Corporate Services Scrutiny Committee



Armed Forces Community Covenant Task Group

March 2012

1. Recommendations:

The task group ask the Corporate Services Scrutiny Committee and Cabinet to endorse the ambitions below and to adopt these to form the structure of the Devon Armed Forces Community Covenant. The task group has also made suggestions about how steps might be taken to fulfil each ambition. It is the intention of the task group that these will be updated and renewed as part of the on-going covenant work details are on page 8 (Making it work).

	What does	How?	
	this look like?		
	Making it easier for people to get the support or information they need	 Join up working between the Civilian Military Partnership and The South West Armed Forces Health Forum (SWAFHF) with a named DCC individual to sit on and vice versa. 	
ner		 An easily accessible dedicated internet page on www.devon.gov.uk - designed to improve access for the Armed Forces Community 	
ogetl		 Council to develop better links with local HIVE to ensure accurate and timely information and support 	
er To		 That agencies share awareness of channels of communication to enable mutual use. (e.g. Devon Connect, DCC Magazine) 	
Bette		A dedicated customer service number/option for armed forces and their families. With an Armed Forces Welfare Pathway.	
orking l		Training/Awareness across organisational boundaries about specific needs and entitlements for the Armed Forces Community e.g. Training/Awareness for Head teachers, social workers, health professional's, advisors etc.	
X		 A commitment for all agencies to use plain English and not acronyms in all of their work. 	
Ambition 1: Working Better Together		 Recognise the Armed Forces Community in the production of Equality Needs Impact Assessments (ENIAs). 	
	Better understanding of where the Armed Forces Community sits in	 Routinely collect data on the armed forces community across Devon. Where all organisations ask if individuals have ever served in the Armed Forces; including but not limited to the following: Schools 	
	Devon	 Healthcare professionals – (inform the production of the JSNA) Emergency Services Council services Housing Associations 	
		Voluntary organisations	

ner	What does this look like?	How?
Togeth	Bring together organisations supporting the Armed Forces Community	One or more Voluntary and Community Sector networks to play a lead role in hosting an event to draw together armed forces charities and third sector providers who offer services to the armed forces community in order to improve the user experience and avoid duplication.
ter		Work to improve the transition from the Armed Forces into civilian life for personnel with health conditions.
Bet		 Agencies supporting veteran offenders and ex-offenders (including the veterans change partnership) to work in partnership with the CMP to develop strategies to:
Ambition 1: Working Better Together		 Reduce the disproportionate percentage of veterans in the probation system. Develop better support for veteran offenders when they leave prison.
-		
Ambition		

	What does	How?		
	this look like?			
bition 2:Cutting The Wire	Bases and the community together	 ♦ That the Devon Civilian Military Partnership continues to support, where appropriate, the planning, implementation and review of base community engagement plans ♦ That as part of the Military Estate review, the MOD and bases investigate the possible availability for community use (possibly through the use of sports facilities, cadet events and open days). ♦ Explore opportunities to utilise mutual training between civilian and military organisations. Particularly when one organisation (e.g. Council) is running training courses below capacity, additional spaces could be filled with service personnel. ♦ Delivery of the community or public services information (ie Council Magazine or equivalent) to each military base (and British Legion office) in order to ensure that service families know about local council services. ♦ Politicians to be encouraged to hold surgeries on 		
ng	_	bases and election results published on bases.		
Sutti	Demonstrate the value of the Reservists and Cadets	 Creating a dedicated page on The Source for Reservists employed by the council with links to policy documents 		
2:0		The Leaders of each Devon Local Authority to invite staff to be proud to wear their uniform to work on the specified annual day.		
nbitior		 Publicising the role of Occupational Health and support services that are available to staff who are reservists (or have a family member who are reservists) 		
An		 Working with voluntary and community groups to develop opportunities and information to enable more veterans to volunteer. 		
		 Engage with reservists and veterans to become involved in skilled volunteer community roles (for example but not limited to emergency planning rest centers). 		
		 Publicise the need to support Cadets associations, e.g. as adult instructors 		
	Making sure that those serving in the forces have somewhere to live both during service and when they leave.	 Explore with housing providers the ability to share housing stock with MOD particularly focused on property with disabled facilities (e.g. MOD rent housing stock with specific facilities) That the Housing Associations and Housing Authorities promote the benefits of house purchase (including schemes that allow leasing back to these bodies) early in a service career to enable serving personnel to own their own property. 		

	What does this look like?	How?
ir potential	Ensuring as smooth a transition as possible between schools and areas	 ♦ To change the Fair Access Protocol for school admissions to include service children. ♦ Adopt principles used in best practice for transition of work and grades; employ the 'passport scheme' across schools in Devon. ♦ Develop a local solution to continue the process of assessing children with special educational needs regardless of local authority boundaries when families move from one boundary to another. (at the moment the process has to start all over again)
3: Children reaching their potentia	Creating a positive learning environment	 ♦ Ensure that schools take up the pupil premium funding which they are entitled to and monitor outcomes on an annual basis. ♦ Work with Head teachers to enable increased consideration and awareness of forces children. ♦ Ask Local Learning Communities to consider ways of identifying, discussing and sharing the needs, opportunities and best practice to support Service Children with other areas within Devon. ♦ Consider the development of liaison officers to act as a link between the military and schools ♦ Develop service children clubs across schools in Devon (e.g. HMS Heroes)
Ambition 3: Child	Identifying families who need support and supporting them	 ♦ Ask Central Government to consider criteria through which families in crisis are identified and whether this reflects the needs of the Armed Forces Community. Explore why when registering for a school place children can only get funding for free school meals or service family pupil premium. ♦ Investigate the possibility of representatives from local military bases to be members of local safeguarding boards where relevant. ♦ Learning Development Partnership Service Level Agreement to include service children as a priority group for counseling support around certain life events ♦ Work with the voluntary and community sector to develop a solution to the problems around accommodation faced by parents who are in the military and do not have sole custody of their child, when their child comes to visit.

	What does this look like?	How?
h and	Ensuring that veterans and forces families are not prejudiced in accessing healthcare	Ensure that regardless of changes to NHS structures and delivery there is a commitment to service user led design to ensure the health care needs of veterans are recognised and met.
lealt		 Endorse NHS Devon's operating plan on veterans and review progress through the Health Scrutiny function (see Appendix 4).
		 Develop joint strategies with the SWAFHF, particularly around veteran's mental health.
ving		 Raise awareness among primary healthcare professionals about:
Ambition 4: Improving Health and Wellbeing		 The importance of identification of ex-service personnel and their families Veteran's right to priority NHS treatment for conditions sustained during service The right to maintain a place on NHS waiting list regardless of moving area
ion ⁴	Valuing disabled veterans	The County Council to consider waiving the £10 blue badge fee for veterans.
Ambit	Supporting the significant numbers of veterans and service personnel with neurological damage	Request that Central Government dedicate support and resource research to carry out routine screening into neurological damage and rehabilitation.

