

INDEPENDENT REVIEW OF UK GOVERNMENT WELFARE SERVICES FOR VETERANS

The Independent Review of UK Government Welfare Services for Veterans 2023

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Executive Summary

This independent review into HMG-led veteran welfare services was commissioned in March 2023 as a joint Ministry of Defence (MOD) / Office for Veterans' Affairs (OVA) initiative. Its aim was to provide an independent review of the effectiveness and efficiency of government delivered (primarily by the MOD) veteran welfare services and make recommendations for improving these where necessary. Seven bodies were in scope of the review, some of which had recently been subject to individual internal and / or external reviews, but not as part of a broader, more holistic review of the overall welfare services for veterans' package. The full terms of reference can be found at Annex A.

The veteran welfare system is a complex ecosystem, built up over the last century, with services bolted on over time, often to meet specific needs at a given time and with little consideration, it appears, of the overall coherence of the system. There are a significant number of statutory and non-statutory bodies – both third sector and private enterprises – providing varying types and degrees of support, from signposting veterans (and in some cases serving personnel) to individual advocacy. Consequently, few individuals working within it fully understand the full scope of the system and its connections and interfaces, and it can feel almost impenetrable for those outside the system seeking support.

Nevertheless, significant changes have been made over the last decade to improving government's understanding of the welfare needs of- and services available to- veterans, not least with the creation of the Office for Veterans' Affairs, within the Cabinet Office, in 2019 and the publication of the government's 'Strategy for our Veterans' and associated Veteran Strategy Action Plan (VSAP) ([gov.uk](https://www.gov.uk)).

Moreover, data on the number of veterans in the UK is improving, with a specific Census 2021 veteran question, and an inaugural Office for National Statistics (ONS) / OVA Veterans Survey in late 2022 / early 2023, the results of which are expected later in 2023. The 2021 Census data estimates that there are 1.85 million veterans in England and Wales ([ONS.gov.uk](https://www.ons.gov.uk)), representing around 3.8% of the population aged 16 years and over. This was the first census that asked about veteran status, although it is important to note that the question was not asked in Northern Ireland and the Scottish 2022 Census data is not available at the time of this report. These figures do not take into account veterans' families, which would likely more than double the number of people, who may either directly or indirectly be impacted by the Strategy, Action Plan and welfare services offered.

Methodology

The review team comprised 3 civil servants, on loan from other government departments, with the lead reviewer having no previous background in this field. One of the team had recently completed the Quinquennial Review of the Armed Forces Compensation Scheme. The team were supported by the Independent Veterans' Advisor HM Government.

To ensure recommendations were evidence-based, the team sought to gather primary data through liaising extensively with key stakeholders including representatives of the in-scope bodies, meeting in-person where feasible; a wide range of charities who are involved in the veteran welfare ecosystem; and other government departments with responsibility towards providing services to veterans. These stakeholders were asked to provide a written submission in answer to key questions, many of which prompted individual follow-up discussions. Additionally, keen to get the view of the service users themselves, four focus groups were arranged with veterans and charity representatives, to gather views and suggestions for improvement.

Stakeholders acknowledged from the outset that the three-month timeframe of the review would be extremely challenging, particularly given the limited resources of the team and the scope and complexity of the veterans' support environment. Consequently, we were unable to undertake a survey, or to hold a greater number of focus groups with a broader set of respondents.

Secondary data was gathered and analysed from internal MOD data and policies; other government websites, such as GOV.UK, and the Office for National Statistics; other recent reviews and their recommendations; and other reports, including those provided by stakeholders.

Key findings

The complexity noted above was frequently cited as a key issue. For some, the sheer volume of support offerings available is, ironically, overwhelming and off-putting. For others (including welfare providers), the complexity creates duplication, and therefore, inefficiencies.

Linked to this complexity, a lack of coherence, a clear line of accountability, and a related lack of clarity about the 'who, what, where, when and how' of services— both in terms of the service provider and the service recipient— were regularly cited as concerns. Thus, a key requirement is for the government to decide, clearly articulate and communicate, what services it is offering, to whom and on what terms. A less siloed, whole-system approach is needed, detailing:

- i. what is on offer to those still serving;
- ii. what is the offer of support through the transition period, including where and when the handover to- and interface with- these transition services is; and,
- iii. what is then on offer for an individual post-transition, when they are in the civilian world, and for how long.

Key to this is recognising that the person at the centre of this (the service person who becomes a civilian) is the same person throughout, yet the current processes often treat them as if they were different people, and while some of their needs may be short-term, others remain constant throughout.

Options for further formally commissioning services to the third sector were widely accepted as sensible, workable options, and as long as they were communicated effectively, would not be perceived as the government shirking responsibility. In these circumstances, the government would retain responsibility for the services in question but would commission others to deliver them on their behalf.

Communications were frequently described as being poor, primarily in terms of the macrolevel 'big picture' communications as to what is on offer, and the micro-level communications to individuals about their specific need or case. This led in-part to a distrust of the MOD, and the brand under which it delivers veteran welfare services, Veterans UK. This is an area that must be urgently improved. While user feedback about Veterans Welfare Services (VWS) and Defence Transition Services (DTS) (gathered by the VWS teams) is generally very good, a large proportion of veterans we engaged with, did not know what the VWS was or what services it provided (this was something also highlighted by charity representatives).

While high-level data about veterans as a group is improving, data held by the MOD on individuals accessing their services was highlighted as a key issue throughout the review. The review team acknowledge that £40m is currently being invested in digitalising Defence Business Services (DBS) systems, and this is to be welcomed. However, the ongoing reliance on paper records; the lack of a high-quality digital data & casework management tool, which negatively impacts both the service being provided and the service user; and the inability or, on occasion, unwillingness, to share data beyond the MOD were repeatedly reported. Furthermore, any new system needs to be interoperable with other MOD systems, and ideally, with those of other organisations working in the veteran support space. This digitalisation project needs to remain a high priority, and senior leaders need to ensure it delivers on time and to appropriate quality.

Terminology and the negative connotations of the words 'veteran' and 'welfare' were frequently raised, particularly within the veteran focus groups. It was felt that the public's perception of a veteran was at odds with the diverse group of people who now make up our veteran population: they have differing, individual needs and expectations, brought about by hugely varied careers and experiences. Their experiences and needs as a result of more recent military campaigns such as Iraq, Afghanistan, the Balkans and Northern Ireland, shape their view of the services they should be provided. Equally, their pride in their service and the skills learned through it, mean that many do not expect a universal cradle to grave service from the MOD. They do, however, expect early preparation for civilian life; a robust, wellsupported transition process, and for ongoing support services to be available to those who need them as a result of issues arising from service, albeit that may just be through clear signposting to other statutory services. Furthermore, there is an expectation that these services will be easily accessible, connected, and efficient.

Finally, the importance of trust was regularly raised. Historical policies, a long-term lack of investment in ensuring high quality support, and poor communications have adversely impacted trust in the MOD services, including Veterans UK. Trust was, as anticipated, a particular issue in Northern Ireland (NI). Despite the Belfast Agreement now having stood for 25 years, there remains a deep sense of unease among some of its veteran population of openly being a veteran, and a distrust of statutory services, that simply does not exist in other areas of Great Britain (GB). The ongoing political instability there is only adding to this. Having trusted HMG services available in Northern Ireland to support veterans effectively, is absolutely key to being able to meet Covenant commitments and ensure that the Strategy aims can also be implemented. The unique position in Northern Ireland means that support service provision cannot be delivered in the province in the same way that it is in GB, therefore veterans in NI will continue to require some bespoke services.

Recommendations and next steps

The short timeframe for this review, coupled with its broad scope, has meant that it has not been possible to delve as deeply into some of the key issues as we might have wished to do so. Nonetheless, we have made over 30 recommendations, which provide options and potential solutions for answering some of the overarching key themes and issues and for improving each of the in-scope bodies.

In addition, 5 suggested next steps are provided, which aim to resolve some of the overarching thematic issues highlighted above. These are in recognition of the complexity of the problem faced, and the associated need to look more closely at the 'upstream' welfare and education processes and services that are in place for the Serving community, and how these might be improved to reduce reliance on the transition and welfare services provided by MOD HQ staff, and then onward into downstream interventions and initiatives. A whole-system approach is required, which equips personnel throughout their career to build resilience and knowledge for making a successful transition to civilian life, and then onwards throughout that civilian existence. This must also include more integrated working with, and commissioning of, third sector and other statutory sector organisations, and a review of the operating model for the DBS-led welfare services.

Conclusion

In conclusion, there is an enormous amount being done to support veterans and their families across the UK. This is being undertaken with the very best of intentions by a lot of people who genuinely care about providing high quality services. However, they, and the individuals they are supporting, have been let down by a history of under-investment in the statutory veterans' support services that has led, over time, to an inability to meet new demands; by having to navigate an overly complex ecosystem of support; a lack of cohesion, of strategic direction and single oversight; a lack of meaningful, regular, targeted communications; and a lack of high-quality data that is shared effectively. While there are some fundamental changes that are

required to improve this, there are other smaller 'quick win' options that should be undertaken, which will support the overall aim of making the UK the best place in the world to be a veteran.

Acknowledgements

There have been c150 contributors to this review over the last 3 months. Without their collaborative effort and collective input, this report would not have been possible.

In the first instance, thank you to the many veterans (and family members) who took time out of their day jobs and other commitments, to meet with us and who provided very valuable insight and feedback to us. For some, it was clearly incredibly difficult for them to tell their stories, and I am very grateful to them for having the courage and the patience to do so.

Thankyou also to colleagues within the MOD and the OVA, both working within the in-scope bodies, as well as in roles which support them, and to the very many people in the third sector and in other government departments. Your significant input, time, challenge, and support has been invaluable.

Finally, thank you to the review team who have supported all aspects of this review. It has been an absolute pleasure getting to know you all and working alongside you for the last three months.

1. Background

1.1 Welfare services for veterans are currently provided by a myriad of government-delivered, government-sponsored and third-sector organisations, and range from specific medical services to general support accessing broader government and third sector delivered welfare services. These include core Ministry of Defence (MOD) services such as targeted holistic support for those vulnerable service leavers transitioning out of service (Defence Transition Services (DTS)), other government departments' schemes in support of veterans such as Veteran Railcards (Department for Transport), and advocacy provided by the charity sector, particularly for those needing support in their claims for compensation for injuries caused or worsened by their Service.

A. Government

1.2 Two government departments are directly responsible for ensuring the needs of veterans are provided for: the Ministry of Defence (MOD) and Office for Veterans' Affairs (OVA).

Ministry of Defence

1.3 The Ministry of Defence, under the Minister for Defence People, Veterans and Service Families, currently delivers the following services to veterans:

- Administration of compensation claims under the War Pensions Scheme (WPS) and Armed Forces Compensation Scheme (AFCS) and support accessing these Schemes.
- Administration of Armed Forces Pensions.
- Support when a veteran or service person dies, such as the Armed Forces Bereavement Scholarship Scheme which supports the 'further education and university scholarship for bereaved service children.'
- Veterans Welfare Service (VWS) which 'provides support to all veterans, their families and dependants. The VWS focuses on providing assistance where a change in circumstances may have resulted in a welfare need. One-to-one advice is provided by phone or home visit when needed.'
- Defence Transition Services (DTS) which was set up to 'provide information and support for those service leavers and their families who are most likely to face challenges as they leave the armed forces and adjust to civilian life. DTS work directly with veterans to provide information and facilitate access to the support they need, whether that be from another government department, local authorities, the NHS or trusted charities.'

- Integrated Personal Commissioning for Veterans (IPC4V) providing a ‘personalised care approach for the small number of Armed Forces personnel who have complex and enduring physical, neurological and mental health conditions that are attributable to injury whilst in Service.’
- Ilford Park Polish Home (IPPH), a ‘residential and nursing care to former members of the Polish Forces under British command in World War 2, and their spouses.’
- Veterans UK Helpline which ‘offer[s] specific advice on war disablement pensions and the armed forces compensation scheme. The helpline also deals with queries from Veterans, serving personnel, their families and third parties regarding claims and can refer on to the Veterans Welfare Service and service charities if required.’ (MOD, Veterans UK, gov.uk)

1.4 These services are currently delivered under the Veterans UK brand, by the Defence Business Services (DBS), a shared service centre with MOD. The MOD also sponsor or contract additional welfare services, including the Veterans Advisory and Pensions Committees (VAPCs): an Advisory Arms’ Length Body (ALB) who support ex-service persons and their families.

Cabinet Office

1.5 The Office for Veterans’ Affairs (OVA), under the Minister for Veterans’ Affairs, Cabinet Office, is tasked with leading ‘UK Government efforts to make sure the United Kingdom is the best place to be a veteran anywhere in the world, helping the nation fulfil its lifelong duty to those who have served in the Armed Forces’ (Office for Veterans’ Affairs, gov.uk). The OVA is currently a small (albeit growing) organisation which:

- champions the interests of veterans.
- coordinates all functions of the UK Government to ensure the best support for veterans and their families as they transition back into civilian life.
- collaborates with devolved administrations, local government, and organisations throughout the veterans’ sector to help create positive, long-term transitions for individuals who have served in the Armed Forces.
- ensures that every veteran and their family know where to turn to access government support if they need it.
- celebrates and showcases the brilliant contribution veterans make to society after leaving service (Office for Veterans’ Affairs, gov.uk)

1.6 Additionally, jointly with the Royal British Legion (RBL), the OVA provide the Veterans’ Gateway service; a digital and telephone service which act as ‘the first point of contact for all Tri-Service veterans, and their families. Its expert content covers welfare areas including housing, employment, finances, living independently, mental wellbeing, families and communities, and physical health’ (veteransgateway.org.uk). RBL is the primary delivery partner but works alongside a consortium of charities.

1.7 Also, within the Cabinet Office, the Independent Veterans Advisor (IVA), reporting to the Minister for Veterans’ Affairs, is charged with representing and advocating for veterans in the UK government. The IVA works with the Veteran’s Commissioner for Wales (appointed by the Secretary of State for Wales), the Veterans Commissioner for Northern Ireland (appointed by

the Secretary of State for Northern Ireland) and the Scottish Veterans Commissioner (appointed by the Scottish Government (scottichveteranscommissioner.org)) to fulfil this role.

Other Government Departments

1.8 The Strategy for our Veterans, published in 2018, makes clear that supporting veterans in civilian life is a whole-government responsibility, including the Devolved Administrations (DA), and is not just the responsibility of the MOD and the OVA. For example, NHS England (NHSE), the Department for Work and Pensions (DWP), His Majesty's Revenue and Customs (HMRC), the Department for Transport (DfT), the Department for Levelling Up, Housing and Communities (DLUHC) and the Ministry of Justice (MoJ) all contribute to assisting and improving the needs of a veteran and their family:

- Op COURAGE is a partnership with NHS England and is a bespoke mental health pathway to receive support.
- Op RESTORE is a partnership with NHS England and is a bespoke pathway for veterans' physical health and wellbeing.
- Op NOVA is a partnership with the MoJ to provide crucial support to veterans in the criminal justice system.
- Op FORTITUDE is a dedicated referral pathway for veterans facing homelessness bringing together Local Authorities, charities, housing providers and other support organisations across the country.
- In partnership with HMRC, a twelve-month National Insurance holiday for employers taking on veterans in their first civilian role after service has been introduced.
- DWP provides a network of over 60 staff supporting veterans (Armed Forces Champions) in their DWP Jobcentre Plus network, to support veterans into employment and to help resolve complex cases.

B. Third Sector

1.8 The charity sector, and in particular the military charity sector, is extensive and active in providing welfare support to veterans as well as to the broader Armed Forces Community. The review team consulted a number of the service delivery charities in the course of this review (details of which are captured in Annex B).

1.9 These third sector organisations are independent of government, with charitable objectives which are well-defined and registered with the Charity Commission and its equivalents in Scotland and Northern Ireland. That said, many of these charitable objectives chime with the outputs of the organisations which are within scope of this review. Charities therefore provide beneficiaries with alternative, additional or complementary support to the statutory services on offer.

1.10 It follows that a sound relationship between the public and charitable sectors is necessary at both at the organisational and at the sector level, based on mutual understanding and, as referred to elsewhere within this report, mutual trust. Identifying and exploiting natural and structural synergies would appear to be increasingly essential, promoting the efficient and effective delivery of comprehensive welfare support.

1.11 A natural synergy is that both government and the third sector are dedicated to supporting those who have served. Many third sector organisations have expansive beneficiary group coverage across the Armed Forces Community, notably including serving personnel and their families, as well as veterans and their communities, and the bereaved. Some charities may have a narrower, dedicated focus providing support to specific groups, for specific locations or to meet specific needs, including non-welfare support.

1.12 Rather than operate independently, much is being done within the third sector level to bring the charities together to work collaboratively with each other (most notably within the Cobseo Confederation of Service charities ambit). This is supported by the MOD and the OVA via provision of a grant. Similarly, a number of initiatives provide a mechanism for inter-sector mutual support on thematic lines. Government initiatives such as Op COURAGE, Op RESTORE, Op NOVA and Op FORTITUDE provide a vehicle for close collaboration between public and third sector welfare service providers and have proved effective at enabling commissioning of specialist service support. In addition, the review team saw clear evidence of mature partnership arrangements (such as through the development of the Veterans' Gateway) and in support to appellants in the Armed Forces Compensation Scheme. Finally, there are various funding lines flowing from the public sector into the third sector, such as the direct commissioning of specialist support, the provision of Grants in Aid for specific services, and the funding of a variety of delivery programmes through the Armed Forces Covenant Fund Trust, an MOD arms-length body.

