discharge is an important priority for the NHS and the Armed Forces. Awareness of veteran status may be relevant for diagnosis and options for treatment, and GPs or other healthcare professionals may not be aware of their patient’s service background. This may be particularly relevant for healthcare professionals who have served in the military themselves when they present as patients (e.g. a veteran of the deployment of the 203 Wales Field Hospital). It has been suggested that health records could contain an identifying note for veterans. However, it is important to consider the implications of this for the individual around consent and privacy. It is our understanding that some Local Health Boards in Wales are operating with an identifying system and the experience of this may be worth investigation by the Committee.

2.2 The RCN recommends that multi-disciplinary online guidance, contacts and learning modules should be developed for NHS healthcare professionals in frontline services (such as primary care or emergency departments). It is clear that, at present, many veterans are not being signposted or referred to appropriate services even when these exist. This is partly because health professionals in primary or emergency care may not know of the existence of specialist services or when and how to appropriately refer patients.

3.0 Successes and Challenges in healthcare provision for veterans by the Welsh Government
3.1 In the last Assembly term, the Welsh Government committed to funding an all Wales Veterans Mental Health Service on a “hub and spoke model”, with a specialist mental health professional being employed in each Local Health Board. These posts will all be filled by September 2011.

3.2 This is a tremendous achievement, especially in such a difficult financial environment, and the RCN commends the Welsh Government on this strategic and pragmatic approach.

3.3 There are further areas for development and the RCN would prioritise the following. Firstly, an increase in the number of professionals who can provide psychological therapies in Wales. The RCN has had concerns about this for some time and it is a specific problem in providing post traumatic stress disorder (PTSD) services for veterans. Investment in education and training in psychological therapies accessible to all health care professionals, including nursing, is required. England has the Increasing Access to Psychological Therapies Programme (IAPT) and a similar approach is needed in Wales.

3.4 Secondly, residential places for alcohol detoxification are limited in Wales and require expansion. This is a particular issue for veterans and indeed the alcohol culture in service life also needs to be seriously addressed by the Armed Forces.

3.5 Finally, more work also needs to be undertaken to ensure that criminal justice services are aware of the healthcare options for veterans suffering from common mental health problems and PTSD. This would include the judiciary and those providing healthcare in prisons.

4.0 Success and challenges of healthcare provision for veterans in Wales by the MOD and charities

4.1 There are sometimes complex and legitimate questions of responsibility underlying disputes about which agency should be responsible for providing services to veterans. These agencies include the NHS, the Ministry of Defence (MoD), the UK Government, the Welsh Government, local government and also direct charity provision (to be distinguished from Government commissioned services provided by the voluntary sector).

4.2 However, the RCN believes that charities and the MoD should be providing services to veterans in Wales on the same basis that they are providing them elsewhere in the UK. Wales’ resident veterans often have to travel long distances to access this provision. For example, it is our understanding that additional charity funding is provided to the MoD provision of the Hedley Court facilities at Birmingham. We would like to see opportunities for similar co-funding in Wales and feel that Rockwood in Cardiff could benefit from this significantly.

4.3 The Personal Recovery Unit established at Brecon is, we understand, jointly funded by the MoD and charity funding. This is an excellent and welcome development to be commended.

4.4 Currently, those still in service who require help must travel to Donnington in Shrewsbury. We would be interested to know if this service could be moved directly to those who require help perhaps at St Athans or Valley.

September 2011
Written evidence submitted by All Wales Veterans’ Health and Wellbeing Service

Summary

- A successful Pilot Community Veterans’ Mental Health Service ran for two years in Wales between 2008 and 2010.

- The all Wales Veterans’ Health and Wellbeing Service (WVHWS) was launched in April 2010 and is funded by the Welsh Government.

- The WVHWS offers veterans a full assessment to accurately determine their medical, psychological and social needs, and develop a care management plan in collaboration with the veteran and other agencies.

- The WVHWS has a national, multiagency Steering Group that meets every six weeks and includes representatives of all seven Local Health Boards in Wales, the Service Personnel and Veterans Agency (SPVA), the Royal British Legion, Combat Stress, the Welsh Government, UK Armed Services and Reservists.

- The WVHWS is committed to promoting the delivery of interventions that are based on the best evidence available for efficacy and effectiveness, and advocates a community-based recovery model of care.

- The Traumatic Stress Research Group at Cardiff University has conducted and continues to conduct research projects involving veterans which inform the development of the WVHWS.

- Our and others’ work strongly suggest that the majority of veterans do not suffer from major mental health difficulties but that a very important minority do and require appropriate treatment and care.

- The WVHWS is well placed to co-ordinate a single, joined up service/pathway of care for veterans living in Wales that is contributed to by the NHS, Local Authorities and the third sector and to ensure appropriate links are developed and maintained with the MoD and the military.

1. The limited availability of services for the treatment of psychiatric disorders among ex-service personnel, and the difficulties these veterans can encounter in accessing and engaging with them have been recognised in Wales and the rest of the UK for a number of years. This led to the launch of six Community Veterans’ Mental Health Service Pilot Projects across the United Kingdom including one in Wales. The Welsh Pilot Project, part of the Cardiff and Vale Traumatic Stress Service, funded by the Welsh Assembly Government (WAG) and the Ministry of Defence, ran for two years from March 2008 to March 2010. It provided an assessment and treatment service for veterans living in the catchment areas of the Cardiff & Vale and Cwm Taf
NHS Trusts, and an assessment only service for veterans living in other areas of Wales.

2. The Welsh Pilot Project received almost 200 referrals (around a tenfold increase on the previous referral rate of veterans to the Traumatic Stress Service) from primary care, mental health services, veterans’ agencies and self referrals from veterans. Most veterans who were in contact with the Pilot Project reported high levels of satisfaction with the service they received. Ongoing commitment from WAG and the success of the Welsh Pilot Project led to the creation of a multi-agency, multidisciplinary National Task and Finish Group to develop an all Wales Veterans’ Service Specification. The proposed Service Specification for Mental Health and Wellbeing Services for Veterans\(^1\) was accepted by WAG and has been funded since April 2010.

3. The all Wales Veterans’ Health and Wellbeing Service (WVHWS) was launched in April 2010 and is funded by the Welsh Government. The Service is led by a Director (Professor Bisson), has a Principal Clinician (Captain Kitchiner), eight Community Veterans’ Mental Health Therapists and administrators who cover every Health Board in Wales. The therapists provide a point of initial access for veterans and their families. The Service is designed to improve the health and wellbeing of veterans by enabling them to access a service that has been tailored to meet their needs and facilitate improved engagement with the NHS and other services.

4. Veterans referred to the service are offered a full assessment with their local veterans’ therapist to accurately determine their medical, psychological and social needs. The assessment results in a care management plan being developed in collaboration with the veteran and other agencies involved. This usually includes referral or signposting to appropriate services or agencies for help with the issues commonly experienced by the veterans we see, e.g. mental disorder, financial issues, benefits issues, accommodation issues, adjustment to civilian life, vocational training, war pensions and armed forces compensation.

5. The Service provides outpatient mental health treatment, using both psychological and pharmacological techniques. Other elements of local mental health services, including community mental health teams and addiction services, can be involved in the ongoing care of veterans who first present to the Service. The Service is currently setting-up Veterans’ Support Groups in each LHB in conjunction with Combat Stress and will evaluate their effectiveness in promoting adjustment and improving health and wellbeing.

6. Veterans referred to the Service often present with complex difficulties and suffer from a variety of psychiatric disorders of which post-traumatic stress disorder, adjustment disorders, substance use disorders, depressive and

\(^1\) Available at [http://www.veteranswales.co.uk/assets/Uploads/VeteransServiceSpecification18Dec09Final.pdf](http://www.veteranswales.co.uk/assets/Uploads/VeteransServiceSpecification18Dec09Final.pdf)
anxiety disorders are the commonest. Veterans usually present with more than one diagnosable disorder. Physical and social difficulties frequently also contribute to their presentation.

7. The Service has a national, multiagency Steering Group that meets every six weeks and includes representatives of all seven Local Health Boards in Wales, the Service Personnel and Veterans Agency (SPVA), the Royal British Legion, Combat Stress, the Welsh Government, UK Armed Services and Reservists. This has facilitated partnership working and has led to a much more co-ordinated and integrated approach than previously. Delivery of care has improved by avoiding duplication and ensuring that the agency or organisation best equipped to deliver a specific aspect of care needed by a veteran does so.

8. The Service is committed to promoting the delivery of interventions that are based on the best evidence available for efficacy and effectiveness. To achieve this it is liaising with third sector services to develop ways of working that are evidence based and consistent with the all Wales model of care. The WVHWS, in common with Mental Health Services in general, advocates a community-based recovery model. The Service is firmly based within existing NHS services with the aim of becoming fully integrated with social care services and other services and agencies that cater for the health and social needs of veterans.

9. In conjunction with the development of services in Wales, the Traumatic Stress Research Group at Cardiff University, led by Professor Bisson, has conducted and continues to conduct research projects involving veterans. Captain Kitchiner is currently completing his PhD thesis. This work has resulted in the development and careful piloting of a Care Pathway for veterans that has now been adopted by the WVHWS.

10. A recently completed telephone survey of 207 veterans living in Wales from three different groups found significant differences in the difficulties they experience. A randomly selected group of veterans in contact with Combat Stress had a mean age of 49, 62% were suffering from major depression, 44% had attempted suicide at some point in their life, 20% were drinking at a hazardous level, 27% were probably alcohol dependent and 73% were suffering from PTSD. A group who had been in contact with SPVA had a mean age of 67, 13% had major depression, 6% had attempted suicide, 17% were drinking at a hazardous level, 2% were probably alcohol dependent and 10% were suffering from PTSD. Members of a random group of veterans who were serving in the military in 2003 had a mean age of 38, major depression rate of 4%, 1% had attempted suicide, 37% were drinking at a hazardous level, 6% probably alcohol dependent and 3% were suffering from PTSD. Of the 63 veterans who were diagnosed with PTSD, only one did not have another psychiatric diagnosis. Of the participants who met diagnostic criteria for mental disorder, 46.9% had sought professional help. The main reason not to seek help was a perception that help was not needed. Informal sources of help were more used than professional ones.
11. Our and others’ work strongly suggest that the majority of veterans do not suffer from major mental health difficulties but that a very important minority do and require appropriate treatment and care. The research suggests that some veterans find it very difficult to engage with civilian services and yet a key sign of successful reintegration into civilian life is to use civilian services in the same way that everyone else does. We have developed our WVHWS model of care with the integration of individuals into a normal civilian life at the heart of it. That is not to say that we feel that veterans should rid themselves of their military connections, those who do integrate successfully often maintain these but embrace civilian life as well. This is facilitated by services being joined up, with civilian and military services, statutory and third sector services/organisations working together, something we are working hard to achieve in Wales.

12. We consider the WVHWS well placed to co-ordinate a single, joined up service/pathway of care that is contributed to by the NHS, Local Authorities and the third sector and to ensure appropriate links are developed and maintained with the MoD and the military. This should lead to an effective service with optimal use of the overall resources available. A system without proper co-ordination could lead to duplication, inappropriate competition and confusion for veterans. A system where multiple services are being provided by different organisations in isolation, with mixed messages being given to veterans, their families and carers along with, at times, unrealistic expectations of what specific services may provide should be avoided.

September 2011
Written evidence submitted by the Ministry of Defence

The provision of support services to Armed Forces veterans and their families in Wales by the MOD, including resettlement provision

The provision of support services by MOD to all Armed Forces veterans and their families is provided by Veterans UK. The Veterans free helpline 0800 169 2277 or website www.veterans-uk.info are the first points of contact for veterans needing advice, where dedicated helpline staff offer advice on a wide span of topics.

To complement the services provided to all UK veterans, there are also specific arrangements in place to ensure that they meet the needs of Welsh veterans. One such example is the Welsh Government forum called The Expert Group on the Needs of the Armed Forces Community (Minister’s Expert Group). This Group primarily considers the needs of the Armed Forces community in Wales and the transitional issues surrounding those returning to civilian life.

Key Points

- The Veterans UK free helpline 0800 169 2277 or website http://www.veterans-uk.info are the first points of contact for veterans needing help or advice.

- The Service Personnel and Veterans Agency’s Veterans Welfare Service provides free and confidential advice on a wide range of issues. Welfare Managers work very closely with local authorities, voluntary organisations, Service charities and the Department of Work and Pensions to ensure that veterans receive the best possible assistance.

- All Service leavers (18,150 in Financial Year 2010/11) are entitled to some form of resettlement provision. For the majority resettlement is provided through the Career Transition Partnership – a partnering arrangement between MOD and Right Management Limited, a leading outsourcing company (part of Manpower Group).

Support Services

1. There are a number of support mechanisms in place for veterans today. The Veterans UK free helpline 0800 169 2277 or website http://www.veterans-uk.info are the first points of contact for veterans needing help or advice. Dedicated helpline staff offer advice on War Pensions, Armed Forces Compensation Scheme, Armed Forces Pensions, Medals, Service Records and a range of other matters such as statutory benefits, money worries, loans and grants, emergency accommodation and employment.

2. The Service Personnel and Veterans Agency’s (SPVA) Veterans Welfare Service (VWS) provides free and confidential advice on a wide range of issues. Welfare Managers work very closely with local authorities, voluntary organisations, Service charities and the Department of Work and Pensions to ensure that veterans receive the best possible assistance. They will visit a veteran in their own home or at another, more convenient, location if preferred and can consider any wider entitlements that the individual may have.

3. A letter is sent to all Service pensioners on an annual basis, informing them of their pension rate, the allowances available to them, and giving contact numbers for the welfare and veterans helpline. A magazine called Veterans World also goes out quarterly, both electronically and as a hard copy, to some 17,885 advisory groups and organisations that support the veterans' community. It is now also being sent to libraries along with posters advertising the veterans help line number which also go to doctor's surgeries. The Veterans UK website provides a host of help and advice on issues of concern to veterans and can be accessed through equipment in libraries.

4. One particular area of focus for the VWS and the Welsh Government has been the issue of health and homelessness. There has certainly been an impact on the mental health needs of
veterans which continues to develop as the All Wales Veterans Health and Wellbeing Service gains momentum. Help which is available to homeless veterans has also been improved through the joining up of services.

5. Beyond the formal meetings, senior service personnel have regular contact with the charitable sector. For example, the Air Officer for Wales maintains close contact with both the Royal Air Force Association and the Royal Air Force Benevolent Fund in Wales. Encouragingly, both are very active in providing stands at things like Armed Forces days/airshows etc and through this work it has enabled the charities to get in contact with a wider group of veterans.

**Armed Forces Compensation Scheme**

6. The Armed Forces Compensation Scheme (AFCS) provides compensation for members of the Armed Forces, irrespective of fault, across the full range of circumstances in which illness, injury or death may arise as a result of service. The AFCS legislation replaced the previous arrangements under the War Pensions Scheme and the attributable elements of the Armed Forces Pension Scheme 1975. The Scheme covers all Regular (including Gurkhas) and Reserve personnel whose injury, ill health or death was caused by service on or after 6 April 2005.