	What does this look like?	How?		
rosperity	Giving a voice to the Armed Forces on economic local issues	 The Armed Forces to be represented on the Local Enterprise Partnership. The North Devon + Employment and Skills Board to include a representative from the Military and the Civilian/Military partnership to have business representation. 		
5: Increasing Prosperity	Armed Forces personnel to make a smooth and successful transition into civilian employment	 Explore with MOD/central government the need to automatically align qualifications gained in service with civilian qualifications. Supporting the development of effective career transitions (ie: Career Transition Partnerships, Job Centre Plus, volunteer bureaux develop taster sessions) Develop training opportunities, apprentice schemes and placements within DCC for service leavers. 		
Ambition 5	Northern Devon to become a pilot area to explore the opportunities around supporting the Armed Forces into civilian employment	 Develop an online jobs board in the locality Encourage employers to write person specifications for vacancies based on key competencies rather than organisational specific criteria to enable more applicants to apply, including those from forces backgrounds. Communicate with businesses the value and benefits of employing reservists and forces families. 		

Making it work Set up and monitoring

Immediately:

All Districts and Town and Parish Councils to receive the Task Group report through the Devon Districts Forum and Town and Parish Council Association.

All contributors to this work to also receive the task group report.

Within 3 months

The Civilian Military partnership to meet with its refreshed membership and develop a mutually agreed project plan to meet the ambitions of the covenant through the specific recommendations outlined above.

Devon County Council to assign a named officer to lead on facilitating the civilian military partnership, the content of the covenant and the grant scheme assessment process.

That the Civilian Military Partnership has local (Devon) Armed Forces Representatives (at Unit level) to support their Civilian Military Partnership and the undertakings in the covenant.

That the Districts and Town and Parish Councils are engaged with the Civilian Military Partnership on issues that they have statutory responsibilities for (i.e. Districts - Housing) or an interest in and over time provide a range of interventions that support the objectives of the Covenant.

That the Civilian Military Partnership has a governance structure which reflects the needs and priorities of the Armed Forces Community.

Annually

Scrutiny to review progress against task group recommendations with the Civilian Military Partnership on an annual basis to ensure that the covenant meets its agreed outcomes and is refreshed to ensure continued relevance to the needs of this community

As part of this process covenant signatories to meet to review progress and identify priorities and improvements refreshing the covenant for the forthcoming year.

Ongoing

That the Devon CMP seeks to share learning and best practice Covenant/CMP areas in the South West and beyond

2. Executive Summary

- 2.1. The task group recognises the value of the dedication and commitment of members of the Armed Forces who protect our realm and liberty. Serving members of the Forces sacrifice some civilian freedoms and may face serious injury or death as a result of their duty. The focus of this work has been to ensure that current or former forces personnel and their families are not unfairly disadvantaged simply because of their current or previous association with the Armed Forces. To succeed in this endeavour all elements of the community need to unite, including businesses, the voluntary and community sector, public sector organisations, individuals and the Armed Forces.
- 2.2. Following a reference from Cabinet, The Corporate Services Scrutiny Committee established this task group on the 22nd September 2011 to examine what should be in an Armed Forces Community Covenant for Devon.
- 2.3. Between October 2011 and February 2012 the scrutiny task group have met 11 times and spoken to in excess of 40 people from more than 20 organisations. The task group have aimed to speak to a cross section of representatives from community and voluntary sectors, from local and health authorities as well as the business community.
- 2.4. The recommendations made are a mixture of long term and short term initiatives. However the value judgement that underpins this work recognises the need for a significant focus on long-term strategies moving towards the realisation of the ambitions. There will always be the need for redress of acute problems, however the focus of future work should be a proactive anticipation and mitigation to avoid some of the scenarios discussed in this report.
- 2.5. There are three main themes that form the conclusion of the task group's work:
 - The need of the covenant to draw together agencies who are currently working to support the armed forces community, knowingly or unknowingly.
 - Capitalising on the good work that is already underway and inspiring future work based on evidence drawn so far and developing more complete ways of capturing needs analysis.
 - Providing a mandate for long term, developmental work that is proactive in anticipating and mitigating problems before they manifest.
- 2.6. The information contained in this report supports the ambitions and more detailed recommendations made by the task group. This work does not seek to solve many of the challenges identified, but believes that with a joint approach with other agencies progress towards the ambitions is achievable.

3. Introduction

- 3.1. The task group recognises the value of the dedication and commitment of members of the Armed Forces who protect our realm and liberty. Serving members of the Forces sacrifice some civilian freedoms and may face serious injury or death as a result of their duty. The focus of this work has been to ensure that current or former forces personnel and their families are not unfairly disadvantaged simply because of their current or previous association with the Armed Forces. To succeed in this endeavour all elements of the community need to unite, including businesses, the voluntary and community sector, public sector organisations, individuals and the Armed Forces.
- 3.2. Andrew Robathan MP, Minister for Defence Personnel, Welfare and Veterans, Grant Shapps, Minister for Housing and Local Government and Baroness Margaret Eaton, Chairman of the Local Government Group wrote to Local Authorities in June 2011 inviting areas to help current and former members of the Armed Forces by developing local Armed Forces Community Covenants:

'The Community Covenant does not seek to replace existing good work already put into place by local authorities but to build upon it. It also provides a mechanism to ensure the Armed Forces community are aware of the support available to them. We hope that those already offering support to the Armed Forces, even if not as a result of the Community Covenant, will be keen to promote this support through the Community Covenant and in particular on the MOD website. The Community Covenant not only aims to encourage new support it provides an opportunity to highlight existing best practice.'

- 3.3. Following a reference from Cabinet, The Corporate Services Scrutiny Committee established this task group on the 22nd September 2011 to examine what should be in an Armed Forces Community Covenant for Devon.
- 3.4. On the 14th October 2011 Devon County Council signed an interim Armed Forces Community Covenant with the following measures, anticipating the work of the task group but also enabling community groups to be eligible to apply to the Community Covenant Grant Scheme:
 - ❖ To form a Civil-Military Partnership [the Covenant Signatories]
 - ❖ To form an Armed Forces Community Covenant Task Group (comprising of elected members with representative(s) of the Armed Forces Community) to understand what the local issues and opportunities may be.
 - [The Task Group] to commend a set of actions for adoption by the Signatories (Community Covenant Partnership) and if endorsed;
 - ❖ To refresh the Community Covenant ahead of Armed Forces Day 2012 with a wider set of signatories and more detailed set of actions that fulfil the objectives of the Armed Forces Community Covenant Scheme.
- 3.5. The scrutiny task group met for the first time on the 17th October 2011 and agreed the following terms of reference:

- Understand the footprint and specific needs/issues of the Armed Forces Community in Devon
- Identify opportunities for improvement of current service provision to meet identified need and to ensure no inadvertent disadvantage to the armed forces community
- Create, inspire or encourage direct or indirect for support for the armed forces community
- ❖ To identify how we, and our partners can work, together with Armed forces and Local Communities, to help integrate these communities.
- 3.6. Between October 2011 and February 2012 the scrutiny task group have met 11 times and spoken to in excess of 40 people from more than 20 organisations. The task group have aimed to speak to a cross section of representatives from community and voluntary sectors, from local and health authorities as well as the business community.
- 3.7. The civilian military partnership has also established a website with relevant and timely information: http://devonarmedforces.wordpress.com/. More detail on the Community Covenant Grant Scheme is also available here.
- 3.8. The task group has used the term 'Armed Forces Community' to denote:
 - Serving Forces (regular and reserve)
 - Veterans (a veteran is anyone who has served one full day in the Armed Forces)
 - Cadets
 - Families of all the above
 - University Officer Training Corps
- 3.9. The recommendations made are a mixture of long term and short term initiatives. However the value judgement that underpins this work recognises the need for a significant focus on long-term strategies moving towards the realisation of the ambitions. There will always be the need for redress of acute problems, however the focus of future work should be a proactive anticipation and mitigation to avoid some of the scenarios discussed in this report.

