



# Supporting & Serving Military Veterans in Northern Ireland

Dr Chérie Armour  
Dr Bethany Waterhouse-Bradley  
Dr Emma Walker  
Mrs Jana Ross

Psychology Research Institute,  
Faculty of Life and Health Sciences,  
Ulster University

June 2017



---

# Contents

List of tables and figures	4
Foreword	6
Forces in Mind Trust	7
Acknowledgements	8
Acronyms	9
A note on the Northern Ireland Executive	11
Executive Summary	12
Methods	12
The Armed Forces Covenant	13
The Context of Northern Ireland	14
Key Findings	15
Conclusions and Recommendations	21
Further Research	29
<b>Full Report</b>	<b>31</b>
<b>1.0 Introduction</b>	<b>31</b>
1.1 Overview of the issues of veteran health and wellbeing	31
1.2 Project Background	31
1.3 Outline of the report	33
<b>2.0 Scope and Methods</b>	<b>34</b>
2.1 Aim and Objectives	34
2.2 Scope of the Report	35
2.3 Methods	36
Statutory Service Providers	36
Veteran-Specific Service Providers	37
2.4 Preliminary Focus Groups	38
<b>3.0 The Armed Forces Covenant</b>	<b>40</b>
3.1 Background and aim of the Covenant	40
3.2 Corporate Covenant	40
3.3 Community Covenant	41

---

3.4	Covenant Fund	42
3.5	Veteran Responses to the Covenant	42
<b>4.0</b>	<b>The Context of Northern Ireland</b>	<b>44</b>
4.1	The Experiences of Veterans in NI: Findings from Initial Focus groups	44
4.2	The Northern Irish Troubles and Operation Banner	45
4.3	Socio-Economic Context	46
4.4	Devolved Governance	46
4.5	Local Authorities in NI	47
4.6	Section 75 of the Northern Ireland Act	48
4.7	The Armed Forces Covenant in Northern Ireland	48
<b>5.0</b>	<b>Statutory Services</b>	<b>51</b>
5.1	Overview of the Statutory Sector in NI with specialist veterans' services	51
5.2	Public Services in Northern Ireland	52
5.3	Education	54
5.4	Training and Employment	55
5.5	Housing	56
5.6	Advice and Advocacy	58
5.7	Criminal Justice	58
5.8	Overall Engagement with the Statutory Sector	60
<b>6.0</b>	<b>MOD-funded services</b>	<b>62</b>
6.1	Overview of the MOD-funded sector in Northern Ireland	62
6.2	Services available	64
6.3	Accessibility and visibility	66
6.4	Relationships/communications	68
6.5	Additional services available to veterans in NI	68
6.6	The Future of the MOD-Funded Sector	69
<b>7.0</b>	<b>Overview of the Veteran Voluntary and Community Sector in Northern Ireland</b>	<b>71</b>
7.1	The Voluntary and Community Sector (VCS) in Northern Ireland	74
7.2	Development of the Veteran VCS	74
7.3	Impact of the Political Conflict on Veterans' Services in Northern Ireland	75

---

---

7.4	Services available to veterans in the Voluntary and Community Sector	77
7.5	Accessibility and visibility of the veteran VCS	84
7.6	Organisational structures in the Veteran VCS	88
7.7	Looking to the future	92
<b>8.0</b>	<b>Communication between Voluntary and Statutory Sectors</b>	<b>94</b>
8.1	Formal Information Sharing Networks	94
8.2	Collaboration Across the Sector	96
<b>9.0</b>	<b>Discussion</b>	<b>101</b>
9.1	The Armed Forces Covenant and Veterans in the UK	101
9.2	Issues Specific to Northern Ireland	101
9.3	Statutory Services	102
9.4	MOD-Funded and Voluntary and Community Sectors	103
9.5	Mental Health	103
9.6	Communications, Relationships and Referrals	104
9.7	The Current Model of Service Delivery to Veterans in NI	105
<b>10.0</b>	<b>Recommendations and Future Research</b>	<b>107</b>
10.1	The Consultation Process	107
10.2	Recommendations	108
10.3	Further Research	117
10.4	Concluding Remarks	117
	<b>References</b>	<b>118</b>
	<b>Appendix 1: Data Collection Template – Statutory Sector</b>	<b>122</b>
	<b>Appendix 2: Data Collection Template - Charity Sector</b>	<b>123</b>
	<b>Appendix 3: Individual VCS organisation overviews</b>	<b>124</b>
	<b>Appendix 4: At a glance overview of VCS organisations</b>	<b>141</b>

---

# List of tables and figures

## Tables

1	<b>Veterans' Champions in Northern Ireland</b>	<b>49</b>
2	<b>Main Categories of Service Provision Offered by Veteran VCS in Northern Ireland</b>	<b>72</b>
3	<b>Additional Services Offered by Charitable Organisations</b>	<b>83</b>
4	<b>Consultation Event Participants</b>	<b>107</b>
5	<b>Recommendations</b>	<b>123</b>

## Figures

1	<b>Project Work Packages</b>	<b>32</b>
2	<b>Categories of Support Providers</b>	<b>35</b>
3	<b>Process for Statutory Service Providers</b>	<b>36</b>
4	<b>Process for Veteran-Specific Service Providers</b>	<b>37</b>
5	<b>Community Covenant Infrastructure</b>	<b>41</b>
6	<b>Geographical Heat-Map of Veterans Charities across Northern Ireland</b>	<b>86</b>
7	<b>The Process of Benevolence Assistance in Northern Ireland</b>	<b>91</b>
8	<b>Initial Contact Procedures for Accessing Services in the VCS</b>	<b>97</b>
9	<b>Links between NIVSC Representatives and Cobseo Charities</b>	<b>98</b>
10	<b>Referral Pathways within the Veteran VCS</b>	<b>99</b>
11	<b>Consultation Prompts</b>	<b>105</b>
12	<b>Proposed Support Structure</b>	<b>109</b>

---

# Appendices

Appendices	Document	Page reference
Appendix 1	Data Collection Template - Statutory Sector	122
Appendix 2	Data Collection Template - Charity Sector	123
Appendix 3	Individual VCS organisation overviews	124
Appendix 4	At a glance overview of VCS organisations	141

---

# Foreword

Good decision making requires: a good understanding of context and operating environment; of active stakeholders and the services they deliver, both by whom and to whom; and of a wide range of other factors. The better the understanding, the more likely are the decisions to be ones that lead to success.

In Northern Ireland, perhaps more so than anywhere else in the United Kingdom, there are many complex and inter-dependent factors, often highly politicised, and frequently opaque to those of us living elsewhere. Yet in one important regard, Northern Ireland is no different to the mainland, and that is the way in which the nation has chosen to support its veterans, and their families.

The Armed Forces Covenant, whether writ large or merely whispered, simply asks that veterans be treated fairly, and not disadvantaged because of their service. Self-evidently the unique history and environment in Northern Ireland, and the nuances of Section 75 which can easily be misunderstood, present a peculiar challenge to policy makers and service deliverers. It seems to me that this justifies the differences in *how* veterans are supported, but does not excuse any *lack of support* itself. Veterans are, after all, first and foremost citizens of the state, and in the United Kingdom the intention is that they are supported by a mixture of statutory and voluntary services, some generic and occasionally some bespoke.

And if resources were to be infinite, all could be satisfied: but they're not, and arguably there is little prospect that funding for health and social care will ever fully meet the needs of any population. So, when decisions that set policy, that allocate resources, that support the founding of organizations are made, they need to draw upon the best possible understanding. In Northern Ireland, this has been an elusive goal, which is why Forces in Mind Trust, whose strategy is to generate credible, independent evidence to influence others, has funded this ground-breaking project, our longest and one of the largest financial commitments in our short history so far.

This is just a beginning. Certainly I would invite policy makers and service deliverers to consider carefully the recommendations in this first report, such as the development of a core infrastructure; as we have found elsewhere in the United Kingdom, often it's less about resources, and more about informing, coordinating and collaborating. These don't need a lot of money. But, this is just a beginning, a 'foundation for a marked improvement in the evidence base'. I claim no authorship of this phrase – although I might steal it to describe many of our other projects – these are the words of our insightful and determined researchers at Ulster University.

I commend this report to everyone whose responsibility it is to support veterans in Northern Ireland, and their families, and I would urge you to continue to contribute to the future years of work that Ulster University is being funded to conduct. Veterans across the United Kingdom deserve fair treatment, regardless of where they live, no more and no less. That can only happen when we have a clear and an honest understanding of how fair treatment can be delivered, and what decisions are necessary to ensure that it is.



**Air Vice-Marshal Ray Lock CBE**  
Chief Executive, Forces in Mind Trust

---

# Forces in Mind Trust

The Forces in Mind Trust was founded in 2012, through an endowment of £35 million from the Big Lottery Fund, to promote the successful transition of Armed Forces personnel, and their families, into civilian life.

Our **Vision** is that all ex-Service personnel and their families lead successful and fulfilled civilian lives. Our **Mission** is to enable them to make a successful and sustainable transition.

Our **Strategy** is to use our spend-out endowment to fund targeted, conceptually sound, evidence generation and influence activities that will cause policy-makers and service providers to support our Mission.

Full details of what we have funded, our published research, and our application process can be found on our web site [www.fim-trust.org](http://www.fim-trust.org)



---

# Acknowledgements

The authors would like to thank all of the Armed Forces charities, statutory agencies and Assembly departments for their participation in the development of this report. We recognise the challenges in responding to requests for information, particularly where organisations are staffed entirely by volunteers and have substantial workloads.

Special thanks to the Northern Ireland Veterans Support Committee (NIVSC): in particular, (Ret) Col. Johnny Rollins and (Ret) Maj. Peter Baillie. As co-investigators, the NIVSC has supported the research team in identifying and accessing key stakeholders, and has prompted the study in their extensive networks.

The authors would also like to acknowledge the members of the research team who contributed to the report in a number of ways, including background research, formatting and administration: Martin Robinson; Abbie Vance and Jenna Moffat. Many thanks as well to our former colleague Dr. Claire Cole for her early contributions.