7. The Scheme provides compensation for all injuries, illnesses and deaths predominantly caused by service, regardless of how they are sustained. No distinction is made between injuries sustained on operations, and those incurred during training, Service-approved sport, or while exercising to maintain fitness. This is in recognition of the fact that trying to draw any distinction between types of injury could be divisive as Armed Forces personnel do not generally choose where they deploy and what activities they undertake as part of service.

8. For injury and illness, the AFCS uses a tariff system with 15 levels. These reflect the severity of injury or illness – with Tariff level 1 the most severe - and are designed to deliver what is termed ‘horizontal and vertical equity’. Vertical equity is where a more serious injury attracts more compensation than a less serious injury. Horizontal equity is where two injuries of similar severity to two different body parts should attract similar levels of compensation. For example, a wound to the hand should attract a similar level of compensation as a burn to the foot which results in a similar level of impairment to the individual.

9. All tariff levels attract a one-off tax-free lump sum which may be paid in-service. The amounts paid range from £1,200 for fractured fingers to £570,000 for loss of all limbs. The maximum available lump sum for any individual with a series of injuries from a single incident is also £570,000. This is to recognise that once any number of injuries collectively reach a certain level of severity, a person becomes so profoundly injured that distinctions between individuals at this level can not be drawn. Awards at tariff levels 1 to 11 also attract a monthly income stream paid as an enhancement to the individual’s pension. This is known as the Guaranteed Income Payment (or GIP) and is tax-free and index-linked. It is payable for life to recognise the effect of injury on the employment prospects of an individual once they stop receiving their military salary on discharge. In the event of death due to service, the AFCS pays benefits to eligible partners and children.

10. AFCS lump sums are paid for pain and suffering associated with the injury and are not designed to pay for medical care or other such costs incurred due to the injury itself. The AFCS is designed to be one element of the publicly-funded support provided to individuals. In line with the longstanding principle, the NHS provides care to injured personnel once they have left the Services. Steps are taken to ensure that individuals are not disadvantaged by their service, and receive preferential treatment where appropriate. For example, they receive NHS priority access to secondary care and free prescriptions for the service-related injury or illness.

11. The AFCS was recently reviewed under the independent chairmanship of former Chief of the Defence Staff, Admiral the Lord Boyce. The Review found that the Scheme was fundamentally sound, but that adjustments were required in some areas. The MOD implemented all

The main changes to the Scheme were:

- An increase in the amount of all lump sum awards, with the exception of the top award which had already been doubled in 2008, to £570,000
- An increase to the GIP to reflect the lasting effect of serious injuries on future promotion prospects and on earning ability to age 65 rather than 55
- Increasing the maximum award payable for mental illness
- Increasing the majority of payments for hearing loss
- Creation of a new expert independent medical body to advise on certain complex injuries

12. As at 31 March 2011, approximately 23,000 injury and illness claims had been made, of which approximately 11,000 had received an award. 600 survivors’ claims had been made of which 230 were awarded. The vast majority of awards are made for minor injuries, with 93% of awards in tariff levels 1- to 12 and therefore involving a lump sum only, while 7% of awards are for injuries with a lasting effect, where individuals receive both a lump sum and an ongoing income. 285 lump sum awards have been made to personnel from Wales, of which 35 individuals receive both a lump sum and an ongoing income.

The War Pension Scheme

13. The War Pensions Scheme (WPS) provides compensation for ex-members of the Armed Forces, irrespective of fault, across the full range of circumstances in which illness, injury or death may arise as a result of service before 6 April 2005. Although essentially a closed scheme it is open ended so former personnel injured as a result of service prior to 6 April 2005 (and the introduction of the Armed Forces Compensation Scheme) must still claim under the WPS. There are currently 8,095 war pensioners resident in Wales, and 1,480 war widow/ers, out of a total war pension population of 170,140.

14. The scheme pays a range of tax-free pensions and allowances for ex-Service personnel including a basic war disablement pension based on the degree of disablement, supplementary allowances covering areas such as mobility and care needs, and allowances for dependents. There are no time limits for claiming under the WPS. War Pensions can be claimed by anyone who has served, for any disablement and at any time from service release, with awards made where the claimed disablement is casually linked to service. In all cases, the onus is on the claimant to prove on the balance of probabilities that they sustained an injury and that they have a disablement. The position as to the burden of proof in relation to whether that injury is accepted as having caused the claimed disablement then alters depending on when the claim was made.

15. Where a claim is made within 7 years of termination of service, the claim will succeed unless MOD proves beyond reasonable doubt that the disablement or death was not caused by service. Where a claim is made more than 7 years after termination, the onus rests on the claimant to show on the balance of probabilities that the disablement or death was caused by service; however, where upon reliable evidence a reasonable doubt exists as to whether the claim is made out, the claimant is given the benefit of that reasonable doubt.

16. Once established, awards may be reviewed at any time on any grounds. Pensioners therefore regularly ask for assessments for already accepted injuries to be increased or for further injuries to be considered. All pensions and allowances are paid tax-free and not income-related; most are paid at preferential rates when compared with similar state benefits. Veterans who get a war pension may also qualify for attributable benefits under the occupational Armed Forces Pension Scheme – AFPS 75.

17. The maximum amount of basic war pension payable for a 100 per cent disabled war pensioner currently stands at £159.50, and with supplementary allowances, a pensioner could
receive over £540.00 per week. War Pensions and supplementary allowances are uprated each April, in line with the Consumer Prices Index (CPI).

**Resettlement**

18. Those who have served 6 years or more, and all those medically discharged regardless of how long they have served, are entitled to the comprehensive Full Resettlement Programme:

- 3-day Career Transition Workshop
- use of a career consultant
- a job finding service
- retraining time
- a retraining grant (currently £534)
- access to a wide range of accredited vocational training courses and workshops
- resettlement support 2 years before leaving and up to 2 years after leaving

Those who have served between 4 and 6 years are entitled to an employment support programme:

- a tailored job finding service
- resettlement support 2 years before leaving and up to 2 years after leaving

Those who serve less than 4 years (early Service leavers) are currently entitled to a Service briefing and advice signposting them to welfare and charitable support. But we are improving this.

19. Personnel leave the Services after differing lengths of service and at various stages of their career, and so may require differing levels of support. The Career Transition Partnership (CTP) is a partnering arrangement between the Ministry of Defence and Right Management Limited, a leading outplacement company (part of the Manpower group). The CTP assists eligible Service leavers, including those medically discharged, make a successful transition to civilian life by providing career transition workshops; employment and future career advice; assistance with CV writing and job preparation; vocational training; and a job-search/recruitment facility.

20. All Service personnel are entitled to receive briefings on options for housing; c.50 briefings a year nationwide and including at overseas military establishments, take place. Advice includes obtaining property through a local authority, private renting or owning. Service Leavers retain their key worker status for up to 1 year after having left. In addition, each year c.70 one day ‘Financial Aspects of Resettlement’ briefings are delivered to Service leavers and their spouses/partners nationwide and overseas. Service leavers are given specific advice to raise their knowledge on aspects of managing their personal finances, including debt counselling and pension schemes. Following the briefings, personnel are given the opportunity to be signposted to receiving more in-depth and one-to-one financial advice, according to their personal circumstances.

21. Furthermore, service leavers who require job finding support, receive lifetime employment consultancy services which are available from either the Officers Association or the Regular Forces Employment Association. Their aim is to help ex-service personnel, through their charitable status, to find and gain sustainable employment post discharge from the Services. Their Employment Consultants are qualified in matching military skills to appropriate civilian jobs whilst understanding the culture and needs of the Service Leaver. Their websites are: [www.theofficersassociation.org.uk](http://www.theofficersassociation.org.uk) and [www.rfea.org.uk](http://www.rfea.org.uk).

22. In addition, each Job Centre District now has an Armed Forces Champion who has up to date knowledge on Armed Forces issues in the local area and will also provide support to former Service personnel.
23. CTP performance remains excellent: over 95% of entitled Service leavers opt to use the CTP for their transition, 93% of whom succeed in finding employment within 6 months of leaving. This figure increases to 97% after 12 months (57% will have had 2 jobs).

24. Between August 2009 and August 2011, 1047 Service leavers indicated north or south Wales as a preferred area to settle.

25. Between Aug 10 and Aug 11, 2 Business Start-Up courses were delivered in Wales, where 23 personnel attended and 7 Career Transition Workshops were delivered in Wales attended by 90 personnel.

Resettlement Data - Wales

There are 10 Wales based companies that are on the Career Transition Partnership’s Preferred Suppliers List of resettlement training providers:

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Post Code</th>
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<tbody>
<tr>
<td>Access Training Wales Ltd</td>
<td>CF11 8AT</td>
</tr>
<tr>
<td>Big Wheelers (South Wales) Ltd</td>
<td>CF14 5GH</td>
</tr>
<tr>
<td>Total Logistics Training C/o TWA Logistics LTD</td>
<td>CH62 3NX</td>
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<tr>
<td>Wagtail UK Ltd</td>
<td>CH8 9HN</td>
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<td>Plas Menai</td>
<td>LL55 1UE</td>
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<td>Remote Access Technology UK Ltd</td>
<td>LL55 3NR</td>
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<td>Resource Group Ltd</td>
<td>NP44 3AB</td>
</tr>
<tr>
<td>Heads of the Valleys Training Consultancy</td>
<td>NP7 0EB</td>
</tr>
<tr>
<td>Studio Fronceri</td>
<td>SA44 5SX</td>
</tr>
<tr>
<td>Clearwater Special Projects Ltd</td>
<td>SY5 7JZ</td>
</tr>
</tbody>
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The provision of medical and mental health services for veterans in Wales, including cross-border implications

- Since its foundation the NHS has been responsible for the healthcare of ex-Service personnel. Healthcare in Wales is the responsibility of the Welsh Government as part of their devolved powers. Veterans are entitled to priority treatment for conditions relating to their service subject to clinical need.

- The MOD works very closely with the UK Health Departments in particular through the UK Health Departments/MOD Partnership Board.

- MOD contributed funding to the start up and evaluation of 6 NHS mental health pilots including one in Cardiff. These are now informing further roll out of veterans' mental health services across the UK. Key issues were reduction of stigma and providing culturally sensitive services.

- Following Dr Murrison’s review of mental health services in England, MOD is piloting enhanced medical examinations during service and at discharge. In addition the 24 hour mental health helpline launched in February and a new on line portal will be available to serving personnel, families and veterans in Wales.
• MOD is working with the NHS to improve the transfer of Service personnel records to the NHS on discharge.

• NHS services continue to be complemented by the MOD’s Medical Assessment Programme and the Veterans Welfare Service. We also work closely with the third sector to provide support to veterans.

• MOD is continuing to fund a large scale cohort study by King’s College London into health and wellbeing of veterans. This has shown that the overall mental health of the UK Armed Forces is good although this is an area we will continue to monitor very closely.

Responsibility for Veterans healthcare

1. Responsibility for veterans’ healthcare delivery rests with the NHS and Devolved Administrations.

2. Veterans are entitled to priority treatment subject to clinical need. The Welsh Government’s Annual Operating Framework (AOF) target for 2010-11 reminded Local Health Boards (LHB) of their obligations to veterans and to consider the needs of veterans and Armed Forces personnel when planning services for 2010-11. LHBs and NHS Trusts in Wales also now have Veterans and Armed Forces Champions.

Co-ordination between MOD and Devolved Administrations

3. The MOD has a close working relationship with the UK Departments of Health at both strategic and working levels. A high-level Partnership Board (co-chaired by senior officials in both departments) meets three times a year to manage policy and strategic issues. Its main purpose is to ensure that the MOD and UK Health Departments work together to improve the health and healthcare of the UK Armed Forces, their dependants and veterans.

4. The Partnership Board Core Objectives are:
   
a. To provide leadership and direction to the current and future health and healthcare of service personnel past and present, and their dependants;
   
b. To explore mutual areas of co-operation across Health and Defence;
   
c. To create a joined-up strategy and policy context for the delivery of health services;
   
d. To improve the delivery of military and civil health services to those who need it when they need it;
   
e. To share best practice and expertise in setting standards and new ways of working when appropriate;
   
f. To respond to Ministerial direction and to take forward work as required in response to recommendations made by the House of Commons Defence Committee;
   
g. To review clinical policy matters within the military context.

5. Under the umbrella of the Partnership Board, numerous other official level discussions and meetings take place to address the health needs of Service personnel and their dependants across the entire patient care pathway.
6. The relationship between the MOD and the UK Departments of Health is formalised in a Concordat that was agreed in March 2005 between MOD, DH, and representatives of the administrations of Scotland, Wales and Northern Ireland in which they:

- Reaffirmed their commitment that the Armed Forces should have the best clinical support to be able to mount and sustain operations overseas, and also ensure a fit and healthy Service population ready to deploy at any time;
- Undertook to look for ways in which the UK Health Departments can strengthen this important relationship and develop joint co-operation, for the benefit of all patients (military or civilian).

7. The issue of priority treatment for disabled veterans has been the subject of Welsh Government focus groups, which includes membership from the MOD and voluntary Veterans Advisory and Pensions Committee (VAPC) members. Their work has led to the development of a more prescriptive definition of priority treatment for veterans by the NHS. Work is in hand about considering how the provision of priority treatment of veterans in Wales can be improved further.

**Mental Health**

8. Mental illness still attracts stigma in society, which can cause sufferers to delay seeking help. Some veterans show a reluctance to seek support through a belief that civilian health professionals are unfamiliar with military life and consequently are unable to help. Effective support needs to provide best practice interventions, but be culturally sensitive, allowing patients to feel comfortable accessing and using the services on offer.

9. NHS community veterans mental health pilots were set up by the Department of Health and Devolved Administrations with support from the MOD, at Stafford, Camden & Islington, Cardiff, Bishop Auckland, Cornwall, and Edinburgh to help ensure that ex-Servicemen and women with mental health problems had access to a culturally sensitive expert service offering assessment of their needs, followed by appropriate treatment and wider social support provided by local authorities, and a range of third sector organisations. The services had a two-year pilot period and were rolled out progressively with the final two-year pilot period (Edinburgh) completed in April 2011. Work is continuing in the areas covered by the pilots.

10. An independent evaluation, funded by the MOD, was conducted by the University of Sheffield and their Report was published on 20 December 2010. A copy of the Report was placed in the Libraries of both Houses. It concluded that the NHS can and does successfully engage with and treat veterans with mental health problems. The UK Health Departments are using the findings to inform rollout across the NHS of veterans’ mental health services.

11. The Cardiff pilot was the basis of the All Wales Veterans Health and Wellbeing Service which has been funded by the Welsh Government since April 2010, following the successful two year pilot based in Cardiff & Vale NHS Trust. Drawing on the Cardiff experience and expertise it uses a hub and spoke multi-disciplinary model. Each Welsh Local Health Board has appointed or is in the process of appointing an experienced clinician as a Veterans Therapist with an interest or experience of military health problems. The MOD manages the governance of the Service, and provides assistance to therapists in post.

**Dr Andrew Murrison’s Report into Mental Health Services**

12. NHS mental health services for veterans in England are being improved through implementation of the Murrison Report and this is also informing further planning in the Devolved Administrations taking account their current or planned services. The new 24 hours mental health helpline run by the Combat Stress and Rethink Mental Health charities launched in February 2011 and a new online mental health support website, Big White Wall which will be formally launched on 14 September are both available to veterans living in Wales.
13. The Murrison recommendations for in-service healthcare will benefit all Service personnel, wherever they live. These include enhanced Service medical procedures to help identify mental health problems during Service and prior to discharge, and in some cases ongoing treatment at the MOD Departments of Community Mental Health for up to six months following discharge for mental health conditions identified during service.