4. Background

National Context

- 4.1. At the end of the Second World War there were 5,000,000 people in uniform, today the number is less than 200,000. With this reduction there has been a corresponding reduction in the wider public understanding of the armed forces and the role they perform. The UK public have not been used to seeing military uniforms in the community.
- 4.2. The Army are in the process of withdrawing the permanent base that they have maintained in Germany. For the first time the Army will be based in the UK. This was initially planned to happen by 2035, but the government have moved the date forward to half returning by 2015 and the rest by 2020. At the height there were 55,000 personnel in Germany, now there are just 18,000. The Super Garrison Policy will lead to the army being more stationary and

- centred on training areas in larger Garrisons. For example Salisbury Plain, Dartmoor, Sennybridge.
- 4.3. The Government's recent Strategic Defence and Security Review (SDSR) plans to reduce the armed forces by 25,000 by April 2015. Broken down as follows:
 - ❖ The Royal Navy will be reduced by 5,000 personnel to 30,000 by April 2015. The assumption in the SDSR was that the Navy would require 29,000 personnel by 2020.
 - The Army will be reduced by 7,000 personnel to approximately 95,000 by 2015. There will be no changes to combat units involved in Afghanistan. The assumption in the SDSR was that the Army would require 94,000 personnel by 2020. However the Secretary of state has announced to the House that the size of the Regular Army would decrease to 82,000 by 2020 with a corresponding increase in the Territorial Army to give a regular to reserve ration of 70:30.
 - ❖ The RAF will be reduced by 5,000 to 33,000 personnel by 2015. The assumption in the SDSR was that the RAF would require a total of 31,500 personnel by 2020.
- 4.4. Currently Reserve Forces make up 10% of forces deployed on operations. Using the figures above, reservist numbers will have to quadruple in the next eight years to fill the planned real reduction in the regular service personnel.
- 4.5. This reduction in regular forces and corresponding increase in reserve forces will have implications for wider society. At a time of rising unemployment in society generally¹ individuals who are leaving the forces will encounter difficulties securing sustainable employment. Whilst a rise in the reservist element of the armed forces will necessitate more employers enabling their staff to serve. The high intensity of current combat zones is also undoubtedly leading to an increase in veterans with serious physical and mental health conditions:

'The projected withdrawal of troops by 2015, the UK will have more combat Veterans than it has had to deal with since the end of the Second World War.'²

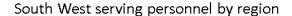
Devon and The South West

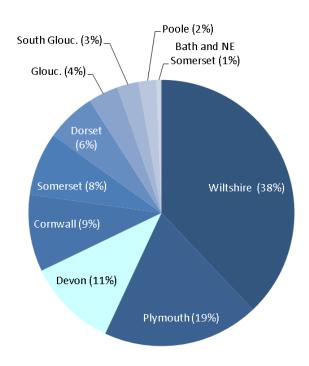
- 4.6. The first question for the task group was to identify the footprint of the military in the South West and Devon. The information that the task group has found is presented below. However this is an incomplete picture, and the most vulnerable and those most needing support that are hardest to find. Many agencies do not identify whether their service users have a forces background.
- 4.7. A quarter of the defence budget for the UK, £9 billion pounds, is spent in the South West. A third of the Navy and a fifth of the Army (20,000) are stationed here. This contributed a large amount to the local economy. The treasury have indicated that it wants the MOD to divest 10% of its estate over the next 10 years but there are no plans at this time to reduce the presence in the South West. In fact with the reduction from 102,000 soldiers to 82,000 it is likely that a quarter of the Army will be stationed here.

¹BBC news: 'UK unemployment increases to 2.64m' http://www.bbc.co.uk/news/business-16175309

² The Veterans change partnership business plan

4.8. As shown on the chart below Devon as a local authority area has the third largest South West regional presence of currently serving forces personnel.





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Headline statistics for Devon

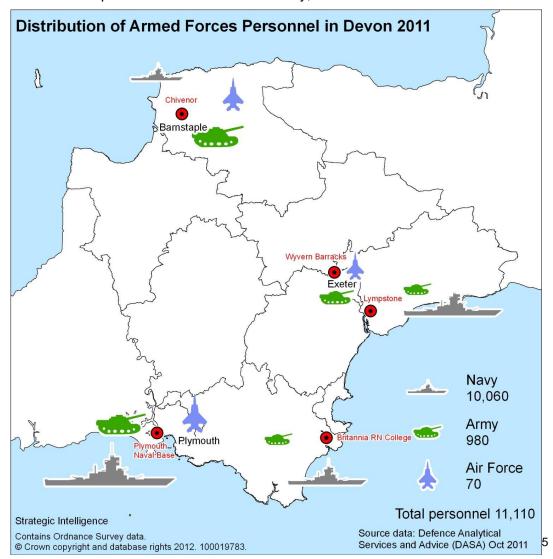
- 4,230 regular armed forces personnel based in Devon
- 1,000 school-age children of Armed Forces families
- 1,000 reservists
- 3,800 cadets
- 12,500 Royal British Legion members with 1200 receiving welfare (£750,000) support annually from Legion funds.
- 200 400 service leavers in Devon each year, evenly split between the 16-24 and the 25-54 age brackets.
- 22 people who were born in Devon have died on operations Iraq and Afghanistan, in Service with the Army, the Navy, the Royal Marines and as reservists.

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http://www.wiltshire.gov.uk/military-in-the-south-west.pdf

³ Data taken from Wiltshire Council: 'Military Presence and Economic Significance in the South West Region' March 2009 http://www.bec.co.uk/mews/uk-10629358 http://www.dasa.mod.uk/ http://www.dasa.mod.uk/

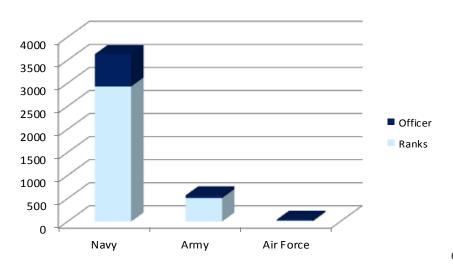
4.9. The map below demonstrates the Army, Naval and Air force bases in Devon.



4.10. One of the major differences between Army families and Naval families is that Naval families tend to be more static, perhaps clustered around a base and tend to have more developed support networks. Army families tend to move with the Regiment and therefore experience greater upheaval. Although as detailed above there are developments underway to reduce this in future. The Air Force tends to operate on a similar model as the Army. In Devon even excluding Plymouth the majority of service personnel are from the Navy.