1.13 The relationship between state sector and third sector welfare service providers continues to evolve. The review team believes that there is scope to improve the interaction between public and third sector providers to deliver comprehensive welfare support to beneficiaries, most notably regarding data sharing and operating common platforms for casework management. Arguably the current, siloed approach structurally hinders the provision of coherent, consistent and connected support to beneficiaries, particularly those in the more vulnerable categories.

2. The Independent Review of HMG Welfare Services for Veterans 2023

2.1 This review took place between April and June 2023. Its full terms of reference can be found at Annex A.

2.2 The seven in-scope bodies are:

- Veterans Welfare Service (VWS), Defence Business Services, Ministry of Defence
- Defence Transition Services (DTS), Defence Business Services, Ministry of Defence
- Integrated Personal Commissioning for Veterans (IPC4V), Defence Business Services, Ministry of Defence
- Ilford Park Polish Home (IPPH), Defence Business Services, Ministry of Defence
- Veterans Advisory and Pensions Committees (VAPCs), sponsored by the Ministry of Defence
- Northern Ireland Veterans' Support Office (NIVSO), sponsored by the Ministry of Defence
- Veterans' Gateway (VG), Office for Veterans' Affairs

A. Approach

2.3 In undertaking the review, the team:

- Reviewed existing documents pertaining to legal obligations and policy from which each of the in-scope service are derived.
- Conducted extensive stakeholder engagement.
- Reviewed data that is available, both through MOD and other departments, such as the Office for National Statistics (ONS).
- Considered the findings of previous reviews, including of the Veterans' Gateway, Veterans Advisory and Pensions Committees, the Armed Forces Compensation Scheme, and the Haythornthwaite Review of Armed Forces Incentivisation.

2.4 Stakeholder engagement largely consisted of:

- Regular meetings with the sponsoring ministers, the Minister for Defence People, Veterans and Service Families, Ministry of Defence, and the Minister for Veterans' Affairs, Cabinet Office.
- Regular engagement with officials in the Ministry of Defence and the Cabinet Office tasked with policymaking and delivery in the welfare services for veterans' space,

including Armed Forces People Support, Defence Business Services, and Office for Veterans' Affairs.

- Consultation with officials in other government departments and agencies, such as the National Health Service England and the Department for Transport, tasked with delivering under the Armed Forces Covenant.
- Consultation with several of the most active charities in this space, including the Royal British Legion, SSAFA, Help for Heroes, Combat Stress, the Royal Air Force Association, Forces in Mind Trust, BLESMA, and the Royal Marines Association.
- Multiple meetings with the Veterans Commissioners.

2.5 Each of the in-scope bodies, charities, and other government departments the team engaged with were broadly asked to provide a written submission detailing:

- What their objectives are in the welfare services for veterans' space.
- What services they provide.
- What their experiences are of engaging with other services in this space; and,
- What improvements they might suggest to the statutory services.

2.6 The review team were particularly keen on gaining an understanding of the views and experiences of the welfare for veterans' services of the would-be/user perspective. Thus, a focus group was held in each of the four nations, during which participants were asked about their experiences and to make suggestions as to how their needs might be met. These were held on:

- 18 May 2023, Belfast, Northern Ireland
- 12 June 2023, Brecon, Wales
- 27 June 2023, Edinburgh, Scotland
- 29 June 2023, Salisbury, England

2.7 Additionally, the review team sought to ensure the day-to-day demands on the employees of each of the in-scope bodies were taken into consideration in making recommendations. The team therefore visited each in-scope body and/or consulted with multiple employees of each. Visits included:

- Veterans' Gateway (RBL), 3 May 2023, Virtual Meeting
- NIVSO, 16 - 18 May 2023, Belfast, Northern Ireland
- IPPH, 8 June 2023, Devon, England
- VWS, DTS and IPC4V, DBS, 20 April 2023, Gosport, and 13 June 2023, Blackpool, England
- VAPCs, various dates, in-person and virtual meetings with volunteers from VAPCs across the UK

2.8 In total, the team spoke with circa 90 contributors (see Annex B), excluding the veterans who attended focus groups.

B. Key Findings: cross-cutting concerns

2.9 A number of cross-cutting themes quickly became evident and were raised repeatedly throughout the review. Each concern impacts the effectiveness of the in-scope bodies, thus many of the recommendations in this report address their adverse consequences.

Complexity

2.10 Built up over many decades, the veteran welfare services ecosystem is hugely complex. There are statutory offerings from the MOD and other government departments, public bodies and private organisations, in addition to services provided by over 1600 third-sector organisations (of varying sizes, reach and scope). Moreover, government departments and bodies also work in partnership with the third sector. In sum, the system provides a myriad of differing levels and types of support to armed forces personnel and veterans.

2.11 The statutory services have often arisen in response to a particular need and with it, it appears, insufficient consideration of whether the same service is being delivered in some capacity elsewhere, could be delivered by extending the scope or resources of an existing service, or renders another service redundant or duplicative. In essence, these services have not historically coalesced around a single strategy, nor have they been assessed for their effectiveness in meeting the objectives of such a strategy, leading to duplications of effort, gaps in knowledge and a lack of a comprehensive understanding of what is available, for whom and from whom.

2.12 Simply put, there are so many providers that it is not always clear what the difference between the services are, nor when a user should be seeking the services of, for example, the MOD as opposed to the RBL. On the other hand, the number of services and providers and lack of understanding of what is provided by whom, means that there are gaps in the service provided that remain undetected and therefore individuals whose needs are not being met.

2.13 The confusion resulting from this complexity does not only impact the service user community; it is evident in the way in which responsibility for veterans in government is both held by the Minister for Defence People, Veterans and Service Families in the Ministry of Defence and the Minister for Veterans' Affairs in the Cabinet Office. Yet the delineation of what aspect of veterans issues they are each responsible for is unclear to many (including veterans themselves). In turn, there is no single central oversight of the system that ensures its rationalisation and effectiveness.

2.14 Nevertheless, the development of the 'Strategy for our Veterans' and the related action plan (gov.uk) now provides an opportunity to realign services to deliver effectively against it.

Coherence and scope

2.15 Intrinsically linked to the above, there does not appear to be a clear determination by government of what welfare services it will provide and to what extent, and, therefore, in what instances service users should demand government support or seek support elsewhere. Instead, each in-scope body works to an isolated set of objectives, set and driven by the needs they are immediately confronted with— invariably, these are not strategically aligned. Thus, the services

are not fulfilling a specific set of objectives that enable government to meet its obligations to the veteran community.

2.16 The result is an inability to accurately assess the effectiveness and efficiency of the services and, in turn, a lack of a mechanism for holding the government accountable for failures to provide welfare services (as there is no definition of what it is supposed to provide).

Communications

2.17 The research team found that communications about each of the welfare services for veterans provided by government are poor and ineffective, including but not limited to:

- The failure to promote the current range of services, with many service leavers being unaware of Veterans UK and the services it delivers.
- Information being provided in a format that lacks empathy, and “written for civil servants, not the user”, i.e., uses more complex and official language that is hard for a lay person to understand. This results in would-be clients disengaging from services, and seeking support from the third sector, who can only signpost them back to the statutory services in the first instance, restarting the cycle.
- Correspondence that refers to service catalogues, policy documents and MOD-owned guidance, which cannot be accessed outside of the MOD platform (or if they can, it is not easy to do so).
- A perceived unwillingness, on behalf of Veterans UK to openly engage with the veterans and personnel they are serving.

2.18 In the absence of targeted, regular communications and engagement, the vacuum is filled with misconceptions and misunderstandings.

2.19 While the review team fully acknowledges that this lack of communications and engagement is not a deliberate act on behalf of the welfare services, it is often perceived as such by users, and better, more regular and open communications are required; both in terms of individual updates on cases and more generally around services that are provided.

Data deficit

2.20 There is a lack of effective data collection, storage and sharing within the MOD, and out to its partners. For example, at the time of writing this report, most DBS files are kept in hard copy and digitalised only by manually scanning paperwork. The VWS Case Management System (CMS) permits only a limited type of data to be input and does not provide a view of a user’s interaction with the service nor does it collate the reasons why users are accessing the service. Additionally, even where there are digitalised elements, they are not linked across DBS. Thus, VWS, who work on one case management system (CMS), cannot gain access to, for example, digitalised AFCS claims as these are on a different system.

2.21 Such unconnected, inflexible digital infrastructure means that there is currently no way of knowing, among other things:

- What a user’s history is with welfare services for veterans.
- Whether a single user is accessing different services at any given time or over time and whether the case would benefit from greater collaboration.

- What type of support is needed most at any given time.
- If one service is providing services that another is set up to provide (and may additionally be providing).

2.22 The consequences are manifold:

- On the service:
 - Lost opportunities to forecast challenges and proactively respond.
 - Lost opportunities to ensure the services provided are complementary rather than duplicated.
 - An inability to track the journey of service users and efficiently and effectively respond to their welfare needs (and to communicate in a timely and effective way with them), i.e., no ability to build up a ‘picture of need’ and related interactions.
 - No option to easily provide updates on cases to clients (or for them to self-serve and understand the progress of their case/ claim).
 - Inefficient use of staff time in manipulating out-dated systems to provide Management Information (MI).
- On the user:
 - The need to re-tell their stories to different bodies in order to access services, often resulting in them disengaging from the process.
 - The need to call or email case-workers once they have accessed a service for updates on their case, leading to frustrations on their behalf and that of caseworkers, as a lot of time is spent answering basic queries, both because there is no online system the user can access and because the caseworker must manually extract information from an out-dated system to provide the information.

2.23 The review team acknowledge that a significant amount of money is being invested in digitally transforming DBS’ services, including elements of the Armed Forces Veterans Services (specifically in the pensions and compensations arena). However, this does not currently cover the full span of DBS or include an improved casework system for the VWS and DTS teams, which should be addressed.

Lack of investment

2.24 A sustained lack of investment in services (in finance, people, infrastructure and strategic direction) was regularly cited as a key concern. Many of the cross-cutting issues, including coherence, data deficit and communications are partly a result of this. Specific examples of under investment are identifiable in several of the in-scope bodies, resulting in inadequately-trained staff; capacity issues where resource levels have not been aligned to actual demand, leading to caseloads double that of similar services in the third sector; a lack of direction and consequently, disillusionment among the staff.

2.25 While the review team acknowledges that a significant sum of money is now being invested in some of these services and that public money must be spent wisely, investment in its broader sense is key to ensuring a high quality, cohered system that delivers for the user.

Trust

2.26 Trust is key to the effective delivery of welfare services for veterans, but the review team found it was lacking among the service-user community. For some veterans based in Northern Ireland, there is a very particular need for trust, and the ability to know who they can trust with information about their status as a veteran and history with the Armed Forces (see Part 5C on NIVSO). Yet there is a perception among some in the wider veteran community that the MOD does not care about veterans and is only interested in caring for serving personnel in the interest of maintaining the operational capability of the Armed Forces.

2.27 However, the review team experienced the opposite: the MOD staff involved in policy and delivery in the welfare for veterans' space genuinely (and often deeply) care about the service they are providing, and the impact on the veteran and their families. However, a lack of sufficient resourcing and effective communication, means very few in the veteran community have the opportunity to learn this, leaving some to fill the resulting vacuum with inaccurate assumptions.

2.28 Furthermore, the lack of clarity resulting from the complexity and lack of strategic level, co-ordinated delivery plan described above, leaves many in the veteran community with the impression that the blurring of roles and responsibilities is deliberate and enables the MOD to shirk its responsibilities by preventing the service- user community from holding it accountable. Moreover, they perceive that there is no independence between the teams to the detriment of the service user – this is particularly keenly felt among those claiming compensation from Veterans UK and who are directed to VWS, also in Veterans UK, to support them through, for example, an appeal of an unfavourable decision. Many appellants in this position consider that there is a conflict of interest on VWS's part.

Terminology and inclusivity

2.29 Many respondents felt that using the term 'veteran', was not always accurate or inclusive. For example, the VWS is primarily aimed at veterans, but it also supports some serving personnel, and family members, including the bereaved. The latter groups are not always aware of the availability of these services, or their own eligibility for them, because their titles are (unintentionally) misleading and exclusive. Moreover, many former reservists, who are also eligible to access these services, do not perceive themselves as veterans, and thus do not engage.

2.30 Additionally, the use of the term 'welfare' is often considered to have negative connotations. This stems from the common usage of the word in signal that someone is problematic (i.e., a welfare case) and therefore a 'weak link'. Consequently, in a bid to evade this label, some of those who need support the most would not reach out for it. A more neutral term such as 'support services' would therefore be beneficial and, in fact, more accurate as many of the services provided do not extend to provision of welfare specifically (e.g., signposting).

3. Over-Arching Issues

3.1 Addressing concerns in the welfare services for veterans' system requires consideration of a range of issues, from the purpose and placement of government bodies, the shape of the different services and mode(s) of delivery, to the division of accountability and responsibility between the two responsible departments. Essentially, the 'what' should be provided and the 'how'. The focus in answering these questions must be the impact on the service user (the veteran and / or their family member), putting them at the centre of the system.

A. What welfare support services should HMG provide?

3.2 Many of the issues with and misunderstandings of the welfare services for veterans' system arise from a lack of definition of what services HMG is committed to providing specifically for veterans, beyond those welfare services provided by broader government to the UK population (and, therefore, including veterans).

3.3 To provide a clear rationale for how the system should be reorganised to ensure effective and efficient delivery, with clear lines of responsibility and accountability, the services HMG is committed to provide for veterans must be clearly defined and communicated. All contributors engaged in this review agreed that there must be a statutory welfare offer to veterans. However, there is no consensus on what that offer, and eligibility requirements, should be.

3.4 To determine the offer, there are three factors that must be considered:

- Scope: what support provision – beyond regular civilian statutory welfare support – does government want to commit to providing veterans?
- Eligibility: is it based on a service-user's:
 - status as a veteran
 - status as a veteran in addition to a need threshold, or
 - status as a veteran in addition to a need threshold with a further requirement that the need be a result of their service?
- Time-limits: is the service time-limited based on when the user was discharged from the armed forces, for example, or unlimited?

3.5 The review team acknowledges that the threshold question is difficult to define, and there is likely to always be an exception to the rule, however, if there is to be an eligibility criterion beyond 'veteran', it needs to be considered fully.

3.6 Furthermore, while support is currently a lifelong notion, there is a distinction to be drawn between government-delivered support, and government-provision of support through other statutory services and other sectors.

3.7 Currently, the MOD service most clearly bound in scope is Defence Transition Services (DTS), with a time limit of 2 years for **transition** support to the most vulnerable service leavers. However, other in-scope welfare services for veterans such as Veterans Welfare Service (VWS) and Northern Ireland Veterans Support Office (NIVSO), are unlimited in scope and length of time the service is provided for and require only veteran status for eligibility.

3.8 The overwhelming majority of service leavers transition successfully and lead a successful post-service life. Thus, for most, limitless support far exceeds demand beyond that required by most civilians and provided for by other, non-MOD statutory services, or, indeed, any service-related need.

3.9 Having decided the 'what' is on offer, HMG must decide:

- how much of that support does HMG want to deliver directly,
- who delivers the HMG-delivered support
- how much it wants to outsource and commission by expanding pathways to delivery partners – be that third sector or other government departments.

3.10 Both direct- and commissioned- delivery models exist in the welfare services ecosystem, but the decision needs to be made as to what the split of each of these models in the future should be, taking into account political, ethical, moral and economic considerations.

3.11 However, while it is widely accepted that supporting veterans effectively is a 'team game' and should be fully integrated, government must ensure it *is* provided and cannot simply expect the third sector to deliver on its behalf: charitable services cannot be guaranteed. Thus, if government considers delivery of certain services to be more effectively provided by other sectors (such as Op COURAGE by NHSE and Op FORTITUDE), they must be formally commissioned and managed.

Recommendations

Recommendation 1: HMG must design and articulate a single strategy for veteran welfare services. This must be inclusive of family members and the bereaved, and must be aligned to the Strategy for our Veterans. It should articulate how these services contribute to delivering the vision of the UK being the best place in the world to be a veteran.

3.12 It is important to note, that while the Armed Forces Covenant refers to 'no disadvantage' in accessing public or commercial services as a result of their service, it does not confer an advantage on veterans over their civilian counterparts. However, it does provide for special consideration for those who have given the most, for example the injured and the bereaved. Arguably, therefore, while there is a need to provide direct support to all veterans (and their families) as they leave military life and transition into civilian life, there should come a point at which the vast majority are 'handed-off' to manage civilian life in the same way that other civilians do, unless there is a clear need for ongoing specialist or enhanced support.

3.13 Nevertheless, a minority seek ongoing welfare (and other) support, but in many cases, this is not as a direct result of their service; they are seeking support because there is an issue and they are a veteran and a system is in place that will support them, irrespective of cause. This is based on anecdotal evidence as there is little accessible government data on the challenges with which service-users present and the types of support they request.

Recommendation 2: The in-scope services, and any new services, should be redefined to include scope, time and eligibility limitations to enable adequate resources to be allocated to each service.

3.14 Recommendations on limitations for each in-scope welfare service can be found in Parts 4 and 5 of this report.

3.15 The review team also consider that the concept of welfare must be modernised to encompass more than just support; that is, the welfare system should be primarily focussed on individuals, their wellbeing and on achieving positive outcomes. It must be a collaborative effort that spans the sectors, and different stages of a users' career and needs. Both Lord Ashcroft's 2014 Review and the 2023 Haythornthwaite Review discuss the need for through-service education and preparing serving personnel for their post-military lives.