**Information Management and Data Sharing**

14. The MOD is also working with the NHS to improve the transfer of Service personnel medical records to the NHS on discharge. This will help to facilitate GP awareness of the status of new patients, enabling more proactive monitoring of veterans’ mental health and help to ensure they receive their entitlement to priority treatment.

15. The VWS provided support to the Welsh Government/NHS initiative of mapping the health needs of Welsh veterans, by way of supplying a random sample of veterans. This enabled this important work to proceed. The Veterans Welfare Service had provided the same support previously when the health needs of 1st Gulf War Veterans was considered.

**Other MOD Services**

16. NHS services are currently complemented by the MOD’s Medical Assessment Programme, which now mainly offers specialist mental health assessment for individuals with operational service after 1982 concerned about their mental health. The MOD also provides the Veterans’ Welfare Service which offers a nation-wide network of caseworkers who provide support to ex-Service men and women and their dependants. Various charities and ex-Service organisations, some with central funding, also play a major role in supporting veterans and supplementing the input provided by statutory services. Combat Stress receives around £3m annually from the MOD to deliver remedial treatment to war pensioners with accepted mental health disorders.

**Research**

17. MOD funds ongoing large scale research by King’s College London on the experiences of Armed Forces personnel who served in Iraq and Afghanistan. The study has over 20,000 participants and it monitors the effects of operational service against a cohort group who did not deploy. Keys findings are that:

- overall mental health of the UK Armed Forces is good and prevalence of disorders among UK Service Personnel is generally in line with the rest of the population;

- 4% of respondents displayed symptoms of Post Traumatic Stress Disorder, compared with other studies showing a range of rates between 3 - 7% in the general population. Common mental health disorders, such as anxiety and depression, are more prevalent, with 19.7 per cent of Service personnel studied experiencing them;

- Alcohol misuse is a serious problem and increased use is associated with operational deployment.

**Other Research**

18. The MOD has provided funding for Cardiff University to trial an intervention programme to help rehabilitate ill Gulf War veterans. Following the completion of phase 1 of the project, the MOD is currently facilitating discussions between Cardiff University and the charitable sector with a view to seeing if this project could be expanded beyond Gulf War veterans and further funding identified to take this project further.
Co-ordination between the MOD, the Wales Office and the Welsh Government, in the provision of services for veterans

Key Points

- The SPVA Veterans Welfare Service and Welsh Government jointly co-ordinate a series of meetings with outside bodies, principally ex-Service organisations, to address particular veterans' issues.

- There is a Veterans Advisory & Pensions Committee whose membership is made up of volunteers from a cross-section of the local community with a genuine interest in furthering the support available to veterans and their families, such as health, social care, legal professionals and veterans groups.

- The SPVA Veterans Welfare Service also liaises with representatives from tri-Service and ex-Service organisations in another Welsh Government forum called The Expert Group on the Needs of the Armed Forces Community (Minister’s Expert Group).

1. The SPVA Veterans Welfare Service (VWS) and Welsh Government jointly co-ordinate a series of meetings with outside bodies, principally ex-Service organisations, to address particular veterans’ issues. Once an agreed agenda for each meeting has been reached, the Welsh Government ensures that a representative from the relevant bodies/organisations attends to discuss the issue(s) which they may be able to provide help and support. As a result of these meetings, other activities have been generated. For example, the VWS has worked closely with the Welsh Government and third sector parties regarding the issue of homeless veterans, and this work continues to progress.

2. The VWS also liaises with representatives from tri-Service and ex-Service organisations in another Welsh Government forum called The Expert Group on the Needs of the Armed Forces Community (Minister’s Expert Group). This Group primarily considers the needs of the Armed Forces community in Wales and the transitional issues surrounding those returning to civilian life due to disability or redundancy.

3. The Veterans Advisory & Pensions Committee (VAPC) is a regional network of volunteers that help veterans and their families to access vital welfare support. It is an advisory non-Departmental public body that is sponsored by the MOD, with members being appointed by the Minister for Defence Personnel, Welfare and Veterans. The membership of the VAPC for Wales is made up of volunteers from a cross-section of the local community with a genuine interest in furthering the support available to veterans and their families, such as health, social care, legal professionals and veterans groups. Members are in daily contact with their local veterans. VAPC activities include working with Youth and Cadets, the Warriors to Work programme, asking the local newspaper to run weekly advertisements, and placing publicity material in all local hospitals and surgeries. In addition, the VAPC for Wales raises awareness of the availability of pensions, compensation and the Veterans Lapel Badge scheme. One of their members is a Councillor with the Vale of Glamorgan Authority who has been responsible for it being the first council in Wales to launch the Armed Forces Welfare Pathway.

4. MOD representatives have attended meetings previously to provide briefs on wider issues such as the Armed Forces Day. As a result of these meetings the Armed Forces Day Committee was formed and the VWS sourced a member of the VAPC to be the principal organiser.

5. The Wales Office supports the Secretary of State (SoFS) for Wales in promoting the best interests of Wales within the United Kingdom. They speak for Wales within the UK Government and for the UK Government in Wales. Their role is primarily a co-ordinating and facilitating one, particularly between the UK Government and the Welsh Government. The SoFS for Wales places significant value on the importance of the military footprint in Wales. She has engaged with
Ministers in the UK Government and with Welsh Government Ministers in respect of many issues relating to the Armed Forces and current and former Service personnel in Wales.

6. The SofS for Wales is keen to work with partners in Wales to ensure that our Armed Forces' veterans and their families in Wales have the support they need and are treated with the dignity they deserve. She fully supports any improvements to the provisions and services that are available for them to ensure that they face no disadvantage compared to other citizens. The SofS for Wales has engaged with Welsh Government Ministers with regards to the Armed Forces Covenant. Recognising that many aspects of the Armed Forces Covenant are devolved in Wales, the SofS for Wales continues to facilitate working between the UK Government and the Welsh Government to ensure that serving and former Armed Forces personnel and their families in Wales receive equal benefits and services to those in England.

7. The SofS for Wales is also supportive of a project being taken forward by the National Assembly for Wales All Party Justice Union Group that will examine the counselling and advice facilities that are available during and immediately after military service to help minimise criminal activity and reduce the impact on the criminal justice system in Wales.

8. There is a special connection between the Armed Forces and Wales and the SofS for Wales is keen to preserve the relationship. She openly welcomes any opportunity for the people of Wales to demonstrate their appreciation and pride for the soldiers, sailors and air personnel who sacrifice so much for others by serving our country and actively seeks opportunities to convey her own personal messages of thanks.

The impact on Welsh veterans of any legally-enshrined Military Covenant and obligations as it relates to veterans

- The Armed Forces Covenant is a covenant between the people of the United Kingdom and all those who serve or have served in the Armed Forces of the Crown and their families.

- The Prime Minister pledged that the Covenant should be “written into the law of the land”.

- The Covenant itself does not describe the actions being taken by the UK Government to support the Armed Forces Covenant - these are set out in the Armed Forces Covenant: Today and Tomorrow document.

- Many of the key services provided to serving personnel, families and veterans are provided by the Devolved Administrations.

- An annual report to be laid before Parliament from 2012 will set out whether Service people (which includes Veterans across the UK) face disadvantage in accessing public and commercial services and whether special provision is appropriate.

- The Welsh Government are very supportive of the principles within the Armed Forces Covenant and will shortly publish their own package of support (for devolved services) for the Armed Forces community in Wales.

1. The Armed Forces Covenant was published in May 2011. It describes an enduring obligation between the people of the United Kingdom, Her Majesty’s Government and all those who serve or have served in the Armed Forces of the Crown and their families. The principles of the covenant are that Service personnel should face no disadvantage compared to other citizens in the provision of public and commercial services and that special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved. The obligation involves the whole of society and includes voluntary and charitable bodies, private organisations and the actions of individuals in supporting the Armed Forces.
2. The Armed Forces Covenant will be recognised in law through clause 2 of the Armed Forces Bill (currently undergoing consideration by the House of Lords) which places a duty on the Defence Secretary to lay before Parliament an annual Armed Forces Covenant report. In this way, the existence and importance of the Covenant will be recognised in law for the first time. In addition, the Government has proposed that the key principles underpinning the covenant are set out on the face of the Bill. This represents a careful balance between giving the Covenant suitable recognition in law, and avoiding the creation of new legal rights or undermining the chain of command.

3. The annual report will set out whether Service people (which includes veterans across the UK) face disadvantage in accessing public and commercial services and whether special provision is appropriate. Whilst the legislation applies to England, it is the intention that the report will cover all of the UK and report on the disadvantage and special provision of the Devolved Administrations where that provision differs to England. In this way, Veterans living in Wales will be captured within the report.

4. The UK Ministry of Defence works closely with Welsh Officials in a number of ways:
   - Welsh Expert Group meetings. These are held twice yearly, chaired by the Minister for Housing and Social Justice, with a range of senior Welsh Government officials present, including three senior military personnel (at 1-star level) in Wales. It is relatively early days for this meeting but it has been useful in providing a focus on regular/veterans issues. A range of topics have been looked at (which recently included a briefing from the RAF Families Federation on current issues for RAF families).
   - The Welsh Government Cross Party Group into the Armed Forces, Veterans and Cadets. This is a meeting of Assembly Members, attended by senior military personnel (1-star level). It has been in place for a few years, and has drawn in speakers from for example, Sailors, Soldiers and Airmen Families Association Forces Help, UK Veterans Agency, Combat Stress and the Royal Air Force Benevolent Fund.
   - The Covenant Reference Group. This is a group of pan-Government officials who act as Armed Forces Advocates in their departments; the Armed Forces Advocate for each of the Devolved Administrations and representatives from the Charities and voluntary sector (Royal British Legion, The Confederation of Service Charities (COBSEO), Sailors, Soldiers and Airmen Families Association Forces Help and the Armed Forces Family Federations). This group meets three times a year and drives forward delivery of the Covenant, measure progress of specific commitments, highlights issues and contributes to the Annual Report.

6. We welcome the existence of these meetings and our ability to be able to contribute so directly. Beyond these formal meetings, officials within the Ministry of Defence (including the single services) maintain contact with their Welsh colleagues through various different workstrands to ensure that the principles of the Armed Forces Covenant are upheld, wherever the Service person is living – this definition extends to regular or reserve, serving or served, family member or bereaved.

September 2011
About the BMA

1. The British Medical Association (BMA) is a voluntary professional association and an independent trade union which represents doctors from all branches of medicine all over the UK. It has a total membership of over 140,000, including 7,000 in Wales.

2. The BMA welcomes the opportunity to inform the Welsh Affairs Committee inquiry into support for armed forces veterans in Wales.

The provision of medical and mental health services for veterans in Wales, including cross-border implications

3. The healthcare needs of veterans can be very complex. Some problems, such as hearing loss and Post-Traumatic Stress disorder, only become apparent many years after leaving the armed forces. Service related injuries and health needs can present in many different forms which clinicians have to identify and manage appropriately. The tendency for co-morbidity is a complicating factor as accurate diagnosis and holistic treatment can often prove challenging.

4. It is important that NHS GPs and civilian medical staff are trained to understand the experiences of armed forces veterans. BMA members serving in the armed forces have reported that their own military experience proved helpful when treating veterans. However, there are not enough former-military medical personnel to cover the health needs of the veteran population. We would therefore welcome increased investment in education and training around veterans issues for all healthcare professionals.

5. Furthermore, there is very little provision or support for awareness-raising or sign-posting of the services available to veterans. For example, many practitioners are still unaware of veterans’ eligibility for NHS priority treatment for service related injuries.¹ In order to access priority treatment, GPs must make it clear at the time of referral that the patient is eligible for priority treatment. Secondary care clinicians (i.e. clinicians working in hospitals) must then prioritise that patient above other patients with the same level of clinical need. In 2010, the BMA wrote to all Local Medical Committees in Wales to remind clinicians of these arrangements and to raise awareness of this policy.

6. Improving awareness of the services available to veterans ensures parity in both quality and access to these services. We feel that, at a national level, the NHS in Wales could do more to facilitate this. The development of an online learning tool / resource centre aimed solely at healthcare professionals may be one way of improving signposting and raising awareness among the medical profession and other health care professions. There is also a role for the new Health Boards Veterans and Armed Forces Champions to ensure that information about local services is disseminated to relevant healthcare staff. The BMA would welcome a meeting with NHS Wales and the Veterans and Armed Forces Champions to discuss how this might be achieved.

Mental Health services

7. Mental health services for veterans across Wales are at best patchy and significant variations exist. Cardiff and the Vale is the only Health Board to have a dedicated traumatic stress service – although the All-Wales Veterans’ Health and Wellbeing Service should go some way to address this discrepancy by providing access to dedicated assessment services.

8. It has been recognised for some time that, across Wales, the availability of services for the treatment of mental health conditions such as Post-Traumatic Stress Disorder is limited, and that

¹ Local Government Information Unit, Honouring the Armed Service Community: https://member.lgiu.org.uk/whatwedo/Publications/Documents/Honouring%20the%20armed%20service%20community.pdf
access to those which do exist can be extremely difficult. The demand for mental health support by veterans has risen, with the charity Combat Stress reporting that since 2005 the number of ex-Service men and women seeking their help has increased by 72%. With British involvement in recent and ongoing conflicts such as Iraq and Afghanistan, it is inevitable that the demand for specialist services – including identifying, assessing, treating and supporting veterans who present with psychological symptoms – will grow.

9. This situation applies across the UK, although efforts have been made to improve the situation, including the establishment of a number of Community Veterans’ Mental Health Service Pilot Projects. One of the two-year pilots was undertaken in the Cardiff and Cwm Taf Health Board areas, and was co-funded by the Welsh Government and the Ministry of Defence. It received approximately 200 veterans referrals during that time.

10. The BMA welcomes the subsequent commitment made by the Welsh Government to roll out a dedicated All-Wales Veterans’ Service based on the success of this pilot. The new service will provide veterans and their carers:
- experiencing mental health and well-being difficulties with a comprehensive assessment to assess their psychological and social needs;
- with the opportunity to be involved in the development of a management plan to meet their health and care needs, and;
- with information on the service and support that they are entitled to in an effort to improve their health and quality of life.

11. We are supportive of the Welsh Government’s development of the Service Specification for Mental Health and Wellbeing Services for Veterans in Wales. It is positive that it has wide applicability through eligibility for any veteran living in Wales who has at least one day’s service. We further welcome the Health Minister’s instruction for the new Health Boards in Wales to appoint a designated Veterans’ and Armed Forces Champion to drive forward improvements.

12. Current services for veterans under the NHS vary across Wales, yet we hope to see substantial improvement with the implementation of the All-Wales Veterans Health and Wellbeing Service. However, with so many demands on NHS Wales at present – including the requirement to take cost cutting and efficiency measures – we are concerned that local facilities may not be able to offer the level of appropriate specialist treatment that veterans require.