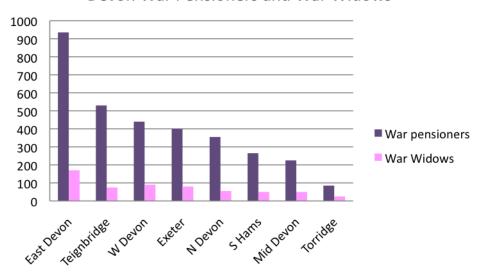
⁵(Discrepancies in figures arise dependent on whether Plymouth, being inside the County of Devon is included, or not as it is a Unitary authority and separate from Devon County Council.)

Service Personnel in Devon



4.11. Whilst figures and information on service leavers and their families is available at the time of departure from service, information on veterans after this date is harder to capture. There is currently no way of capturing an exact figure on the number of veterans who live in Devon, only those who are collecting a war pension or war widow pension. The chart below demonstrated the concentration of claimants by area in Devon.

Devon War Pensioners and War Widows



4.12. Despite having a clear picture of the service personnel and some other groups in Devon there are significant gaps in mapping the profile. The number of veterans is particularly hard to quantify. The task group understands that many veterans will not identify themselves as such, particularly if their service was short and many years ago. Most men born between 1949 and 1960 will have been eligible for National Service (so many over the age of 69 will be veterans).

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⁶ Taken from the Military Presence and Economic Significance in the South West Region March 2009 http://www.wiltshire.gov.uk/military-in-the-south-west.pdf (not including Plymouth)

4.13. Whilst schools currently collect data on numbers of children with one or both parents in the military there may be some discrepancy if the children are also eligible for school meals. The pupil premium is approximately half of the value of the funding available to the school for school meals and it appears that schools are not able to claim for both. Schools therefore may encourage children to claim for school meals rather than the armed forces pupil premium.

Who currently supports the Armed Forces Community?

4.14. There are many agencies, voluntary organisations and charities that have been set up or specifically plan to work with part of the Armed Forces Community. The Royal British Legion is a fantastic example of an agency designed to work with serving forces, veterans and families. Somewhere like St Loyes on the other hand is specifically dedicating resources to work on their Transitions project with veterans. There are also many organisations that are helping or supporting parts of the armed forces community without knowing that those individuals belong to the Armed Forces Community. Some of these groups are harder to identify because the Armed forces Community is not overtly targeted in charity's objects or forward plan.

5. Ambitions

- 5.1 Having ascertained available information on the Armed Forces Community and some understanding of the agencies that work with them the task group then needed to identify gaps in provision or outcomes not being met.
- 5.2 To carry out this section of the investigation the task group spoke to serving members of the Armed Forces, their families and Reservists.

Regular Soldier's testimony

'In the process of resettlement, soldiers do not need to be mollycoddled; some of us need lots of help others crack on. The most important thing is making sure the information is available when it is needed and signposting. There is a good service leaver pack already this links with the transition partnership.

But there could be a better leaflet and webpage with local info which should include the following:

- Housing, who to speak to how to access
- Benefits and entitlements,
- Assistance in the job search to link with what already happens in the military
- School transition, how it works (making sure that there is a postcode available for use – as previously soldiers have needed this to register their children for a school place)
- Information about medical access should not be moved the bottom of a waiting list simply because you have moved area.'

- 5.3 This testimony and others like it (Appendix 1) helped crystallise the priorities for the task group of what should be in the community covenant. This intelligence has formed the basis of the ambitions presented above.
- The most commonly occurring problem as highlighted in the regular soldier's testimony is individuals trying to get the help or support they needed. This is not a question of there not being support or information available, but about the accessibility and accuracy of information and clarity of points of access. The task group believes that there are a number of developments that can easily improve communication and accessibility of information.
- The first ambition therefore is to develop better working contact between agencies and paramount is clarity of communication. Acronyms, terminology and technical speak may mean different things to different agencies and clutter communication. A commitment to using Plain English, possibly assisted by the Campaign for Plain English: http://www.plainenglish.co.uk/
- 5.6 The next development is for all agencies to ensure accuracy of information and avoid duplication or passing individuals through unhelpful routes. A closer working relationship as well as clearer route maps through services will make a difference. There is also the opportunity to use each others mediums of communication, for example the Council magazine is sent to approximately 270,000 addresses.
- 5.7 The principle of working better together underpins the other four ambitions.

6. Cutting The Wire

Bases actively belonging in the community

- 6.1. This ambition is at the heart of the intent behind the armed forces community covenant. The task group has heard from many witnesses the need to break down the barrier between Military bases 'behind the wire' and the community to which they belong. This is of potential benefit both to the community and the Military.
- 6.2. Military bases need to be invited to be an active part of the communities they belong to and in turn they need to explore opportunities to support the community. Some ways in which this might happen are included in the recommendations, exploration of sports facilities and hosting tournaments on bases for civilians and involving bases in the local political process with surgeries and raising awareness through community and public services information.
- 6.3. In discussions with 6 Rifles the idea of pooling resources for training opportunities was raised. Whilst this idea needs further development there is potential for training courses that are run by one organisation might be opened up to the other, particularly where course run below capacity or are threatened to be cancelled.

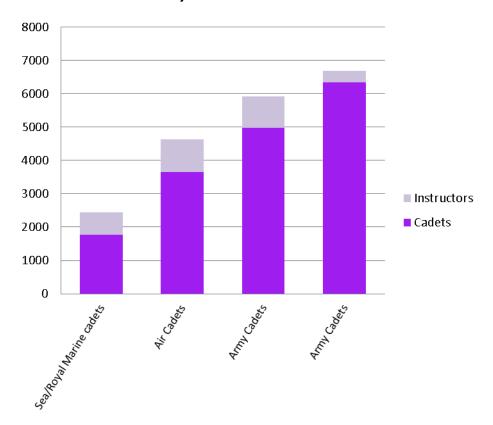
Demonstrate the value of reservists

6.4. The task group believe that there is a real opportunity for Devon County Council to lead the way in the support for members of staff who are reservists

⁷ Taken from witness session with a Regular Serving soldier, currently going through resettlement process.

- or cadet instructors. There are more than 23,000 reservists and cadets in the Wessex area (Bristol, Cornwall, Devon, Dorset, Gloucestershire, Somerset and Wiltshire). Not including the combined cadet force. The task group would like Devon County Council and other councils to demonstrate pride in members of staff by inviting them to wear their uniform on 'wear your uniform to work day' instead of individually having to seek line manager approval.
- 6.5. The task group understands that reservists who are DCC employees are not always clear about their rights as reservists and DCC members of staff. The task group believe that a dedicated page on the DCC staff intranet 'The Source' will help to alleviate this.

Military Cadets in the Wessex Area



Making sure that those serving in the forces have somewhere to live both during service and when they leave.