The authors would also like to acknowledge the members of the research team who contributed to the report in a number of ways, including background research, formatting and administration: Martin Robinson; Abbie Vance and Jenna Moffat. Many thanks as well to our former colleague Dr. Claire Cole for her early contributions. Particular thanks goes to Professor Siobhan O'Neill, who is a co-investigator on the wider NIVHWS.

---

# Acronyms

AAVSNi	Andy Allen Veterans' Support Northern Ireland
AFLF	Armed Forces Liaison Forum
BLESMA	British Limbless Ex-Service men's Association
CAB	Citizens' Advice Bureau
Cobseo	The Confederation of Service Charities
CTP	Career Transition Partnership
DfC	Department for Communities
DoH	Department of Health
DUP	Democratic Unionist Party
FiMT	Forces in Mind Trust
GB	Great Britain (i.e. England, Scotland & Wales)
H4H	Help for Heroes
HS	Home Service
HSCT	Health and Social Care Trust
MLA	Member of the Legislative Assembly
MOD	Ministry of Defence
NI	Northern Ireland
NICVA	Northern Ireland Council for Voluntary Action
NIHE	Northern Ireland Housing Executive
NIVAPC	Northern Ireland Veterans Advisory and Pensions Committee
NIVHWS	Northern Ireland Veterans' Health and Wellbeing Study
NIVSC	Northern Ireland Veterans' Support Committee
PTSD	Post-Traumatic Stress Disorder
R IRISH	Royal Irish

---

RAFA	Royal Air Forces Association
RFEA	Regular Forces Employment Association
SEFF	South East Fermanagh Foundation
SSAFA	Soldiers', Sailors' and Airmen's Families Association
TRBL	The Royal British Legion
UDR	Ulster Defence Regiment
UK	United Kingdom (i.e. England, Scotland, Wales & Northern Ireland)
VAPC	Veterans Advisory and Pensions Committee
VCS	Voluntary and Community Sector
VSS	Victims and Survivors Service

---

# A note on the Northern Ireland Executive

The content of this report is based on the departmental and policy arrangements under the Northern Ireland (NI) Executive convened in May 2016 under the government reorganisation. Prior to publication, the NI Assembly was dissolved after then Sinn Féin's Deputy First Minister Martin McGuinness (now deceased) resigned in protest of then First Minister, Democratic Unionist Arlene Foster's refusal to step-down amid investigations into a government scheme which she oversaw during her time as Finance Minister. An election took place on the 7<sup>th</sup> of March 2017, and returned another Sinn Féin and the Democratic Unionist Party (DUP) power sharing government. This result continued the stalemate, as the DUP retained their majority position, and the conflict which dissolved the government remains unresolved. At the time of publication, the Assembly remains suspended and Westminster has passed legislation to allow several more weeks of negotiations before a final decision is taken.

---

# Executive Summary

In 2015, Forces in Mind Trust (FiMT) commissioned Dr Cherie Armour of Ulster University to conduct a large-scale study into the health and wellbeing of Northern Irish veterans, over the course of four years. The Northern Ireland Veterans' Health and Wellbeing Study (NIVHWS) comprises two projects: the first received funding in August 2015 and commenced in December 2015. The second received funding in November 2015 and commenced in August 2016. The conception of the NIVHWS was a direct response to a significant gap in information about the support needs of the veteran population living in NI. The development of the study was informed by a series of focus groups with veterans in the region, in addition to consultation with the NI Veterans Support Committee (NIVSC). In summary, the NIVHWS seeks to identify the current and future health and wellbeing needs of the veteran population in NI, outline the system of support currently available to NI veterans, and identify ways in which this may be optimised. Further details of the various aims of the NIVHWS can be found in the full report corresponding to this executive summary. The full report is the first of a series of outputs from the NIVHWS, the purpose of which is three-fold:

- Scope existing mental health and support arrangements and channels of communication between the Ministry of Defence (MOD) and other authorities, including charities;
- Scope existing service provision, identify obstacles to such provision and any gaps or unnecessary duplication; and
- Recommend how existing mechanisms to underpin support to veterans might be improved, including relationships with statutory bodies, and suggest new mechanisms to be developed.

Using both empirical and secondary data, informed by in-depth stakeholder engagement at all stages of development, the report provides the first comprehensive overview of services and support<sup>1</sup> available to veterans living in NI (see Pozo & Walker, 2014). It frames these services with an outline of the relevant legislation and policy, and the social and political context.

## Methods

The Scoping Review was conducted using a systematic approach to gathering information through publicly available documents, online resources, and communication with service providers. The research team spent time with key stakeholders through the Advisory Group and Strategic Reference Panel to identify all relevant service providers in the region, and to build relationships within the sector. The compilation of this report ran parallel to several other work packages in the NIVHWS, allowing opportunity for the team to continuously develop its stakeholder list and deepen their understanding of the wider context in which service provision takes place.

To ensure that evidence was collected in a consistent manner, data collection templates were constructed in accordance with the sector to which the organisation belongs. In NI, there is a strongly held position by the NI Executive that all eligible service users across the population should have equal entitlement and access to services.

---

<sup>1</sup> A comprehensive overview of the veteran charity sector was recently undertaken by FiMT. However, the report makes reference to the lack of information about NI charities and states that as such the region was excluded from analysis.

---

For this reason, there are very few instances where a statutory body provides a veteran-specific service. In acknowledgement of this, and in keeping with the inclusion criteria, different data collection templates were used across non-MOD-funded statutory services, and those MOD and voluntary services that provide a veteran-specific service. The following steps were taken with those responsible for health and social services of which veterans avail, but had no specific remit for veteran care:



For those service providers who offer a specific service to the veteran population, both the voluntary and community sector (VCS) and those funded by the MOD, the following steps were taken:



Once all organisational data was gathered and information requests had been returned, reports outlining the findings pertaining to that specific service provider were written up and provided to a nominated representative of the organisation for validation purposes. After a draft report and recommendations were produced, a consultation event was held with key stakeholders in the statutory, MOD and voluntary and community sectors. Participants had an opportunity to discuss the key themes and preliminary recommendations, and to comment on the relevance and feasibility of their implementation. This intensive back and forth process between participants and the research team did add considerable time to the compilation of the report findings, as researchers were dependent upon timely responses from a wide range of busy stakeholders – many of whom hold voluntary roles and work limited hours. The validation and consultation responses, however, increase the likelihood that recommendations will be both actionable by and acceptable to those who work most closely with the veteran population, thereby improving services for this group.

## The Armed Forces Covenant

Central to the current discussion about the health and wellbeing of Armed Forces personnel and veterans across the UK is the principle which underpins provision of services to this population. The Armed Forces

---

Covenant (hereafter the Covenant) is a promise made on behalf of the government and society that those who serve or have served in the Armed Forces will not experience disadvantage. There has been significant success in adopting the Covenant across the UK, with a growing number of communities and corporations signing pledges of commitment to the principles of the Covenant. The Covenant is underpinned by considerable financial investment; however, it is not clear whether those funds are as accessible as they could be for smaller support agencies or devolved regions. There have been some issues with perceptions of the Covenant, with many support providers believing that it gives a distorted level of expectation to Armed Forces personnel/veterans; and many Armed Forces personnel/veterans believing it to be more of a paper exercise than an actual commitment. The NI legislative assembly has not formally adopted the Covenant, though six of the eleven local councils in the region have adopted the principles of the Covenant at a community level. While many service providers in the region argue that the Covenant is largely implemented in NI through both formal and informal channels, there is not yet a formal evidence base to that effect. Debates on the importance of the adoption of the Covenant in NI are complex and are being played out on a regional and national government level through formal motions in the NI Assembly and recommendations in Lord Ashcroft's report on the transition from military to civilian life (Ashcroft, 2014).

## The Context of Northern Ireland

The process of transition from military to civilian life does not seem to result in adversity for the majority of service leavers, and there has been an increasing amount of support in place to navigate any complications with adjusting to civilian life with regard to housing, employment, training, and health and wellbeing. There are some service leavers, however, for whom the transition process can be a challenge. This can be due to complex needs or events that trigger mental health-related issues in the years following transition. There is a necessity in these cases for support which is attuned to the specific needs of this population. The delivery of health and social services to veterans in NI is further complicated for a number of socio-political and practical reasons:

- Due to years of violent conflict, which included the longest British military operation to date, the integration and social cohesion between ex-Service personnel and the civilian population can be strained. Due to the historical conflict known as the Troubles, the act of military service is more politicised in NI than in other regions of the UK, making the implementation of legislation and policy which protects this group more contentious.
- There is a cohort of veterans in NI who live in their former operational theatre, which introduces complex and unique challenges. There is very little research which explores what these may be and as such, planning service provision for this population must be done without much consideration for potential adversity associated with their position.
- The equality framework defined by Section 75 of the Northern Ireland Order places a statutory duty on public bodies to ensure equality of access and opportunity across all citizens in NI. This legislation has been used to explain why the Covenant has not been adopted in NI. The prevailing interpretation of Section 75 is that to implement the Covenant, particularly the second principle, which suggests that there are times when special measures should be taken to support veterans who have 'given most' in the line of duty, would be in direct violation of equality legislation.

- 
- In a region where the British Armed Forces and those who served in them are openly condemned in the political sphere, assurances of equality for veterans may do little to assure those individuals that they will not face discrimination. There is therefore a need for strong evidence of the equality of access and quality of services to veterans to provide reassurance in a complex political environment.
  - This lack of support, whether real or perceived, is contrasted with an all-time high in public support for the Armed Forces in Great Britain (GB: England, Scotland & Wales).
  - In practical terms, the transference of approaches to implementation in GB to NI is problematic due to the difference in the remit of local authorities in NI versus GB. In GB, the Covenant is delivered on a local level through an infrastructure of Armed Forces and Veterans' Champions with a variety of links to local authority officers and service providers. In NI, the responsibility of the majority of health and social services is held by arms-length bodies who are accountable to the devolved assembly, rather than local councils. As such, local authorities – and the Veterans' champions based within them – are not in a position to take the required actions to implement the Covenant.