Co-ordination between the MoD, the Wales Office and the Welsh Government, in the provision of services for veterans

13. There should be no barrier for professionals in diagnosing veterans, or any individual, with service-related disorders. Identifying veterans who present with a service-related disorder/s is therefore important in order to gain an accurate understanding of how best to meet their needs and is essential in making evidence-based decisions. The BMA is concerned that, despite assurances from the Ministry of Defence (MoD) that work is underway to improve medical record-sharing, there is still no electronic system in place to identify veterans within the NHS. Currently, identification is dependent on ex-personnel volunteering information. Everyone leaving the armed forces undergoes a final medical examination. The Defence Medical Services (DMS) doctor completes a FMED-133 form for the discharged veteran to give to their civilian GP when they register. In practice, the civilian GP rarely receives this information. The form itself is rudimentary and whilst the civilian GP may write to the armed forces if specific information is required, this also rarely happens. The BMA believes that care for this group would be improved by an electronic system, which would facilitate NHS access to DMS medical records, and vice-versa, subject to patient confidentiality requirements being fulfilled.

14. The significant lack of data held by governments on the number of veterans in Wales, and on those accessing veterans’ services indicates that coordination, planning, monitoring and provision of veterans’ services is being left to the third sector and to local arrangements. We understand that under the new arrangements for an All-Wales Veterans’ Health and Wellbeing Service, Cardiff and the Vale mental health service will act as a data hub for the whole of Wales. If a robust data collection mechanism is established, and the results utilised effectively, this is a very welcome development.
15. More generally, we believe that it is important for funding allocations to be coordinated so as to ensure parity and joined up services across Wales. All relevant organisations and bodies should be involved in planning and designing responsive and effective services locally to avoid unnecessary duplications and to be responsive to local needs and demographics. The introduction of Veterans’ and Armed Forces Champions will go some way to ensuring that the needs of veterans are represented in local planning; however, closer liaison between the Welsh Government, the MoD and the NHS in Wales is still required if services are to work to the benefit of service personnel once they are discharged.

16. The 2008 UK-wide Command Paper, ‘The Nation’s Commitment: Cross-Government Support to our Armed Forces, their Families and Veterans’, highlighted the need to improve information on ‘how veterans’ health needs differ from those of the population generally’. That paper was endorsed by the previous Welsh Assembly Government. It is clear, especially in terms of data collection, that all four UK health departments would benefit from greater cooperation with the MoD.

The impact on Welsh veterans of any legally-enshrined military covenant and obligations as it relates to veterans

17. The BMA welcomes the codification of the commitment to produce an armed forces covenant report considering the effects of membership, or former membership of the armed forces on service personnel in the fields of healthcare, education and housing, as proposed in the Armed Forces Bill, which is currently being scrutinised by the House of Lords. Professor Hew Strachan’s independent report of the Task Force on the Military Covenant makes a number of recommendations which the BMA supports, such as greater integration of DMS and NHS services and increasing support for Reservists following deployment.

*September 2011*
Written evidence submitted by the Scottish Government

I am very grateful for your letter of the 5 September explaining that the House of Commons Welsh Affairs Committee is undertaking an inquiry into support for Armed Forces veterans’ in Wales. In order to examine how this compares to other parts of the UK you have asked for a memorandum from the Scottish Government on how it meets its responsibilities in respect of the veterans’ community.

Scotland has an estimated 400,000 ex-Service personnel. This number is growing, since around 2,500 or so individuals leave the Armed Forces each year and settle in Scotland. Most make that transition to civilian life with ease. They play a significant role in Scottish society, make a considerable contribution to the economy and are an integral part of our communities. They are young as well as older, in work and retired. Thousands are in good, even excellent health, have careers, homes and families. Unfortunately, a few face challenges, obstacles or problems and require specific kinds of support.

Against this background, and in light of the commitments contained within the 2008 Service Personnel Command Paper, our parallel Commitments Paper and the new Armed Forces Covenant and its associated material, the Scottish Government has made considerable headway in developing policy and tailoring public services in a way that meets the specific needs of our veterans’ community. At the centre of our strategic approach is the appointment of a dedicated Scottish Government Minister to direct and oversee the planning and delivery of public services designed to meet the needs and aspirations of the veterans’ community. This administration was the first to make such an appointment and I am proud to fulfil the role at the present time.

A comprehensive range of initiatives and specific practice designed with the veterans’ community in mind has been developed by the Scottish Government and its strategic partners. Details of these are contained with the attached memorandum to your Committee.

Scottish Government Memorandum

Summary

- The Scottish Government is fully committed to arranging public services for veterans in Scotland in a way that meets their needs and aspirations.
- The Scottish Government has made considerable progress in delivering the commitments made to veterans in the 2008 Service Personnel Command Paper.
- The Scottish Government has given an undertaking to implement the new Armed Forces Covenant and will work with organisations representing Scotland’s veterans in developing, improving and delivering public services and other forms of support to veterans in a way that reflects the legislative and administrative landscape here.

1. Since 2007 the Scottish Government has made significant progress in improving the provision of public services to the veterans’ community in Scotland. Almost all of the work has been developed against the publication in 2008 of the Service Personnel Command Paper “The Nation’s Commitment: Cross-Government Support to our Armed Forces, their Families and Veterans”, which was predicated on the removal of disadvantage faced by the Armed Forces community (including veterans) in accessing public services, advice and support. It set out a number of practical measures and undertakings in the health, education, transport, housing and employment areas to be taken forward by all Departments of State (including the Scottish Government) in respect of their responsibilities for the planning and delivery of public services.
2. The 2008 Service Personnel Command Paper has been replaced by the new Armed Forces Covenant. This builds on the successes of the Command Paper by providing a standard against which UK Government policy can be benchmarked and will be developed against the background of other policy initiatives, notably the Strategic Defence and Security Review, the Spending Review and a study of linkages between the Defence Medical Services and the NHS.

3. It is estimated by organisations representing veterans in Scotland that there are around 400,000 veterans in the country. These veterans are from WW2 up to Afghanistan and everything in between. They range in age from the very elderly to the very young and seriously injured. These veterans are able to access public services in the same way as any other citizen but there is a general acknowledgement that some types of support have to be tailored to meet their particular and unique needs.

4. Against the background of the 2008 Service Personnel Command Paper and as a consequence of ongoing, joint Scottish Government working with statutory agencies like Local Authorities and Health Boards and third sector organisations such as Veterans Scotland, Poppy Scotland, Scottish Veterans Residences, Erskine Homes and the Royal British Legion Scotland, a raft of policy measures have been developed and introduced in Scotland. These cut across all areas of devolved responsibilities.

5. To ensure a coordinated and strategic approach to the planning and delivery of public services and support of veterans, a Scottish Government Minister has been given portfolio responsibility for veterans' issues. The Minister currently charged with this responsibility is Mr Keith Brown, Minister for Housing & Transport In addition, an Armed Forces & Veterans Advocate at senior official level has also been appointed to coordinate the development and delivery of Scottish Government policy impacting on the veterans' community. Moreover, an Armed Forces & Veterans team of officials was established to support the Advocate, liaise with the Ministry of Defence, The Service Personnel & Veterans Agency, the Armed Forces and veterans' organisations. This team has now been subsumed within a Defence Strategy & Policy team.

6. The Scottish Government has established a Scottish Veterans Fund with resources of £320,000 since 2008 providing grants for 33 projects in support of veterans. The fund provides annual grants of up to £10,000 for activities such as advice, support and information services for veterans, education and awareness raising, the training of staff in organisations providing support services and to assist with transitions back into civilian life. The fund is administered by Veterans Scotland on behalf of the Scottish Government, though decisions on funding rest with Scottish Ministers.

7. A Veterans Programme Scottish Steering Group has been in place since 2008. This forum comprises of representatives from the Scottish Government, the Ministry of Defence and Scottish veterans' organisations and is charged with examining issues around policy development relevant to veterans and to facilitate direct access to Scottish Ministers. In the same vein, quarterly meetings are held between Veterans Scotland, the umbrella body representing veterans’ organisations and the Minister for Veterans to ensure that the interests' veterans are at the forefront of policy thinking.

8. Armed Forces & Veterans Champions in NHS Boards and Local Authorities have been established. These Champions act as a point of contact for veterans and those providing services that require advice and assistance, are involved in dispute resolution and help signpost in respect of public services.
9. More generally, Scottish Ministers have taken part in and fully supported Armed Forces Day (formally Veterans’ Day) at events across Scotland in each of the last four years and contributing £80,000 to the cost of the national event that was held in Edinburgh in June 2011.

10. The Scottish Government has commissioned a Lancastria Medal, which has been awarded to hundreds of families of victims of the HMS Lancastria disaster in June 1940.

11. In addressing the commitments contained within the 2008 Service Personnel Command Paper the Scottish Government has:

- Given priority treatment to veterans with a Service related condition
- Ensured that Service personnel and their families who move between areas in the UK retain their relative position on NHS waiting lists
- Set up in NHS Lothian a £300,000 prosthetic limb project to deliver state of the art prosthetics to veterans.
- Created in 2009 in partnership with NHS Lothian Veterans 1st Point, a “one stop shop” for veterans and based around mental health services. Scottish Government resources totalled £640,000 to date.
- Published leaflets such as “Have You served Your Country: Taking Care of Veterans” which draw attention to the support packages in place for veterans.
- Provided £1.2 million to Combat Stress for specialist mental health in patient care and £560,000 to fund the Combat Stress outreach service.
- Began a review of NHS data capture so that medical records can record Service
- Started an examination of how Alcohol and Drug Partnerships engage with organisations working on behalf of veterans.
- Instigated bi-annual meetings between the Scottish Government Armed Forces Advocate and NHS Boards on the continued development of NHS services for the Armed Forces & Veterans community.
- Published in March 2010 the Scottish Housing Guide for Service leavers. Over 14,000 copies distributed.
- Revised social housing guidance to landlords in order to highlight the flexibilities landlords have in allocating accommodation to ex-Service personnel.
- Through legislation in 2010, made it easier for ex-Service personnel to establish a local connection when seeking social housing.
- Developed a national housing options advice leaflet with Veterans Scotland.
- Extended priority access for service personnel and veterans’ to the Low Cost Initiative for First Time Buyers (LIFT) shared equity scheme.
- Abolished means testing for disabled veterans who need adaptations. This removes compensation payments from the means testing process.
- Committed to support plans by Scottish Veterans Residences to build 50 flats in Glasgow by 2015. The Scottish Government funding commitment is £2.3 million.
- Extended the concessionary fares scheme to seriously injured Armed Forces personnel returning to civilian life.
- An extension to the Blue Badge scheme to seriously injured Service personnel and veterans is being explored.
- Established a Scottish Veterans Prison In-Reach Group to examine the welfare needs of ex-Service personnel in custody. The work of the group focuses on ensuring veterans are able to access appropriate support and have their mental health needs addressed.
- Undertaken a survey of the Scottish prison population to establish veteran numbers and to explore post Service issues and offending behaviour with them. Preliminary studies suggest there is under 200 veterans in custody.
1. Summary

- This submission largely, although not exclusively, focuses on issues which involve some cross-border responsibility or where this has been fully been devolved.
- There is a need to ensure veterans in Wales are able to make use of their right to priority access to medical treatment.
- The Welsh Government must ensure that a transition protocol is developed for seriously injured veterans in Wales.
- The Welsh Government must consider the recommendations of Andrew Murrison’s Prosthetics Review.
- Consideration should be given to increasing the resources available to the All Wales Veteran’s and Health and Well-being Service.
- The Welsh Government and local authorities should ensure that sufficient funding is available to provide the disabled facilities adaptations required by veterans.
- The DWP must ensure that compensation payments made to veterans in Wales continue to be disregarded when assessing for assistance with housing costs.
- The Welsh Government, Department for Communities and Local Government and local authorities should continue to fully disregard compensation payments made to veterans in Wales when assessing for assistance with council tax costs.
- The proposed enshrining of the principles of Armed Forces Military Covenant in law will require, through the Annual Covenant Report, the MOD, other departments and the Welsh Government to demonstrate how they are ensuring the Armed Forces and veterans are receiving appropriate and fair support.

2. Introduction

2.1. The Royal British Legion (the Legion) aims to be the number one provider of welfare, comradeship, representation and Remembrance for the Armed Forces community. We are one of the UK’s largest membership organisations and provide financial, social and emotional support to millions who have Served and are currently serving in the Armed Forces, and their dependants. The Legion is the largest welfare provider in the Armed Forces and veterans charity sector. In 2009/10 the Legion delivered over 160,000 welfare intervention services and spent on average, £1.4m per week on its welfare work.

2.2. A career in the Armed Forces differs from all others. Service personnel agree to sacrifice certain civil liberties and to follow orders; including orders to place themselves in harm’s way in the defence of others. In return, the nation promises to help and support people in the Armed Forces and their families when they need it most. This mutual promise is enshrined in the Military Covenant, which is acknowledged by all Services and acknowledged by the Coalition Government the Armed Forces Covenant 2011.

2.3. The Legion believes the Welsh Government, the Ministry of Defence (MOD) and Welsh local authorities, in partnership with Service charities and other voluntary sector organisations, all have a crucial part to play in upholding the ‘Military Covenant’ in support of veterans in Wales. We also emphasise the duty to uphold the policy principle of ‘no disadvantage’ for veterans and their families due to their military Service, as outlined in the Service Personnel Command Paper 2008.
2.4. A wide range of support services are provided to veterans and their families. These are delivered by local authorities, the Welsh Government, the MOD or other departments or by a combination. Our submission is focused on some of the concerns we have regarding support and services to veterans. Where support is delivered by Central Government it can be difficult for us to be aware of whether issues specific to veterans in Wales exist. Therefore with some matters, for example War Disablement Pensions, we have provided information that is relevant to the whole of the UK. With other issues, for example health, where the Welsh Government or local authorities have influence we are able to provide more specific and localised information.

3. Provision of Medical and Mental Health Services for Veterans

3.1. NHS Priority Access

3.1.1. During 2008 priority access to NHS services across the UK was extended to all veterans for any health condition related to their Service in the Armed Forces (previously this was limited to only those in receipt of a War Pensions). GP’s are required to include veteran status and whether the condition may be related to Service in referral letters to secondary care. Where secondary care clinicians agree that a veteran’s condition is likely to be Service-related they are asked to prioritise veterans over other patients with the same level of clinical need.

3.1.2. Even before this policy was extended the Legion believed there was a lack of awareness of it amongst both clinicians and veterans. Our 2009 survey of 500 GPs across England and Wales, found that 81% of those questioned knew not very much or nothing at all about priority treatment. Furthermore, 85% had not informed secondary care providers of a veteran’s entitlement to priority treatment in the past 12 months.\(^1\) We have since worked closely with the Department of Health in England to raise awareness amongst both veterans and clinicians. However, the Legion believes there is still a long way to go before this priority access can be considered to operating effectively.

3.1.3. The Legion asks to work more closely with the Welsh Government and Local Health Boards (LHBs) to raise awareness and implementation of the priority access policy.

3.2. Transition Protocol for Seriously Injured Veterans

3.2.1. The Department of Health and the MOD have created new protocols for continuing care and the transition from the Armed Forces for seriously injured veterans. We are aware of arrangements for England and the devolved administrations in Northern Ireland and Scotland. However we have not yet seen a version for Wales.