- 6.6. The task group have not specifically focused on housing needs, however the need to consider housing has been a consistent theme mentioned by witnesses. The task group understands the position from central government (as outlined in the box below) but also identifies the need to work with housing providers to develop housing solutions.
- 6.7. Birmingham City Council have just (21st March 2012) launched a scheme called 'Veterans' Homebuy' where ex service personnel or the widow or widower of service personnel are supported to buy a house with the Council

providing up to 10% of the sale price as a shared equity loan, matched with 5% deposit from the house buyer.⁸

'Housing help for Heroes'

Central Government has introduced a number of initiatives to support forces housing these include:

- Help for first time buyers: Service men and women looking to own their first home will be at the very front of the queue for Government-funded home ownership schemes, including the new FirstBuy scheme - which will prioritise military personnel and their families for up to a year after active service ends.
- Tailored support: housing experts are visiting military bases across the country to explain how to apply for new homes that will be built in the next few years.

7. Reaching their potential

7.1. More than 90% of Devon's schools have at least one child from an armed forces family. With the majority (65%) having between one and five children from a forces family. The task group have heard about fantastic developments that are in place, particularly in schools with many children from forces families. However it is very important to support those schools where the challenges of belonging to a forces family may not be recognised and these are likely to be where there are smaller numbers.

Barriers to success

- 7.2. Forces children are more likely to have difficulties at school, manifested as poor self-control, oppositional behaviour and typically language delay. Studies have shown that forces children may also demonstrate lower attainment in literacy and numeracy. This is particularly observable in boys compared to girls (Baron Cohen). The cause can be traced back to anxiety and some levels of depression and low self-esteem. Language delay leads to frustration, which in turn leads to lack of self-control and results in poor behaviour.
- 7.3. These trends tend to be prevalent in younger forces families, possibly because they themselves do not have the prerequisite skills and experience to support their children whilst they are experiencing upheaval and challenging circumstances. 75% of the military are under 26 years old.
- 7.4. Children from forces families may be more likely to be identified as Special Educational Needs. South Mead School has a high proportion of children from a military background. It also has a very high level of special educational needs, out of 39 children, 17 have special needs (44% the average is 20%).

⁸ http://birminghamnewsroom.com/2012/02/birmingham%E2%80%99s-covenant-launch-sees-first-veterans%E2%80%99-homebuy-scheme/

- This represents a range of difficulties from delayed social and emotional development to fine motor skills.
- 7.5. This is attributed to frequent change; children may have attended many schools as well as experiencing inherent disruption when their parent/s are deployed. Attachment is a significant issue. The ability to meet the need to bond with the parent and the group can be interrupted if a parent is absent for significant periods. There are similarities observed in children in care who also display limitations in their developmental growth.
- 7.6. To compound the problem, the task group has heard anecdotal evidence that suggests some families are unwilling to engage with the support functions on the base, wishing to avoid being labelled as troublemakers. They are also highly unlikely to be identified through the usual methods of accessing support such as eligibility for school meals. Yet the family may very well be in a comparable situation to others who would be eligible for support. They are also more likely to be invisible to the authorities if they are subject to frequent moves.

Resilience:

- 7.7. The most important thing is to develop resilience in the child and the family. Central to this process is the concept of self-esteem. Self Esteem can be broken into three interrelated parts:
 - Self emotional literacy, being aware and able to regulate the self.
 - ❖ Belonging a feeling that you are a valued member of a group
 - Enablement/Empowerment wiliness and ability to engage
- 7.8. Without a developed sense of self-esteem children are less likely to engage in social and learning situations. Boys in particular are likely to react aggressively when put in new learning situations. In this scenario increased literacy support isn't going to be the solution, need to work on developing the auditory memory by tackling the underlying issues.
- 7.9. There are some national charities that are working in this way Service Children in State Schools work through the medium of drama and role-play, which is far more potent than simply trying to improve reading.

Ensuring as smooth a transition as possible

- 7.10. Improving transition between educational establishments is very important. In some cases the transition is not just from areas of the UK, but between Countries. With the withdrawal from Germany more children are going to come back into the educational system in Britain.
- 7.11. The School Admissions Code from the Department for Education 2012 provides the statutory framework for school admissions. This framework set by national government dictates the way in which school places are allocated.
- 7.12. The current In-Year Co-ordinated Admissions Schemes for 2011-12 and 2012-13 for Devon allow a longer lead in time for school places to be offered (16 weeks instead of 8). This will potentially benefit armed forces families. In addition places can be offered using a posting unit address rather than a residential address.
- 7.13. The Schemes feature the Fair Access Protocols determined under the 2010 Admissions Code. The Fair Access Protocol is a safety net for children not allocated a place under the normal admission arrangements. Places are currently made available for any child up to 3% over the year group's agreed admission for Secondary school. (E.g. if a school has an agreed class size of 30, there will be up to 3 additional places available in year).

- 7.14. The task group has recommended that the Fair Access Admissions Code be amended to include consideration of military children. This only comes into effect if children are not offered a school place at one of the child's preferred schools.
- 7.15. The task group has heard testimony from a number of individuals, and has been particularly impressed with the passport scheme adopted in some schools. This is where children have their own documentation that they keep and update and when they move school they take with them.

Supporting separated parents to spend time with their children

- 7.16. Towards the end of the task group's investigation it has been identified that children from military families who are separated or divorced face additional challenges when visiting their parent who is still serving in the Armed Forces. If the parent in the Forces does not have sole custody of the child they will not be entitled to family accommodation. This means that they will live in military accommodation, on a ship, in barracks, where a child could not stay. For the separated parent to spend time with their child they therefore have to find temporary accommodation, e.g. a hotel or B&B.
- 7.17. The task group has not investigated how many children will be affected by this situation but believes that future work should be carried out to find solutions to this anomaly. The Services Cotswold Centre has carried out work in this area.

HMS Heroes

What is it? A club to provide a voice for children from service families in a school, youth club, pre-school or anywhere else. Service children provide mutual support for each other.

Who can join? Any group with service children. Membership is £120 a year mainly to support the website and each school has a dedicated page.

What does it do? This is determined by the children, the group meets as often as it wants and focus on different things that support working together and involvement that helps children to be able to express their issues in a safe environment.

HMS Heroes has its own constitution and standard, and groups of schools can fund raise for area standards. Recently a Heroes member's father was killed in Afghanistan and the children paraded the standard at his funeral.

The adult group behind Heroes meets x3 yearly. Any school/setting reps can attend and there is a flexible agenda. This is an after school event to allow ease of access

Who is affiliated? Heroes is linked to the MOD education site and RN.COM and promote HIVE publicity and FAFDU events alongside the RBL. Local branches in Plymouth have provided each school with a large map and white board for their club.

8. Health and Wellbeing

- 8.1. The Health and Social Care Bill is currently passing through parliament and proposes significant changes to the organisational structures within the NHS.⁹ The Bill raises a number of questions about how services will continue to be delivered and how they will be commissioned. The Devon shadow health and wellbeing board is currently in the process of being established and the task group believes that the health of veterans should be considered as an issue for further development.
- 8.2. The task group would like to ensure that veterans and forces families are not prejudiced in accessing healthcare because of their connection to the Armed Forces.
- 8.3. Currently the objectives in the NHS operating framework pertaining to veterans are delivered through the NHS South West Armed Forces Health Forum (SWAFHF). The forum has two interdependent aims:
 - ❖ To discuss, debate and develop how we can deliver appropriate care in the South West to the AF - including their dependants, reservists and veterans
 - ❖ To inform and feedback to the Department of Health & MOD (via the Partnership Board and WGs) on their approach to delivery of health and mental health care to AF - including their dependants, reservists and veterans
- 8.4. The SWAFHF's stated objectives are to improve commissioning & provision Improve links with Primary Care, Acute and Partnership Trusts through Joint Strategic Needs Assessment (JSNA); Targeted healthcare/Local delivery plans; Equal and Fair Access.