## Key Findings

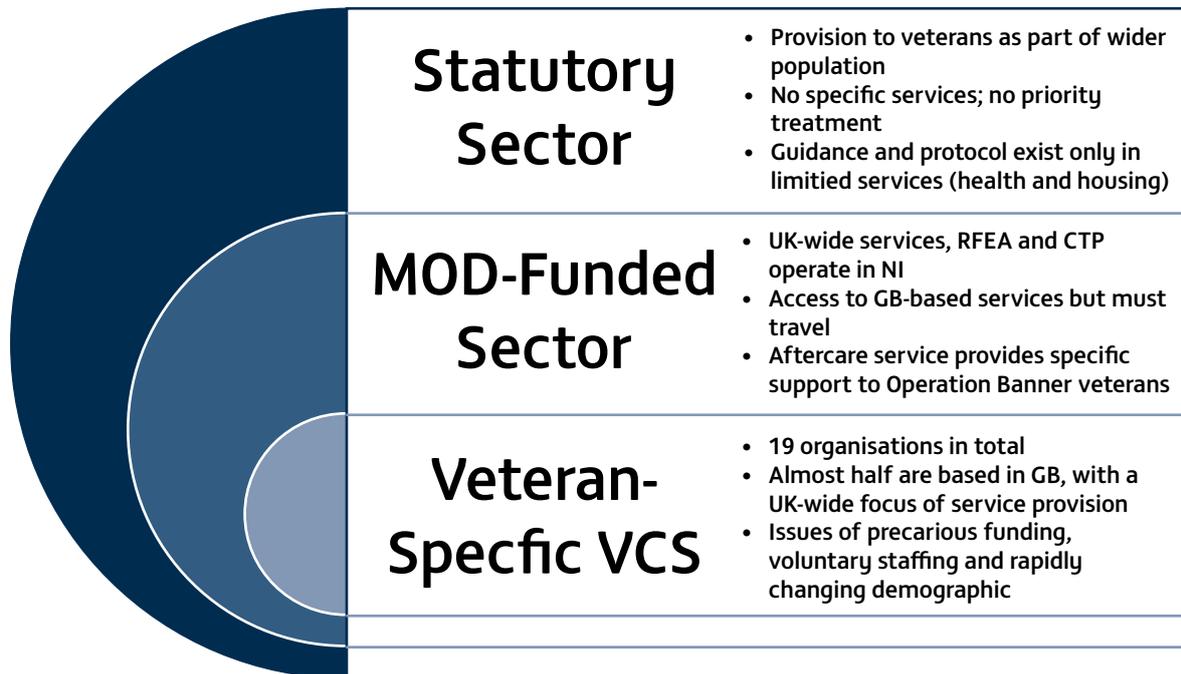
Examination of the support and services available to veterans in NI shows that there is an infrastructure of support aimed at the veteran population, which has been designed around the emergence of specific need. This is comprised of a number of local and national voluntary and community organisations, several information sharing networks within and across sectors, and regionally specific MOD-funded services. These supplement the wider provision of health and social services to which all citizens of NI are entitled. There is no veteran specific statutory service outside of those provided by the MOD, and there is only minimal acknowledgement of the specific needs of veterans in NI in policy and/or practice from the statutory sector.

The veteran sector in NI is relatively small when compared with GB, though without a more accurate account of the number of veterans living in the region (The Royal British Legion, 2014)<sup>2</sup>, it is unclear whether this number is proportionate to demand. Outside the MOD, there is no formal monitoring which could provide information on how veterans access services or whether this leads to disadvantage. Without research into the experiences of veterans in NI with statutory and voluntary services, it will not be possible to evaluate whether the principles of the Covenant are being implemented.

---

<sup>2</sup> The Royal British Legion Household Survey in 2014 did report a figure of roughly 115,000 individuals in the veteran community living in NI; however, this figure included families and children of veterans, and is likely to be underreported based on reluctance in the region to disclose

## Veterans' Support Sector: At a Glance



*Note.* CTP = Career Transition Partnership; RFEA = Regular Forces Employment Association; VCS = voluntary and community sector

### The Statutory Sector

Following the NI Executive position that Section 75 does not permit any special treatment for veterans in the statutory sector, veterans are entitled to the same treatment and services as any other citizen of NI. As such, the majority of government departments and statutory bodies provide no services specific to veterans. There are some public sector agencies that acknowledge the special needs of veterans in certain cases, but in the main this is done through protocols and guidance which reinforce equal entitlement. There are examples of good practice, particularly in the Department of Health (DoH), which hosts the Armed Forces Liaison Forum (AFLF) and contributes to the annual reporting on the Covenant. However, it would appear, when comparing NI to the rest of the UK, that there are differences in the availability of some specific services, particularly in health, housing, criminal justice and jobseeking. Because of the lack of data on this population in the region, it is difficult to ascertain if these differences are a result of a difference in accessibility of services more generally in the region or if it is an issue which disproportionately affects the veteran population in NI *as a result of their veteran status*. At this time, there is no data collected by statutory bodies on veterans' use of services, and there are no current plans to improve data collection on veterans in the public sector<sup>3</sup>. More information is needed on whether or not there are differences in outcomes for veterans in NI, or if the support from the MOD and charitable services fill any known gaps in

<sup>3</sup> The team are aware of the campaign led by TRBL to include questions on veteran status in the census across the UK. However, NISRA confirmed that there are no plans at present to implement this in Northern Ireland.

---

service provision. It is also important to explore the ways in which the Veterans' Champions based in local authorities can liaise better with the arms-length service delivery and commissioning bodies responsible for direct provision of services. This would better support integration of veterans' needs and interests at a strategic as well as operational level.

## The Ministry of Defence (MOD) funded Sector

The MOD-funded sector in NI provides services in two of the main areas where there could be concern that NI veterans receive a lesser service than their UK counterparts: healthcare and housing. There are services available in NI which are specific to the region, namely the Ulster Defence Regiment & Royal Irish Home Service (UDR & R IRISH (HS)) Aftercare Service. However, this has historically been a service provided to one group of veterans (those who served in Operation Banner), and could be seen to create a two-tiered system of veteran support. There is a good degree of communication between the MOD-funded sector and the veteran VCS through The Confederation of Service Charities (Cobseo)<sup>4</sup>, and through statutory services via the AFLF. However, stakeholders in the sector have admitted that they are very reliant on informal relationships for referrals and collaborative working. The sector is in a period of transition, with both Veterans UK and the UDR & R IRISH (HS) Aftercare Service going through changes in service delivery plans and staffing structures<sup>5</sup>.

There are also more strategic, policy-based issues, where there is a lack of clarity about who holds the remit for supporting veterans in NI. This is further complicated when dealing with the differences between devolved matters (policy and legislation decided by the NI Executive) and those responsibilities remaining with Westminster. The MOD retains the remit for all Armed Forces personnel, and the merging of Armed Forces and veteran issues in many of the formal engagement mechanisms (i.e. The Armed Forces Covenant Reference Group, the AFLF and the Veterans' Champions) means that it can be unclear whether issues fall under the responsibility of MOD or the local Assembly. One example of this is 38 (Irish) Brigade being called upon by some statutory representatives, politicians and the media, as a liaison point on veteran issues in the region, while not necessarily having a direct remit for veterans. Without more evidence on outcomes for veterans in NI, it is difficult to determine whether or not these complexities in decision making, or the difference in availability of MOD-funded services in the region has a detrimental impact on veterans' health and wellbeing.

## The Voluntary and Community Sector

Although the 2014 Armed Forces Charities report (Pozo & Walker, 2014) is the most comprehensive account of the UK Armed Forces charity sector, the report noted that detailed information on Northern Irish charities was unavailable. Through desk-based research and direct engagement with key stakeholders in the sector, 19 veteran-oriented organisations in NI were identified in the current Scoping Review. This is in contrast with 1,818 in England and Wales (Pozo & Walker, 2014) and 461 (including cadet charities) in Scotland (Cole & Trainor, 2016). It makes up a very small proportion of the overall VCS in NI, which consists of more than 4,500 organisations in total. Only organisations registered with the Charity Commission for NI, and who had the service of the veteran population as the primary focus of their organisation, were included in the Scoping Review.

---

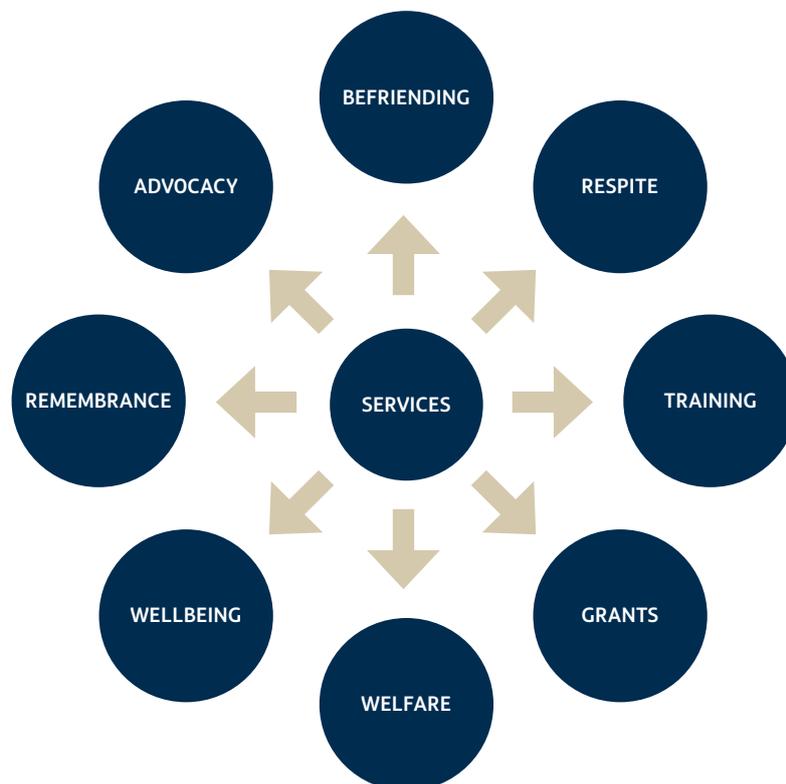
<sup>4</sup> Cobseo is an umbrella body with membership from the main service providers to Armed Forces and ex-Service charities across the UK.