3.2.2. We commend the MOD and the NHS for the efforts put into the pilot transition protocol and the lessons learnt from these pilots. The transition protocol facilitates and identifies in partnership the most appropriate rehabilitation/care

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\(^1\) Ipsos-MORI online questionnaire completed by 500 GPs across England and Wales. Fieldwork was conducted between 13-23 March 2009. Data weighted according to age, gender, region (Strategic Health Authorities in England, plus Wales), practice size and practice list size to reflect the profile of GPs in England and Wales
pathway. It also supports individuals’ future wishes and lifestyle goals to enable fulfilled civilian life. We support that these principles of personalisation and enablement continue in transition protocols.

3.2.3. We urge the Welsh Government and LHB’s to work with the transition protocol framework already devised to create an appropriate specialised transition protocol for seriously injured veterans in Wales and to gain knowledge from the lessons already learnt in the pilot testing of the protocol in England.

3.2.4. Lastly, it has been noted that by the MOD/NHS, that a further transition link must be clarified with local government regarding the transfer from the LHB’s to social care as recovery progresses for an individual. The lack of integration between health and social care services is a common complaint. It is also precisely at this point that seriously injured veterans suffer a further disjuncture in their care pathway, experiencing two transitions in their rehabilitation and needing a variety of providers for their debilitating complex injuries. This obviously can increase comparative disadvantage and experience of disjointed/complicated services that puts extra burden on the veteran and their family.

3.2.5. We lastly note the upcoming publication of the Murrison Prosthetics Review. We ask the Welsh Government to note the recommendations and to take into account how the recommendations might impact on Welsh veteran amputees’ care, with aims to bridge any gaps with central government where provision might be lacking.

3.3. All Wales Veterans’ Health and Well-being Service

3.3.1. The Legion was extremely supportive of the Welsh Government’s decision to roll out the Cardiff and Vale and Cwm Taf veterans’ mental health pilot. This has now culminated in the All Wales Veterans’ Health and Well-being Service. We believe increasing awareness, access points and services for veterans mental health has been an abundantly positive move.

3.3.2. This service operates from one main hub in Cardiff and from five smaller local units. The Legion visited the Cardiff Hub in June 2011 and was extremely impressed with all that had been achieved in a relatively short period of time with limited funds. The Legion notes the excellent referral procedures that should encourage better access for veterans in self referrals. The Legion also supports the manner in which the care pathways for the service have been crafted, tested and restructured on evidence based outcomes. In addition we support the way in which the service has integrated its medical model of service to other welfare service provider models, such as the Legion’s welfare services. This inherently acknowledges the needs of the ‘whole person’ in conjunction with their families needs.

3.3.3. The Legion is however concerned that demand may prove excessive relative to current resourcing. The service has received many referrals in a small period of time and as the hub and spoke model realises its potential, the service may need bolstering in terms of funding and resources. The Legion requests that the Welsh Government reviews whether the resources allocated to the service will be sufficient to meet future demand.
3.3.4. The need to adequately support this service is heightened as the Increasing Access to Psychological Therapies Programme does not exist in Wales. Within the IAPT programme in England veterans have been singled out as a special interest group for funding purposes.

3.3.5. Lastly the Legion recognises that some of the programmes arising from the Murrison recommendations on Armed Forces Mental Health Services apply to Wales. The Legion urges that awareness raising be focused on provision such as the online counselling and support service in Big White Wall, a free mental health service for all Service Personnel, veterans and their families.

3.4. Armed Forces Networks

3.4.1. The Legion believes an intrinsic part of creating effective healthcare services for veterans is in creating partnerships and networks of supporting expertise from different organisations and sectors. The Legion would urge the Welsh Assembly to review the work of the Armed Forces Network in England and scope out the possibility for creating similar networks in Wales.

3.5. Disabled Facilities Grants

3.5.1. Many members of the ex-Service community suffer from a disability and require home adaptations, such as stair lifts and level access showers, to remain living comfortably in their own home. The Disabled Facilities Grant (DFG) scheme is a mandatory scheme to provide funding for such adaptations. It is administered by local authorities with funding mainly coming from the Welsh Government.

3.5.2. Unfortunately, mainly because of under funding and poor administration, many veterans and their dependants in Wales either receive no assistance at all from their local authority or are forced to wait many years in great discomfort. The Legion, as an example, often has clients that are unable to use the upper floor of their home without great difficulty as they have been waiting a number of years for their local authority to fund a stairlift. Many veterans in this situation are reduced to sleeping in the living room and/or strip washing at the sink. This lack of low level provision can result in deterioration of the individuals health and confidence resulting in higher medical or social costs for state.

3.5.3. To avoid these veterans suffering the Legion, and other ex-Service charities, have been subsidising local authorities in England and Wales by millions of pounds per year to provide adaptations that should be available from statutory funding. The Legion believes that the Welsh Government and local authorities should ensure that sufficient funding is available to meet the obligations to provide DFGs to veterans.

4. Compensation schemes

4.1. Armed Forces Compensation Scheme

4.1.1. The AFCS, following the Boyce Review, has been significantly amended. The Legion has supported these changes and believes that the scheme is greatly improved both operationally and with the level of compensation provided. However these changes have only recently been implemented and will take time to bed in. The Legion is seeking speedy resolutions to the few outstanding issues from Lord Boyce’s Review including the arrangements for mental health
conditions and Noise Induced Hearing Loss that are currently being considered by the Independent Medical Expert Group.

4.2. War Disablement Pension scheme

4.2.1. The War Disablement Pension Scheme provides compensation for injury or illness incurred prior to 2005. As claims cannot be made until discharge from Service it is possible that there are still a number of personnel with injuries from Afghanistan and Iraq that intend to make a claim. Following the changes to the AFCS the Legion believes that it may now be necessary to consider whether the War Disablement Pension scheme provides, in comparison, inadequate compensation. As an example the thresholds for entitlement to compensation for hearing loss is higher for the older scheme.

4.3. Interaction between compensation schemes and welfare benefits

4.3.1. Currently the vast majority of local authorities fully disregard income from War Pensions and AFCS when calculating entitlement to Housing and Council Tax Benefit. They are required to disregard the first £10.00 but most use their discretionary power to ignore the full amount. The Legion has for a long time called for this discretion to be removed and for a statutory disregard of these compensation payments. They are not intended as income replacement payment by are instead compensation for loss and suffering.

4.3.2. However the Legion is concerned that the Coalition Government’s reform of both Housing and Council Tax Benefits may result in the removal of any disregard of these payments. Support with housing costs, it is intended, will be provided through Universal Credit for working age claimants and as part of Pension Credit for the retired. The Legion is concerned that this centralisation of support for housing costs may result in either a standard disregard of the first £10.00 of compensation payment or even a full removal of the disregard. In either event it would result in a loss of income for many low-income injured ex-Service personnel. We have made it clear that we advocate a full disregard but have so far been unable to find out the DWP’s intentions.

4.3.3. The Coalition Government are currently proposing to localise the provision of support with Council Tax in England. This will require local authorities to determine, within a given framework, how to distribute assistance. This will be within a set budget that will be ten per cent below the current level.

4.3.4. It is not yet clear what the plans for provision in Wales are but the ten per cent reduction in spending will apply. The Legion is concerned that this increased local discretion combined with a reduction in funding may result in the removal or reduction in level of disregard provided for these Armed Forces compensation payments.

4.3.5. We believe the DCLG, DWP and Welsh Government should ensure that War Disablement Pensions will be fully disregarded under new schemes to provide assistance with housing and council tax costs.

4.4. Resettlement

4.4.1. Resettlement provision is provided by the MOD. The assistance and entitlements provided by the Career Transition Partnership (CTP) are generally
considered to be of a good standard. We are not aware of any issues or problems specific to Wales or Welsh Service Leavers.

4.4.2. The main concern with resettlement provision in recent years has been the inadequate assistance provided to those classed as Early Service Leavers (ESLs). Access to CTP assistance is dependent upon length of Service with ESLs entitled to a very low level of support. ESLs are those that have left the Armed Forces after serving less than four years. These individuals can be young, low skilled and often have a very short time in which to make alternative arrangements or find employment. It is perhaps this group that require the greatest assistance with resettlement. As an example ESLs have been found to have a lower rate of employment six months after discharge\(^2\).

4.4.3. The MOD is currently, in partnership with ex-Service charities piloting two enhanced resettlement programmes for ESLs. Whilst both of these are based at large bases in England any ESLs from Wales located at these bases will be eligible for this support.

5. Impact of enshrining the principals of the Military Covenant in law

5.1. The Legion fully supports the inclusion of the principals of the Armed Forces Covenant in the Armed Forces Bill. This will require the Secretary of State for Defence to consider the principals such as no disadvantage and the potential for special provision when preparing the proposed annual Armed Forces Covenant Report. The Legion believes that the Report will help Parliament and interested parties to scrutinise the treatment the Armed Forces, veterans and their families receive. We believe that this will prove to be of benefit to those in Service, veterans and their families in Wales and the rest of the United Kingdom.

5.2. Whilst the duty to deliver the Report will be on the Secretary for State some of its focus will be on devolved responsibilities, such as housing and health. This will inevitably require co-ordination between the MOD, Welsh Government and the Wales Office. The Welsh Government is represented, along with governmental departments and military charities on the Covenant Reference Group (CRG). The Welsh Government will, through the Covenant Report process, be required to demonstrate how the principles of the Covenant are being delivered within devolved responsibilities. This, we believe, will go some way towards ensuring our Armed Forces members and veterans receive fair and appropriate treatment in Wales.

September 2011

\(^2\) 10\(^{th}\) Annual Report, Career Transition Partnership, Directorate of Resettlement, MOD, Jan 2010.
Written evidence submitted by the Betsi Cadwaladr Health Board

1. This short submission details the response from Betsi Cadwaladr Health Board in relation to the above review by the Welsh Affairs Committee.

2. BCU supports the importance of providing assistance to Armed Forces Veterans in Wales. It would be useful, as the committee has indicated, that there is clarity around issues of cross border implications for services within Wales and possible access to English services.

3. The development of specific Veteran Services for Mental Health in Wales by the Welsh Government is very much supported by the Health Board and it is hoped that within time clearer pathways will be developed linking this service to other parts of the mental health system.

4. In relation to resettlement provision consideration should be given as to where any individual can receive the most appropriate level of treatment to allow for any rehabilitation back into the community.

5. BCU also feels that any development of support for Armed Forces Veterans should be of a consistently high standard across the UK and that Wales can play a leading role in achieving this.

September 2011
Written evidence submitted by Dr Alastair Clarke-Walker

Summary

- War veterans who suffer psychological damage from trauma (PTSD – Post Traumatic Stress Disorder) often do not receive the appropriate care. This can have the following consequences:
  - Suicide - veterans have one of highest rates of suicide (more veterans of the Falklands conflict have subsequently taken their own lives than were killed in the conflict)
  - Criminality – war veterans represent the largest occupational group in prison.
  - Families - partners, wives and children are at risk of vicarious trauma and its consequences, resulting in dysfunctional relationships, behaviour and divorce.
  - Co-morbidities - especially substance misuse massively increases risk and poor prognostic outcomes such as suicidality, deliberate self-harm, harm to others, self-neglect, mental health, general well being and integration into families, relationships and society.

- Currently the UK has more war veterans than at any time since the Second World War. In the words of Dr Liam Fox MP; “it is a time bomb about to explode.”

The Challenge

1. At present the mental health care management of war veterans with Psychological Trauma and co-morbidities including substance misuse within the NHS services is inadequate and inefficient without accountability. There is no war veteran specific tertiary service to successfully treat their mental health and well being to meet the demand at present. War veterans who suffer psychological damage from trauma have resulted in morbid and mortal consequences with suicide as a potentially avoidable outcome. The government’s covenant with the armed services is important. Increases in legal claims for compensation of mental issues have not yet reached a maximum.

2. The NHS has two separate procedural routes of psychiatric management of PTSD and its co-morbidities; separate general adult mental health, and substance misuse health teams. Having worked as a dedicated practitioner in both camps, I have been
left feeling very concerned about the level of care; even with experienced, knowledgeable and compassionate colleagues. The management of dual diagnosis consists of separate clinical teams working in parallel, or in series at best. With the best will in the world, communication between these two arms is not satisfactory as compared to a fully integrated model encompassing both arenas. I feel for the sufferers, especially the war veterans who are not empowered to argue their case. Not only is this group most disadvantaged, but also has the poorest prognosis and highest risk including suicide.

3. The provision of £485,000 for the Service Specification for Mental Health and Wellbeing Services for Veterans in Wales is insufficient to meet the real-life demands to aid war veterans. The funding is not sufficient for both a quantitative and qualitative holistic approach based upon the biopsychosocial model. There is no provision for the ‘Psychological Trauma Tsunami effect’ upon the associated families of war veterans. Such individuals, their partners, wives and children are at risk of vicarious trauma and consequences, potentially suffering the whole range of psychological trauma and its co-morbidities such as substance misuse, dysfunctional behaviours (fighting, delinquency, vandalism, and public disorder), criminality, recidivism, unemployment, enmeshed/dangerous relationships and divorce. In short the covenant of the government with the armed forces personnel is not being met in real terms.

4. War Veteran’s specific facilities need to be set aside for these individuals. A dedicated specialist tertiary hospital is needed based upon the biopsychosocial model. This will address the specific mental illness and substance misuse to reduce risk and optimise health outcomes. This unit is to work seamlessly with the social housing or therapeutic community, so the war veteran can be transferred at the optimum point in time, leading to the final integration into society. Feedback from war veterans is that from the start of the process to the end, there needs to be war veterans included in the staff. This is essential for engagement from the war veteran’s perspective. This is a fundamental reason for non-engagement with mental health care services for both the NHS and other organisations. War veterans who suffer have a tendency not to integrate well with the civilian populace that also suffer mental illness in the same environment. In the tragic event of suicide, these points become all the more important.
A Possible Potential Solution

5. The creation of a tertiary hospital to service the specific needs of war veterans is required. This would seamlessly integrate with dedicated social housing and the therapeutic community to permit war veterans to integrate into society. The ideal clinic will have an outpatient and inpatient provision. Victims of trauma will be promptly evaluated and obtain the most beneficial specific therapy. This recovery process would thus encompass the whole biopsychosocial model which also includes as required, spiritual and economic facets. Those who relapse can be supported by returning to higher levels of care including re-hospitalisation. The trauma service would offer an accountable, results defined process with considerable cost saving as compared to the NHS, and other government bodies such as the criminal justice system, determined by optimal patient outcomes. This will be achieved by a process of clinical and non-clinical management with the most objective critical evaluation. The purpose of our service is that of a dedicated specific treatment centre, to successfully treat patients of their PTSD and co-morbidities. Part of the successful treatment is that of reduced re-admission rates and duration of inpatient stay.

6. One subset of these trauma sufferers is involved in the Criminal Justice System. This group costs the UK government approximately 1.7 billion pounds. This service represents a realistic approach to reduce the debt by developing the ability of war veterans to integrate properly into society, becoming productive tax payers rather than the converse - unemployment and recidivism. Such an organisation will be representative of a commitment by the government for a covenant with the armed forces. This process and structure will help towards a reduction in the costs, such as re-admissions, duration of admissions, legal claims, and costs incurred by the criminal justice system. Other benefits would include reducing premature deaths, and regaining a positive quality of life to self and others. All outcomes would be measured by transparent, valid and reliable rating scales, assessment of diagnostic criteria, mutual patient agreement and clinical judgement. The anonymous data (in accord to the data protection act) would be regularly updated to build up a medical evidence based approach, available for inspection, research and audit purposes.