Outcomes so far include the following:

- Primary care links strengthened
- Military Primary Health Care Services
- ❖ General practitioners using Armed Forces experience to support patients
- General practitioner registration pre-leaving
- RCGP e-learning ttp://elearning.rcgp.org.uk/
- Other care links strengthened
- Continuous Health Care issues linked to Army Recovery capability and Royal Navy/Royal Marines process
- 8.5. Despite the progress made there is still much to be done. The task group have spoken to individuals about their health conditions as well as voluntary and community groups about some of the developments underway.

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⁹http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/HealthandSocialCareBill2011/index.htm

Case Study: in 2004 in Iraq a soldier sustained bullet wounds; he was treated in theatre and then sent to the Royal Centre for Defence Medicine. When he returned to Exeter he was given a letter to take to his GP, and presented himself at the surgery with fresh wounds. The local surgery did not expect to receive such serious injuries.

Whilst, the military / civilian handover of care has improved since this date many GPs would not expect to be faced with the ongoing/aftercare of this type of injury, which may be accompanied by very specific mental health injuries.

'Each year 24,000 servicemen leave the Armed Forces. Of these, 10,000 have served in recent operations. This means that the 32,738 GPs in England and 58 English Mental Health Trusts will receive on average one veteran every 16 months and 413 a year respectively. Whilst most achieve a seamless transfer to civilian life, for a minority the experience is traumatic'. 10

Neurological damage sustained by veterans

- 8.6. American research led by Stanford and Harvard universities indicates that 85% of those who have experienced a single bomb blast will have neurological damage resulting in sight loss problems.
- 8.7. The principles are not about damage to the eye but about damage to the brain and resulting sight loss. However this is a hidden problem and 90% do not recognise this sight loss and cannot diagnose themselves. This is because the brain compensates for damaged sight. As a result conventional sight tests will not identify the damage.
- 8.8. This level of damage results in symptoms that may present as PTSD, e.g. short term memory loss, frustration, confusion. However unlike PTSD there are developments to enable rehabilitation and treatment.
- 8.9. The West of England School and College has facilities to be able to diagnose and treat neurological damage of this type and is currently working with children with neurological conditions and associated sight loss.
- 8.10. The task group believes that greater prominence should be assigned nationally to research and screening for neurological damage with a view to alleviating the symptoms through rehabilitation.

Mental Health

8.11. The task group have encountered some of the challenges associated with mental health conditions as a result of service. The stigma attached to having a mental health condition is significant and anecdotally service personnel are less likely to come forward to be diagnosed because of an ethos of not asking for help.

'From a family perspective mental health is the hardest to deal with... you can't put a plaster on it'11

- 8.12. The mental health of veterans is an increasing problem:
 - ❖ Roughly 1 in 1,000 serving personnel will be diagnosed with PTSD
 - Reservists are at greater risk than regular serving personnel

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¹⁰ http://www.nff.org.uk/pdfdocs/mental_health_report_murrison.pdf

Family member of a soldier diagnosed with PTSD

- ❖ 80% of new patients getting help via combat stress have tried to get help from the NHS.
- ❖ 69% have a present or past history of drug, alcohol, dependency and abuse.
- Suicide rates for ex-service personnel under 24 are two to three times higher than for their civilian counterparts.¹²
- 8.13. Mental health presents a particular challenge as the symptoms are often not encountered until many years after the damage is sustained. For PTSD it is not uncommon for symptoms to present 13 years after the trauma. At this stage the individual may not relate the mental health condition back to their time in the military, especially if this time was short.

Veterans in the prison population

- 8.14. There are a disproportionate percentage of veterans in the criminal justice system. There are likely to be numerous reasons for this, however there does appear to be a link with young men and a low self worth or self esteem.
 - Studies conducted by the Home Office between 2000 and 2003 indicated between 4% and 6% of the prison population were veterans which would equate to 5000 prisoners
 - ❖ The Ministry of Defence (DASA) recently suggested about 3.5% of the prison population are former service personnel which equates to 3,000 prisoners
 - ❖ The Veterans in Prison Association has suggested it is over 9% = 7,650 prisoners
 - A study in 2007 at HMP Dartmoor suggested 17% of its population were veterans
 - Other individual prisons are quoting approximately 14% ¹³
- 8.15. As discussed in 7.8 above there are strategies that can be employed to build self esteem however for these to be effective they are likely to be long term.

9. Increasing Prosperity

Employment for Reservists, families and veterans

- 9.1. There are many benefits for employers taking on individuals, who are exmilitary, the families of serving personnel or reservists. Transferable skills including first aid at work, self reliance, confidence, leadership, loyalty and the ability to train others all come from military service. Spouses of serving personnel are likely to have built up expertise in many different settings if they have moved frequently.
- 9.2. However many employers feel that the risks outweigh the benefits. The TA soldier may be on operations for a 12 month period. Many regular forces families find it difficult to secure a position as employers see them as moving frequently rather than seeing the benefit of the broad experience they bring. These scenarios do present particular challenges to small businesses with low numbers of staff.
- 9.3. The Reserve Forces Act came into force in 1996¹⁴, and sought to provide some employment protection for reservists. However this protection is limited

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¹² Royal British Legion magazine, Jan/Feb. 2012

¹³ The Veterans Change Partnership Business Plan, March 2011

¹⁴ http://www.legislation.gov.uk/ukpga/1985/17

- and many TA staff have found themselves loosing benefits at work and generally being put on the 'undesirable pile' upon return after operations.
- 9.4. The task group has heard that the support offered to service leavers to find employment is good, and they tend to make a smooth transition into their first employment. However it is later down the line that problems may be encountered, whether through redundancy and difficulties returning to work or simply struggling to get a subsequent job. It is here that the military support networks may have receded and the individual is left feeling high and dry.

10. Conclusion: The Armed Forces Community Covenant

- 10.1. The information contained in this report supports the ambitions and more detailed recommendations made by the task group. This work does not seek to solve many of the challenges identified, but believes that with a joint approach with other agencies progress towards the ambitions is achievable.
- 10.2. There are three main themes that form the conclusion of the task group's work:
 - The need of the covenant to draw together agencies who are currently working to support the armed forces community, knowingly or unknowingly.
 - Capitalising on the good work that is already underway and inspiring future work based on evidence drawn so far and developing more complete ways of capturing needs analysis.
 - Providing a mandate for long term, developmental work that is proactive in anticipating and mitigating problems before they manifest.
- 10.3. Due to the rapid nature of this task and finish group, there are a number of questions and areas of investigation that the group did not cover but recognises that they may be extremely significant. These include:
 - Children in Care exploring whether Forces children make up any portion of those taken into care.
 - The number of veterans in the prison population and strategies to change this
 - The impact of changing NHS legislation on the health and wellbeing of Veterans.
 - Homeless veterans

11. Membership

Chairman Councillor Barry Parsons

Councillors Brian Greenslade, Trevor Pennington and Sam Robinson, Commander Tom Herman

Cabinet Member: Councillor Roger Croad

12. Contact

For comments or further information regarding this report please contact Camilla de Bernhardt, Scrutiny Officer.