<sup>5</sup> At the time of writing, the details of these changes remain unknown.

---

The vast majority of organisations in the VCS in NI have locally based headquarters and a local remit; only 6.7% have a headquarters based outside of NI. This is distinctly different from Armed Forces charities, where almost 45% of the sector has a headquarters outside of NI. This is significant, given the differences in devolved service provision in the majority of areas, with a particular difference in the way health and social care is administered in the province.

Organisations in the veteran-specific VCS provide a wide range of services which directly supplement statutory services. Welfare and financial support are central to many of the organisations delivering services to veterans. The findings suggest that organisations within the VCS tailored specifically to veterans' needs, deliver an array of essential services. The larger UK-wide charities that have a presence in NI follow a more corporate mode of delivery, which is consistent with the rest of the UK. Smaller charities deliver their services in a more informal and ad hoc manner, responsive to immediate need. Either way, all organisations aim to help the veterans to lead fulfilling and independent lives after they leave the military and they respectively do this by addressing needs such as requests for financial assistance, respite and help with employability and training.



There are a number of 'locally grown' organisations in the region providing a range of services to veterans, though the majority of these are focused specifically on veterans of the Troubles – with some of them bound by funding sources to restrict services to this population. Smaller, more local organisations, are also less likely to have formal connections to the information sharing networks enjoyed by the larger UK-based charities, and have more precarious financial and staffing situations than their larger counterparts. Financial information for NI-specific provision was piecemeal, and did not provide a complete picture of the income and expenditure in the region. The large, UK-based organisations were able to provide only generic financial

---

accounting, with no geographical breakdown of funds for NI, and local organisations varied significantly in the way they reported income and expenditure.

Organisations in NI face many of the same issues as the wider VCS in the region, but there are some challenges posed as a result of serving the veteran population. These include organisations feeling they need to be more ‘hidden’ due to security concerns, a lack of willingness in veterans to come forward or to identify themselves as veterans, and the complexities of working with other agencies where information sharing is avoided in order to allay some service-users’ fears around preserving their anonymity. Even with these added impediments, the largest issues facing VCS organisations in NI are similar to those across the rest of the sector, and the UK: precarious or reduced funding, and a perceived decline in public interest in veterans’ issues. In addition to this, organisations must ‘brace for future service need’, addressing declining funding and an increasingly ageing veteran population (The Royal British Legion, 2014).

## Veteran Mental Health

The general population of NI has one of the highest rates of prevalence of probably post-traumatic stress disorder (PTSD) in the world (Ferry et al., 2012). As such, it would be reasonable to hypothesise that rates of probable PTSD could be higher in veterans living in NI than in GB. This, combined with the complexities of sustained security threats and living in what for many was an operational theatre, creates an imperative for the undertaking of research which examines the mental health needs of this particular population. This is a forthcoming area of research within the NIVHWS.

Like many regions of the UK, NI is experiencing substantial strain on statutory mental health services. Veteran-specific mental health support in the region is provided primarily by the VCS and the MOD-funded sector, rather than the statutory sector. While organisations like Combat Stress have a physical presence in NI, and specialist services are available through the UDR & R IRISH (HS) Aftercare Service, mental health on the whole is underrepresented in the sector compared with other forms of support. There is a deficit of evidence available about the mental health of veterans in NI and the support they have available to them. More detailed evidence will be available upon completion of the mental health and wellbeing survey currently underway as part of the NIVHWS, but early findings from preliminary focus groups with 50 veterans in NI in 2015 show that mental health was a significant concern for this group and their immediate support networks. The focus groups informed us of individuals who need help due to psychological issues but are reluctant to seek help (particularly from non-military-related help-sources, such as the NHS) due to security concerns.

These issues make the need for specialist support in mental health services particularly important, yet this is not borne out in additional provision. In fact, mental health is the smallest area of service provision in the charitable sector, and the broader mental health services in NI are under significant pressure. Veterans in GB can access treatment for PTSD much closer to home, and face fewer challenges in disclosing their service history in the public sector. As such, intermediary measures should be put into place to support the mental health and wellbeing of veterans while, in the meantime, the evidence required to determine the long-term need is collected. Concurrent with data collection for this report was an additional FiMT report on the statutory mental health provision and policy context for veterans in NI, entitled ‘Call to Mind: Northern Ireland’. This complementary report will support the development of the context for the future NIVHWS work packages and will be downloadable from FiMT’s ‘Report’ page (<http://www.fim-trust.org/reports>).

---

## Communication and Referral Pathways

Communication between the VCS and statutory sectors is regarded as a crucial point in the appropriate administration of services to veterans in NI. Effective communication stands to serve a number of functions: ensuring optimum service delivery and resource sharing; preventing overlap and duplication; promoting efficiencies in resource allocation and distribution; and making best use of available evidence and best practice. Communication across and within these sectors also has the potential to relay the needs of the veteran community to policymakers, and promote accountability and good governance to agencies supporting this population.

At present, information sharing in the sector is made up of a range of formal mechanisms and informal relationships. There are several mechanisms through which information can be shared and which provide networks between veteran support organisations and the MOD, across the VCS, and between the VCS and the statutory sector. These include:

### Communication and Information Sharing Networks



There is good, clear communication between the larger organisations who sit on the formal information sharing bodies (Cobseo, AFLF and NIVSC). However, it is not clear that communication between larger, UK-based charities and local NI charities is not as proficient or prolific as that between Cobseo members. Membership to these groups overlaps significantly, and there is a noteworthy absence of local, grassroots organisations, who have full membership to the group as opposed to the informal associate membership. It is not clear that the groups are distinct enough from one another, and while there is an advocacy role on behalf of veterans, there are not clear channels by which these needs can be fed directly into the NI Executive Departments or the service provision agencies. Relationships have been developed organically; on an informal, ad-hoc basis. This has been necessary due to the lack of resource or formal recognition of some of the established bodies (such as the NIVSC).

---

Some potential changes are afoot; with NIVSC recently being granted additional human and financial resources to support them in delivering the role they have sought to establish as the key contact for veterans' issues in NI. Parallel to this has been the launch of the new Veterans' Gateway Service. In November 2016, the MOD awarded £2 million from the Covenant Fund for the Veterans' Gateway. This service is set to be a 'one-stop shop' service to improve support to veterans across the UK. It is a direct response to needs articulated from veterans' charities and advocacy groups, and will act as the first point of contact for veterans and their families for a range of health, welfare and financial needs. The service includes online, phone and text support 24 hours per day, and will be able to direct to partner organisations who may provide face to face support. Of note, the work completed in writing this report, in addition to other elements of the NIVHWS, will contribute to the information held by Veterans' Gateway. It is important that whatever future decisions are made about the sector are done with a watching brief of the Veterans' Gateway Service and the development of the NIVSC as they attempt to respond to some of the arising needs.

## Conclusions and Recommendations

This review has concluded that through both the statutory and voluntary sectors, there exists a well-established, fairly well-connected support infrastructure for veterans in the region. While there are no veteran-specific services in the statutory sector, some progress has been made in acknowledging a number of the complications associated with accessing services as a veteran in NI. These acknowledgements do, however, occur at a strategic rather than operational level. The existing protocol, policies and procedures outlined by the organisations and agencies participating in this review, in the main, demonstrate a commitment to ensuring equal provision of services to veterans in the region. Many of the problems raised by participants are consistent with reports on the implementation of the Covenant in other parts of the UK. These organisations do not collect data which would allow for the monitoring of outcomes for veterans, nor to assess the level of discrimination which may or may not be faced by this population. Without some basic monitoring, it is difficult to determine whether or not this infrastructure is enough to ensure that veterans do not experience disadvantage in accessing services as a result of their veteran status. There are clear areas where the social, legislative, and political context of NI complicates the implementation and delivery of these policies and services. This is compounded by the real and perceived concerns about personal security, the related reluctance to disclose service history when accessing services, and the problem this causes for the visibility of voluntary and community organisations serving this community. There is a clear need for more evidence on outcomes for veterans in the region.

### The core infrastructure of specialist veteran support in NI

There is a need for a well-resourced, formally recognised body in NI where key stakeholders in the region can meet to develop recommendations, provide responses to consultation and engagement exercises, and support key agencies in developing guidance and protocols which affect veterans in NI.

Through support from the RFCA and its members, the NIVSC provides a good baseline example of such a body, but as of yet is not in receipt of the necessary resources and staffing to fulfil this role. At the time of writing, there have been informal discussions about the secondment of a Civil Service officer to the NIVSC to provide a formal link between the NIVSC and the NI Assembly. We would welcome this development, and see it as a key element to the creation of an ongoing, formal relationship between the NIVSC and the NI Executive.