7. The Trauma Clinic will optimise recovery of mental health, well being and risk by an individual tailored assessment and treatment of specific needs by a holistic approach, addressing their biopsychosocial requirements. Upon an individual basis, we would not deprive war veterans of the opportunity to optimise their treatment by only those
interventions which possess the greatest medical evidence base. All therapeutic intervention will be positively challenged and innovation would receive the strictest scrutiny as demonstrated by the highest standards of critical appraisal. This clinic represents an excellent opportunity to treat Trauma victims i.e. PTSD and co-morbid conditions including Substance Misuse, those who have dual diagnoses and complex PTSD, in addition to those who appear refractory, regardless of physical disabilities such as the amputees. The aim of the clinic will be to provide the best of the NHS and Independent sectors by the provision of the highest ethical and clinical standards in the interests of the trauma sufferers. The aim will be to rapidly build the reputation of the clinic as a centre for excellence that is not prone to revolving door type of scenario, or undue duration of retention of patients that the NHS and Independent sectors respectively have a tendency to exhibit.

8. The war veterans’ the whole family, child and adolescent integrated model of treatment and the social aspects of the holistic approach are not manifest. If a war veteran is treated successfully and placed back into their family unit without addressing the family’s vicarious trauma, this will result in a higher likelihood of the veteran relapsing. The family will not understand the improvement, or not come to terms whilst the family still suffer the ‘Trauma Tsunami Effect.’ The partners, wives and children suffer vicarious psychological trauma such as PTSD which requires assessment and treatment. The requirement is a systemic, holistic family, child and adolescent provision to care for and educate the sufferers. This will provide opportunity to bring the whole family together to heal. This is not in existence currently.

9. The social aspect of the holistic model needs to be extended for the war veterans by a specific approach of social housing and therapeutic community to aid in life skills and vocational training. This aspect needs a war veteran lead, mentoring/buddy type system. Ideally, another veteran who has suffered, and has contact with other war vet’s. This will aid recovery, and positively influence their identity through being placed in touch with fellow soldiers with whom they served, and to also assist with integration into civilian life including employment. This can further enable war veterans to develop confidence, obtain a focus, maintain their dignity, self-esteem, and their military identity for life.

*September 2011*
1. Introduction.

1.1 Wales has no Garrison town despite 20% of the armed forces being Welsh.

1.2 This means that ‘Battle Back’ rehabilitation centres are only being built in England and Scotland. (Ministry of Defence – Help for Heroes – Royal British Legion). This causes tremendous problems for families visiting the injured, The injured suffer from separation anxiety at a time in their lives when they need their loved ones close plus there is considerable expense involved in travelling to these centres.

1.3 With Ministry of Defence cutbacks there is less and less money to give any form of financial aid for travel expenses and allowances.

1.4 If those left at home need to claim any form of benefit (housing, incapacity, community charge etc) it is immediately stopped when insurances are being paid out even though the deceased may have left a will committing his/her money to the up-bringing of younger siblings/children (Lucy Aldridge – The William Aldridge Foundation)

1.5 When the wage earner is killed his/her wages stop that very day and it could take months for the release of monies to keep their families. What do they live on meanwhile? Not all Regiments have the same fund as the Royal Welsh.

1.6 Even more devastating. The matter regarding the late L/Cpl Jordan Bancroft, whose parents were approached more than a year after his death to ask for part of his last month’s wages back because he had dared to be killed before he had worked the month through. £433.13p. A mere morsel when put into context next to an M.P.’s/Civil Servants travel expenses.

1.7 More work is needed to ensure that various Veterans Associations and Military Charities are included in decisions and the knowledge used must also include organisations such as General Practitioners (GP’s.) There is concern over the Data Protection Act but this could easily be overcome by just a few changes on the forms., this would then allow the sufferer to be given outside information and allow him/her to make contact themselves.

2. Communications.

2.1 The communication breakdown includes Hospital – Rehabilitation – G.P./ Local Health Authority (LHA).- Regiment. Continuity of care is interrupted because of lack of communication between the relevant bodies.

2.2 Notes have been lost, phone calls left not made, and often both the wounded and their families are left in the dark as to the where/when/how/why treatment is to continue.

2.3 All concerned must start speaking to each other, with honesty. Share the care. At the end of the day what is being used are ‘Public Funds'
2.4 We must also educate our service personnel into what other help there is out there. The Royal British Legion is always a great start.iii

3. Medical Treatment

3.1 Military Post Traumatic Stress Disorder (PTSD) is not the same as civilian. Amputee care has different requirements to civilian amputees due to nature and cause of the injury. In many cases several operations/amputations are needed.

3.2 G.P./L.H.A. have a distinct lack of experience in dealing with the Armed Forces and their injuries – both physical and psychological e.g. Civilian P.T.S.D. has no resemblance to that suffered by those serving in the Armed Forces and then coming home after maybe six months or more serving on the front line in Afghanistan. We need to aim for separate clinics. i.e. civilian and military.

3.3 L.H.A.’s do not have the experience in dealing with the Armed Services and their families especially from the end of their first treatment to follow-up treatment. Due to the nature of contamination of their wounds, they need far more ‘follow up’. Often bouts of treatment are needed and even operations can reach double figures when dealing with the same injury.

3.4 Various reports from soldier’s families, with whom I have spoken, refer to the treatment received by their loved ones. There seems to be a total lack of understanding for these young peoples’ injuries/needs – they are split up onto different wards instead of being kept together. Their families are treated as ‘being in the way’ and not told enough about treatment. Nurses’ attitudes towards their patients leaves a lot to be desired. Could this be lack of training or understanding? It is not only the geriatrics whose needs are not being addressed. This occurred at the Q.E. in Birmingham.

3.5 Let’s try and keep the injured in an establishment as close to their home as possible. This will give them the vital visits they need from families and friends without it costing a fortune to get there.

3.6 Many service personnel are not assessed in time for adaptations to take place within their homes. It is often 12 – 18 months (it is supposed to be within 3 months) before these adaptations are achieved and often at their own expense.

3.7 Often families are at their wits end not knowing where to go to get any form of assistance for these essential changes to their home. Please remember that many have life changing injuries so house adaptations are essential – remember that their eyes, legs, arms do not grow back. Their compensation should not have to fund these necessities for their change in living surroundings.

4. Post Hospital / Rehab Stay.

4.1 Once a serviceman/woman has been medically discharged from service the M.O.D. responsibility stops and the Armed Forces are no longer involved in any way so that
leaves the L.H.A. and Military Charities to continue the rehabilitation and social, medical and financial problems that may occur.

4.2 Where a soldier/sailor/airman has gone back to work following an amputation the MOD /Welfare do not always co-ordinate properly.

4.3 Case 1. Soldier in Germany had to return to Headley Court for a new prosthetic leg fitting – flights were made for **2.00am** from Germany, landing in London at **4.00am**. The taxi service previously made available for this chap was then cancelled 'due to cutbacks' and he was told to make his own way across London to Headley Court. Maybe this “co-ordinator’ needs to be re-trained !

5. Rehabilitation / Retraining

5.1 Soldiers are especially bad at paying bills – this is not that they don’t want to – they don’t know how to. Many join the services straight from home where parents have looked after the financial side of living. From home straight to the services where, again, the service personnel have no ‘household’ bills as monies are usually taken ‘at source’ if they are in single accommodation. If they are in married quarters it is usually the lady of the house that takes on the more mundane duties such as paying the gas bill etc. Financial Management is not part of their life up to now. iv

5.2 The financial advice given during their initial rehabilitation e.g. Headley Court, goes from non-existent to down right illegal and immoral with folks often being told to ‘just spend all your compensation’ (Mark Learmont, Constellation Military Solutions). v

5.3 Single guys have often ended up homeless, sleeping in their cars or sleeping rough because local housing is not available, despite Government promises of them going to the head of the waiting list. They are often told “…..that maybe what the government says but that’s not going to happen in reality….. “ (Tug Hartley – Herefordshire)

5.4 Families who are already in receipt of benefits have fallen foul of the system when their soldier is killed and the compensation / insurance has not been left in a satisfactory manner e.g. a Trust, so that the family ends up losing all benefits – especially concerning is their loss of housing benefit and some have / can be turned out of their homes. vi

5.5 Assistance will be needed to help them through the Benefits system. What can they claim / what will they lose / can the money they have put aside for their children’s education be counted when benefits are applied for. Where can this money be placed to ensure that it is not included when benefits are applied for ?

5.6 We must ensure that each and every serviceman/woman receive their full compensation from the Armed Forces Scheme,

5.7 Many of our soldiers / sailors / airmen and woman will have acquired a variety of skills during their service time and just because they may be medically disabled both physically or psychologically does not mean that they cannot contribute to society or be able to earn a living.
5.8 Full use of further education facilities, retraining facilities must be made available to the injured.

5.9 Colleges, universities, companies (e.g. Remploy, Re-Ecover) must be made available. They too will need retraining to further understand the military mind and needs. They will also need support from both society and the Government. They are such a valuable resource.

5.10 Soldiers especially, have many basic skills that could be honed and tuned to benefit today’s ‘green’ society. Industry, sports development, teaching, security etc.

6. Insurance

6.1 The 'insurance' for our soldiers is a ‘private’ scheme ‘PAX’. This is not to be confused with any government scheme.

6.2 The boys/girls pay for this insurance based upon the points system. Each point is extra money and is paid for on a monthly basis. (Points are from 1 – 15 at various amounts of money).

6.3 Only the maximum 15 points pays out for death.

6.4 The ‘Armed Forces Compensation Scheme’ was based purely on wage/rank at the time of injury – it has increased a certain amount but with no link to the rank or skills that could have been achieved if that person had not been injured or killed.

6.5 The compensation given to military personnel bears no resemblance to that given to civilians. A massive payout to a typist of £400,000.00p. for a repetitive strain injury to a wrist against an initial award of £125,000.00p. to a lad who came home with 32 individual life threatening injuries from double leg amputation through to brain injury. (Ben Parkinson). Ben's family then had to go through the trauma of actually taking the Ministry of Defence to court not once but three times on top of caring for this young man, to increase that initial pathetic award.

6.6 The amounts now granted have been updated but they are still not good enough. At the time of his death Richard was earning £16,900.00p. (a local policeman of the same age was earning £24,000.00p.), the government awarded us £60,000.00p. for his death – how much is a life worth ??

7. Where can we live?

7.1 On many instances we have read of ex-soldiers not being given housing by local councils because their ‘job’ has given them other ‘countries’ to live in.

7.2 A Lance Corporal was denied housing for himself, his wife (a local girl) and two sons. because he had served two tours in Afghanistan so therefore was no longer considered to have ‘a local connection’ even though he lived in Bracknell, Berks., until he joined the army.
7.3 When a convicted criminal is coming to the end of a prison sentence it is the duty of the prison system to ensure that part of the discharge process is to make certain that they have accommodation on discharge.

7.4 What do we do for our personnel – Nothing!

7.5 Make this a priority prior to discharge. Don’t let these servicemen/women be treated as less than criminals. They are heroes!

8. Using what is available.

8.1 It has been stated on the news that St. Athans will not, in the future, be as busy as now. If there are buildings that are to be empty why can’t charities (Royal British Legion, Blesma, Welsh Warrior, Healing the Wounds etc. etc.) be approached to unite and put to work these vacated buildings. They are already owned by the M.O.D. Please do not let them stand and deteriorate, let’s start to be proactive instead of reactive, especially as there are no ‘Battle Back’ centres in Wales as we have no Garrison Town.

8.2 This will allow a permanent base for so much to be done and for it to take place amidst an atmosphere that is still natural to those coming home so severely wounded. We suggest that this resource be adapted to encompass a complete rehabilitation centre for ALL injuries. Even using barrack buildings as accommodation for families etc.

8.3 We must start to put plans in place to cope with those coming home so physically and emotionally flawed. Unless we stop this war now (and I can’t see that happening) we must prepare ourselves and those in our services to cope and to put in place all the mechanisms that are needed to give the help and support our military personnel so deserve.

8.4 The Secretary of State for Wales needs to be involved! This could be an area where Wales could lead the way!!

November 2011

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i William Aldridge Foundation, 6 Grendon Firs, Bredenbury, Bromyard, Herefordshire, HR7 4TH
ii MOD deducts £433 from pay of soldier killed in Helmand, The Daily Telegraph, 26 October 2011, p.10
iii Where does your Poppy Appeal money go? How the Royal British Legion helps those who have put their lives on the line, http://m.dailymail.co.uk/mobile/money/article.html?articleID=2055024
v Constellation Military Solutions, 4 Gatesworth Crescent, Lindley, Huddersfield, HD3 3LG
vi William Aldridge Foundation, 6 Grendon Firs, Bredenbury, Bromyard, Herefordshire, HR7 4TH
Written evidence submitted by Combat Stress

1. **Summary.** Combat Stress is a 92 year old UK wide charity. For veterans resident in Wales it provides:

   - Residential clinical treatment and Community Outreach clinical and welfare support for ex-Service men and women who suffer from mental health problems, including psychological trauma, which might be attributable to or associated with their service in the Armed Forces, Merchant Navy or allied forces.

   - A dedicated 24 hour Helpline for those seeking help.

In addition:

   - Combat Stress is a strategic partner of the UK Departments of Health and the Ministry of Defence.

   - Combat Stress is a partner with the Royal British Legion in a Department of Health 3rd Sector Strategic Partnership.

   - The Charity has developed excellent relationships with a large number of other ex-service and national charities.

   - Combat Stress is commissioned by the National Commissioning Group (NCG) to provide a six-week intensive PTSD rehabilitation programme in a residential setting for veterans resident in England.

**Evidence.**

*The provision of support services to armed forces veterans and their families in Wales by the MoD, including resettlement provision.*

2. Under Article 21 of the Service Pension Order, War Pensioners with a pension for mental health problems are funded by the MoD for their necessary treatment that is not available within the NHS. This provision covers England and the devolved governments; in Scotland however the Scottish Government has extended this provision to cover all veterans whether in receipt of a War Pension or not.

3. Combat Stress cannot comment on other issues contained in this section except to say that the role of Combat Stress and contact details are included in the resettlement pack issued to all those transitioning out of the services.

*The provision of medical and mental health services for veterans in Wales, including cross border implications.*

4. As can be seen above Combat Stress provides, without charge at the point of delivery, treatment to all veterans needing help for their mental health problems. The charity is funded by public donation, funding from the MoD and Scottish Government and aid from the other ex service charities. In addition there is some funding from Wales for admissions to Audley Court.
5. In Wales Combat Stress provides Outreach support to Welsh Veterans as follows:

- South Wales and West Midlands- 1 x Community Outreach Team composed of:
  - 1 x Regional Welfare Officer
  - 2 x Clinical Staff
  - 1 x Welfare Support Desk Officer
- North Wales and West Midlands – As above.

In addition those requiring residential treatment are treated at the Combat Stress treatment centre at Newport in Shropshire (139 so far in 2011). Non War Pensioners and those who have been compensated under the Armed forces Compensation scheme are treated without charge.