3.16 There is a responsibility for the single Services (sS) to ensure that their personnel are adequately educated and prepared for civilian life whilst still in service. Great strides have been made in recent years in providing an improved transition process, particularly in terms of well-defined transition pathways, and the more targeted DTS process for those considered most vulnerable (see, Part 4B). However, evidence suggests that the majority of requests for support from the MOD are for tasks such as accessing other statutory services, including filling out forms for benefits, indicating that the primary vulnerability is a lack of preparedness for civilian life.

3.17 Through the Veteran Strategy Action Plan (VSAP), the MOD has committed to developing a package of life skills training and support. However, although the sS provide some training in, for example, financial planning, the extent and quality differs greatly across the Services, depending on where the individual is based. In addition, attendance at this training is largely voluntary.

3.18 Furthermore, our investigations suggested a lack of clarity (even for those working within the welfare services) about welfare pathways, lines of responsibility, and clear hand-off points between the various sS welfare providers, the MOD and third sector: the 'welfare journey' for new recruits right through to veterans who have settled back into civilian lives. This adds to the complexity as well as the VWS workload.

3.19 There is a clear need to take a whole-system view of the welfare services for veterans' ecosystem, considering what is on offer i) during service, ii) during transition, iii) post-service, recognising that, while the individual is the same person, the circumstances around them have changed.

Recommendation 3: Aligned to the Veteran Strategy Action Plan commitment, HMG should ensure a better cohered, high-quality through-service education and support programme that prepares personnel throughout their military life for civilian life, not just as they come into the transition timeframe. While recognising that the single Services

may have different in-service needs, this education system should be aligned across all three services, and co-ordinated centrally, including but not limited to:

- Information and education on how to operate in the civilian environment, particularly where service has meant lost opportunities for service people to learn about this in comparison to their civilian counterparts.
- Support adjusting to civilian life in and immediately post-transition.

3.20 It is imperative that any new service does not fall prey to the same issues that appear endemic in welfare services for veterans at this time; namely, that existing resources and hard-won expertise is ignored in its design and delivery. The review team encountered a number of small scale and 'local' initiatives to provide this type of education in different locations. These should be taken into consideration in the design of an education and preparation programme for civilian living, both to understand what works well, why it works and what has been tried and proven ineffective.

Recommendation 4: The MOD should commission a review of tri-service welfare support provision, with a particular focus on transition and wider discharge welfare provision and processes, with a view to building on and rolling out what is currently being successfully delivered across the Services.

3.21 Coupled with a continuously improved, robust transition process, this should further reduce the need for ongoing welfare support into civilian life and ensure that the welfare services for veterans are able to meet the needs of those who experience ongoing needs through-life.

3.22 Nevertheless, the review team recognise that a more defined welfare support offer may need to be introduced incrementally, due to the expectations of those already in the system and receiving support, and to the time it will take to see benefit from an improved in-service preparatory education programme. Thus, clear pathways should be created by HMG (such as Op COURAGE and Op FORTITUDE), that signpost and provide specific routes for on-going self-referral support, as needs become apparent.

3.23 For example, many of the charities that we engaged with highlighted that finance-related enquiries represented by far, the greatest proportion of calls they had received over a twelve-month period, indicating that financial literacy is a common concern among veterans seeking support. This has notably increased as a result of the rising costs of living, but financial queries have always been the basis of the majority of requests for support. Thus, providing enhanced financial education pathways for serving personnel, or specific finance-support provision, could be explored.

Recommendation 5: Work should be undertaken in collaboration with the third sector to ascertain whether some areas of DBS-delivered welfare support could and should be commissioned, leaving HMG with a smaller portfolio of services to directly deliver and which could be phased out over-time if demand decreases.

B. Differentiating between the roles of the Ministry of Defence and Office for Veterans' Affairs: who should deliver what?

3.24 To clarify governance and ensure robust lines of accountability, the roles of the Ministry of Defence and the Office for Veterans' Affairs must be better defined and communicated, including hand-off points between the two departments. This will provide further clarity to service users as to which body is responsible for providing and coordinating which services.

Ministry of Defence (MOD)

3.25 As MOD is charged with the building and maintenance of defence capabilities, it stands to reason that all services that are delivered to those in-service (including those transitioning out of service) should remain within its scope. Additionally, as welfare and support services are a part of the terms and conditions of service offered to service people, the Ministry of Defence must remain responsible for them.

3.26 The welfare services that MOD, through its shared service centre DBS currently provide, straddle the in-service / veteran (and family) spheres. With the possibility of a more flexible resource model for the armed forces as described in the 2023 Haythornthwaite Review of Armed Forces Incentivisation (gov.uk) (where personnel move in and out of service more easily and frequently), making different departments responsible for delivery of services to individuals depending on their status as serving or veteran would simply add to the complexity, particularly given existing data-sharing issues highlighted above. There is also, arguably, an ethical and moral responsibility on the government to ensure continued delivery of services of welfare to veterans, where there is a clear need based on service-related injury or trauma (mental and / or physical).

3.27 Taking these factors into consideration, the MOD should retain responsibility for delivering welfare services, including transition support, to the individual (i.e., the veterans and their dependents).

Office for Veterans' Affairs (OVA), Cabinet Office

3.28 On the other hand, the OVA, in its role as advocate for the veteran community in civilian society, should not deliver services to individual veterans but rather act as a focal point for all veterans' services that are not provided by the MOD, and be charged with maintaining oversight of and coordinating the veterans' welfare system across government (including MOD) and the third sector (where the latter interacts with government services). The OVA's power is that of influence and holding all HMG service providers (including MOD) accountable for fulfilling their stated obligations to veterans.

Recommendation 6: Ensure the distinction between the obligations to veterans of the MOD and OVA are clear and communicated to stakeholders, including clearly delineated governance and accountability:

- **The MOD is responsible for the delivery of specific welfare services to veterans (Veteran Welfare Service, Integrated Personal Commissioning for Veterans (IPC4V) case working, DTS, pensions, compensation, medallic services to veterans and**

some other bespoke services to specific cohorts). It also leads on the Armed Forces Covenant.

- The OVA is responsible for leading the cross-government strategy and policy, co-ordinating effort and holding departments (including MOD) to account for delivering services effectively and developing pathways for veterans in conjunction with other departments and organisations.

Recommendation 7: To further ensure the distinction between the roles of the MOD and OVA are clear at all levels, ministerial titles should be amended to properly reflect responsibilities. Thus, the Minister for Defence People, Veterans and Service Families, should become Minister for Defence People.

3.29 Removing specific reference to veterans from the MOD's Minister's title, makes it a more inclusive role title, which encompasses service families as a whole (if veterans are included in the title, why are 'bereaved' not also specifically named, for example?).

3.30 Currently, despite having responsibility for veterans' policy, the OVA has no direct control over the services that the MOD provide to veterans, hampering its ability to hold the MOD accountable for effectively delivering veteran-specific services.

Recommendation 8: A formal welfare services governance board should be created, that enables MOD and OVA to work more closely together to develop policy, monitor delivery and ensure services are continuously improved. This should include MOD and OVA officials, the IVA, and the Veterans' Commissioners for Wales, Scotland, and Northern Ireland, and third sector representatives. The board should be led by an independent Chair.

Alternative delivery options

3.31 In arriving at the above recommendations, the team considered several alternative options for delivery of these services, including the creation of a new Arms-Length Body (ALB) to manage veteran welfare services. However, in the time that was made available for this review, it was not feasible to fully scope and impact-assess the option of creating a new body. Furthermore, given that the environment in which it would serve is already congested and confusing, adding a third government body to the ecosystem at this time would add to the complexity and thus confusion among service-users.

3.32 It may be that over time, alternative delivery options become more feasible, for example, if more robust in-service and transition initiatives and processes, coupled with greater commissioning to other sectors, further reduce the need for reactive post-service welfare support services, and if there is political appetite for the OVA to become an operational department, the entirety of the veteran support services *could* move away from the MOD, to become a delivery function behind Veterans' Gateway (now hosted by the OVA). Thus, a regular review of services and service provision should be implemented (see, Para. 6.8).

3.33 This would represent a significant change in purpose for the OVA and would need to be managed against the potential perception of the MOD 'off-loading' responsibility for veteran support needs elsewhere. Furthermore, it would also require a proper delineation of in-service

and veteran services, which is a longer-term issue. The critical issue at the moment though is to simplify and improve the services that are currently on offer.

3.34 What is clear is that an integrated, collaborative model of support is required. One that is well-cohered and communicated, and that puts the service user (the veteran, bereaved, other family member) at its heart. It requires an all-sector effort, with clear lines of responsibility, accountability, and hand-off points, with formal commissioning in place across HMG and into other sectors.

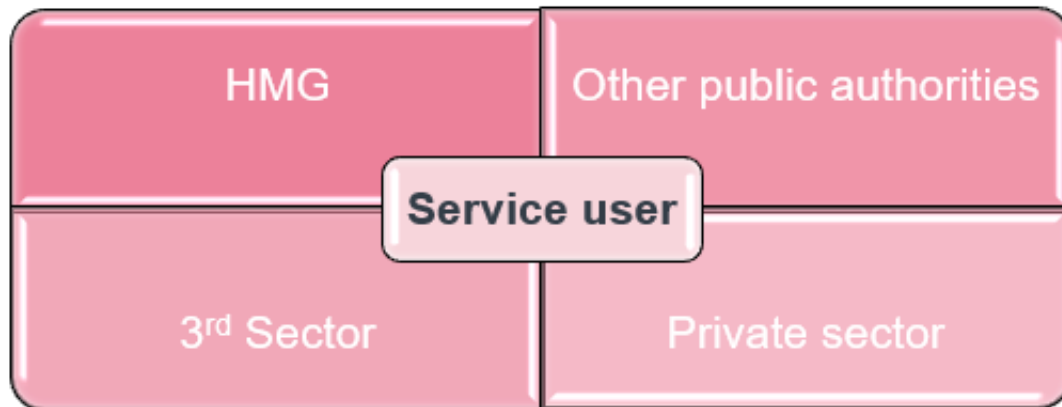


Figure 1: integrated model of support

4. Reviewing Defence Business Services' (DBS) Core Offer: Veteran Welfare Services (VWS), Defence Transition Services (DTS) and Integrated Personal Commissioning for Veterans (IPC4V)

4.1 The combination of VWS, DTS and IPC4V delivered by the Armed Forces and Veterans Services (AFVS) team within DBS, constitute the core of the MOD's welfare services for veterans. Given how intrinsically linked these three services are, we will consider them alongside each other for the purposes of this review.

4.2 In reviewing the core services, the review team met with senior leaders and key personnel working within them and sought input from charity representatives and veterans. These meetings took place both virtually and in-person, including visits to HMS Sultan (Gosport), Veterans UK (Norcross), Devon, Northern Ireland, Scotland, and Wales. Where available, the team reviewed data associated with the services, and looked at secondary sources such as social media.

A. Veteran Welfare Services (VWS)

4.3 Now sitting under the Veterans UK brand within DBS as one of three core MOD-delivered veteran services, VWS was established in 1948. Initially in what is now the Department for Work and Pensions (DWP), it was originally created to provide support to veterans in accessing state welfare and pension schemes. It is the crux of the statutory welfare provision to veterans.

4.4 The declared purpose of the VWS is to give support to veterans and their families after a change in circumstances may have resulted in a welfare need (Veterans Welfare Service, gov.uk). The core services offered are listed below, and the number of cases managed in the year 2022/23 are in brackets:

- Armed Forces Compensation Scheme (AFCS) and War Pensions Scheme (WPS) applications and appeals support [1276]
- Medical discharge cases [810]
- DWP / other benefits claim support [408]

- Seriously injured service leavers’ support for those who do not qualify for IPC4V [177]
- Death in service support to families [101]
- Mesothelioma cases – support to the patient and their family [97]
- Ad-hoc ministerial casework services to veterans [83]
- AF Pension Scheme support [70]
- Providing evidence for coroners in veteran suicide cases [32]
- Northern Ireland Aftercare Service (previously an Army-funded service specifically for Northern Ireland home-service veterans): this transitioned into VWS at the beginning of April 2023, and now supports all veterans in NI regardless of cap badge. [5019]¹

4.5 The numbers in [x] do not each represent an individual, rather an intervention; thus, there may be some individuals who have been assisted across several of the services (and therefore counted in more than one number), but a lack of effective data, makes it impossible to isolate individual cases.

4.6 Referrals to the service primarily come through the Defence Transition Referral Protocol (DTRP), which was originally established to facilitate access to DTS (see, Part 4B), but can now also be used to access VWS. Clients can also access VWS by phoning the Veterans UK helpline, emailing the Veteran UK regional hubs, or the central email. Details of these are to be found on gov.uk and promotional materials.

4.7 Obtaining clear detailed data on the service provided is difficult due to the lack of a robust casework management system; there remains a significant (and out-dated) reliance on paper records. Data that is available and anecdotal evidence given by VWS welfare managers, suggests that a significant proportion of VWS’s workload is assisting both veterans and – importantly - serving personnel in applying for compensation for injury under the WPS and AFCS, and appealing decisions in this space. Thus, the service’s name is a misnomer; VWS does not only assist veterans.

4.8 The lack of quality data means that it is not possible to understand *why* so many need support in their WPS and AFCS claims (1200+ in 2022/23) but the volume **suggests** the Schemes’ application and appeals processes are, at best, unclear and that applicants are not receiving the necessary support from the claims processing function, or from their own in-service welfare support services where relevant (notwithstanding that there could be some perceived conflict of interest in using in-service options for some serving personnel).

4.9 VWS staff and managers consistently reported that the issue that a service-user presents with is often not their only, or indeed, primary concern (a trend also repeated by DWP colleagues). Thus, VWS welfare managers take a holistic view of the service-user, seeking to improve their overall well-being and quality of life by assessing whether there are other statutory benefits and services the user would benefit from and signposting them to these and/or assisting them to fill out the forms to obtain these. This is particularly the case in the housing and DWP benefits space. This approach is also reportedly taken by DWP Visiting Team leads and charity representatives.

¹ This references the number of client interactions undertaken, rather than individuals assisted. Prior to April 2023, the service was separate from VWS.

4.10 This means a not-insignificant proportion of the work that VWS does consists of signposting civilian services and guiding or assisting veterans in accessing these same services, indicating that one of the needs among the veteran population seeking support is understanding how to get things done in 'civvy street'. This stands to reason, especially as the majority of veterans who seek support are those of lower ranks who are likely to have entered service young and relied on the MOD to handle the bureaucratic elements that their civilian equivalents would have been incrementally introduced to through higher and further education, the workplace and societal norms. For example, contracting and paying utilities or applying for tax benefits.

4.11 VWS costs approximately £3 million per annum to deliver, with around 96 members of staff located around the country. The teams work largely independently, but sign-post clients to other services within and outside of MOD, including other central government / statutory services, third sector organisations and local government services.

4.12 Its unique selling points (USP) appear to be that its historical links with DWP mean that it is linked to access DWP records. Additionally, its location in MOD means that it is also able to access service records, and work closely with the tri-services as needed, as well as the wider serving personnel and veteran support services that the MOD offer (for example, the Career Transition Partnership²). There is therefore benefit to it remaining in MOD.

Evaluating effectiveness

4.13 It is difficult to evaluate the effectiveness of VWS as its portfolio of services and approach to delivery have evolved organically over the decades, unwedded to any strategy or policy. Thus, there are no objective-specific metrics to evaluate it against and the key performance indicators (KPIs) that are in place measure output as opposed to performance; they are not tailored effectively to measure the service that is being provided.

4.14 Additionally, the quality of data collected is poor and the casework management system is no longer fit for purpose:

- It is not interoperable with other MOD IT systems.
- It does not provide the end-to-end casework management system (CMS) that the team need to allow effective prioritisation of cases and workflow.
- It does not provide high quality management information (MI). The MI it does produce is rudimentary, and time-consuming to obtain (quoted as taking three staff one week every month to produce).

4.15 Taking the KPIs alone as a measure of success, VWS is failing as it is regularly reporting red. However, without accurate data to get beneath this, it is not possible to assess whether this is an accurate assessment or not. Anecdotally, the service that is being provided is well-received by recipients, but whether the service they are delivering is the service that they *should* be delivering and is most effective, is impossible to gauge.

4.16 Consequently, while there is a service catalogue available that documents services available, this does not cover all the tasks that welfare managers undertake, as, in practice, the

² MOD, partnering with Right Management Limited, to provide employment support for service leavers as they transition from their military career into employment, further education or retirement for up to two years post service

basis for taking on a new case is based on the service-user's status as a veteran, and there are no eligibility criteria beyond this; no timeframe and no limitations to the type of support that is provided beyond that which the welfare manager feels capable of providing.

4.17 Thus, new tasks tend to be 'attached' to the service, without proper evaluation of whether it is the best place for it to sit, or impact assessment on the service and its capacity. For example, VWS, in addition to supporting individuals, provide investigative support for Defence inquests and ad-hoc Ministerial requests, as well as supporting claimants to compensation Schemes which also sit under the Veterans UK banner. This makes it almost impossible to effectively plan key deliverables, priorities, resource requirements, and – importantly – to say no to additional work being subsumed in.

4.18 Thirdly, welfare managers are over-stretched capacity- and capability-wise as leaders cannot definitively define roles and responsibilities for staff, and they are reliant on paper files, adversely affecting their efficiency. Welfare managers' report caseloads of approximately 120 each. This is double that quoted by those undertaking similar roles in other organisations, such as the Defence Medical Welfare Service (DMWS).