---

Based on the service delivery structures in NI, and other functional models for specific groups in the region, it could be beneficial to examine the possibility of adopting a modification of the model of local service delivery, advocacy and policy development relating to veterans' issues in NI. The objectives of this model are three fold:

1. To **increase the capacity of public service providers** in delivering services to veterans, and to begin to build and/or **increase trust in public services** among the veteran population;
2. To support and **develop the existing infrastructure** by building capacity in the local sector, **increasing resources** to key agencies; and
3. To embed the existing model in the local policy development and service provision context, **providing a direct connection between on the ground service-providers, and key decision makers.**

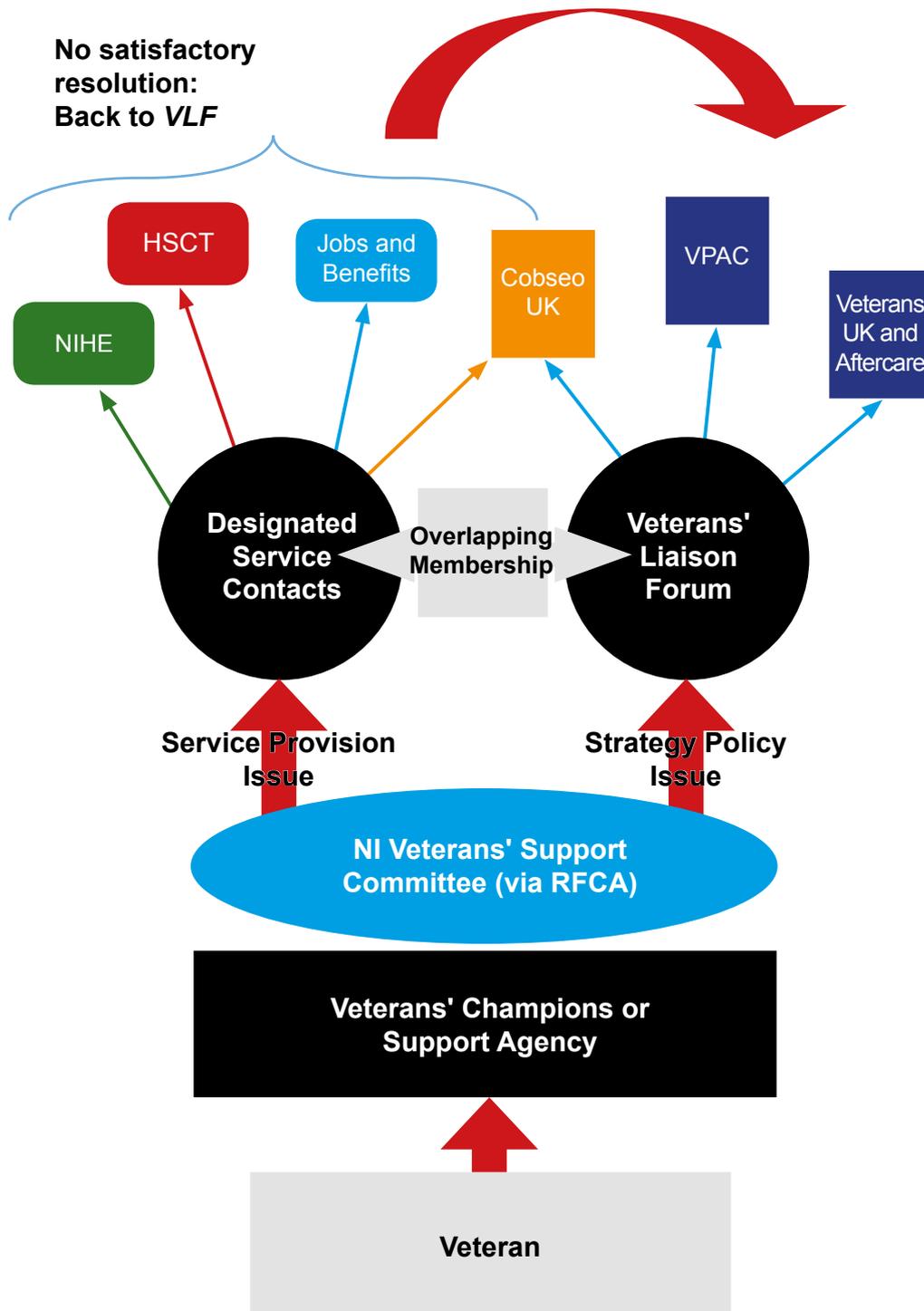
Underpinning all of these objectives is an overall aim to **normalise the idea that veterans in the region are first and foremost citizens of NI who may have a specific set of needs**, and provide a clear and accessible channel for those who feel they have needs which are not being met through existing structures. It is possible to deliver this model without formal adoption of the Armed Forces Covenant; and the identification of champions with some specialist knowledge at a service delivery allows for some distancing from the more political nature of ambassadors or champions in the political sphere.

For this model to be operationalised, some minor adaptations to existing structures will need to be made.

- **A Veterans Liaison Forum (VLF) should be established**, housed in the Executive Office. This interagency, interdepartmental group would have a strategic focus with a similar remit for veterans and all public services that the Armed Forces Liaison Forum currently has for Armed Forces Personnel and their Families in the Department of Health;
- **There should be a designated contact established in each of the regional agencies delivering health and social services in NI.** This includes Jobcentres, Housing Executive Offices, and Health and Social Care Trusts. This contact would have additional security vetting, and would receive basic training and contacts relating to issues affecting veterans. These contacts would, on a rotational basis, attend the VLF.
- **The role of the Veterans' Champions in the Councils should be clearly defined**, and some capacity building work undertaken.

In the proposed model, after the veteran in question has sought support through the statutory and/or voluntary sector and does not find a satisfactory resolution, he/she can approach the Veterans' Champion in the local council. The elected representative can bring the concerns raised to the NIVSC, who can use links with designated individuals within the local NIHE Offices, HSCTs, or Jobcentres. If there is a strategic or ongoing issue which needs to be raised at a policy level, it can be brought to the departments through the DfC (via NIVSC), or the AFLF in the DoH. If other departments either directly participate in the existing Forum, or adopt the Forum model themselves, this could be replicated across all departments responsible for service delivery. This model (see below) makes the most of existing structures and resources while creating new pathways to support veterans. It also ensures that all of the key stakeholders have clear knowledge of each other's roles and remits, so that the support can be triggered no matter where the

concern is raised; so that whether a veteran approaches the local Veterans' Champion, or simply presents to A&E, there are mechanisms in place to ensure that the support network is triggered. The emphasis on remaining connected to policy-makers provides scope for recurrent or complex problems to be addressed at a strategic as well as operational level.



---

## The Veterans' Liaison Forum

- Modelled from AFLF
- Interdepartmental, based in Exec Office
- Designated service contacts represented
- Key representative from Cobseo UK
- Key representatives from local charities
- Representative from VAPC (feed into MOD)
- Quarterly meetings
- Flexible subcommittees established as and when required
- Secretariat provided through RFCA (Same as NIVSC Secretariat)

## Designated Service Contacts

- One designated individual in each regional office of NIHE, HSCT and Jobs and Benefits offices
- Designated contacts from each sector have rotational attendance at VLF meetings (eg: always one rep from NIHE, HSCT and Jobs and Benefits – region of each rotates).
- Have contact list of key people in veteran sector and regular contact with relevant Veterans' Champions
- Security checks conducted

## NI Veterans' Support Committee

- Supported by DfC secondment
- Representatives from statutory and charity sectors
- Focused on operational and service delivery rather than strategy or policy
- Advocates on behalf of veterans to NI Executive and statutory service providers

---

## **A Core Support Infrastructure for Veterans' Services in NI –**

**How it could work** (this example is a fictional composite based on feedback from veterans and service providers)

Keith is a 42-year-old army veteran. Keith had a regular discharge from the Army, 10 years ago. He has been managing anxiety for several years, but recently it feels like it is interfering with his daily life. His wife suggests he seek mental health support, but he feels that by disclosing his service status to a mental health provider, he will make himself less safe, and this adds to his anxiety. However, a lot of the things that Keith needs to talk about are related to his service. Keith knows about the Aftercare Service, but is reluctant to go back to a military base. Someone tells him about Combat Stress, but there is a wait to be seen. During this period, Keith feels like he has nowhere to turn, and after a particularly bad week, has an incident of self-harm and ends up in hospital. Because of the incident of self-harm, Combat Stress advises Keith he will need to be seen by the Trust, as it is now a critical situation.

Keith's wife seeks some resolution to this problem, and goes to her local Member of the Legislative Assembly (MLA). The MLA knows that there is a Veterans' Champion in the local council, and puts Keith's wife in touch. The Veterans' Champion goes to the designated contact in the local HSC Trust and explains the situation. The contact advises there is a waiting list for the Trust as well, and that Keith will be given priority based on his level of need. The Veterans' Champion and designated contact go back to the Veterans' Liaison Forum in the Assembly and raise the issue. There is a discussion between the DoH representatives and a Cobseo representative, and with the designated contacts from across the Trusts, guidance is produced on how Trusts can work alongside Combat Stress in a mental health crisis. The issue is also raised at the NIVSC meeting. Several VCS service providers speak about how they might revise their protocols to better accommodate a veteran in a crisis situation. This provides a solution for Keith, while also strategizing for future service needs.

The information compiled in this report provides a baseline for a number of recommendations to improve support and services available to veterans in NI as below:

## Recommendations

Key area	Recommendation	Implications
Representation and Advocacy	<ul style="list-style-type: none"> <li>• There is a need for a well-resourced, formally recognised body in NI where key stakeholders in the region can meet to develop recommendations, provide responses to consultation and engagement exercises, and support key agencies in developing guidance and protocols which affect veterans in NI.</li> <li>• The NIVSC provides a good baseline example of such a body, but as of yet is not in receipt of the necessary resources and staffing to fulfil this role.</li> <li>• Liaison with the NIVSC should be minimum standard for inclusion of the NI perspective in reports on implementation of the Covenant.</li> <li>• The NIVSC should facilitate presentations to each Council to raise awareness of the availability of Covenant Fund to Local Authorities who have adopted the Community Covenant</li> <li>• Advocacy for veterans and improvement to service delivery could be better facilitated by local/regional consortiums composed of representatives from regional NIHE offices, HSCTs, and Jobs and Benefits Offices and convened by Veterans' Champions.</li> <li>• There should be a clear role description for Veterans' Champions, consistent across councils, and a programme of capacity building for appointed individuals.</li> </ul>	<ul style="list-style-type: none"> <li>• Having a focused, well-resourced point of contact which can liaise between all levels of government and across the VCS will ensure veterans have a representative voice in both the Assembly and MOD, and provide a place where stakeholders can easily know where and how to articulate concerns and needs.</li> <li>• Consulting a key body representing the interests of veterans in NI addresses the lack of direct representation this population has in MOD and the NI Assembly and limits the tendency to leave out or cover at a minimal level the issues facing veterans in NI in wider UK reporting.</li> <li>• Local representation in direct service provision could improve trust of veterans in local service providers and improve understanding of the needs of this population.</li> <li>• Ensuring there is a concrete role for Veterans' Champions, with clarity around expectations of these individuals, will improve the capacity of these elected members to support veterans, and increase the likelihood of positive outcomes for this population.</li> </ul>