6. Statistics. Combat Stress currently has a total of 828 veterans resident in Wales on their books, of which 387 are actively receiving either Clinical Treatment or Welfare Support. In the last 10 months there have been some:

- 88 x New Referrals
- 80 x CPN Assessments
- 20 x Support groups – (attended by over 160 Welsh veterans)
- 613 x Regional Welfare Officer Visits.
- 4x Carer Support Groups.

7. It should be noted that the service provided under National Specialised Commissioning is not available to Welsh Veterans.

“Co-ordination between the MoD, the Wales Office and the Welsh Government, in the provision of services for veterans.”

8. With the exception of the partnership noted above - which is currently inactive, we have no further comment.

“The impact on Welsh veterans of any legally-enshrined military covenant and obligations as it relates to veterans.”

9. From a health perspective there is a legal obligation on the NHS to provide priority treatment for a veteran receiving compensation or a War Pension for the condition to which the WP or compensation relates.

November 2011
Written evidence submitted by Professor Hew Strachan

I probably have little more to say beyond what is already in the report of last year's task force on the military covenant. As you know the published UK government report to that report rejected the proposal that it appoint a veterans' commissioner. It does however remain my view that the interests of veterans cannot be responded in terms of natural justice by the MOD. If no veterans' commissioner is to be appointed, one possibility might be to expand the responsibilities and staff of the service complaints commissioner. Wales could of course address this issue within its own governmental structure, and I hope you might consider that possibility.

November 2011
Written evidence submitted by R3 Cymru

Provision for Service Veterans in Wales

Glossary:

PRU: Personal Recovery Unit
PRC: Personal Recovery Centre
ELC: Enhanced Learning Credit
SLC: Statutory Learning Credit
PTSD: Post Traumatic Stress Disorder
MoD: Ministry of Defence
WG: Welsh Government
MCC: Monmouthshire County Council

Background:

R3 Cymru is a newly founded charity that aims to provide, in Wales, the link between:

- Veterans leaving the armed services who have not completed appropriate educational and vocational training prior to civilian life
- Those veterans who have needed to go through treatment either for physical or emotional trauma as a result of service operations and have been referred onward after therapies at Headley Court, Help for Heroes or Combat Stress, to assist in the rehabilitation process and integration into civilian life.
- Other agencies such as Social Services, NHS or Job Centre Plus who have candidates with a service background who will need training adapted to their specific needs.

By working cooperatively with other charities and local service providers, the principal means whereby R3 Cymru will assist veterans and their families to sustainable economic and emotional stability will be by means of:

- Work based therapies
- Vocational training
- Respite care for families
- Job placement
- Social enterprise

Demographic:

There are certain generalisations that have been made in the past, some of which do not really stand detailed scrutiny, especially as some of those studies have been based on statistical sampling models that may not reflect the true nature of the veteran population in Wales.

As there is no longer any garrison town in Wales no PRC had been built in Wales. As a result of this, some clusters of the service veteran population are isolated by considerable distance from the Help For Heroes PRC at Tedworth House in Wiltshire and the Combat Stress facility at Audley Court in Shropshire.
In terms of typical profile for a service veteran in Wales, a case may be made for a young man from a deprived valleys town joining the army as a way out of a low expectation environment. That said though, recent changes in the fortunes and employment opportunities in the South Wales Valleys, coupled with a more mobile population have tended to dilute the validity of this preconception.

What is beyond doubt though is that redundancies at RAF stations St. Athan and Valley have had an effect on the number of service leavers finding themselves on the job market. There have been also quite a lot of local service leavers from the armed services returning from No 1 Royal Welsh based in Chester, resulting in inflated numbers of veterans around Wrexham. No 2 Royal Welsh based at Tidworth, will see former soldiers returning to home towns and villages all over Wales together with other numbers leaving the 1st Battalion The Rifles at Chepstow, not forgetting No 3 Royal Welsh TA centred on Cardiff, who will all have added to clusters of all types of former service personnel around Monmouthshire, Newport, Cardiff and Swansea.

Research has also shown a very significant, if scattered, veteran population from a range of services and units throughout Wales, many of whom are notified to 160 PRU at Brecon.

Total numbers of all veterans, regardless of age, have been estimated as being in the order of 200,000 although Colonel Sage at 160 PRU thinks that the current real total may be lower than this. By the same token, there is a working estimate that some 30-40,000 former service veterans of working age and their dependents are economically inactive, living on benefits. Again there are certain assumptions in this and the author suspects that this may include an estimate of a vagrant veteran population living rough on the streets.

**The need for cohesion:**

What has emerged is that need is not solely centred around new veterans leaving the armed services since the Iraq and Afghanistan campaigns, but that there has been a drift into Wales of older veterans seeking peace and a new start after failing elsewhere in their civilian lives.

Many of these never accessed what transitional training provision there had been and we have noticed that this trend not to avail oneself of the existing in house training and funding such as ELC is still significant. It is believed that there is a significant tendency towards ‘decision deferred’ by those about to leave the armed services which can be the root cause of several later problems. We believe however that R3 Cymru will be able assist here both by awareness lectures prior to leaving the armed services leading to transition courses and through direct contact with those who have found the realities of civilian life not meeting earlier expectations.

Anecdotal evidence and individual case studies have shown that serious problems, which have the possibility of a later PTSD diagnosis, do not always develop within a short time frame. Depression as a result of a sense of ‘bereavement’ from service life, especially if coupled with a sense of having failed in civilian life does, inevitably lead to other long term problems developing.

It is an unfortunate fact that any depression manifesting itself in a spouse or parent may result in serious long term consequences for more than one generation. It is by no means clear that a reliable and integrated approach to addressing these problems is as yet in place with a number of agencies currently tackling specific aspects of a familial problem autonomously, without a seamless system of close cooperation with other agencies and charities capable of rendering specialist advice and assistance.

At R3 Cymru we have seen already examples of assistance not working for stressed families because agencies involved are unaware of a previous armed service record. In two cases other agencies had utilised resources on trying to put back on their feet service veterans who should, preferably, have been referred for specific specialist help. This onward culture of failure has caused in at least two recent cases significant estrangement within a family, further complicating an already fraught situation.

PTSD has received a lot of publicity recently and there is a possibility that a number of other post service related depression may be labelled as PTSD by social workers and charity volunteers inexperienced in the assessment of PTSD and access to a service record.
The fact that someone may be feeling very depressed, have a sense of failure with tendencies to self harm, family abuse, alcoholism, substance dependency and so on without any specific traumatic event in their past to have caused a number of problems leading even further to other complications.

At R3 Cymru; we have witnessed, in a handful of cases, a need by some service veterans to measure themselves against paraplegics who have climbed mountains, walked to the Pole and competed in Olympic events. This has actually caused even further disruption to family harmony and certainly in one recent case has been a stated factor by a wife in a marital break up.

It is felt that sometimes simple work based solutions may have a beneficial effect in building self esteem and have the potential to lead to referral for full psychological assessment, where moving on to full and sustainable employment has not been the outcome.

In specific, areas that must be addressed comprise:

- Continuity of records where success or failure on previous courses or work placement has failed. This will mean in many cases files being handed on from one agency to another where each candidate has been treated as a new entry each time they attend a training course giving very skewed results when it comes to assessing numbers treated and outcomes.

- Access to funding for work based therapies giving the opportunity for building more confidence as opposed to straight through funding solely dependent upon completion of a longer course leading to an accredited qualification.

Obviously the preferred route would be straight through training to access further education, vocational training and successful job placement. Unfortunately this is not always possible. There has to be assurance of access to funding, perhaps through redefinition of how ELC should be employed to assist those who have, initially at least, little prospect of a successful and sustainable career in the short to medium term.

Currently, there are few routes for non military agencies to access relevant areas of service records even in an edited form. This is often counter productive as those delivering courses to service veterans have little to go on when tailoring courses to the individual. The consequences of this failure to understand the service history of a candidate means wasted effort and wasted resources at a time of increasing financial constraint.

There are a number of small organisations that do sterling work with limited resources. In some cases the numbers they can handle are few and local though, it must be said, with demonstrable success. What is really needed though is a recognised system of cross referral, access to suitably qualified assessors and course profiles that are adaptable to specific needs when they occur.

Such systems, with a degree of innovative thinking, would not need to require greater funding requirements and may in fact result in better value for money.

Preferably, in cases where funding other than that available from MoD sources must be accessed, there should be adequate mechanisms for de localising expenditure as, given the demographic in Wales, it is not always possible to complete a particular system of courses and job placement within any one local authority area.

We also have the situation of convergence versus competitive funding where resources are allocated on a county, rather than a specific sector need. MCC have recognised this and to their credit are beginning to pool claims for training resources with Torfaen. Whether such resources can indeed be adapted to the needs of veterans has yet to be demonstrated.

Working towards outcomes:

It would be wrong to assume that familial problems and alienation from civilian life are simply the province of other ranks. Some officers and senior NCOs with many years of excellent service record have found serious problems emerging after taking up career opportunities in civilian life.
One former colonel told me that his experiences in Bosnia cost him two marriages while another former RAF officer admitted that having walked initially into middle management, he then spent the next twenty years on a downward spiral to eventual bankruptcy and destitution.

There is a reported reluctance, among younger men in particular, to admit that they may have a problem, which further complicates the issue. The failure of self referral through lack of exposure to the actions and successes of a veteran’s peers is a major factor in many of the longer term cases.

Geographical isolation in rural Wales can and has resulted in alcoholism and suicide as the veteran finds that he cannot survive without the sort of camaraderie and backup he enjoyed in the services. Where drop in centres or a regular informal get together for service veterans have been arranged in addition to the more familiar event; (such as Remembrance Sunday or Regimental Reunions); there can be a surprising amount of candour about what has gone wrong since leaving the services.

Very often the effort in seeking out a particularly isolated individual, still results in the veteran failing to seek help. Bringing them into an environment where they can chat to their peers can break down such self imposed barriers.

Unlike city centre projects where a number of initiatives such as those in Lothian, Cardiff and Derby have had significant success, isolated valley and rural communities have no such opportunities to share experiences.

In such cases, some form of outreach to the families in the form of offering respite while Dad (or Mum) may attend a course that is activity based, may help to break the cycle of downward depression.

There is a case for use of contracted service providers to offer ‘Taster’ courses in, for example:

- Equine therapy
- Mountain biking
- Craft work
- Woodworking
- Basic forestry skills

This has the result of inserting the thin end of the wedge to prize the candidate away from a cycle of introspection, depression and sense of economic failure.

Further courses could then be employed to follow up such initial successes and ease the candidate back into a mix of education and vocational training.

Wales itself has unique opportunities in the so called ‘Green Economy’ with the construction of major onshore and offshore wind farms, health and safety provision for same, rural enterprises such as dry stone walling, smithy and farrier skills and outdoor activity tourism. According to figures quoted at a conference on sustainable employment last December, the Welsh Government estimated that there was a shortfall of some 40,000 unfilled jobs in this sector!

Many such opportunities are not well promoted via the job centres and a high degree of self motivation and informed referral needs to be employed in order to gain necessary outcomes.

A half way house to such success will exist in appropriate social enterprise ventures that are in the main part self sustaining.

In concert with a number of bodies such as social housing, Venture Wales and the Green Deal for Monmouthshire, R3 Cymru is developing a model that we hope may be exported elsewhere.

Innovative Funding:

As Wales has a relatively small population compared to the rest of the UK, with a short administrative distance between legislation at WG level and delivery, it may be possible to look at some areas of financial efficiency that may assist in driving down social need among veterans and the subsequent cost to the public purse.
For every individual or family removed from Housing Benefit and Council Tax Relief dependency, each local authority will save at least £60,000.

At present it is not possible for any such savings to be used in small part as seed corn for ventures that can lead to such outcomes. Perhaps this ring fencing of funds ought to be reassessed within special criteria.

Current funding from the job centres for courses is geared towards ticking specific boxes, showing short term removal from the jobless totals into an ‘in training’ total regardless of potential for employment. This is inefficient and such funds would be better spent in building a portfolio of personal confidence and employability skills.

Given that regardless of service specialisation, the basic military ethos of: teamwork, pride in personal appearance, work ethic and satisfaction of ‘Job Well Done’ under difficult circumstances, is a very good starting point, it may be worthwhile considering developing special access funding for those who have a good service record.

This may be a mix of the existing ELC and SLC from the MoD together with training and job creation packages that currently come in through a variety of different funding streams.

The current duplication of paperwork for each application is not conducive to good morale among those used to giving and being given an order, expecting it to be carried out in double quick time!

It should be possible for such a scheme to exist within current budget constraints, yet be freed for the burden of complex and repetitive administration costs. By delegating responsibility for budget disposal to specific agencies and charities that meet certain quality assurance and delivery criteria, the public purse should see evidence of more benefit for veterans whilst at the same time being financially efficient at a time of economic restraint.

**Caveats:**

There is a tendency to recruit a number of ex service personnel into careers that emulate service life. Examples would include security and close protection work, surveillance, commercial intelligence and mine clearance.

In many cases, when one considers the continued impact on family life of such an extension of what may be perceived as ‘Military Service Life Mark 2’ one can see that many problems will continue to be exacerbated, particularly with regard to the resident family.

Sadly, there is more than enough evidence to support the impression that many such continuations of service life emulation are the final nails in the coffin of many a marriage, with disastrous effects on children in particular.

One cannot, by the same measure, be sure that a former soldier for instance working in a hazardous field, will not become another statistic.

A good example may be learned from Andy Smith of [www.nolandmines.com](http://www.nolandmines.com) who has maintained the UN database of de-mining accidents and is currently involved in humanitarian mine and unexploded ordnance clearance in Libya. Unlike many organisations working in the field, he will not employ former armed service personnel in the front line of mine clearance, but may, on occasion, employ technical specialists to teach the local population to clear mines.

Sometimes the reason for this is that many former servicemen push hard to ‘Get Back Into the Action’ trying to prove something to themselves and their peers. Many years of experience has shown that all too often many, who have avoided maiming and death, in their armed service lives, suffer tragic consequences within a matter of months of beginning such work. Andy describes such events as ‘fulfilling a death wish!’
We must get to grips with the growing problems caused by ignoring the plight of many service veterans, only to see them career down a self destructive path that will result in long term damage to themselves and their families.

November 2011
The Welsh Government’s Programme for Government reaffirms our continuing commitment to the welfare of the Armed Forces Community in Wales. To deliver its commitments the Welsh Government has published the Package of Support for the Armed Forces Community in Wales. A copy of the document is attached for ease of reference and the web-link to the document is provided.


The Package of Support covers matters that are devolved and focuses on existing and new commitments, including those around healthcare, housing and education. In addition to the healthcare commitments detailed, other commitments include extending the eligibility for the concessionary travel scheme to seriously injured war veterans and Armed Forces personnel living in Wales, extending the priority status that service personnel and veterans have to the widows and widowers for the Homebuy scheme, supporting Armed Forces day parades across Wales and extending free swimming to veterans and serving personnel on leave. It has been designed to be read alongside the UK Armed Forces Covenant package including the Armed Forces Covenant narrative and guidance, ‘The Armed Forces Covenant: Today and Tomorrow’.

In order to work closely with the Armed Forces community in Wales, the Welsh Government has established an Expert Group, chaired by the Minister for Local Government and Communities, with representatives from the Ministry of Defence (MOD), three Armed Services, the Royal British Legion, and the various Federations and Associations. The terms of reference of the Group include consideration of the needs of Armed Forces personnel, their families and veterans in Wales and how these can be mainstreamed into the work of public services in Wales.