4.19 Additionally, welfare managers are expected to undertake a role that is part-financial advisor, part-counsellor, part trauma-caseworker, part-social worker. Yet, fundamentally, they are not professionally trained to undertake these roles. Again, this is in stark contrast to those undertaking similar roles in the charity sector (for example, Defence Medical Welfare Services (DMWS) and RBL). As a result of a combination of the above factors, there has been a high turnover off staff in recent years, although this has now begun to stabilise.

4.20 Finally, the MOD is unable to effectively communicate what it is that VWS does so their services are not well understood, particularly those for veterans' families, bereaved family members and reservists. Thus, many of those who need to know of its existence, often don't, and finding out about the service it offers can fall to chance. Thus, there may be people with significant needs not being met.

Recommendations

4.21 Fundamentally, VWS in its current format is not delivering as effectively as it could. Many of those accessing VWS' services are doing so because they are a veteran and have a need, rather than they are a veteran and have a need due to their veteran status. Yet a need which results from being a civilian (who happens to also be a veteran) should be dealt with through statutory services provided by other government departments. For example, dealing with noisy neighbours in social housing should be dealt with directly through the local authority, not the local authority via the VWS.

Recommendation 9: The VWS must be given a clear mission and scope that is directly connected to delivery of the government's vision for veterans: to support veterans who, having transitioned out of the armed forces and thus no longer eligible for DTS, are still in need of support due to vulnerabilities and/or limitations caused by service.

4.22 The MOD will need to give careful consideration to how it defines the extent of vulnerability or limitation for the purposes of eligibility. Furthermore, consideration also needs to be given to

what, if any, of those VWS services, should remain available to service personnel, and in what circumstances.

Recommendation 10: KPIs should be designed which correspond to Recommendation 9 and against which performance is measured. These will be accountable to the new governance board (Recommendation 8).

4.23 While the AFCS and WPS are themselves out of scope of this review, the Terms of Reference specified that the Quinquennial Review (QQR) of the AFCS should be considered as a part of this review, thus the team have drawn upon findings within it (ahead of its publication). As the VWS supports a significant number of people through the AFCS process each year, understanding issues related to this is key in assessing the efficiency of VWS (and options for improving that).

4.24 The QQR reviewer found that the AFCS application process and forms should be simplified with far more easily understood and directive guidance attached, reducing the need for support. Where support is still required, AFCS caseworkers should make additional efforts to support the claimant (i.e., having one-on-one conversations as needed) or, for those who experience difficulties as a result of factors unrelated to the application process (e.g., as a result of an illness, injury or disorder which prevents them being able to engage in bureaucratic processes in general), the caseworker should refer the individual to and enlist the support of VWS .

4.25 Recognising the AFCS and WPS are out of scope, the review team will not make a recommendation on this matter but endorses the findings of the AFCS QQR, in particular recommendations 7, 9 – 11, and 14 – 17 (Annex C).It is the teams view that these recommendations should also be applied to War Pensions Scheme process (where applicable) with a focus on improving the experiences of the claimant and ensuring that they are provided with the necessary support in the process. Moreover, a review of the provision of services to assist in-service personnel applying for compensation under the AFCS could usefully be undertaken with the objective of ensuring it is consistent and effective across all three Services, and ultimately reducing the workload on the DBS teams.

4.26 Aside from ensuring that all services are effective and user-friendly, it is also the view of the review team that it is inefficient that a large portion of one team's resources (in this case VWS) be dedicated to supporting the service-users of other teams within the same organisation (i.e., the compensation team). Nevertheless, the team does acknowledge that, for some people, this will form part of a wider welfare issue, for example, some claimants are simply not in a mental state where they are able to do this effectively for themselves and there may be a need for VWS intervention. However, this should be the exception, rather than the rule.

4.27 Further recommendations concerning the interface of VWS with other DBS services are made in Part 4D.

B. Defence Transition Services (DTS)

4.28 DTS is the second of the three core DBS welfare offerings. Sitting alongside the VWS and IPC4V, DTS was established in 2019. The origins of it can be traced back through Lord

Ashcroft's 2014 'The Veteran's Transition Review' (gov.uk), and through the 2018 'HMG Strategy for our Veterans' (gov.uk), which identified and reaffirmed a better process for transitioning vulnerable personnel out of military life into civilian life.

4.29 DTS' purpose and scope are defined in Joint Service Publication (JSP)100, 'Defence Holistic Transition Publication'. This publication focuses on transition as a whole, that is to say the process that all serving personnel go through when leaving service, not just the minority of personnel who are eligible for the DTS programme. As such, the name 'DTS' could also be considered to be a misnomer, as it suggests a more generic programme open to all.

4.30 Referral into the programme is via the Defence Transition Referral Protocol (DTRP) mechanism, and clients can be referred through various means including the chain of command, self-referral, unit welfare services, or from other services such as the Career Transition Partnership (a partnering agreement between the MOD and Right Management Ltd, which provides employment assistance to serving personnel who are leaving service) and charities. Family members may also self-refer into the programme if needed, although this is not widely understood. Unlike VWS, there is a duty to refer conferred on the Chain of Command, as concerns personnel who are due to leave service and are considered vulnerable.

4.31 The DTS team works closely with VWS (and are under a single leadership structure), and, in some respects, their work overlaps. For example, service leavers who are being medically discharged will be identified by the DTRP triage team and triaged to VWS due to relative capacity and the extant relevant experience, knowledge and skills within VWS dealing with the common features of a medical discharge case.

4.32 DTS support is terminated if the service-user disengages or requests to be discharged from the service, or if DTS caseworkers assesses that there is no longer a need DTS can fulfil.

4.33 Its USP is that it is the only statutory service specifically catering for those service leavers identified as being vulnerable, either due to being medically discharged, Early Service Leavers (ESL - including those discharged without notice due to failing a drugs test, for example), or who are leaving unexpectedly for other reasons. It supports personnel two years prior to leaving (where circumstances permit) and up to two years after. Veterans are also able to access the service, providing they do so within two years of leaving service.

4.34 DTS currently costs approximately £0.5m per annum to deliver, with around fourteen members of staff located around the country.

Evaluating Effectiveness

4.35 Unlike its sister service, VWS, DTS is more clearly defined with parameters set for who may benefit from its services and when. Its success hinges on a service design aimed at pre-empting issues before they become a greater welfare need. In essence, by being involved in the user's transition up to two years before discharge, DTS case managers ensure that vulnerable individuals are not discharged into a void, by providing them with guidance and support for up to two years after discharge. This is particularly important as:

- The ability of the case manager to build relationships with vulnerable service leavers prior to their discharge means that the case manager can prepare the individual for civilian life and ensure they have information and/or services they require set up for when they leave.

- Vulnerable service users retain a sense of connectivity and continuity from service into civilian life in the form of their DTS case manager which offers them some stability and a safety net.

4.36 Nevertheless, DTS suffers from similar issues as VWS, including:

- Poor data quality. The DTS team uses the same casework management system as the VWS team, which is outdated and no longer fit for purpose. This makes it difficult for caseworkers to keep track of cases, and work effectively between different DBS teams.
- Lack of capacity. The service was originally set up and resourced to support an estimated 3% of service leavers. However, data suggests that the team are, in fact, supporting around 5% of service leavers, with each caseworker handling an average of 175 cases. MOD data itself shows that the numbers of those leaving service is increasing (up by 17.4% in the twelve months to 1st October 2022, in comparison to the previous year (Quarterly Service Personnel Statistics, October 2022, gov.uk)) which suggests that the number of referrals into DTS will continue to rise.
- Caseworker capability and a lack of formal and professional training. The very nature of the service and their role mean that they are dealing with the more vulnerable elements of those transitioning out of service life, yet they are not specifically trained to do so. This has risks both for the personnel they are assisting, and for their own wellbeing.

Recommendations

4.37 DTS offers transition support to a particular cohort of vulnerable service leavers, yet this is not apparent in their name, signalling to service-users that it provides general transition support.

Recommendation 11: DTS should be renamed to make it clearer that it is a specialist transition programme for a minority of personnel. For example, Defence Transition Enhanced Support (DTES). This will need to be reviewed in conjunction with other DBS-related recommendations from this review.

4.38 Further recommendations concerning the interface of DTS with other DBS services are made in Part 4D.

C. Integrated Personal Commissioning for Veterans Framework (IPC4V)

4.39 IPC4V casework is the third of the three DBS-led veteran welfare services. The team of three caseworkers sit alongside the DTS and VWS teams. The running costs amount to £145k a year (staffing).

4.40 Established in 2019, IPC4V came from a need to ensure that the very small number of Armed Forces personnel who leave service with complex and enduring physical, neurological and mental health conditions that are attributable to a service-related injury, are effectively cared for and supported as they transition out of service into civilian life. There are currently ten individuals in the programme, to which circa £100k are awarded in grants a year.

4.41 It is an NHS England framework, building upon its Integrated Personal Commissioning Framework, which relies upon a multi-disciplinary team (NHS England, the MOD, and various service charities) working collaboratively with individuals and their families to ensure provision of personalised care and treatment that best supports their bespoke needs. Eligibility criteria for IPC4V is clear: service-attributable injury (sustained after 2010), resulting in a planned medical discharge from the armed forces, living with complex enduring healthcare needs, which cannot be met through routine healthcare services (such as a GP).

4.42 IPC4V patients are not discharged from the Armed Forces until it is considered they have reached a steady state in their recovery and/or treatment. Up to the point of discharge they are treated and rehabilitated by Defence Medical Services (DMS), MOD.

4.43 Under IPC4V, MOD provides a caseworker who supports the patient holistically (e.g., with housing and accessing benefits), particularly at the point of discharge, when responsibility for their care is transferred from DMS to NHS and when, in general, individuals need to access civilian services as they are no longer able to access MOD services. In essence, the MOD caseworkers act as the 'bridge' between the individual, statutory and charitable sectors, and community. Moreover, those accepted to IPC4V are eligible to apply for up to £27k a year to cover expenses related to their well-being. These two MOD-provided elements are what differentiates IPC4V from NHS England's personalised care model for patients.

4.44 Potential IPC4V cases are both proactively identified, that is to say that the referrals come from the Defence Medical Rehabilitation Centre (where NHS and MOD staff proactively review potential IPC4V patients), are presented to Veterans UK by Personnel Recovery Units, or identified by VWS caseworkers where an individual is in the process of being medically discharged.

Evaluating Effectiveness

4.45 IPC4V appears to work well. Its success is based on it being an extremely niche, bespoke service centred around and tailored to the user. One limitation, however, is that it is only currently available through NHS England, due to healthcare being a devolved matter. Nevertheless, this does not appear to be an obstacle when relevant as evidenced by the case of one individual who has moved to Wales and whose care has continued via the relevant Welsh health board.

4.46 Additionally, although this does not affect individuals on the IPC4V programme, the details of the support provided to these individuals are not well understood and collated for the purposes of maintaining an overarching understanding of the nature and quality of support being provided by DBS as a whole.

Recommendations

4.47 Although the MOD does not own IPC4V as a policy (it is owned by NHS England), the department is charged with ensuring and maintaining the quality of the welfare support provided by caseworkers. Throughout the review, the review team did not hear any concerns about the work of these caseworkers.

4.48 However, to enable MOD to obtain data on the service that it provides and facilitate data sharing between teams, the IPC4V case working team and their CMS should be better integrated with those of the other services. Please see Recommendation 19.

D. Overarching Recommendations

4.49 To retain the necessary and successful elements of these three services and ensure those less successful elements are refocussed in light of strategic objectives, the VWS, DTS and IPC4V services must be reorganised. In essence, the future operating model of the DBS offer must be holistic and user-centric (i.e., centred on the veteran and / or their family), with greater cohesion – and less siloed working – between the different teams delivering the service.

4.50 Firstly, the system of offerings currently delivered under the VWS, DTS and IPC4V names, and under the Veterans UK banner, must be simplified. The review team's experience of circa three months' of trying to unpick and navigate MOD policies, guidance, instructions, and services has been incredibly challenging. One contributor to the review explained that they had spent many years in defence, as well as in and around the welfare field and were still regularly uncovering elements of cross-over and bits of policy (or lack of policy in some cases). They described DBS as 'impenetrable' and outlined how hard it had been to find key information, despite working within the field. It is worth reflecting that this must be greatly magnified for personnel who are trying to navigate the system, without any prior knowledge of it or bureaucratic experience.

Recommendation 12: Work should be undertaken within MOD to ensure that each of these three DBS welfare services have a clear policy aligned to a central welfare strategy, that is easily accessible and understandable to all.

Recommendation 13: Sharing best practice and aligning services where possible with other agencies undertakings similar roles should be undertaken, for example home-visiting with the DWP and casework management through organisations who offer similar such as (but not exclusively) DMWS & RBL.

4.51 One specific element of this rationalisation pertains to the false distinction between the teams, particularly VWS and DTS; there are clear overlaps between what each team delivers, and they all sit under the same leadership team.

Recommendation 14: The services currently provided by VWS which are more general in nature, should be renamed so as to better define and communicate its role. Our suggestion is that this be known as 'Defence People Support (DPS)', so as to align it more closely with the suggested revised Ministerial title, provide more inclusivity, and remove reference to both 'veteran' and 'welfare' which can have negative connotations for some.

Recommendation 15: DTS and IPC4V case-working teams should be integrated with VWS services under the DPS banner (Recommendation 14) and brought together into one single support function providing a continuous portfolio of support ranging from transition specific support to through-life support for the most vulnerable.

4.52 Under the recommended model, the DPS would be responsible for delivering all services currently provided by VWS, DTS and IPC4V caseworkers. However, there would be specific pathways for service users who meet the criteria for DTS and IPC4V, named DTES and IPC4V respectively.

4.53 From a user perspective, support would thus be provided by DPS regardless of the nature of the support needed. However, based on need, DPS would allocate cases to the DTES or IPC4V pathways as per the criteria of each.

4.54 This not only increases organisational resilience, but also provides a richer experience for those working within it, which in turn benefits those they serve as their knowledge and understanding is far broader. Moreover, those who are most vulnerable and therefore require support beyond the current DTS timeframe, will benefit from the continuity a unified service would provide.

4.55 If we accept that there may be a time limit applied to eligibility for VWS support, a suitable triage system will need to be established, that enables those seeking support to be directed to the correct service, including other statutory or 3rd sector support pathways.

4.56 Secondly, while the review team recognises that significant investment is already being made in transforming and digitalising the compensation and pensions services, this must also include the welfare and transition services, particularly as they are often two sides of the same coin. It is recognised that to do this may require additional funding being made available.

Recommendation 16: A high-quality casework management system must be implemented. As a minimum, this must record all interactions, be interoperable with other relevant MOD systems, enable a ‘one view’ of a service-user, and provide high quality MI that enables MOD to more accurately forecast demand and assess outcomes.

4.57 Ideally a casework system for the DBS teams would be on the same platform as that used by welfare managers within the single Services (sS), as the ability to share information, particularly for those transitioning, would improve efficiency. Additionally, it would reduce the risk of one system becoming inoperable and thus impacting on the ability of the other.

4.58 Further to this, the MOD should aim to share data more openly with other organisations involved in veteran welfare services, including via formal Service Level Agreements and Memoranda of Understanding. This would enable the simplification and streamlining of efforts within the welfare ecosystem, enable a single view of the veteran and reduce the need for an individual to retell story repeatedly— as one veteran we spoke to during this review put it “it was hard enough to tell it the first time, without having to retell it again”.

Recommendation 17: Opportunities for sharing data more widely with other organisations, including the third sector, should continue to be explored, via Data Sharing Agreements, which give individuals the option to agree to their data being shared with other agencies for agreed welfare support purposes. This is a key enabler to a more integrated model of support and will require a cross-departmental effort.

4.59 Thirdly, while defining the ask of caseworkers— and resourcing teams in-line with this ask (see Part 6, Next Steps)— will go some way to addressing the capacity issue, the capability issue remains, especially in the current VWS and DTS; namely, that while best efforts are made to provide suitable training internally to staff, no one receives formal training to do all elements of the role that they are undertaking. This is out of step with other organisations providing similar services.

Recommendation 18: Caseworkers providing all these services should receive adequate training to work with vulnerable service users, including, where appropriate, professional training and formal qualifications. This should include trauma-informed practice.

4.60 The team acknowledges that this may have resourcing implications, both due to the cost of delivering the training and ensuring the time needed to complete it is given to caseworkers (having further implications for case management), as well as on the salary expectations of a better-qualified team of caseworkers. However, the review team strongly recommends that, as far as possible, all existing staff are encouraged to undertake formal training, and that any new recruitment activity would have this as a formalised part of recruitment and onboarding, as we consider it integral to delivering a high-quality service. This is not a new concept as, previously, VWS welfare managers received formal training provided by DMWS and would bring them in line with their peers in teams such as those in the Career Transition Partnership.

4.61 Finally, linking back to the complexity and the communications themes, the Veterans UK brand is largely misunderstood and mistrusted. The review team had several discussions with contributors regarding the nature of Veterans UK (i.e., whether it is an entity in its own right, or not). What it is (and isn't), is not clearly or widely understood. DBS owns Veterans UK and are clear that it is a brand not an entity; users are less clear, to the extent that some respondents to the review believed Veterans UK to be a charity.