<p>The Armed Forces Covenant</p>	<ul style="list-style-type: none"> <li>• Key stakeholders, including veterans, should seek to find an alternative terminology for the principles of the Covenant which would be less politically contentious in the NI context. This would recognise the political and legal complexities of formal adoption of the Covenant in NI, while recognising the importance to the veteran population in NI that they have the same protections as their GB counterparts.</li> <li>• The Covenant Fund should ensure that schemes are accessible to smaller, locally based organisations. This can be done through the stipulation of partnership with smaller organisations. This would serve to increase the accessibility of funding at a grassroots level, whilst also building capacity of smaller organisations through partnership working.</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitation of discussion around alternative terminology would help to de-politicise the Covenant and ensure that its principles are still upheld in NI.</li> <li>• This would benefit smaller, community-based organisations relying solely on public donations. It would further promote collaborative working.</li> </ul>
<p>Data Collection and Monitoring</p>	<ul style="list-style-type: none"> <li>• Statutory agencies and VCS organisations should design and implement consistent and appropriate monitoring systems to capture data on veterans and their families. This should be done <u>in partnership</u> with veterans.</li> <li>• An independent review of the differences between health and wellbeing outcomes for veterans in NI and the rest of the UK should be carried out.</li> </ul>	<ul style="list-style-type: none"> <li>• Collecting information will ensure that the demographic of the veteran population in NI is regularly monitored and updated.</li> <li>• Any differences specific to NI can be flagged up to the appropriate bodies and acted upon.</li> </ul>
<p>Statutory services</p>	<ul style="list-style-type: none"> <li>• All departments with a remit for providing direct public services should do equality impact assessments on policies which could affect veterans. NIVSC should work closely to advise on these reviews.</li> <li>• Departments across the Executive should adopt the same terminology (e.g. veterans or ex-service personnel) to facilitate improved information sharing and consistency in data collection.</li> <li>• The AFLF model in the DoH should be adopted across relevant Assembly departments to improve the communication of veterans' issues to departments with a remit for direct welfare service provision.</li> <li>• All regional welfare service providers, such as NIHE regional offices, jobs and benefits offices HSCTs, should appoint a primary contact on veterans' issues. This individual should be regularly briefed and/or attend meetings of the AFLF or NIVSC.</li> </ul>	<ul style="list-style-type: none"> <li>• This uses an existing document/process to provide an evidence base for implementation of the Covenant, allowing for easy reporting to the Covenant Annual Report and allaying concerns raised by this population.</li> <li>• This will help to avoid any confusion around matters concerning veterans in NI.</li> <li>• Information about veterans' needs would be articulated to policy-makers and best practice would be shared and replicated.</li> <li>• Key policy changes could be disseminated across the Executive more effectively.</li> </ul>

<p>MOD-funded services</p>	<ul style="list-style-type: none"> <li>• The UDR &amp; R IRISH (HS) Aftercare Service and Community Mental Health Teams should develop and implement a system whereby clients falling outside their remit can be easily and appropriately re-directed.</li> <li>• Staffing of Career Transition Partnership (CTP) projects should be reviewed to ensure there is sufficient support for a sustainable service in NI. This recommendation is not a reflection of the quality of the service currently provided in the region, but rather a practical response to the significant difference in staff resources in NI compared with other regions.</li> <li>• Services should develop comparative systems by which outcomes in NI can be compared with outcomes for veterans in the rest of the UK to ensure equality of outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>• More formalised signposting networks can ensure all veterans get the appropriate support that they are seeking.</li> <li>• This will help to ensure that demand from veterans seeking employment after military service can be met, further facilitating their transition into civilian life.</li> <li>• Any differences specific to NI can be flagged up to the appropriate bodies and acted upon.</li> </ul>
<p>Voluntary and Community Sector</p>	<ul style="list-style-type: none"> <li>• Using forthcoming data from the NIVHWS quantification process, organisations should work together to ensure there is appropriate coverage across NI (e.g. services in mid-Ulster).</li> <li>• Organisations based in the rest of the UK should work with local organisations to cover emergency/out-of-hours responses. This will provide support to help-seeking veterans outside of office hours. Contact details should be accessible and visible by being displayed on the exterior of the premises.</li> <li>• Organisations based in the rest of the UK should have a local branch, where possible, and where not possible, they should employ local volunteers to retain a permanent presence.</li> <li>• Cobseo should review its membership criteria and conduct a recruitment campaign to reflect a wider range of smaller, local organisations.</li> <li>• Organisations across NI should consider the adoption of a standardised form (e.g. the intake forms used by Cobseo members) to improve and expedite effective information sharing.</li> <li>• Organisations should look at opportunities to formalise relationships with statutory agencies through AFLF, NIVSC, and NI Veterans Advisory and Pensions Committee (NIVAPC).</li> <li>• Cobseo and NIVSC should work together to facilitate ways of expanding services available to Operation Banner veterans (where appropriate) to those outside that cap-badge (e.g. channelling funding to organisations whose sole funding comes from the Victims and Survivors Service (VSS) to allow them to open up their target population).</li> </ul>	<ul style="list-style-type: none"> <li>• Some of these issues are hoped to be addressed by the Veterans' Gateway Service, and any activity here should be complementary to that progress.</li> <li>• Determining the number of veterans in NI and their location will help to highlight any geographical gaps in service provision.</li> <li>• Providing the details of crisis/out-of-hours services will ensure that there is 24/7 support for veterans.</li> <li>• Veterans will have an immediate point of contact and organisations operating remotely can maintain close links with veteran issues 'on the ground'.</li> <li>• This will promote greater inclusivity and information sharing across the veteran-specific VCS.</li> <li>• The case management of veterans can be handled in a more time-effective and efficient way.</li> <li>• Information about veterans' needs can be discussed with all relevant bodies and new knowledge shared.</li> <li>• Veterans of other conflicts (e.g. Afghanistan, Iraq) could meet the eligibility criteria and get access to help more widely from their local VCS organisations.</li> </ul>

<p>Referral pathways and Communication channels</p>	<ul style="list-style-type: none"> <li>• Mechanisms should be put in place to facilitate regular interaction between larger and smaller organisations.</li> <li>• Forums should review the Terms of Reference to ensure frequency of meetings are fit for purpose, and that these targets are being met.</li> <li>• All minutes of these meetings should, where appropriate, be made publicly available.</li> <li>• Forums should seek to identify political engagement from politicians across the main political parties.</li> <li>• An independent review of the Terms of Reference and membership of each of these forums and groups should be conducted to identify overlaps, ensure complementarity and representativeness</li> </ul>	<ul style="list-style-type: none"> <li>• Improving the interaction between organisations will lead to distinct referral pathways and greater collaborative working across sectors.</li> <li>• This will increase public knowledge and understanding about the veteran community and their needs.</li> <li>• This will help to promote political support for the veteran community.</li> <li>• This will avoid any duplication of effort and ensure all groups work collaboratively. This is another aspiration of the Veterans' Gateway Service, and so decision-makers should maintain a watching brief on its progress.</li> </ul>
-----------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## Further Research

This report also offers suggestions for further study, which will enhance our understanding of the experiences of veterans living in this region. The overarching paucity of data on veterans in NI is a key finding of this report. More research, both general (overall demographic mapping) and specific (mental health needs of the veteran population) is required in order to fully determine whether or not the needs of the veteran population in NI are being met. There are a number of key areas of data collection from which the sector would benefit in future. The following questions arose during the compilation of data for this report:

- Is the sector equipped to estimate and respond to the changing demographics specific to NI?
- How much are local branches of VCS organisations in NI able to advocate for regionally specific issues to UK-based central offices?
- Is there a difference in the quality and accessibility of service provision between those organisations who have NI-based staff/premises and those who do not?
- Are the current mechanisms used to liaise between the NI Executive and Westminster appropriate to represent the needs of veterans in NI?
- Are the current policies and guidance on veterans in the statutory sector being implemented at a grassroots level?
- Are the policies of key support organisations allowing those organisations to meet the needs of veterans in NI?
- Is there a difference between veterans of Operation Banner and those who served elsewhere in terms of service provision and mental health support?
- What type of data needs to be collected in order to determine whether or not veterans in NI are being disadvantaged as a result of their service?
- Is there a need for a 'one stop shop' for veterans in NI, similar to Veterans' First Point Scotland? How does the newly established Veterans' Gateway fulfil this role moving forward and is it useful on a regional level?



---

# Full Report

## 1.0 Introduction

### Overview:

- Overview of the issues relating to veteran health and wellbeing
- Background to the Northern Ireland Veterans' Health and Wellbeing Study
- Scoping Review outline

### 1.1 Overview of the issues of veteran health and wellbeing

While NI has not formally adopted the Covenant, there are numerous service and support structures in place in the region which are specific to the ex-Service population. To date, NI remains one of the only regions in UK where no evidence has been collected on the needs of veterans and service leavers who currently reside in the jurisdiction, and there is scant and unreliable data on the numbers and geographical locations of the veteran population as a whole. Ulster University was granted funding in August 2015 by FiMT to review the support services available to British Armed Forces veterans living in NI. This project officially commenced on December 15<sup>th</sup> 2015. The overall aim proposed was to provide evidence to be utilised by existing structures to adapt, improve and streamline service provision and communication within and across the sector and to the veteran population, and to increase ease of access to support for all veterans in need. A second project was funded in November 2015 and commenced in August 2016. The overall aim was to design and administer a wellbeing survey which would investigate the factors which may increase the wellbeing of veterans or have a negative impact on it.

Together, the two projects comprising the Northern Ireland Veterans' Health and Wellbeing Study (NIVHWS) aim to:

- Determine the size and location of the veteran community in NI;
- Identify the current and future needs of ex-Service personnel residing in NI;
- Review service availability for those in the veteran community;
- Examine the wellbeing of veterans; for example, understanding coping styles and help-seeking abilities;
- Increase the general awareness of service availability amongst the veteran population; and
- Make recommendations where necessary to improve access to more tailored support and guidance.