Camilla.de.bernhardt@devon.gov.uk

01392 38314

13. Sources of evidence:

Expert Witnesses

The task group heard testimony from a number of sources and would like to express sincere thanks to the following for their involvement and the information that they have shared as well as to express a desire of continuation of joint work towards the fulfilment of the recommendations in this document.

Organisation			
43 Wessex Brigade	Bill Dowling SO1 – MCI		
6th Battalion, The Rifles	7 individuals including reservists, regulars and families.		
Devon Consortium of Voluntary and Community Sector	Diana Crump, Chair		
Devon County Council	Jon Maxwell-Battern, Educational Psychologist John Peart, Head 14 - 19 Learning & Skills Strategic Team Paul Jones, Head of Human Resources Nicola Channon, Project Manager, Safer Devon Partnership Andrew Brent, Strategic Support and Policy Officer - schools		
Devon Federation of Small Businesses	Pete Ashton Sue Wilkinson, Development Manager		
EDP Drug & Alcohol Services	Lucie Hartley, Chief Executive		

Job Centre +	Ann Oliver, Regional Lead on AF		
Life Change UK	Trevor Philpot OBE FRSA, Director		
MOD	Cdr Damon Knight Cdr Bridger		
N Devon CAB,	Tony Cooper, RBL and RAFBF Benefits & Money Adviser		
Naval Families Federation	Kim Richardson, OBE Chair		
NHS Devon	Richard Swarbrick, Head of Service Redesign and Cancer Lead - Strategic Commissioning		
North Devon +	Robin Makeig-Jones Commercial Director,		
Plymouth City Council	Councillor Jordan Heather Ogburn Darin Halifax		
Royal British Legion	John Pentreath, County Manager		
St Loyes: Transitions	Richard Rochester, Project Manager Kerry Weatherburn - Transitions project support and admin,		
NHS SW Armed Forces Mental Health Partnership Scheme	Linda Winn		
The C Group	Audrey Moore, Executive Director The Adjutant, Major Robert Simmons RM,		
Veterans Advisory & Pensions Committee	Tim Pitcher, Vice Chair		
Wessex Reserve Forces' and Cadets' Association	Commander Mike Burnett AFC RN (Retd),		
West of England School and College	Tracy de Bernhardt Dunkin, Chief Executive		
Widey School, Plymouth	Sarah Maiden, Parent Teacher Liaison		

The task group would like to make particular mention of Dominic Maxwell-Batten, Emergency Planning Devon County Council and Major in the Reserve Forces who has made a significant contribution to the task group as well as facilitated speaking to individuals from regular and reserve forces and their families.

Finally the task group would also like to place on record their particular appreciation for the hard work and support dedicated by Mark Lane, DCC Policy, Partnership and External Affairs.

Useful documents/links

- Joint Health Overview and Scrutiny Committee of North East Local Authorities Final Report: Regional Review of the Health Needs of the Ex-Service Community
- Military presence and economic significance in the South West region, Wiltshire Council 2009 http://www.wiltshire.gov.uk/military-in-the-south-west.pdf
- Report of the Task Force on the Military Covenant, Sept 2010 http://www.mod.uk/NR/rdonlyres/3C6A501D-5A85-47C9-9D89-B99C5E428061/0/militarycovenanttaskforcerpt.pdf
- DCC reservist policy: http://staff.devon.gov.uk/atoz.htm/reservists.htm
- Fighting Fit, A mental health plan for servicemen and veterans
 "http://www.nff.org.uk/pdfdocs/mental health report murrison.pdf
- US Army http://www.army.mil/community/
- House of Commons Library Armed Forces Redundancies Standard Note: SN/IA/5951 http://www.parliament.uk/briefing-papers/SN05951.pdf
- Military deaths in Afghanistan http://www.bbc.co.uk/news/uk-10629358
- Military deaths in Iraq http://www.bbc.co.uk/news/uk-10637526
- Trained to Kill then hung out to dry: A correlative and investigative study of crime rates amongst ex-military:
 http://www.lifechangeuk.com/_webedit/uploaded-files/All%20Files/Research%202010%20Crime%20%26%20Ex-service%20Personnel%20.pdf
- The NHS operating framework http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/documents/
- NHS South West Plan for quality, resources and reform 2011/12 to 2014/15 http://www.southwest.nhs.uk/pdf/Single%20integrated%20plan%20final%20for%20publication.pdf

Glossary

- HIVE: The HIVE Information Service is a service information network available to all members of the Service community serving personnel both married and single, together with their families and dependents as well as civilians employed by the Services. The predominance of HIVE information centers is within UK with overseas information centres in Brunei, Belize, BATUS, Gibraltar and five in Cyprus. In addition, British Forces Germany has responsibility for 25 HIVE Information Centres. http://www3.hants.gov.uk/adult-services/welfarepathway/welfaredetail.htm?id=89
- Armed Forces Community Includes: Serving Forces (regular and reserve) Veterans (a veteran is anyone who has served one full day in the Armed Forces) Cadets, University Officer Training Corps and Families of all the above.

- The task group A group of elected representatives and Military representation who have conducted this investigation and produced this report.
- **Scrutiny** a part of the Council's democratic structure led by nonexecutive Councillors. It works to the common aim of improving services for the local community and is involved in the following:
- Policy review and development Helping to shape the way council services are delivered
- ♦ Scrutinising decisions Is the right action being taken? Are services working effectively?
- External scrutiny Examining services that impact upon the local community Scrutiny does not make decisions; it uses evidence to make recommendations to the Cabinet to request change.
- The Source, Devon County Council Staff Intranet
- **SWAFHF** South West Armed Forces Health Forum
- **MOD** Ministry of Defence
- DCC Devon County Council

Appendix 1: Regular Soldier's Testimony – 6 Rifles

Health

Servicemen and their families should not be disadvantaged by the frequent moves that service life requires. If a family member is on a waiting list for treatment with one health authority and moves then they should not have to start again on the new health authorities waiting list as this extends the time taken to receive treatment. They should join a waiting list at the same point that they left the other. The same applies for ongoing treatment, once a course of treatment has commenced then this should be continue in the new location with minimal delay.

Education

For those children who remain in the state school system then they are disadvantaged by the frequent moves that services life requires. They are very likely to be at a lower standard in Maths and English in particular. Where a school has a significant proportion of service children then the provision of a schools forces liaison teacher or teaching assistant should be considered and may also attract funding. They would act as a focal point for forces children and ideally teaching support for Maths and English, also they could be the link to the Unit Welfare Office (welfare support for those deployed rather than school issues).