4.62 The fact that the Veterans UK brand encompasses both the welfare provisions, and the pensions and compensations provision, means that there are essentially four layers of the organisation to understand and get through before those wishing to access VWS (and compensations / pensions services) get to the service they want (see Figure 2).

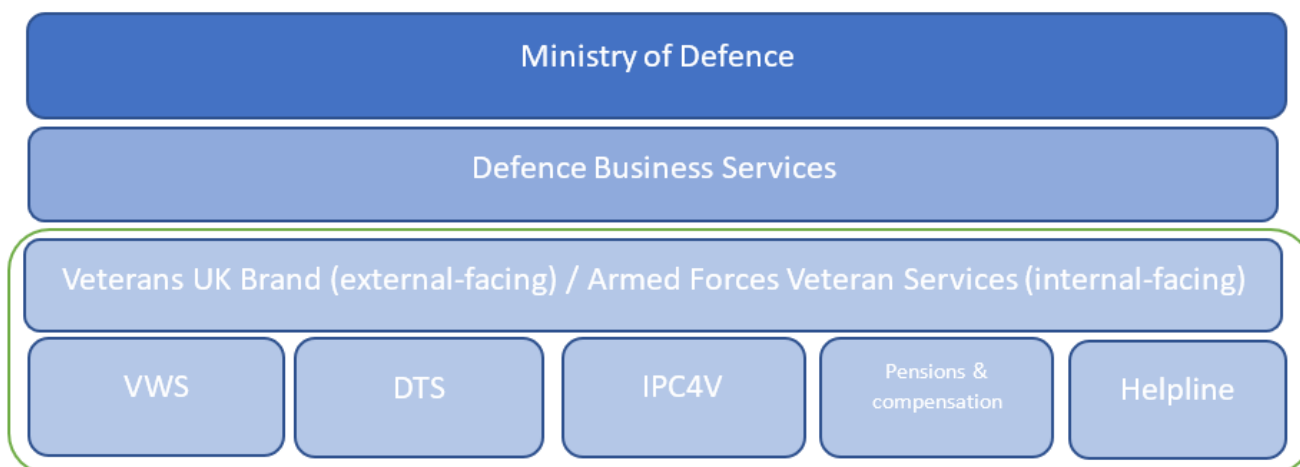


Figure 2: Veterans UK structure

4.63 Additionally, that the compensation administration and welfare support are perceived as the 'same' people under a single organisation, means those who have adverse experiences with the former are less likely to trust the latter. The reality is that the work VWS does supporting AFCS / WPS applicants through the process, is, fundamentally, to get the best outcome for the applicant.

4.64 Consequently, as well as due to issues with communications (as in Part 2B), the brand has become tarnished and is no longer trusted. Furthermore, the use of the word 'Veterans' in the title, does not create the impression of inclusivity for family members and reservists who also require support services, and are entitled to receive them. Anecdotally, the review team heard that family members, bereaved family members and reservists often do not believe that these services are open to them, and thus do not approach them.

Recommendation 19: The Veterans UK brand should be retired. Any new brand that replaces it should be more inclusively named and must be clearly communicated, including clear definitions of each team within it, their purpose and scope.

Recommendation 20: Communications to (would-be) service users must be improved. A clear joint MOD / OVA communications and engagement strategy and plan for veterans' welfare and support must be developed. It should be adequately resourced to ensure delivery of enduring and effective communications to the single Services (at all levels), service leaver and their families, veterans and their families, the bereaved community, and wider stakeholder groups.

4.65 A new communication and engagement strategy must put the service user at its heart, clearly explain the delineation between the departments, and clearly articulate the different services, their scope and eligibility criteria in language that the layperson will understand, free of jargon and abbreviations. The current social media releases rarely, if ever, reference veterans and the services available to them (there are just 5 Twitter posts on the @VeteransUK_MOD handle between January and June 2023, for example). This amplifies the view that the MOD are disinterested in supporting veterans and their families. It also reduces the opportunities for interaction with would-be users, which would enable an understanding of what support is available.

4.66 It is recognised by the review team that poor communications are not a result of a deliberate act, but of a lack of investment. Nevertheless, the lack of communications drives the narrative that the MOD does not care enough about veterans. Improving communications will require refined ways of working, particularly for Veterans UK, but it is vital if trust is to be built into any new brand, for improved ways of working and improved clarity for users.

4.67 Finally, communications are a two-way street, thus engagement with veterans is key. An engagement strategy should be modelled on the NHS's Patient Voice initiative, with clearly defined Terms of Reference; be independently chaired; include (as a minimum) board members from the Veterans UK leadership, OVA, MOD Armed Forces People Policy, and charity representation; and build on the Lived Experiences events DBS have already successfully initiated.

Recommendation 21: Veterans UK (as is) must establish an independently-Chaired client Lived-Experience board, based on NHS England's Patient Voice model, enabling bottom-up information sharing and evidence-based service improvements. Membership should include Veteran UK leadership, the OVA, MOD Armed Forces People Policy, the Commissioners and IVA, and charity representation.

5. Reviewing Other In-Scope Bodies

A. Ilford Park Polish Home (IPPH), DBS

5.1 The final of the four in-scope DBS bodies, Ilford Park Polish Home (IPPH) is the last remaining Polish 'hostel' set up under the Polish Resettlement Act 1947 (gov.uk). It is a residential and nursing care home for former members of Polish Forces under British control in World War II, and their immediate dependents. The Home is based near Newton Abbott, Devon.

5.2 It is registered with the Care Quality Commission to house 95 residents, although currently houses just 55. The Home seeks to 'recreate' elements of Poland for its residents (many of whom, as a result of mental frailty, revert to speaking Polish), for example by employing Polish-speaking care workers, a Polish priest, celebrating Polish holidays and events, and ensuring Polish foods are served to residents.

5.3 To qualify to live at IPPH, would-be residents need to meet strict eligibility criteria as set out in the 1947 Act. Its potential client base is therefore limited by virtue of this criteria. Resident numbers have declined steadily over the last few years (although the toll of Covid, sadly led to a higher death rate in 2020/2021), and new arrival numbers remain low – due to the tight entry criteria, and (partly) to the location of the Home and its relative 'remote' distance. Census 2021 data suggests that there were around 3800 Polish nationals aged 76+ in the UK in March 2021 (ONS.gov.uk). This will have reduced since then, and only a fraction of the remaining number will meet the eligibility criteria, so potential future resident numbers are small.

5.4 The lease, which remains the same cost-wise regardless of whether all or part of the building are occupied, expires in 2038, with break clauses in 2028 and 2033. There is therefore some time-pressure on making a decision about its future.

Discussion of Options for the Future of IPPH

5.5 The lead reviewer visited the IPPH on 8th June 2023 and met with the management team there to explore options for the future of the home, ranging from continuing as they are to changing the delivery model. To note, the first three of the following options have been explored extensively by the IPPH management team. However, the fourth was considered by the review team in conjunction with the management team, and therefore is not as well scoped.

5.6 **Option1: IPPH is to run as-is until there are no longer any eligible would-be residents.** It was concluded that this would not be a cost-effective option, as numbers would continue to decline and it would be difficult to accurately predict demand; costs would remain (at

best) static; and it would be difficult to predict staffing requirements, potentially leading to staff turnover, and operational inefficiencies.

5.7 Official statistics show that latest life expectancy in the UK is 83.5 years for males and 86 years for females. For those in care homes, life expectancy tends to be slightly less (ONS.gov.uk). The managements team's estimate (based on admissions' data) was that if admissions continued unabated, and taking into account life expectancy statistics, there would likely be a maximum of 30 residents in IPPH by 2028.

5.8 **Option 2: Partnership arrangements with charities and / or local authorities.** Would-be partners have rejected this based on costs and low /no return on investment, and the Home not fitting their existing operating models. Other options for housing different demographic groups within IPPH (either short or long-term), have been considered but would likely breach Care Quality Commission rules. In any case, from an ethical perspective IPPH is home to vulnerable adults and adding a different demographic would likely be unsettling and potentially distressing for them, notwithstanding making managing it very difficult for staff working there. This would also put a burden of responsibility onto the MOD for residents who it would not otherwise look after, and would, ultimately, risk the ability to retain the unique Polish essence of the Home.

5.9 **Option 3: Running a public consultation exercise to understand the likely future demand within the UK Polish community, with a view to closing the home to new arrivals from the end of 2023.**³ It was considered that this option would help the IPPH's management team and DBS to better plan demand for its service, related staffing requirements, and the eventual 'wind-down' of the care home, including finding alternative care options for a small number of residents.

5.10 If IPPH closed to new residents in 2023 (which is now unlikely to be feasible, and 2024 a more realistic option), there would on the balance of probabilities, likely be low double-digit number of residents by 2028, although it is, of course, impossible to be accurate in these predictions. The team are confident that they would be able to find alternative, suitable accommodation for these residents should the need arise.

5.11 **Option 4: MOD to run a hybrid care provision, in partnership with other care providers.** There is not time for this review to fully scope this as an option as it would require consultation with a variety of stakeholders to understand viability and likely cost, but in broad terms, the team considered that the MOD could potentially commission and fund other care providers to look after other eligible would-be residents in care homes around the country. To fully understand potential demand for this from the Polish community, a consultation exercise would need to be undertaken (as in option 3).

5.12 While this option would see HMG proactively enabling the delivery of 'Churchill's Promise', it is feasible that more eligible people would come forward for support / funding if they could stay in accommodation closer to their current place of residence, rather than move to

³ This date was suggested as part of an internal submission paper in 2022. Entry would now need to be extended to 2024, to allow time for a meaningful consultation to take place.

Devon. This could be more costly to HMG. While cost shouldn't alone be a reason to not do this, it is a factor for consideration.

5.13 Such a solution could also become a more complex contract-management responsibility for DBS (potentially requiring additional resource to manage), could be harder to maintain a consistent level of service, and would certainly be harder – if not impossible - to maintain the Polish essence of the IPPH offer. Moreover, it wouldn't answer the immediate question about what to do with the IPPH and a decision around if and when to close that would still be required.

Recommendations

5.14 While there is no perfect solution to this, the IPPH's management team's conclusion and preferred option, which this review team supports, is Option 3. This would not close the IPPH immediately but would allow for a natural decline in numbers up to 2028 (the next lease break).

RECOMMENDATION 22: A public consultation should be launched as soon as feasible to promote the IPPH and encourage eligible future-residents to take up a place at the Home, with a view to closing to new admissions by the end of 2024.

RECOMMENDATION 23: A further review of resident numbers should be undertaken in 2026 to ascertain occupancy numbers and likely need for extending the lease beyond the 2028 break clause. If it is deemed that there are insufficient numbers to justify the IPPH's existence, DBS should work with the charity sector and local authority to source alternative accommodation for the remaining residents, funded by MOD. Where possible, there should be an attempt by the new provider to recreate the Poland-specific nature of the IPPH.

5.15 This option allows the MOD to:

- demonstrate that it is continuing to honour 'Churchill's Promise' by proactively promoting the service to eligible residents and gives current residents – and their families - the security of knowing that they can remain at the Home until at least 2028.
- give the IPPH management team space to most effectively plan future resident numbers, and proportionate staffing requirements.
- give certainty to staff, maintaining retention rates, which is key to this Home in particular, given its unique 'Polish' nature.

5.16 If the decision in 2026 is that the IPPH remains a viable option in terms of resident numbers, a further review of resident numbers can be undertaken in 2030, to assess options for closing in 2032 when the next lease break comes.

B. Veteran Advisory and Pensions Committees (VAPCs)

5.17 The VAPC network was established in 1921, in the aftermath of the First World War. At a time of very little state-provided welfare support, the VAPCs monitored and provided guidance on war pensions, supported families, and administered grants to disabled ex-servicemen.

5.18 Society has moved on significantly since then. Our welfare state now provides universal pensions and means-tested benefits, and universal healthcare is free at the point of use.

Employer responsibilities and contributions have also changed significantly, with workplace pensions the norm, and better welfare support provisions available. Furthermore, regulation of financial authorities is now tight, and organisations such as the Citizens Advice Bureau (CAB) and other regulated bodies are available to provide assistance and advice to those seeking it. Unregulated bodies and individuals should no longer be providing official advice

5.19 Against this backdrop, the original role of the VAPCs is all but gone, and their name, as with other services in-scope of this review, is now a misnomer. The MOD has put into place new systems and initiatives which replace their core function, such as the Veterans Welfare Service and the pension and compensation schemes. The creation of the OVA and the Veterans Commissioners have also usurped some of the VAPCs' role. Insufficient investment has been made in maintaining a core purpose for the VAPCs and in ensuring that they are well-supported and able to provide a service to the MOD and wider HMG that continually adds value. Their contribution seems, instead, to be rather piecemeal and inconsistent across different areas of the UK, with many members (including those we spoke with) feeling frustrated with the lack of direction and support from the MOD.

Evaluating Effectiveness

5.20 An independent review of their function as a Non-Departmental Public Body was undertaken between December 2022 and March 2023. This is attached at Annex D and should be read alongside this paper, as significantly more time was dedicated to engaging with the VAPCs and reviewing the function in isolation than has been possible within this review. The team have, however, met with the reviewer and taken feedback from him, as well as with a selection of VAPCs, including the Chair of Chairs. The VAPC reviewer found that despite revised Terms of Reference having been implemented in 2021, the VAPCs continue to lack a clear purpose and are not set up, directed or supported sufficiently well by the MOD to succeed and have impact.

5.21 The key recommendation was that either they should be given a specific purpose (probably by a move to the OVA) and clear remit, which is properly supported (both in terms of leadership direction and administrative support), or they should be thanked for their service and the committees disbanded.

5.22 It should be noted that at the time of this welfare services review, a Private Members Bill (PMB) is with the House of Lords, which will move legacy statutory 'ownership' of the VAPCs from the Department for Work and Pensions (DWP) to the MOD and strengthens the basis of the VAPCs in statute. Thus, political impetus is currently focussed on maintaining and strengthening the VAPC function, although there is no direction in the legislation as to what they should do, and an evolution of the role is allowed for. Conclusive legal advice is therefore required to understand the implications of this Bill on any recommendation for the future of this body, i.e., if a move to a different department is planned, what would need to be done to enable that.

5.23 Furthermore, the Quinquennial Review (QQR) of the Armed Forces Compensation Scheme has been completed and will be published alongside this review, with an action plan for implementing recommendations planned for the autumn. Recommendation 34 within the QQR states that "*The MOD should review its relationship with the VAPCs with a view to identifying*

potential opportunities for the VAPCs to assist claimants with complex AFCS claims, such as via a formal referral process for individuals in need of support as identified by AFCS caseworkers, particularly where the claimant expresses a preference for support from a body independent from the MOD". This was supported by the VAPC reviewer.

5.24 This review team agrees in principle with the outcomes and recommendations of the VAPC review, primarily that they are either given a specific function or they are disbanded. We also recognise that the VAPCs' current USP is their regional knowledge and connections. They are a nationwide volunteer body who are willing to advocate for and support veterans and their families, and champion the Armed Forces Covenant, who sit one step removed from the government, while also being separate to the charity sector. However, they have over time been subject to under-investment in resource and a lack of interest and direction from the MOD.

5.25 We consider that there are 3 viable options either for the continuance and transformation of the VAPC function, or for their winding down, and in coming to these are cognisant of the Private Members Bill (PMB) (and its ramifications), the outstanding recommendations from two reviews, and the long-term uncertainty that has surrounded the role of the VAPCs.

5.26 Options are:

- The VAPCs remain a part of the MOD and are given a specific role, such as that outlined in the PMB and by the QQR reviewer (and supported by the VAPC Independent Review, subject to other changes recommended by the latter also being implemented).
- The VAPCs transition to the OVA and are given a specific role, potentially around establishing a regional Local Commissioner presence for the OVA, working collaboratively with the Independent Veterans' Advisor. This will have potential legal consequences that will need addressing, specifically with regard to moving statutory responsibility from the Secretary of State for Defence to another Minister.
- If neither of the above are acceptable, workable solutions, the VAPCs are disbanded; an option which may have reputational and presentational consequences for the MOD (and potentially the OVA by association).

5.27 **Option 1: Remain in MOD.** First and foremost, the MOD has supported the Private Members Bill, which bring the VAPC framework into statute (within the Armed Forces Act 2006). The Act, if passed, will allow the VAPCs to carry out additional functions in support of the DBS and AFVS services, but makes them answerable to the Secretary of State for Defence.

5.28 Secondly, the QQR of the AFCS recommends providing VAPCs with a stronger function in supporting AFCS claims. Providing this role to the VAPCs would align closer to their statutory remit, would support the PMB, and would provide an avenue for claimants to receive advice pertaining to the AFCS from a party who is not part of the MOD machinery in the way that the VWS team is. Communicated effectively, this could have the added benefit of also reducing demand on the VWS service and restore some confidence in Veterans UK.

5.29 This option is not without risk and would require investment on behalf of the MOD to effectively train VAPCs in ensuring that they are fully conversant with the scheme and its processes, and to ensure their continued development and updated knowledge of it. The MOD would also need to establish a more formal support structure for them and mechanisms for them to formally feedback on issues that they are encountering, enabling a bottom-up improvement

mechanism to the system. It would need to be clear to WPS / AFCS applicants, that the advice being provided is done so in way akin to 'peer support', rather than a regulated channel, and is provided by volunteers trained by the MOD (who may not be comfortable providing this advice, given their volunteer status). Arguably, this role is not the best use of the experience of the VAPCs nor of the connections that they have established, but it does support the essence of QQR and the PMB. Working on the basis that form follows function, it is not envisaged that this role alone would require the same number of VAPCs as there are currently and would therefore necessitate a reduction in headcount. This would need to be worked through by the MOD and necessary steps taken (pause on recruitment, curtailing of terms etc) to achieve this.