### 1.2 Project Background

As an initial stakeholder engagement exercise, eight focus groups were conducted with former Armed Forces personnel living in NI who were at that time engaged with veteran welfare services. Participants were invited to discuss their thoughts and experiences regarding the lived experience of being a veteran living in NI, and their perceptions of welfare services available to them as a group. A number of themes emerged from this exercise, including the availability and accessibility of services, perceptions of their entitlements relative to their counterparts in GB, and how their experience of living and working in their

---

operational theatre impacted (and in many cases continues to impact) their health and wellbeing. Coupled with the paucity of data available specifically on veterans living in the region, it was determined that research was required to improve available information in these areas.

There is a general lack of empirical data on the number and distribution of veterans, their physical and mental conditions, social and economic circumstances, support services available to them and, most importantly, how and where they go to seek help in NI. A needs-based assessment and a large scale community-based survey of the NI veterans' community and those who support it is long overdue. It is particularly important to examine these themes in the context of NI's constrained socio-political and legal environment. Following a small scoping exercise, an initial project, 'Understanding, supporting and serving the NI veterans' community, comprising ex-Service personnel' was funded in August 2015 and included six work packages. Following this, a second study entitled 'Mental Health Needs of the 'Hidden' Veteran Community in NI' was funded in October 2015 and included two work packages. Recognising the complementary nature of the two projects, they were merged into one larger study in January 2016, entitled the 'Northern Ireland Veterans' Health and Wellbeing Study (NIVHWS)', comprising four streamlined work packages (see Figure 1 below).

**Figure 1: Project Work Packages**



The aims of the study and the corresponding work packages are outlined below:

*Scoping Services (this report)*

- Scope existing mental health and support arrangements and channels of communication between the Ministry of Defence (MOD) and other authorities, including charities.

- 
- Scope existing service provision, identify obstacles to such provision and any gaps or unnecessary duplication.
  - Recommend how existing mechanisms to underpin support to veterans might be improved, including relationships with statutory bodies, and suggest new mechanisms to be developed.

### *Quantification*

- Quantify how many veterans currently live in NI and identify where they are located in the region. Additionally, ascertain where and how records on them are maintained.

### *Current and Future Needs*

- Articulate current and predict future needs within the veterans' community, comprising ex-Service personnel.
- Survey veterans to provide a picture of their wellbeing and associated processes such as coping strategies and help-seeking.
- Explore the perceptions of service providers and veterans as they relate to the possible establishment of a bespoke veterans' centre being located in NI.

### *Communications and Dissemination*

- Identify and recommend how to best communicate with the veterans' community and streamline their access to support services.

## 1.3 Outline of the report

This report is the first of several to be released over the course of the NIVHWS. Devised as a means to better map the context of services to veterans living in NI, it details the availability of services and support to veterans residing in NI as of April 2017. It focuses specifically on community and voluntary organisations within the Services-charities sector, statutory services, and generic health services. It will also look at communications within and across sectors with regards to veterans' needs, and outline formal (with some acknowledgement to informal) resource and information sharing and referral pathways in the sector. This report describes the scope and methods used in this work package, while setting the scene for the remaining programme of work. It provides background information on the framework of the Covenant in the UK as a whole, and provides an overview of the devolved government and local authorities in NI. It presents the unique socio-political and legislative context under which veterans live and seek access to services in the region. It also gives an objective description of the available services in the voluntary and statutory sectors. Throughout the report, recommendations and guidance for services, policy, and further research are proposed.

Please note that this report provides a comprehensive overview of the structures and processes in place in NI to support veterans. This report was not commissioned to determine the efficacy of services nor the evidence base for interventions offered within services. This report is NOT an endorsement for any service/organisation or practices implemented within them by the authors, the wider research team, the membership of the advisory board, the membership of the strategic reference panel, the organisations detailed herein, the Big Lottery Fund, FiMT, or Ulster University.

---

## 2.0 Scope and Methods

### Overview:

- Aims and objectives and the overall scope of this report
- Methods of data collection
- An overview of the focus groups used to develop the Northern Ireland Veterans' Health and Wellbeing Study

### 2.1 Aim and Objectives

This Scoping Report aims to provide a comprehensive outline of the available statutory services relevant to veterans living in NI, as well as an overview of those charitable or arms-length<sup>6</sup> organisations set up specifically to serve the veteran population. The purpose of this report is three-fold:

- Scope existing support and services arrangements to veterans and channels of communication between the MOD and other authorities, including charities;
- Scope existing service provision, identify obstacles to such provision and any gaps or unnecessary duplication; and
- Recommend how existing mechanisms to underpin support to veterans might be improved, including relationships with statutory bodies, and suggest new mechanisms to be developed.

To achieve the above noted aims, existing lines of communication between the MOD and other organisations were explored and mapped. This provides insight into how existing mechanisms and relationships, including perceptions and constraints, practical or otherwise, have led to current structures and protocols. A detailed review of how statutory bodies provide support to veterans was undertaken. Specifically, we looked at the existing guidelines, procedures and protocols that are in place if/when an ex-Service person's previous occupation becomes known to a stakeholder from the statutory sector. The team mapped out existing support and service provision, both specific and generic, in an effort to identify obstacles to provision and any gaps or unnecessary duplication.

All information related to current service provision offered by community and voluntary groups, generic welfare organisation and mental health specific services to the veterans' community in NI was reviewed. A mapping exercise identified geographical location, provision, overlap between providers, unique aspects of provision across providers, and any unmet need in provision across providers.

---

<sup>6</sup> Arms-length bodies are organisations or agencies which have a statutory remit and receive funding from a government department, but are not accountable to a minister. There is a range of these types of bodies with varying types of governance and accountability.

---

## 2.2 Scope of the Report

This report describes services that are available to veterans in NI only, and the channels of communication between them. Organisations (particularly charities) that are nationwide are discussed briefly in terms of their national profile, but the focus is on their core availability and service provision in NI. In NI, there are very few statutory agencies with a specific remit for veterans; because of this, veterans are signposted to the normal range of services available to the general population. In recognition of some of the specific needs of veterans, the MOD funds a few arms-length bodies which have been designated to support veterans specifically. Like most groups, population-specific organisations have emerged in the voluntary and community sector (VCS). To provide clarity on what groups and services we have chosen to outline in this report, the inclusion criteria are described below.

For the purposes of this report, we have adopted the same definition of a veteran used by the MOD. A veteran is defined as someone who:

- Served, but no longer serves, with the Regular Armed Forces (this may include individuals who currently serve in Reserve forces) for at least one day, or
- Served with the Armed Forces Reserves, and no longer serves.

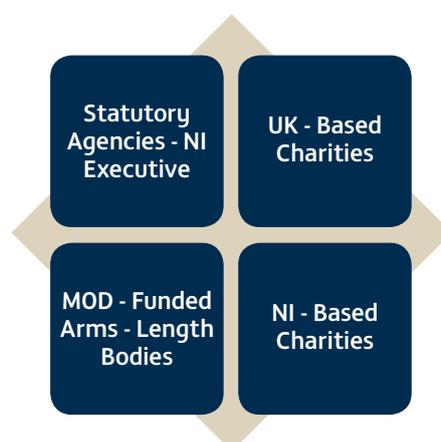
Veteran family members are not explicitly included in this report, as the scope of the report is to examine service provision for ex-Service personnel specifically. However, support for families is generally provided within the same services that cater for veterans. Where this is the case, family services are briefly noted.

We conducted a desk-based review of available services to veterans in NI across the statutory, voluntary and community sectors. Because veterans can access any services available to the general population, we focus only on services which meet the following criteria:

1. The organisation is funded to deliver a service specifically for veterans;
2. The organisation includes veterans in their aims, objectives or mission; and
3. The organisation has an individual or a department who holds a specific remit for veterans.

Based on desk-based research, available literature, and engagement with key stakeholders, four categories of organisations/services were identified for inclusion in the Scoping Report as below (Figure 2):

**Figure 2: Categories of Support Providers**



---

## 2.3 Methods

The Scoping Report utilises a secondary data analysis strategy of desktop research<sup>7</sup>. Data collection templates were developed and utilised (Appendix 1) to ensure a systematic and consistent approach. In NI, there is a strongly held position by the NI Executive that all eligible service users across the population should have equal entitlement and access to services. Enshrined in law through Section 75 of the NI Order, which will be discussed in more detail later in this report, this has previously been cited as the primary reason for not adopting the Covenant in the region (NI Affairs Committee, 2013). For this reason, there are very few instances where a statutory body provides a veteran-specific service. In acknowledgement of this, and in keeping with the inclusion criteria, a different template was used for data collection in non-MOD-funded statutory services, and those MOD and voluntary services which provide a veteran-specific service. The two processes are outlined below:

### Statutory Service Providers

There were no statutory service providers outside of the MOD-funded bodies with veteran-specific services, and the review process varied slightly for these stakeholders (see Figure 3).

**Figure 3: Process for Statutory Service Providers**



Veterans in NI have the same rights to access services as the general public, and in accordance with Executive policy, there are very few specific provisions made for this population. There are, however, exceptions to this. In order to determine where these exceptions may exist, and to determine whether or not statutory agencies monitor or record veteran status, all Executive departments in the NI Assembly with oversight of service delivery, and their associated agencies, were scoped through the following steps:

#### *Desk-Based Review*

Using the template (Appendix 2), publicly held information was reviewed. The information was extracted from websites and publicly available documents and recorded under the template headings. Through this process, gaps in information became clear, and these were used to identify the appropriate template for an information request to departments.

---

<sup>7</sup>Please note that as this was a desktop research study, ethical approval was not required.

---

## *Information Request to Departments*

In NI, statutory health and social care services are delivered through agencies which report directly to the NI Assembly departments. To cover the full remit of these services, each government department in the NI Executive was sent an information request letter. These letters included: requests for details about definition of/criteria for veteran status; monitoring and data collection on veterans; services, protocol, or guidance specific to veterans; and staff, projects or divisions dedicated to veterans or veterans' services. Departments were instructed to provide information about both the department itself, and any agencies which fall under its remit.