Recruitment

Forces families often find it difficult to find work due to the frequent moves service life requires. Employers often see the short term (18months - 2 years) window as a reason not to employ forces families, they fail to recognise that by working in so many different locations (assuming the same profession) that they have gained more experience and can suggest best practise thereby adding value. Employers also need to understand that the policy on 'Arms Plot Moves' has changed and that some units and families will remain in one location for much longer (5yrs). The council should be a positive recruiter of forces families and encourage others to do the same.

Passage on Info

The council should understand that the best way of passing on information to service families is through the local 'Hive'.

Appendix 2: Devon Civilian Military Partnership Memorandum of Understanding



- The Devon Civilian Military Partnership (referred to as the 'Partnership' or Devon CMP) is a voluntary arrangement between the Military and Civilian communities in Devon to foster greater understanding, support and integration between these communities.
- 2. The Partnership is a joining of armed forces communities, commissioners and providers of public services, civilian communities and private, voluntary and charitable sector communities. The partnership does not aim to be exclusive but an inclusive partnership involving all those with a legitimate interest in fostering the above. The litmus-test for inclusion in the partnership is that the organisation is fit-for-purpose, can contribute in a practical and useful way to support/further the aims of the covenant and has the support of the community it represents.
- 3. The Partnership does not have any legal status or rights. Nor does it have any financial capacity or responsibility. The Partnership does not exercise authority over other agencies within the Partnership and nor does its individual members. This sovereignty remains with the individual partners.
- 4. The Partnership will be the Devon point of contact for receipt of funding applications for the Grant Scheme associated with the Armed Forces Community Covenant and will undertake an initial assessment of applications before any are passed on to the MOD Bidding Panels. Details of this assessment / endorsement process are available in a separate document.
- 5. The Partnership may be dissolved at any time if there is a majority vote from the existing partners. Individual partners may leave at any time as the Partnership is a voluntary arrangement. Individual partners may be requested to leave the partnership if there is a majority vote from existing members.
- 6. Local Authorities within the partnership have the nominated responsibility (where applicable) for being an 'accountable body' for the Armed Forces Community Grant Scheme (from the MOD). If a local authority responsible for these project funds leaves the partnership then another partner (possibly another local authority) will take over this responsibility or failing this the responsibility will pass back to the MOD.
- 7. The membership of the Partnership is not fixed and may be amended from time to time by a majority vote of the existing partners.
- 8. This Memorandum of Understanding can be varied by unanimous agreement of the Partnership at any time.

Appendix 3



The Devon Consortium is a collective of infrastructure organisations which represent Voluntary and Community Sector Organisations and Groups in Devon. The Consortium is supportive of the principles behind the Armed Forces Community Covenant and recognises that it could play an important part in supporting this community. We commit to investigating the opportunities for our involvement in a Devon Armed Forces Community Covenant with a view to signing up to the covenant with specific outcomes that we can add value to and work towards.

The Voluntary and Community Sector undertakes a wide range of valuable work to support the Armed Forces Community - both directly or indirectly. It is recommended that the sector is engaged with the Covenant through the Devon Consortium and that the VCS is brought together to consider how best the VCS might work together and with other agencies/the armed forces community in order to understand how they identify members of this community and to recognise and support their specific needs. Areas for consideration might include improvements in communications, sign-posting, data-gathering, advice giving and co-ordination of support between those working towards common aims. Although this would need to be established through further open and transparent discussions across the VCS sector as a whole.

Appendix 4: South West Armed Forces Health

The national NHS operating framework recommends the following:

'SHAs should maintain and develop their Armed Forces Networks to ensure the principles of the Armed Forces Network Covenant are met for the armed forces, their families and veterans. The Ministry of Defence/NHS Transition Protocol for those who have been seriously injured in the course of their duty should be implemented, meeting veterans' prosthetic needs and ensuring improvement in mental health services for veterans. NHS employers should be supportive towards those staff who volunteer for reserve duties.'15

Locally this has been interpreted as follows:

Department of Health Planning Checklist for Operational Plans 2011/12 section on veterans taken from the NHS South West: Plan for quality, resources and reform 2011/12 to 2014/15 (updated 4 November 2011)

Planning Checklist	Lead director in NHS South West	Position in NHS South West
Strategic Health Au	thorities should:	
Military and veterans' health develop and maintain their Armed Forces Networks to ensure the implementation of the Ministry of Defence / NHS Transition Protocol	Director of Finance and Performance	 NHS South West Armed Forces Health Forum established in October 2009 and has met quarterly since. the South West Strategic Health Authority Chair is the national and regional champion for the Armed Forces. The Chief Executive of NHS Wiltshire is the lead Primary Care Trust Chief Executive for the Forum; Terms of Reference for the Forum were ratified in November 2010; work of the Forum to date has been recognised as best practice in England and support has been provided to the Welsh Assembly, NHS North East, NHS North West and NHS East Midlands. Dates have been identified to support NHS South East Coast and NHS East of England; work of Forum has focussed in particular on the provision of health services for veterans, mental health issues, notably for reservists and provision of prosthetics; the two Forum working executives sit as members of the national People and Services Working Group of the Department of Health /Ministry of Defence Partnership Board. Issues of transition, recovery capability, employer support and cross-recognition of skills are considered at the sub groups to direct and inform policy; the two Forum working executives join and have chaired the monthly Network telephone conferences to feedback ongoing and formal

¹⁵http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131428.pdf

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			Forum meeting outputs, regional and local
			issues to the Department of Health and
			Ministry of Defence and consider other
anarra dha	Discrete		regional best practice programmes.
ensure the implementation	Director of Finance and	•	A sub group was formed in recognition of the importance of the area of mental health and to
of the Murrison	Performance		implement the recommendations of the
Report to			Murrison report:
improve access to		•	at the request of the South West Strategic
mental			Health Authority, Avon and Wiltshire Mental
health services by veterans			Health Partnership NHS Trust (AWP) agreed
veterans			to lead the mental health sub group and co- ordinate a response to the report;
		•	AWP are now working, in conjunction with the
			military, NHS commissioners, and statutory
			and non-statutory providers (including Combat
			Stress, the Royal British Legion and others) to address veterans' mental issues and deliver
			the recommendations across the region;
		•	it is anticipated that a first draft of their report
			will be provided to the Forum in March 2011;
		•	a South West conference on implementation
			of the Murrison report is being arranged and
ensure NHS	Director of		will be open to national participants.
employers	Finance and	•	The regional representative for SaBRE, which is a Ministry of Defence marketing and
are supportive	Performance		communications campaign has been a
towards			member of the NHS South West Armed
those staff who			Forces Health Forum since Oct 2009:
volunteer		•	SaBRE aims to increase employers
for reserve duties (4.17)			understanding of the role of Reservists and make employers aware of the skills reservists
(4.17)			develop when on duty. Through this SaBRE
			believe support for their Reserve Forces
			employees will be that much greater;
		•	the Forum is represented as a member of the
			national People Working Group of the
			Department of Health /Ministry of Defence Partnership Board. Issues of employer support
			and cross-recognition of skills are
		•	considered at the sub groups to direct and
			inform
		•	policy.

The actions developed here are monitored by the South West armed forces health forum, the structure of which is over the page.

NHS South West Armed Forces Health Forum Structure