5.30 Option 2: Move to OVA. The VAPC independent reviewer suggested that the VAPCs could be moved to the OVA and usefully employed to provide a regional perspective to the Minister for Veterans' Affairs and be usefully engaged in advocating on behalf of the OVA in the different regions. This team's view is also that this would represent a more modern and useful function for the VAPCs and could better exploit their regional presence and associated expertise.

5.31 The VAPCs could transform into a 'Regional Commissioner' model for the OVA, being the OVA's voice in the regions, and providing real-time, bottom-up information back into the department. As such, they do provide an opportunity to increase veteran voice opportunities, and for advocating on behalf of HMG. This Regional Commissioner role should be aligned to the IVA role, and that position should become the convening point between the VAPCs and the OVA and Minister for Veterans' Affairs (similar to the Chair of Chair roles that currently exists for the VAPC Chairs).

5.32 However, any OVA regional presence would need to be significantly smaller than the current VAPC committee format provides (likely 1 regional commissioner per region, instead of a committee structure), given the proportionate size of the OVA compared to the MOD. The OVA does not currently have the ability to effectively resource the management of the VAPC function, and so would require additional resourcing under this model. The Veteran Commissioners should be consulted as to the necessity for a(nother) commissioner-type role within their nation, given the potential for duplication of effort, which this review is aiming to reduce, not create.

5.33 Additionally, a move to the OVA would necessitate a 'roots and branches' change of the role of the VAPCs: their function would need to be redefined and with it their name (the function that will in all likelihood exist in statute once the Bill is passed, is not one that sits comfortably with the OVA's role – see, Para. 3.28), and their form would also need to be reviewed and revised to match any new role that they are given.

5.34 The legal implications of doing this need to be fully scoped and understood. It may well be that any move to OVA and change in function would be more easily achieved by taking Option 3 (disband) with a view to rebuilding the desired function and corresponding structure (but this would be subject to the risks and issues highlighted against Option 3). Again, the detail of this needs to be worked through and advice sought.

5.35 In any circumstance, the transformation of and transition to a new role within OVA would need to be fully and proactively supported by the MOD, who, as the organisation that who has hitherto recruited the VAPCs, would need to take responsibility for the work to reduce their headcount (to a number decided by OVA) and for managing the associated risks and issues.

This is in recognition of the fact that the VAPCs are currently an MOD entity, and the MOD should therefore play its part in transforming VAPCs to their future state.

5.36 Option 3: Disband. If neither of the previous options are considered achievable, the review team considers that there is no other option available to HMG, other than to accept all reasonable avenues have been explored, and that the VAPC network has run its course and should thus be disbanded. Its members should be thanked for their service, and processes for ending their appointments should be commenced. This would need to be undertaken in conjunction with the Cabinet Office's Public Bodies Team and HM Treasury, and if the Bill has been passed into Law, would require Secretary of State for Defence authority, as per the powers to be entrusted to that role.

5.37 There are potential presentational and reputational consequences that would need to be considered, for example removing a public body that, although not that well known, is in place to support veterans. This could be perceived to be contrary to the Strategy for our Veterans, and HMG's aim to make the UK the best place to be a veteran by 2028, although the VAPCs are not named in the Strategy for Our Veterans and are not a key tenet of ongoing Veterans Strategy Action Plans. That said, they should not be reason by themselves for not disbanding if there is no value-add function for them.

Recommendations

5.38 The complexity and confusion around the VAPCs, which is highlighted in the VAPC Independent Review and in this one, is representative of the welfare support system as a whole: one that has lacked strategic direction and investment over a prolonged period of time.

5.39 None of the options outlined above are entirely straightforward; all require at least one form of formal change, be that a revised Terms of Reference, a change in statute, and a reduction in headcount, some or all of which may political, legal, reputational and HR implications.

5.40 Taking the 'form follows function' argument, the future role of the VAPCs, what HMG wants them to deliver must first be decided, particularly in light of the new legislation. Following that, the form that they should take should be considered: whether a smaller regional presence is required, for example, and whether the function should still be committee-based or individuals.

5.41 At this time, there is much uncertainty surrounding the legal position of the VAPCs and any change to them, given the extant Bill and its progress through the legislative process.

Recommendation 24: Whilst the Private Member's Bill progresses, the OVA and the MOD should undertake work to properly define the potential future function of the VAPCs in their respective departments, in more detail than there has been time to do in this review. This should take account of the QQR and VAPC recommendations.

Recommendation 25: Once the legal position is defined, the Ministers for Defence People, Veterans and Service Families, and for Veterans' Affairs should jointly decide which of the three options outlined above they wish to take and then ensure that that work is taken forward.

5.42 If the VAPC function is retained and rescoped, it should be renamed to better reflect the role and function it has. However, if after consideration of all the options, it is concluded that there is no role for them, that can be satisfactorily assigned and allocated to a sponsor department, steps should be taken to wind down the committees. The members should be formally thanked for their service.

5.43 This will require agreement from the Secretary of State for Defence, consultation and collaboration with the Cabinet Office's Public Bodies Team and HM Treasury and, if the Bill becomes law, repeal of the statute.

C. Northern Ireland Veterans Support Office (NIVSO)

5.44 The NIVSO was established in 2018 as a joint Cobseo / AFCT endeavour with support from Reserve Forces & Cadets Association, Northern Ireland (RFCA NI). It is the consequence of the success of Northern Ireland Veteran Support Committee (NIVSC), established in 2012 following a ministerial request to RFCA NI to use its influence with statutory and other bodies to support delivery of welfare services to veterans in Northern Ireland. Thus, NIVSO was established to encourage and support applications for grant funding for Northern Ireland- based projects, to ensure more were successful in their bids.

5.45 The NIVSO is hosted by the RFCA NI and has been funded by MOD since 2022, when NIVSO's original AFCFT and Northern Ireland Office (New Decade, New Approach) funding expired, to provide time for options for NIVSO's future to be considered. It is neither an Arm's Length Body (ALB) or a Non-Departmental Public Body (NDPB). A Memorandum of Understanding (MoU) with Cobseo meant that it was Cobseo's representative in Northern Ireland, but the MoU governing that expired in December 2022. Nonetheless, the NIVSO and Cobseo continue to work closely together.

5.46 Since its inception, NIVSO's objectives have evolved, and are now:

- To be a trusted point of contact for veterans whose needs are not being met
- To be a single point of contact for all organisations providing services for veterans
- To develop a coherent and coordinated approach to support veterans
- To increase the quantity and scope of services available by promoting and guiding access to Armed Forces Covenant Fund Trust funding into charities and other 3rd sector organisations in Northern Ireland (this element has successfully concluded)
- To achieve and monitor outcomes in all the above and communicate these outcomes appropriately

5.47 It is important to note that unlike in Great Britain (including other Devolved administrations), it is more difficult to openly deliver the Armed Forces Covenant (AFC) in Northern Ireland due to socio-political sensitivities and realities.

5.48 Key to note is that prior to April 2023, the Veteran Welfare Service had a small presence in Northern Ireland (2 posts), which although there to provide the full range of welfare services,

was not properly understood, and was called upon primarily to support war pensions and AFCS applications. Instead, welfare support and casework was provided by the Ulster Defence Regiment and Royal Irish (Home Service) (UDR & RI HS) Aftercare Service, which was specific to those disbanded units, and therefore not a service open to all veterans resident in Northern Ireland. Consequently, NIVSO began to undertake some casework, which was not in scope of their original remit. With the expansion of VWS-NI, this work has now passed to them to undertake.

5.49 The NIVSO's work now focuses across all sectors within Northern Ireland, bringing together the statutory sectors, the Northern Ireland Veteran Commissioners' office (NIVCO), and the third sector organisations. More recently, the additional funding from the Veterans Places Pathways and People programme (VPPP) has enabled the establishment of a Veterans Champion Co-Ordination Office post (fixed term for two years), within the NIVSO. The post has delivered better coordination of the 11 Local Authority Veterans' Champions, providing the beginning of a more collaborative and consistent approach across Northern Ireland, which is to be welcomed. Furthermore, other VPP funding streams have supported projects to tackle veteran loneliness and social isolation. Thus, it is the key 'convening body' in Northern Ireland at this time.

5.50 The NIVSO team is small, consisting of just three core posts, reporting into the Chief Executive for RFCA NI. It has been funded through a variety of means, including non-enduring grants to Cobseo made by the AFCFT, MOD funding, and funding from the Northern Ireland Office (NIO) as part of the New Decade New Approach agreement. The latter provided funding for an additional two posts to better support communications and engagement.

5.51 The governance model that originally supported the NIVSO (MoU with Cobseo has now expired). Furthermore, the current funding model is not sustainable in the longer-term and therefore an alternative solution must be found if the organisation is to continue, which it is our belief that it should do. This is a view supported by the Northern Ireland Veterans Commissioner, the various charity representatives we met, veterans and the RFCA leadership.

Veteran Input

5.52 Due to the very specific social and political environment within which veterans in Northern Ireland reside, the review team considers highlighting the unique lived experiences of veterans there imperative in understanding NIVSO. The veteran charity ambassadors, many of whom are veterans themselves, and the veterans with whom the team spoke, provided valuable insight and experience.

5.53 Although the Belfast (Good Friday) Agreement is now 25 years old, there remains a significant and enduring undercurrent of fear and concern among some veterans and their families, linked to their past which continues to impact their everyday lives. Whereas for most veterans in GB, the conflict or locations where they served are at a geographical (and time) distance from where they now live, for some veterans living in Northern Ireland, they remain living within the community within which they served, worked day jobs, were injured, and witnessed friends and relatives killed. Their families continue to live within that community too.

5.54 All the veterans (c35) we spoke with (the majority of whom had only served in Northern Ireland), including those now working in the charitable sector, spoke of the overwhelming need

for trust among the Northern Ireland veteran community: knowing who they could and could not trust with details and knowledge of their veteran status and service past. Even those who had served elsewhere but settled in Northern Ireland, were cautious of providing these details. Some remain fearful of letting those in authority – doctors, nurses, other healthcare professionals – know of their service, for fear of reprisal and of not being listened to and treated fairly, compassionately and professionally. Although this was a key theme throughout the review, it was most evident here.

5.55 The NIVSO has become a trusted partner within the veteran support ecosystem in Northern Ireland; the brand, and those who work for it, are known and trusted. Similarly, the organisations with whom NIVSO interact and refer veterans and their families too, are trusted by association: a safe space.

5.56 Much is made nowadays of the wellbeing benefits of ‘bringing your whole self’ be that to work, or to other settings and situations, but this is something that veterans there simply don’t feel that they can do – one hoped that by the time his young grandchildren were adults, it may be something that would be achievable. This must be taken into account when evaluating welfare services for veterans in Northern Ireland and making recommendations for the future.

Evaluating effectiveness

5.57 The review team visited Belfast between 16th and 18th May 2023, meeting with all key stakeholders there.

5.58 Based on anecdotal and user feedback, from veterans, charities and other statutory bodies within Northern Ireland, the service NIVSO provides appears to be both effective and (arguably, with just three funded staff members) efficient.

5.59 More tangible success measures and data are also available, however. These include:

- facilitating the delivery of over £7m of AFCFT grants into the province between 2018 and 2022, through providing mentoring and support to applicants, compared to the £250k of grants that were made in the period 2015-2018.
- facilitating and supporting the delivery of an advice line for statutory professionals who, due to the complex nature of Northern Ireland are unclear on the support they can provide to veterans, or where else to turn to signpost a veteran they are supporting
- the creation of a mental health forum, bringing together statutory services (health and Local Authority Veteran Champions), charities and the NIVCO. This together with their proactivity in creating a physical support pathway to GB-based providers, such as the King Edward VII Hospital, has meant that, although Op Courage is not available in Northern Ireland, workarounds have been created which enable veterans to access the care that they need.

5.60 In addition, the NIVSO team, in conjunction with the Veteran Commissioner’s office, have proactively reviewed HMG’s Veteran Strategy Action Plan, creating a comprehensive gap analysis and suggestion for ways in which they could work to address those gaps. It is clear from this that there are significant gaps between what the OVA (as the owner of the plan) aims to achieve, and what is currently deliverable there. Some work is already underway to start to close some of these gaps, for example they have collaborated with SSAFA and Start 360 to support

veterans in prison in Northern Ireland, are engaging with Local Authorities, particularly around Veteran Champions, and have developed a serving / ex-serving women's network

5.61 Furthermore, the NIVSO feeds directly into the Armed Forces Covenant Annual Report. This is a task the NIO reportedly do not have the expertise to do, and feedback from the NIO is that the NIVSO team fulfil this task very well.

5.62 Nevertheless, an unsustainable funding stream is adversely impacting NIVSO's ability to effectively plan and assure its future activities. Without a decision as to whether they should continue and, if so, where they should sit longer-term, and without agreement for additional funding, the organisation will fold. This would have a detrimental impact on veteran services in Northern Ireland, the relationship between veterans and HMG, as well as reputational damage to the MoD and the OVA.

NIVSO's future

5.63 Currently, there is no guaranteed future for NIVSO beyond March 2024. To lose it would be a retrograde step in terms of supporting veterans in Northern Ireland, and to making GB (as a whole) the best place to be a veteran, taking into account regional variations and need. There is a political risk attached to the potential demise of the NIVSO: it could be perceived as HMG allowing the body to fail to gain some leverage over political parties in Northern Ireland, to influence their return to government, and, in turn, the consequential reinstatement of the Executive.

5.64 It is clear that the Northern Ireland context is different to other areas of the UK for several reasons: the difficulty in delivering the Armed Forces Covenant publicly and openly; the ongoing safety concerns that some veterans there feel and the resultant increased need for trust amongst this particular veteran community and those who support them; the lack of a functioning Executive; the perception of not being funded and supported by the MOD and the OVA (the latter, few people knew about) in the same way that GB veterans are. However, the particular need is specifically in having a trusted intermediary that can support veterans to access services that are available to civilians and veterans alike

5.65 Although a lack of long-term funding and security has (in-part) led to there being no substantive long-term strategy for the organisation, and it has successfully achieved much of what it was originally set up to do, the review's team view is that NIVSO is required for the longer-term and should be retained. This is supported by other stakeholders engaged in veteran affairs and support in Northern Ireland.

5.66 It is our view that, that what is needed here is a locally-focussed regional solution, which is aligned with the overarching UK Veterans' Strategy. The current model that is in place in Northern Ireland, could be replicated and used elsewhere across the UK: that is to say, a formally integrated model bringing together the statutory bodies (OVA and MoD) and Local Authorities, 3rd sector organisations and the Veteran Commissioner's office

5.67 An internal information paper of NIVSO was completed by the RFCA Chief Executive at the beginning of 2023, which looked at different option for its future function and placement.

- Formalising and embedding NIVSO substantively into RFCA
- Moving NIVSO into the MOD, potentially into one of the DBS / Armed Forces and Veteran Services teams
- A bespoke veteran organisation for Northern Ireland, either reporting to Cobseo, NIVCO or OVA
- Establishing a community interest company, separate from HMG

5.68 In assessing these options, various benefits and risks were considered, although no recommended option was put forward. This independent review was subsequently announced, which took NIVSO in its scope.

5.69 In terms of the options put forward in the RFCA information paper, our view is that:

- Aligning NIVSO officially with RFCA for the long-term, creates another ‘odddity’ in the veteran welfare system, and continues to step beyond the remit of RFCA.
- There is no obvious ‘fit’ for the NIVSO within MOD, given that it no longer officially required for its AFCFT role, no longer undertakes casework, and doesn’t directly support veterans in the way that DBS’ Armed Forces and Veterans Services do.
- A bespoke organisation will take longer to establish. It is reported that it is currently taking 5 years or more to establish a charity in NI, due to delays in the Northern Ireland Charity Commission, and NIVSO would therefore require ongoing financial support during that time. The funding stream for that would need to be considered and agreed, either through AFCFT, NIO, OVA or MOD core funding. As a result, this option does not put the organisation onto a sustainable future.
- Establishing a community interest group could be seen as HMG shirking responsibility and would reduce the ability of HMG to commission and direct NIVSO, unless formal commissioning pathways were agreed. Again, funding for this could be problematic although would not become the problem of HMG.

5.70 In our own assessment of future options for NIVSO, this review team consider that the organisation’s strength lies in its skills and ability to very effectively engage with key organisations, effectively corralling and convening the key stakeholders involved in veteran welfare (and other) services across Northern Ireland. They are in effect ‘the glue’ that binds them, and on this basis, our view is they align more naturally with the OVA, than the MOD. Our recommendation, therefore, is that they are subsumed into OVA and become the regional presence for the OVA in Northern Ireland.

RECOMMENDATION 26: NIVSO should be moved into the OVA in order to continue to operate in Northern Ireland as the OVA’s regional presence. This will require an additional revenue stream for OVA from HMT.

5.71 The team recognises that this will have financial, governance, and HR implications for NIVSO and for the OVA that will need to be fully worked through, but this should be aimed for completion before end of March 2024, with a view to NIVSO being integrated for FY24/25.

RECOMMENDATION 27: Consideration to retaining the NIVSO brand, alongside that of the OVA, should be given. Over the last 5 years it has become a well-known, understood

and trusted brand for Northern Ireland veterans, and the review team consider that to change this would be detrimental

5.72 It is widely accepted that the NIVSO should no longer be undertaking casework, but that this should fall to the VWS NI team. It is therefore key that the NIVSO supports VWS NI in developing good working relationships with its (NIVSO's) partners and ensures a swift transfer of knowledge to VWS NI with regard to key stakeholders they should engage with in these partner organisations.