The Welsh Government has been fully engaged in the development of the MOD Armed Forces Covenant guidance, and has contributed to the production of the 2011 Armed Forces Covenant annual report setting out how the Government and devolved administrations are supporting the Armed Forces, their families and veterans in key areas. The report will enable the UK Government, in conjunction with the Covenant Reference Group, to examine what continued and further steps need to be taken across Government.

The Director General of Local Government and Communities is the Welsh Government Armed Forces Advocate and in this capacity Wales are represented at the MOD Covenant Reference Group. New commitments resulting from the annual report and work of the Covenant Group will be added to the Welsh Package of Support where appropriate.

The Welsh Government has an established concordat with the MOD. This sets out arrangements for consultation between the Welsh Government and the MoD, including exchange of information, confidentiality and security, access to services, resolution of disputes, and review of relations. A link is provided:

http://wales.gov.uk/about/organisationexplained/intergovernmental/concordats/4326251/?lang=en

The Welsh Government is working with the MOD to forge stronger links between the military and the NHS in Wales to benefit service personnel once they are discharged. The Welsh Government representation, at official level, on the UK/MOD Partnership Board is key to ensuring Welsh needs are represented. Whilst Armed Forces policy is not devolved, health
services are, so the Welsh Government has an important role to play in aiding the transition of injured service personnel to the civilian health infrastructure and in ensuring their continued healthcare in line with our commitment to veterans.

A Wales-specific care pathway for injured/ill service personnel discharged into Wales is being developed for severely injured personnel, being led by the Welsh Government and MOD. The scheme also includes the transfer of medical records from MOD to GPs. This work is part of the Concordat between the MOD and the Welsh Government.

Although the majority of treatment of injured service personnel is carried out in various locations around England, the MOD’s Vale of Glamorgan (St Athan) base in Wales is available for those suffering from life-changing injuries received in Afghanistan and Iraq. Patients are referred to St Athan for on-going treatment, after being discharged from acute care at Selly Oak, in Birmingham, or Surrey's Headley Court. NHS treatment for spinal injuries and neuro-rehabilitation is available in Rookwood Hospital (Cardiff) for South Wales, and by the Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust in Oswestry covers North Wales for those discharged from the Services.

The Welsh Government is committed to ensuring the best possible standard of prosthetic provision for personnel who have lost limbs as a result of their military career. Welsh Ministers are aware of the work of Dr Murrison, MP, in relation to prosthetics provision and the publication of his report. While his report considers provision in England, the Welsh Government will take due account of the recommendations in considering its health service provision and the needs of veterans in Wales.

Welsh Ministers have prioritised improving the health and well-being of service personnel and veterans in Wales. In support, the Annual Operating Framework 2010/11 target is “to consider the needs of veterans and armed forces personnel when planning services”. As elsewhere in the UK, Health bodies in Wales also have an obligation to offer priority treatment and care for veterans whose health problems result from their military service.

All Welsh Local Health Boards and NHS Trusts have Veterans and Armed Forces Champions at Board level in place. Champions advocate for veterans and service personnel to ensure their needs are reflected in service plans. The Welsh Government also funds and supports the Health and Wellbeing Service for Veterans, allocating £485,000 to the Service annually. The Service builds on a successful pilot scheme in Cardiff and the Vale of Glamorgan and is now being rolled out across Wales, with clinical and other appointments currently being finalised. An official launch of the Service was held in October. The Welsh Government also works with and funds third sector bodies such as Combat Stress and Cruse Bereavement Wales, which work with current and ex-service personnel.

In February 2011 the National Assembly for Wales also published its own report into post traumatic stress disorder (PTSD) services in Wales. This highlighted good practice currently underway, but also made a range of recommendations to develop services further. The report was fully accepted by my predecessor and we are working with our stakeholders, including colleagues in the UK Departments of Health and MOD, to take these recommendations forward.

November 2011
Written evidence submitted by Colonel P J Hubbard, OBE, DL

Introduction. Thank you for the opportunity to participate in the Inquiry for Veterans (Wales). When considering this subject, defining quite what is meant by the term ‘veteran’ is important; I have chosen to adhere to the principle that the Service charities have adopted ie. ‘one day of service a lifetime of care’ which ensures that nobody is forgotten. There are 3 categories that we believe require consideration: Early Service Leavers, Volunteer Reservists/Regular Reservists and Veterans.

EARLY SERVICE LEAVER

Early Service Leavers primarily comprise personnel who are discharged from the Armed Forces prior to their planned termination of Service date. They tend to be at the younger end of the military personnel age group and are primarily, though not exclusively, composed of disciplinary discharges as well a small number of medical discharge. The majority of personnel who fall into this category do not benefit from the full resettlement package which means that their transition back to civilian life is often problematic; they just have to get on with life! They represent a cohort that is reluctant to publicly acknowledge why they left the Services. These individuals develop a ‘sofa surfing’ way of life, moving from one place to another as they attempt to settle, find employment and a home.

A statistically significant number from this category end up living rough and leading a life associated with survival. Although no longer an MoD problem, they are a potentially a drain on resources from other departments of state who pick up the bill for drug/alcohol misuse, penal justice costs, housing benefit, job-seekers allowance, etc. If they happen to be married with children the impact of unplanned departure from the Armed Forces is more significant, since the complications of finding appropriate housing, schooling, etc come into play. Family break-ups often result amongst this group and a number will be found on our streets. Currently this group is not recognised but is ever present in our communities. It would be useful to know how many annually fit into this group and to gain some idea of how many may return to settle in Wales, so that we are in a position to mitigate some, if not all, of the challenges they present.

VOLUNTEER RESERVIST/REGULAR RESERVIST

VOLUNTEER RESERVIST

Wales has around 2500 Volunteer Reservists at any one time. This is the group of people who fulfil their military service on a part time basis and since the mid-Nineties have been mobilised as individual reinforcements or cohorts. For the majority, an operational tour of duty will be uneventful and they will return to civilian life and move on without any adverse reactions. Others, whilst mobilised, will have received injuries (not significant enough to prematurely end their service) and suffered illness as a result that may potentially manifest adversely sometime in the future. In the worst case scenario, psychological illness, caused by events that have occurred during military service, may present many years down the line. The challenge here is for the health services (ie the GP) to identify that the individual is a reservist and to be aware of that individual’s entitlement to care and support under the Military Covenant. Anecdotal evidence suggests that GPs are not aware of their patient’s military status and very few, if any, reservists offer this information. A mechanism is required to highlight these individuals to their GPs and for the GP to have sight of any medical notes produced during mobilised service. This would create an opportunity to deal with the individual appropriately and refer, if necessary,
through MoD health provision. We contend that at the very least, here in Wales, we should openly encourage reservists to inform their GP of their military (reservist) status.

For many volunteer reservists the desire to deploy is a CV-enhancing opportunity and once their mobilised service comes to an end they leave the Reserve Forces. People who fall into this category present unique challenges as they soon become lost to the military ‘family’ (challenging enough if they remain). They will move in circles that are not attuned to issues relating to mobilised service and should they subsequently succumb to psychological problems and their previous military status is unknown to the health provider the causal link between health condition and operational service is not made.

THE REGULAR RESERVIST

Regular Reservists are personnel who have a residual reservist liability after retiring from regular service. Their number is not known in Wales nor indeed the number that have been mobilised for military operations as a result of their residual obligation. This group know they are already entitled to be considered under the full Military Covenant, however, if they have been mobilised they are entitled to the ‘Mental Health Provision’ provided to the Volunteer reservist, which should be known to the GP!

THE VETERAN

Veterans are people who have served for at least one day in the armed forces. It is estimated that this cohort (and its dependents) numbers some 10,000,000 people (approx 16% of the UK population), which roughly equates to about 500,000 (approx 16%) in Wales; a significant enough number for our health and social services to consider as a “special grouping”. Unfortunately these figures cannot be substantiated as there is no mechanism by which veterans can be calculated. We need to address this issue if provision is to be made to meet the requirements of veterans in the future.

All service personnel who complete their engagement are entitled to a resettlement package. Whilst this offering has been developed and resourced well by the MoD, few believe that this package really prepares them adequately for transition to civilian life. A full military career leads to a degree of institutionalisation and dependency. Many veterans are unaware of the full spectrum of life’s challenges that they will have to face outside the Service. An example is that of health provision. On discharge individuals receive a summary of their health record to hand to their new GP. It would appear from discussions with a number of veterans that neither they nor their GP were aware that that the full medical records could be obtained from the MoD, and despite the summary handed to the GP, veterans were not convinced that that the GP was aware they were veterans.

THE CHALLENGE

The key challenge is quantify the size of the target population and where it resides within devolved borders in order to ensure that cross departmental resources are targeted most efficiently in delivering the intended outcomes enshrined in the Military Covenant. This is
especially important when considering the resource implications associated with healthcare and the delivery of social services.

January 2012
Written evidence submitted by Help for Heroes

- In keeping with Help for Heroes charitable objectives this evidence focuses on the care of the wounded.
- Help for Heroes is committed to providing the best level of support for all wounded personnel, serving and ex-serving, regardless of colour, creed, nationality or geographical location. It does not differentiate between the different services.
- To date, Help for Heroes monies have been used to provide individual support to Welsh serving personal, veterans and their families. This support is provided both individually (eg. through the Quick Reaction Fund (QRF)) and via the Defence Recovery Capability (DRC). In the context of rising numbers of wounded, injured, and sick veterans, Help for Heroes are willing to provide further support if the need is identified.
- Help for Heroes is the lead DRC charity, working with the Ministry of Defence (MoD) and the Royal British Legion, on the creation and management of five regional Personnel Recovery Centres. These centres provide, in partnership with the Services and other Service charities, ongoing training and support for the wounded after Headley Court. These are, and will be, used by Welsh serving and ex-serving personnel where capacity is available, including Welsh regiments located in England. The centres are in Edinburgh, Colchester, Catterick, Tidworth and Plymouth.
- Help for Heroes does not determine where these Recovery Centres are located – the MoD decides the best geographical location and Help for Heroes leads by funding the capital build and management. There have been discussions about the need for a Welsh based centre, if the MoD decides this is a necessary asset Help for Heroes will support willingly.

1. How H4H monies are already supporting Welsh tri-service personnel and veterans.

1.1 In Wales:

1.1.1 St Dunstan’s Centre, Llandudno: Help for Heroes have funded £1m towards the construction of an extension at St Dunstan’s new rehabilitation and training Centre in Llandudno, Wales. The contribution enables St Dunstan’s to continue in its work to support ex-Service men and women who have served in the Armed Forces and lost their sight or have visual due to war, age, accident or illness. The facility is a centre of excellence providing world class rehabilitation and training to War Blind Service personnel injured in Iraq and Afghanistan.

1.1.2 Quick Reaction Fund (QRF): Help for Heroes have committed £6m to the Quick Reaction Fund which provide ready money to injured, wounded or sick personnel who need it to make their life easier. Funds will be administered through the Services’ own charities and within 72 hours of the grant application. Already in excess of £33,000 has been claimed by Welsh Personnel. Some examples of these include:

- A soldier from the Royal Welsh who suffered serious spinal injuries from an IED explosion in Afghanistan was given £2,600 for the provision of a riser/recliner and an orthopaedic bed so he could finally have a good night’s sleep for the first time in 6 months.
- The family of a soldier from the Royal Welsh were given £882 to pay for flights so they could visit him in hospital.
A soldier from the Welsh Guards was given £116 to pay for compression clothing to aid with his recovery.

1.1.3 Families Activity Breaks (FAB): Help for Heroes have given £18k to FAB, a MoD Volunteer project in partnership with the Youth Hostel Association (YHA) and the Candle Project (bereavement counselling service based in St Christopher’s Hospice, S London). FAB provides activity based holidays for bereaved military families at YHA locations in England, Scotland and Wales. For FAB 10 the project will run a pilot holiday at YHA Conwy for injured Service personnel and their families. The Pilot scheme will provide holidays for 10 Service families (already recruited).

1.1.4 Restricted funds: Help for Heroes have set up a restricted fund for anyone wishing to donate funds to service personnel born in Wales or for Welsh facilities.

1.2 Nationwide – a few examples:

1.2.1 The Help for Heroes Gym and Swimming Pool complex at the Defence Medical Rehabilitation Centre at Headley Court: Help for Heroes funded £8.5million for this complex, which is used by all serving personnel treated at Headley Court.

1.2.2 Combat Stress: Help for Heroes gave Combat stress £6.5 million allow then to increase and extend the facilities and service offered to veterans suffering from a psychological condition related to their service.

1.2.3 Battle Back: Help for Heroes has so far funded £1 million to the initiative which uses Adaptive and Adventure Training and Sports Rehabilitation to help those who are seriously wounded gain confidence and return to an active life.

1.2.4 Individual Recovery Plans (IRPs): Help for Heroes have committed £15 million to September 2014 across the UK to support those transitioning to a new role in the Services or to civilian life by enhancing the existing resettlement package.

2. The Personnel Recovery Centres (PRCs)

2.1 Summary:
Five Personnel Recovery Centres are being created nationwide, are available for all service personnel and veterans where capacity is available. The majority of the Welsh Regiments, with exception from 3rd Battalion Royal Welsh, are based outside of Wales. Therefore if a Welsh service personnel is wounded in action they are typically cared for initially at Queen Elizabeth Hospital, Birmingham before moving to Headley Court, Surrey and then to their Personnel Recovery Unit (PRU) which is located where their regiment is based. They will then have access too – both residentially and as a day visitor - the Personnel Recovery Centre that is the most appropriate for them.

The option to return to the Recovery Centre where they are initially treated will be there for life, even once they have left the services, offering continuity of care as well as giving veterans (who may have left service because of their injury) the opportunity to return to the military community where they were based and enjoy the camaraderie and life that community offers.
2.2 The National Footprint of PRCs

2.2.1 Tedworth House – (Tidworth) - opened its interim operating capacity in June 11 it is due to opening at full operating capacity in November ’12. To date (19th December 2011) Approximately 10% of all those who have attended courses at Tedworth (93 in total) have been Welsh.

2.2.2 Parker VC/Endeavour – (Plymouth) - Parker VC opened its interim operating capability in March ’11. Both Parker VC and Endeavour are due to open at full operating capability in Autumn/Winter ’12/’13.

2.2.3 Colchester – due to open at full operating capability in Spring ’12

2.2.4 Catterick – opened at interim operating capability in Oct ’11, due to open at full operating capability in early ’13.

2.2.4 Edinburgh – was the pathfinder PRC in Scotland.

January 2012

APPENDIX

Location of the Welsh Regiments and the PRC currently most ideally located for each regiment:

- **1st Battalion Royal Welsh** (formerly the Royal Welch Fusiliers) - Dale Barracks, Chester, England – Catterick, 136 miles away.
- **2nd Battalion Royal Welsh** (formerly the Royal Regiment of Wales) - Lucknow Barracks, Tidworth, Wiltshire, England – Tedworth House, 0 miles away.
- **3rd Battalion Royal Welsh** (TA unit) - bases throughout Wales but predominately in Maindy Barracks, Cardiff, Wales - Tedworth House, 96 miles away.