5.73 Furthermore, it is imperative that VWS retain the awareness and are adequately trained to provide a high-quality service to, broadly, two different types of veterans in NI: (i) those who have served at home and are therefore faced with the specific issues outlined in Paras. 5.52 to 5.56, and (ii) a growing group of veterans in NI who have served in the same conflicts and under the same conditions as other GB veterans. In essence, it is also important to look forward and to ensure that veterans in NI are supported (as far as possible) in the way that other GB veterans are.

RECOMMENDATION 28: NIVSO should not be managing individual welfare cases. Nevertheless, in recognition of the trusting relationship NI veterans have built with NIVSO and of the time it will take for VWS NI to build its reputation and relationship with NI veterans, NIVSO should remain a point of contact and triaging service, directing Northern Ireland veterans to other services, government or otherwise, and ensuring casework is picked up by the VWS team.

5.74 This recommendation is in recognition of the fact that for some veterans in Northern Ireland, the issue of trust will again rear, with the welfare services previously provided by Aftercare and / or NIVSO being moved to a VWS, a relatively unknown provider. There should be a recognition that a transitional period during which VWS and NIVSO proactively communicate the new offer and new arrangements and signpost people seeking to access services to the correct one.

D. Veterans' Gateway (VG)

5.75 The Veteran's Gateway was established as an outcome of the 2014 Lord Ashcroft's Review, which recommended that a single point of contact should be established to ensure that veterans and their families were easily able to access relevant support. Originally, it was funded by the MOD and the Royal British Legion (RBL) and delivered by RBL along with a consortium of military charities. It is now funded by the OVA and the RBL, but is delivered by the RBL, and is thus an example of a successful cross-sector endeavour to support veterans and their families. As this report was finalised, it was announced that the VG was to be taken into the OVA and refreshed.

5.76 The VG is split into two component parts: i) a support service that is available 24/7 (telephone, webchat, email), and ii) a signposting, low-level advice search engine to support veterans and their families. It splits support across four 'buckets': finance, mental health, pensions and housing.

5.77 The key aim of the VG is to put veterans and their families, who are seeking support, in touch with the organisations that are best placed to help them. It currently comprises a website, an online chat function, a telephone and messaging service.

5.78 A review was undertaken in 2018 by Ulster University, that found that at a high level, the VG was regarded as a positive step forward, that it did help to navigate the complex landscape that is the military charity ecosystem, but that ultimately it was not as effective or user-friendly as it could be, and that there was a need to further develop and improve the site.

Evaluating Effectiveness

5.79 The RBL provide a monthly dashboard report, which provides high level details of contact with the VG (numbers of contact and the reason for these). These show a relatively static volume of monthly contacts over the financial year 22/23, but with a marked increase for the first quarter of 2023 (although has now begun to reduce and level-off again).

5.80 The majority of contact is made via a phone call to the Contact Centre (1499 of the 2396 contacts in May 2023), although there has been an increase in digital contact more recently. However, it should be noted that the RBL report that calls to their own helpline are five times that of those to the VG helpline.

5.81 The minority of website sessions are undertaken by people within Northern Ireland, which is perhaps unsurprising given the relative size of Northern Ireland in comparison to the other UK nations, however veterans we spoke to there highlighted to us that the service appeared to be England-centric with little information on Northern Irish options.

5.82 RBL remains the primary organisation those contacting VG are referred to (730 incidents in the rolling twelve months to May 2023). Veterans UK is fifth, behind SSAFA, Combat Stress and Help for Heroes, with just 117 referrals.

5.83 While VG is a useful tool (the number of contacts it receives each month, is testament to this), evidence suggests it is not well publicised nor understood and thus is not a well-used service. Additionally, those who do access VG, report that its functionality falls short of expectations and does not add value, leading most to opt to directly contact the organisations they are aware of, such as RBL. In fact, the success of RBL's helpline, which fulfils a similar purpose, demonstrates the potential of its utility (see Para. 5.80).

Recommendations

5.84 Veterans Gateway in its current embodiment does not add sufficient value to the welfare services for veterans' system. However, throughout the review team's investigation, it was made clear that the concept has significant potential to fulfil a key need in this space. It is particularly telling that not a single contributor considered abolishing the service entirely but rather all spoke of how it could be an integral part of the statutory offering.

5.85 There is a significant need for signposting services (see, Parts 3A, 4A, 5B and 5C); currently being fulfilled by VWS, VAPCs, NIVSO and the third sector. A well-managed and extended Veterans Gateway could fulfil this requirement.

5.86 At this time, there is a myriad of information on the gov.uk website, third sector sites, solicitors' websites and many others on HMG welfare services for veterans. However, there are

significant inconsistencies in the accuracy of the information across these. Thus, there is a clear need for a single body to take charge and responsibility for disseminating up to date, coherent and user-friendly information on all HMG welfare services for veterans. As the body responsible for coordinating and overseeing welfare services for veterans, it stands to reason that OVA be the single point of responsibility for this

Recommendation 29: As a service providing assistance to the veteran community Veterans Gateway, should be fully funded and provided for by the OVA. This may require an additional funding stream for OVA.

5.87 While the team acknowledges that 'digital first' is the optimum delivery model, there remain many veterans who are the primary target of these services and are not adept at navigating digital tools (this was a clear message from focus group attendees). They must be provided for. It would be inefficient (both financially and in terms of ensuring consistency) for HMG to run both a Veterans UK helpline and a Veteran Gateway helpline. Thus, a decision should be made as to which one should remain. Whichever does, should be adequately resourced to respond efficiently to enquiries.

Recommendation 30: MOD and the OVA should make a joint assessment as to whether the current Veterans UK helpline should continue to exist or the Veterans Gateway helpline. The rationale for closing either must be clearly articulated to users.

Recommendation 31: Helpline staff must be adequately trained to manage effectively all calls that may come.

5.88 It is crucial that the VG be user friendly and provide the user with the ability to filter returns on searches to their needs whilst ensuring the information provided is up to date, including contact details.

5.89 If the VG is effective, it will also serve as a single point of reference for all interested third parties. For example, rather than ensuring they update their information pages individually, if sufficient trust in the VG is built, military charities can simply provide their users with a link to it.

5.90 In addition to providing the necessary and accurate information concerning HMG welfare services for veterans, the VG is an opportunity to provide a digital triaging service akin to the Money Helper tool which provides the opportunity for the user to input their basic information resulting in a list of services they should contact or links to Schemes they should apply to.

RECOMMENDATION 32: The Veterans Gateway, under the OVA should be the single point of reference for the veteran community for information concerning welfare services for veterans, including government and third sector services. It should provide a digital tool that enables users to find out which regional and / or national services they are eligible for, and how they apply.

5.91 At this time, veterans who have or are using any of the Veterans UK services, including the WPS and AFCS, rely on communications from the individual services to keep track of their status with each service. This is inefficient and, in a world where everything is increasingly digitalised, outdated. It also means that, communications are hard to keep track of and therefore hard to refer back to for service users, especially if, as is the case for most private individuals let

alone those with welfare needs, they do not have a systematic filing system at home and diligently maintain it.

RECOMMENDATION 33: Veterans Gateway should provide a platform for users to create an account which track and records the HMG services they have accessed and provides them with updates on their status with each.

5.92 OVA should look to work with the third sector to enable the user accounts to track the services accessed by the user in the third sector as well as HMG service.

6. Next Steps

6.1 In addition to recommendations on specific improvements made in this report, the review team have made a number of recommendations for further work. These are of equal importance to ensuring the continuing effectiveness of the overall system of welfare services for veterans. Combined, these recommendations are about looking at the welfare ecosystem as a system, not as a series of individual services working in siloes.

6.2 All of these, if accepted, cannot be delivered as one single programme of work, nor should they be delivered as an 'add-on' to an already-busy day job. Adequately resourced, dedicated teams, possessing the right skills and experience should be tasked to deliver high-quality change in a timeframe that is realistic but timely and meaningful. A central coordinating function remains imperative to ensuring the system of support for veterans remains holistic, joined-up and effective, and prevent the silo-ing of efforts that is endemic to the current system.

Recommendation 34: To maximise the effectiveness of the recommendations in this report, a programme of work should be initiated, including:

- **A review and redesign of a strategy for welfare services for veterans as delivered under the Veterans UK banner, Defence Business Services, at this time, including, Veterans Welfare Service, Defence Transition Services, Integrated Personal Commissioning 4 Veterans.** This would not constitute a review of each of the services and schemes as these have all recently been conducted and concluded, partly by this review. Instead, it is necessary that a review be conducted of how and whether these services work together under a single banner, how to improve their effectiveness in achieving HMG's strategic objectives in the welfare for veterans' space and whether they are appropriately resourced. This should also cross into the pensions and compensation arena, given the reliance of this function on support being provided to claimants by the welfare services.
- **A review of through-life welfare support related to transition and civilian life from the moment of recruitment.** To minimise vulnerability at the point of transition, MOD must ensure that preparatory training and support is provided to service personnel from the moment of recruitment, in preparation for transition and civilian life. This programme must work hand-in-hand and be compatible with DBS transition and veterans' services. To do so, the review must investigate:
 - What support there currently is for serving personnel in all three services across the UK.
 - What impact the current programme of support for transition has on leavers in the short, mid- and long-term.

- Whether there are any successful programmes that can be adopted and rolled-out across the services.
- How these programmes interact with DTS and other veteran welfare services, including in the third sector.
- **An exploration of a commissioning model for OVA to commission DBS for services for veterans and hold MOD accountable for delivering these services.** To enable the OVA to have better oversight of the welfare services being provided to veterans through the MOD, a model, whereby OVA ‘commissions’ specific services from DBS should be explored
- **A review of data-collection and sharing capabilities across the welfare services, from in-service services to those provided to veterans.** Data collection and sharing is a common weakness across the services and must be improved on to enable caseworkers to be more effective and efficient in delivering a high-quality service, especially to the most vulnerable.
- **A review of the communications and engagement strategy pertaining to welfare services for veterans as a whole.** Failures in communication were persistently raised throughout this review, from a failure to advertise the services to providing clear and accurate information. However, the review team noted this same theme arises in other recent reviews in the same space, such as the AFCS QQR 2022/23. Thus, the communications and engagement strategy must be reviewed and reenergised to ensure the welfare services for veterans is as effective as possible.

6.3 Finally, and to ensure that the welfare services for veterans’ system as a whole improves continually and evolves to reflect the environment in which it operates, a review of the overall system should be conducted periodically.

Recommendation 35: A review of the welfare services for veterans’ system should be conducted on a quinquennial basis. The objective of the review should be to ensure that (i) there is a well-articulated and coherent strategy guiding the system and its services and (ii) the objectives of each of the components of the system continues to effectively fulfil a purpose with reference to this strategy.

6.4 The changes that are to be made must be proactively communicated, in a way that is easily understandable to all, and service users should be engaged in the change process.

7. Conclusion

7.1 In conclusion, this review set out to evaluate the effectiveness and efficiency of the HMG-delivered veteran welfare services. What we have found is a complex system that is often trying to be all things to all people, often without a real sense of direction and purpose. It is not well-cohered, nor well-communicated and as a result is incredibly hard to navigate.

7.2 These, and several other key issues, were consistently reported by those working within the in-scope services, service users (veterans), and other interested stakeholders. These issues also chimed with the findings of other recent reviews, including the Armed Forces Compensation Scheme Quinquennial Review 2022/23, Veterans Advisory and Pensions Committee Review and Haythornthwaite Review.

7.3 We have put forward evidence-based recommendations that are achievable and will enhance the service currently offered, to the benefit of users, service providers and other delivery partners.

7.4 People are the strength of this system, those working within it do so because they want to, and they enjoy it. However, they want clear direction, an improved, collaborative, easy to navigate system that puts service users at its heart and treats them as individuals. Service-users, for their part, want a well-cohered service that is easy for them to navigate and that is there when they need it the most – generally considered to be during the transition period, between service and civilian life. Many do not want a cradle to grave service that will do everything for them, but they do want available pathways to enable them to seek support from the right providers in navigating the particular aspects of life after service.

7.5 The veteran population across Great Britain will change over the next decade, and the support function around it needs to be agile and responsive enough to change with it. It requires a long-term holistic view that continually prepares serving personnel for their civilian life, supports them well through transition and in the immediate period after. If sufficient investment is made in preparing serving personnel for their lives as civilians and guiding them through transition, most will need minimal support in the long-term, enabling HMG to dedicate sufficient resources to ensure that those who have given the most in service to their country continue to be supported as much as needed.

7.6 HMG taking a proactive and pre-emptive approach to supporting serving personnel for civilian life, enables the military charity sector to provide the additional support to veterans as per their mission, instead of feeling the need to duplicate the efforts of statutory services to meet demand. Additionally, with the roles of HMG and the third sector in the veteran's welfare space

clearly defined, and a more collaborative through-life approach, opportunities for collaboration to enhance the support provided to service-users should be easier to identify and act on.

Glossary

Table 1: Glossary of Terms

AFCFT	Armed Forces Covenant Fund Trust
AFPC	Armed Forces Pensions Committee
AFPS	Armed Forces Pensions Scheme
AFPPoI	Armed Forces People Policy
AFVS	Armed Forces Veterans Services
ALB	Arm's Length Body
CAB	Citizen Advice Bureau
CMS	Case Management System
CO	Cabinet Office
COBSEO	Confederation of Service Charities
CQC	Care Quality Commission
CTP	Career Transition Partnership
DA	Devolved Administration
DBS	Defence Business Services
DMRC	Defence Medical Rehabilitation Centre
DMWS	Defence Medical Welfare Service
DTS	Defence Transition Services
DTRP	Defence Transition Referral Protocol
DWP	Department for Work & Pensions
ESL	Early Service Leavers
HMG	His Majesty's Government
HMT	His Majesty's Treasury
HR	Human Resources
IPC4V	Integrated Personal Commissioning for Veterans

IPPH	Ilford Park Polish Home
IT	Information Technology
IVA	Independent Veterans Advisor to HMG
JSP	Joint Service Publication
KPI	Key Performance indicators
MI	Management of Information
MOD	Ministry of Defence
MOU	Memorandum of Understanding
NHS England	National Health Service England
NIO	Northern Ireland Office
NIVSO	Northern Ireland Veterans Support Office
NIVS	Northern Ireland Veteran Support
Op COURAGE	Pathway to support Veterans with Mental Health issues
Op FORTITUDE	Pathway to support Veterans facing homelessness
Op NOVA	Pathway to support Veterans in contact with the Justice System
Op RESTORE	Pathway to support veteran physical wellbeing
ONS	Office for National Statistics
OVA	Office for Veterans' Affairs
POC	Point of Contact
PRU	Personnel Recovery Centre
QQR	Quinquennial Review of the Armed Forces Compensation Scheme
RAFA	Royal Air Force Association
RBL	Royal British Legion
RMA	Royal Marine Association
RFCA-NI	Reserve Forces & Cadet Association - Northern Ireland
SLA	Service Level Agreement
Third Sector	Holistic name given to the veteran charity sector
UKG	United Kingdom Government
USP	Unique Selling Point
VS	Veterans Strategy
VSAP	Veterans Strategy Action Plan
VAPC	Veterans Advisory and Pensions Committee

VWS	Veterans Welfare Services
VETs UK	Brand name given to veteran services provided by DBS
VG	Veterans Gateway
WPS	War Pension Scheme

Table of Recommendations

Table 2: Table listing the recommendations of the review

Over-Arching Issues	
1	HMG must design and articulate a single strategy for veteran welfare services. This must be inclusive of family members and the bereaved and must be aligned to the Strategy for our Veterans. It should articulate how these services contribute to delivering the vision of the UK being the best place in the world to be a veteran.
2	The in-scope services, and any new services, should be redefined to include scope, time and eligibility limitations to enable adequate resources to be allocated to each service.
3	<p>Aligned to the Veteran Strategy Action Plan commitment, HMG should ensure a better cohered, high-quality through-service education and support programme that prepares personnel throughout their military life for civilian life, not just as they come into the transition timeframe. While recognising that the single Services may have different in-service needs, this education system should be aligned across all three services, and co-ordinated centrally, including but not limited to:</p> <ul style="list-style-type: none"> • Information and education on how to operate in the civilian environment, particularly where service has meant lost opportunities for service people to learn about this in comparison to their civilian counterparts. • Support adjusting to civilian life in and immediately post-transition.
4	The MOD should commission a review of tri-service welfare support provision, with a particular focus on transition and wider discharge welfare provision and processes, with a view to building on and rolling out what is currently being successfully delivered across the Services.
5	Work should be undertaken in collaboration with the third sector to ascertain whether some areas of DBS welfare support could and should be commissioned, leaving HMG with a smaller portfolio of services to directly deliver and which could be phased out over-time if demand decreases.

6	<p>Ensure the distinction between the obligations to veterans of the MOD and OVA are clear and communicated to stakeholders, including clearly delineated governance and accountability:</p> <ul style="list-style-type: none"> • The MOD is responsible for the delivery of specific welfare services to veterans (Veteran Welfare Service, Integrated Personal Commissioning for Veterans (IPC4V) case working, DTS, pensions, compensation, medallic services to veterans and some other bespoke services to specific cohorts). It also leads on the Armed Forces Covenant. • The OVA is responsible for leading the cross-government strategy and policy, co-ordinating effort and holding departments (including MOD) to account for delivering services effectively and developing pathways for veterans in conjunction with other departments and organisations.
7	<p>To further ensure the distinction between the roles of the MOD and OVA are clear at all levels, ministerial titles should be amended to properly reflect responsibilities. Thus, the Minister for Defence People, Veterans and Service Families, should become Minister for Defence People.</p>
8	<p>A formal welfare services governance board should be created, that enables the MOD and the OVA to work more closely together to develop policy, monitor delivery and ensure services are continuously improved. This should include MOD and OVA officials, the IVA, and the Veterans' Commissioners for Wales, Scotland, and Northern Ireland, and third sector representatives. The board should be led by an independent chair.</p>
<p>Defence Business Services' (DBS) Core Offer: Veteran Welfare Services (VWS), Defence Transition Services (DTS) and Integrated Personal Commissioning for Veterans (IPC4V)</p>	
9	<p>The VWS must be given a clear mission and scope that is directly connected to delivery of the government's vision for veterans: to support veterans who, having transitioned out of the armed forces and thus no longer eligible for DTS, are still in need of support due to vulnerabilities and/or limitations caused by service.</p>
10	<p>KPIs should be designed which correspond to Recommendation 9 and against which performance is measured. These will be accountable to the new governance board (Recommendation 8).</p>
11	<p>DTS should be renamed to make it clearer that it is a specialist transition programme for a minority of personnel. For example, Defence Transition Enhanced Support (DTES). This will need to be reviewed in conjunction with other DBS-related recommendations from this review.</p>

12	Work should be undertaken within the MOD to ensure that each of these three DBS welfare services have a clear policy aligned to a central welfare strategy, that is easily accessible and understandable to all.
13	Sharing best practice and aligning services where possible with other agencies undertakings similar roles should be undertaken, for example home-visiting with the DWP and casework management through organisations who offer similar such as (but not exclusively) DMWS & RBL.
14	The services currently provided by VWS which are more general in nature, should be renamed so as to better define and communicate its role. Our suggestion is that this be known as 'Defence People Support (DPS)', so as to align it more closely with the suggested revised Ministerial title, provide more inclusivity, and remove reference to both 'veteran' and 'welfare' which can have negative connotations for some.
15	DTS and IPC4V case-working teams should be integrated with VWS services under the DPS banner (Recommendation 14) and brought together into one single support function providing a continuous portfolio of support ranging from transition specific support to through-life support for the most vulnerable.
16	A high-quality casework management system must be implemented. As a minimum, this must record all interactions, be interoperable with other relevant MOD systems, enable a 'one view' of a service-user, and provide high quality MI that enables the MOD to more accurately forecast demand and assess outcomes.
17	Opportunities for sharing data more widely with other organisations, including the third sector, should continue to be explored, via Data Sharing Agreements, which give individuals the option to agree to their data being shared with other agencies for agreed welfare support purposes. This is a key enabler to a more integrated model of support and will require a cross-departmental effort.
18	Caseworkers providing all these services should receive adequate training to work with vulnerable service users, including, where appropriate, professional training and formal qualifications. This should include trauma-informed practice.
19	The Veterans UK brand should be retired. Any new brand that replaces it should be more inclusively named and must be clearly communicated, including clear definitions of each team within it, their purpose and scope.
20	Communications to (would-be) service users must be improved. A clear joint MOD / OVA communications and engagement strategy and plan for veterans' welfare and support must be developed. It should be adequately

	resourced to ensure delivery of enduring and effective communications to the single Services (at all levels), service leaver and their families, veterans and their families, the bereaved community, and wider stakeholder groups.
21	Veterans UK (as is) must establish an independently Chaired client lived-experience board, based on NHS England's Patient Voice model enabling bottom-up information sharing and evidence-based service improvements. Membership should include Veteran UK leadership, OVA, MOD Armed Forces People Policy, Commissioners and IVA, and charity representation.
Other In-Scope Bodies	
22	A public consultation should be launched as soon as feasible to promote the IPPH and encourage eligible future-residents to take up a place at the Home, with a view to closing to new admissions by the end of 2024.
23	A further review of resident numbers should be undertaken in 2026 to ascertain occupancy numbers and likely need for extending the lease beyond the 2028 break clause. If it is deemed that there are insufficient numbers to justify the IPPH's existence, DBS should work with the charity sector and local authority to source alternative accommodation for the remaining residents, funded by MOD. Where possible, there should be an attempt by the new provider to recreate the Poland-specific nature of the IPPH.
24	Whilst the Private Member's Bill progresses, the OVA and the MOD should undertake work to properly define the potential future function of the VAPCs in their respective departments, in more detail than there has been time to do in this review. This should take account of the QQR and VAPC recommendations.
25	Once the legal position is defined, the Ministers for Defence People, Veterans and Service Families and for Veterans' Affairs should jointly decide which of the three options outlined above they wish to take and then ensure that that work is taken forward.
26	NIVSO should be moved into the OVA in order to continue to operate in Northern Ireland as the OVA's regional presence. This will require an additional revenue stream for OVA from HMT.
27	Consideration to retaining the NIVSO brand, alongside that of the OVA, should be given. Over the last 5 years it has become a well-known, understood and trusted brand for Northern Ireland veterans, and the review team consider that to change this would be detrimental
28	NIVSO should not be managing individual welfare cases. Nevertheless, in recognition of the trusting relationship NI veterans have built with NIVSO and of the time it will take for VWS NI to build its reputation and relationship with

	NI veterans, NIVSO should remain a point of contact and triaging service, directing Northern Ireland veterans to other services, government or otherwise, and ensuring casework is picked up by the VWS team.
29	As a service providing assistance to the veteran community Veterans Gateway, should be fully funded and provided for by the OVA. This may require an additional funding stream for OVA.
30	MOD and the OVA should make a joint assessment as to whether the current Veterans UK helpline should continue to exist or the Veterans Gateway helpline. The rationale for closing either must be clearly articulated to users.
31	Helpline staff must be adequately trained to manage effectively all calls that may come.
32	The Veterans Gateway, under the OVA should be the single point of reference for the veteran community for information concerning welfare services for veterans, including government and third sector services. It should provide a digital tool that enables users to find out which regional and / or national services they are eligible for, and how they apply.
33	Veterans Gateway should provide a platform for users to create an account which track and records the HMG services they have accessed and provides them with updates on their status with each.
Next Steps	
34	<p>To maximise the effectiveness of the recommendations in this report, a programme of work should be initiated, including:</p> <ul style="list-style-type: none"> • A review and redesign of a strategy for welfare services for veterans as delivered under the Veterans UK banner, Defence Business Services, at this time, including, Veterans Welfare Service, Defence Transition Services, Integrated Personal Commissioning 4 Veterans. • A review of through-life welfare support related to transition and civilian life from the moment of recruitment. • An exploration of a commissioning model for OVA to commission DBS for services for veterans and hold MOD accountable for delivering these services. • A review of data-collection and sharing capabilities across the welfare services, from in-service services to those provided to veterans. • A review of the communications and engagement strategy pertaining to welfare services for veterans as a whole.
35	A review of the welfare services for veterans' system should be conducted on a quinquennial basis. The objective of the review should be to ensure that (i) there is a well-articulated and coherent strategy guiding the system and its

	services and (ii) the objectives of each of the components of the system continues to effectively fulfil a purpose with reference to this strategy.
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ANNEX A: Terms of Reference

Independent Review of UK Government Welfare Services for Veterans

Terms of Reference

Background

In recent years there have been a number of changes to HMG-owned and/or -funded veterans' welfare services and how they fit into the veterans' landscape. The introduction of further legislation to strengthen the Armed Forces Covenant, and the creation of the Office for Veterans' Affairs have been notable changes which have impacted the way in which veterans and their families interact with and are supported by government. The role, scope and breadth of government services, particularly those provided by the Minister for Defence under the Veterans UK banner, have not been considered in the round, in the context of these wider strategic changes, Ministers have concluded that it would be timely to undertake a review of these services, taking a holistic approach that takes into account how the veteran support infrastructure has changed over the last decade.

Terms of reference

Government's Strategy for our Veterans aims to improve collaboration between organisations offering veterans (and their families) support, and better co-ordination of veterans' services.

An independent review into the effectiveness and efficiency of welfare services for Armed Forces veterans, largely owned and/or funded by the Ministry of Defence, will provide options and recommendations on how these could be improved. This review is jointly sponsored by the Minister for Veterans Affairs, the Rt Hon Johnny Mercer MP, and the Minister for Defence People and Veterans, the Rt Hon Dr Andrew Murrison MP.

The review will:

- map out the current functions, governance, roles and responsibilities of in-scope bodies, including their interfaces with key other partners and agencies, including any duplication and gaps in services provided
- consider the extent to which there is clarity of scope, capacity and deliverability of current services
- engage extensively with key stakeholders, including Cabinet Office, MOD, and other Government Departments; the Service charity sector; in-scope bodies and representatives

of the veteran community (including the Veteran Commissioners), particularly those who have experience of the services in scope

- consider the findings of other recent current and ongoing relevant reviews, including into the Veterans' Gateway, the Veterans Advisory and Pensions Committees and the Quinquennial Review of the Armed Forces Compensation Scheme
- give particular consideration to the delineation between welfare support to individuals (and their families) as they transition out of service ("service leavers") and those who have been out of service for more than two years
- make evidence-based, considered proposals for how veterans welfare support services could be improved
- proposals must consider whether better, more efficient data-sharing mechanisms between relevant organisations can be introduced

Bodies within scope include: the Veterans Welfare Service; Defence Transition Services; Integrated Personal Commissioning for Veterans; the Northern Ireland Veterans Support Office; the Veterans' Gateway; the Veterans Advisory Pensions Committees, and Ilford Park Polish Home.

Bodies out of scope (although interfaces with them may be considered) are the Armed Forces Compensation Scheme; the War Pensions Scheme; the Armed Forces Pensions Schemes; Op Courage; and the Armed Forces Covenant Fund Trust.

Governance

The review will be led by a senior civil servant with support from officials in the MOD and OVA. The review team will report on a day-to-day basis to the Director of Armed Forces People Policy at MOD and the Director of the OVA and have regular engagement with the Minister for Veterans' Affairs and the Minister for Defence People, Veterans and Families. The Independent Veterans Advisor to HMG) will be the Senior Veterans' Advisor to the Review. Full and final recommendations will be made by Autumn 2023.

The review will also be engaged with other formal stakeholder and user groups including the Veterans Advisory Board.

ANNEX B: Stakeholder List

Table 3: List of Government Stakeholders (excluding in-scope bodies) of the review

Government Stakeholders (excluding in-scope bodies)
Office for Veterans' Affairs, Cabinet Office
Minister for Veteran Affairs
Director
Deputy Director, Policy, Communications & Engagement
Deputy Director, Strategy, Research and Data
Head of Policy
Head of Strategy
Deputy Head of Policy (Finance and Welfare)
Deputy Head of Health & Well Being
Deputy Head Criminal Justice
Business Manager
Armed Forces Defence People, Ministry of Defence
Minister for Defence, People, Veterans & Service Families
Director, Armed Forces People Policy
Deputy Director, Head Armed Forces People Support
Armed Forces Covenant Team Leader and Deputy Head of Armed Forces People Support
Head Health and Wellbeing Policy
Head of Armed Forces Welfare Support Policy
Transition, Armed Forces People Support
Armed Forces Covenant Fund Trust
Armed Forces Covenant Fund Trust
Career Transition Partnership
Career Transition Partnership (Right Management Ltd)
Veteran Commissioners
Independent Veteran Advisor to Ministers (IVA)
Northern Ireland Veterans Commissioner (NIVCO)
Veterans' Commissioner for Wales
Scottish Veterans' Commissioner

Support to Veterans Commissioner for Wales, and Independent Veterans Advisor to Ministers
Communications and Policy Support, NIVCO
Lead Reviewers (other relevant reviews)
Armed Forces Compensation Scheme Quinquennial Review 2022/23, Ministry of Defence
Defence Transition Services Internal Review, Ministry of Defence (ongoing)
Haythornthwaite Review of Armed Forces Incentivisation 2022/23, Ministry of Defence
Veterans Advisory Pensions Committee (VAPC) Review 2023, Ministry of Defence
Other Government Departments
Cabinet Office
Department of Housing, Levelling Up and Communities
Department for Transport
Department for Work and Pensions
His Majesty's Revenue and Customs
Ministry of Justice
NHS
Northern Ireland Office

Table 4: In-Scope Bodies of the review

In-Scope Bodies
Defence Business Services (incl. VWS, DTS, IPC4V, IPPH)
CEO, Defence Business Services
Head, Armed Forces Veterans Services (AFVS)
Deputy Head, Veteran Services, AFVS
Assistant Head, Veteran Services, AFVS
VWS, Northern Ireland (formerly Aftercare)
Head of DBS Communications & Media
Defence Recovery
Manager, Ilford Park Polish Home
Deputy Head, Development and Change, AFVS
Process Lead, Future Development Team
DBS Finance Partner
Veteran Advisory Pensions Committee members
Chair of Chairs
Northern Ireland
Southwest England (Vice Chair)
East Midlands
Eastern Region
Northern Ireland Veteran Support Office
CEO, Reserve Forces and Cadets

Head, Veterans Support Office
Deputy Head, Veterans Support Office
Comms and Support, Veterans Support Office
DGS Regional Co-ordinator for Northern Ireland, Programme Post
Veterans' Champions Support Officer, Programme Post
Care Coordinator, Associate Programme
Veterans Adviceline for Statutory Professionals Project Manager, Associate Programme
Sport and Outdoor Navigator, Associate Programme
Tackling Loneliness Navigator, Associate Programme
Veterans Gateway
Royal British Legion (RBL)

Start text here.

ANNEX C: Armed Forces Compensation Scheme Quinquennial Review 2022/23 Recommendations

User- Friendly Communications

RECOMMENDATION 7: The Apply for Armed Forces Compensation Scheme Guidance webpage should be re-structured to focus on setting expectations, providing clarity on:

- What service the MOD will be providing throughout the claims process.
- The likely nature of their communications with the MOD during the claims process.
- The types of evidence they will be expected to gather, including what the MOD can legitimately request.
- Potential points at which and reasons why further information may be sought from the claimant.
- Potential points at which claimants may require support
- Links to where they might access support, including, for example, to charities that specifically offer AFCS support, the VAPC's and the Veterans Welfare Service (VWS); and,
- Projected timelines.

Initial Decision-Making Process

RECOMMENDATION 9: To mitigate against unnecessary delays at the early stages due to a lack of understanding of the process on the behalf of the claimant:

- A checklist of evidence that the claimant can expect the MOD to request should be published on the relevant gov.uk web pages and claim completion guidance
- The role of different forms of evidence in the decision-making process should be clarified, including what consideration will be given to medical notes, personal statements and discharge notes (including medical board statements where relevant) in determining the different elements necessary to decide on a claim (e.g., attributability and impact).
- The MOD should determine an 'ideal' window of time within which to make a claim for the purposes of guidance and adopt a policy of communicating this to claimants on first contact where it is clear from the claim submission that a decision cannot yet be made.
- Before a decision is made, the caseworkers should seek the confirmation from the claimant that the evidence collected and on which the decision will subsequently be made is comprehensive.

RECOMMENDATION 10: In all communications regarding the submission of evidence, the MOD should make explicit the implications of submitting evidence at different stages and that any 'ideal window' set by the MOD is merely a guide. It should also be explicit that even where

the claimant chooses for personal reasons to apply early and their condition deteriorates, there are opportunities for review at a later date.

RECOMMENDATION 11: All decision notifications should include a full explanation as to why the next tariff up has not been awarded, making reference to the evidence and how it has been interpreted by the caseworker, as well as, if relevant, why a temporary award has not been made.

Communication Between Caseworkers and Claimants

RECOMMENDATION 14: The work of caseworkers should be restructured to ensure that, where a case is identified as complex upon first review, caseworkers are supported and enabled to take a proactive and more communicative approach to engaging with these claimants. This requires that caseworkers:

- Make initial contact over the phone with claimants upon receipt of the claim to explain what the caseworker's role is, why their claim has been flagged as complex, what the implications of this are, what the claimant can expect from them and what they might request from the claimant.
- Keep notes on the personal circumstances and needs of the claimant so they can tailor communications and share these if the case is not resolved by the initial decision (i.e., share with the reconsideration and/or appeals caseworkers).
- Proactively contact claimants periodically to provide updates on their claim and full explanation as to what the different stages are and what the implications of different decisions are.

RECOMMENDATION 15: Helpline workers should be directed to answer generic questions only and automatically make a call-back request to the relevant caseworker for case-specific queries. To prevent caseworkers from being overwhelmed with these queries:

- Each caseworker should have an appropriate amount of 'clinic hours' a week during which they are able to take calls to answer case-specific queries directly from claimants or to respond to call-back requests put through from the Helpline.
- Clinic hours and their purpose for the relevant caseworker be clearly signposted in all communications with claimants.

RECOMMENDATION 16: The MOD should explore options for communicating routinely with claimants/recipients via email and text message.

RECOMMENDATION 17: Caseworker caseloads should be capped, the unit of measurement and limit to be determined based on an audit of the resources expended on different case types to date, in consultation with caseworkers and in the course of a review of workforce requirements.

ANNEX D: Public Bodies Review Programme: Veterans Advisory and Pensions Committees 2023

The Public Bodies Review Programme: Veterans Advisory and Pensions Committees 2023 has been published alongside this document, and is available on [GOV.UK](https://www.gov.uk)