## *Follow up Discussion/Phone Calls*

If the responses from the departments were unclear, or introduced new or partial information, relevant contacts were phoned. In the case of the Department of Health (DoH), a meeting was held with key policy officials. This was an isolated occurrence as this department was the only one which had dedicated staff and protocol specific to veterans.

## *Veteran-Specific Service Providers*

Where the organisation or agency provided services aimed directly at veterans, the following process for data collection was used (Figure 4):

**Figure 4: Process for Veteran-Specific Service Providers**



### *Examination of publicly held information*

Using the template as a guide, publicly available information on each organisation was first reviewed. Primarily, this meant a thorough review of an organisation's website. Information was extracted and noted from the website under the template headings. When this process was completed, the gaps in required information were clear.

### *Examination of publicly held information*

Using the template as a guide, publicly available information on each organisation was first reviewed. Primarily, this meant a thorough review of an organisation's website. Information was extracted and noted from the website under the template headings. When this process was completed, the gaps in required information were clear.

---

## *Information request*

Each organisation was contacted and a request was made for information to complete the data collection template. Typically, at this stage, the research team requested information which is not generally publicly available. This included, for example, assessment forms, information provided to veterans when first making contact with an organisation and strategic policies.

The research team were aware that information not publicly available could be commercially sensitive. This information was requested with assurances about the purpose of the request, how the information would be used, and how the data would be stored and shared<sup>8</sup>.

## *Individual service information compilation and validation*

The information gathered for each organisation was compiled into an individual report. This report was returned to each organisation and they were asked to validate that the information gathered was accurate. At this stage, further information was included as appropriate.

## *Themed data analysis*

Once the data collection was complete, the data was compiled and categorised. Categorisation was undertaken using the following headings: Statutory services; MOD-funded arms-length bodies; the VCS; mental health services; other services; and, communication between services. Under these headings, veteran service provision was analysed and mapped. The aim of this process was to understand service availability, mechanisms for provision of support, communication between organisations, procedures and protocols, and geographical location of the physical resources. A summary table of service provision and geographical mapping of community and voluntary veteran services was also developed (Appendix 3).

## **2.4 Preliminary Focus Groups**

Supplementary to the Scoping Report, to better understand the issues facing veterans in accessing services in NI, data from preliminary focus groups with veterans living in NI was utilised. This data was obtained prior to receiving funding for the NIVHWS.

Dr Cherie Armour and a number of researchers from Ulster University conducted a total of eight focus groups hosted by the Ulster Defence Regiment & Royal Irish Home Service (UDR & R IRISH (HS)) Aftercare Service at each of their field team locations in Coleraine, Enniskillen, Portadown and Holywood. All participants were veterans currently in contact with the Aftercare Service and were recruited by way of an e-mail circulation sent by the Aftercare Service on behalf of the researchers. All focus groups were conducted with two members of the research team. Researchers inquired about participants' experiences of being a veteran living in NI and the impact their veteran status has had on both themselves and their families. Following each focus group, participants were provided with a brief survey collecting basic

---

<sup>8</sup> The information was not shared outside of the core research team.

---

demographic information and details of their military service. All participants were then and subsequently debriefed by the facilitator.

A total of 41 veterans participated in the focus groups across the four locations, of these 38 returned the quantitative survey. The sample was composed of 33 males and five females with an age range from 42 to 80 years, with an average age of 54.18 years. Regarding the military service of participants, the number of years served ranged from one to 31 years, with an average of 15.7 years. In total, 28 reported they did not serve outside of NI, with only eight participants reporting being deployed outside of NI. Twenty-two (53.7%) participants reported having received some form of injury during their service; with 14 of these reportedly occurring while on duty and eight while off-duty. Finally, 15 (39.5%) participants reported having received a mental health diagnosis in their lifetime. These focus groups informed both the development of elements of this study, as well as providing a supporting context for some of the content of this report through illustrative quotations.

---

## 3.0 The Armed Forces Covenant

### Overview:

- Background to the Armed Forces Covenant in the UK
- The Corporate Covenant, Community Covenant and the Covenant Fund
- Responses to the Armed Forces Covenant from both veterans and service providers

The Covenant is a commitment from the government, businesses and local communities that those who are serving, and have served, in the Armed Forces and their families will not face disadvantage as a result of their service. It is still a relatively new and somewhat poorly understood framework (Shared Intelligence, 2016), and it has not yet been adopted in NI. It has, at times, been a point of contention for veterans in NI, who believe that they are disadvantaged by failure to adopt the Covenant in the region.

### 3.1 Background and aim of the Covenant

The Covenant, though the principles have been active for several decades, was only enshrined in law in the 2011 Armed Forces Act. It is cited to be ‘an acknowledgement’ of the national commitment to individuals who have served in the Armed Forces. The Covenant seeks to ensure that no member of the Armed Forces, veteran or their family members, would experience disadvantage as a result of their service. It contains two key principles: No person in the Armed Services or their family members will experience undue disadvantage in service provision; and there should be special consideration given to some individuals, particularly those who have ‘given the most’ during their service (Shared Intelligence, 2016).

While the Covenant is included in legislation, it is a voluntary commitment and there are no legal obligations or accountability for those who adopt it. Until recently, the principles were incorporated into two separate and complementary strands: The Corporate Covenant, which focuses on organisations, businesses and institutions; and the Community Covenant, delivered through local authorities and community partners. These proved to be confusing, and as such were re-integrated into one, overarching covenant. For the purposes of this paper, we will discuss the corporate and community implementation of the Covenant, as much of the available information at the time of writing was framed in these terms. The separation of community commitments is also useful in NI terms, where the most progress in implementation of the Covenant principles is happening at a local level. The Covenant and associated activities are funded through the Covenant Fund, including more recently the Aged Veterans Fund. In accordance with the Armed Forces Act 2011, the government produces annual reports on the implementation of the Covenant in the UK.

### 3.2 Corporate Covenant

The Corporate Covenant, launched in 2013, refers to the adoption of Covenant principles at a corporate level by organisations and institutions. Businesses or organisations and public sector institutions which sign up to the Corporate Covenant pledge to uphold the principles of the Covenant. The Corporate Covenant

---

provides a number of suggested means by which the company or organisation can better support the Armed Forces, veterans and their families, and provides some incentives for participation including recognition awards at three levels (bronze, silver and gold), and the right to promote itself as being ‘Armed Forces friendly’. Public sector agencies and local authorities can sign up to the Corporate Covenant in addition to their activities under the Community Covenant, but are under no obligation to do so. Since its launch, several key umbrella groups for the private sector in the UK have endorsed the Corporate Covenant and as of 20<sup>th</sup> April 2017, 1,630 businesses and organisations have signed the pledge for the Corporate Covenant (MOD, 2017a). However, there seems to be a disconnect between the expectations of the businesses and what they are getting from the Covenant. Just over a quarter of signatories saw the Corporate Covenant as a success and more than 40% believed it to be ‘explicitly unimportant’. Many respondents expressed disappointment that they did not get more from their pledge (Louth, Taylor, & Twort, 2016).

### 3.3 Community Covenant

Like the Corporate Covenant, the Community Covenant is a pledge undertaken by a local authority on behalf of its constituent community as a complement to the Covenant. There is a basic structure of delivery of Covenant commitments across local authorities, illustrated in Figure 5.

**Figure 5: Community Covenant Infrastructure**



In spite of the relatively standardised delivery mechanism, support and delivery on commitments were reported to be inconsistent across local authority areas. A report on the efficacy of the Community Covenant across the whole of the UK was commissioned and published in 2014 (Shared Intelligence, 2016). The report found that while many local authorities have signed up to the Community Covenant, and all of these state that they have a related action plan, only 20% of these say that it is an active plan. There are more likely to be overarching policies than specific support, and the level and quality of support is relative to the size of the Armed Forces population in the authority – with those having larger populations of service and ex-Service personnel having more and better quality services. The report identifies adult social care as the biggest area of weakness, particularly for veterans, and states that disclosure of veteran status is low in many local authorities (Shared Intelligence, 2016).

Since 2011, £30 million has been ring-fenced to support the delivery of the community covenant, and local authorities will be eligible for another pot of money under the wider Covenant Fund Priorities 3 and

---

4, which both have a community focus and stipulate partnership with local authorities with the notable exception of NI (MOD, 2016a; 2016b).

### 3.4 Covenant Fund

Through Libor and other funds, more than £170 million has been given since 2011 to those supporting the implementation of the Covenant (MOD, 2016c). This has included £30 million for the Community Covenant Grant Scheme; a fund of £35 million focused on mental health and injured personnel; £21 million for commemorations, hearing problems, and a care home for Ghurkha veterans; £20 million to improve childcare infrastructure for service families; £40 million for a Veterans Accommodation Fund; and £25 million for an Aged Veterans Fund (MOD, 2016c). It is unclear how NI has directly benefited from these funds to date, though it was reported by an MOD official to a local newspaper that NI as a region has had more successful bids than their GB counterparts (Newsletter, 2016).

In 2013, it was announced that implementation of the Covenant would be financially supported by the Covenant Fund. The fund would be administered by the Covenant Reference Group – a body independent from the MOD. It has four broad themes: removing the barriers to family life; extra support after service for those who need help; measures to integrate military and civilian communities and allow armed forces community to participate as citizens; and non-core healthcare services for veterans (MOD, 2017b). From 2015/16, an annual £10 million fund was ring-fenced to support the Covenant in perpetuity. Under the broad themes, specific priorities for the Fund are set by the Covenant Reference Group and will change annually. At the time of writing, the six priorities were as follows (for April 2017/March 2018; MOD, 2017c):

1. Families in stress;
2. Supporting local government delivery of the Covenant;
3. Armed Forces Covenant: Local grants;
4. A single grant to produce a map of need for the Covenant Fund;
5. A single grant to produce an outcomes framework for the Covenant Fund; and
6. A single grant for the provision of a digital support programme for the Covenant Fund.

The list of Covenant Fund recipients to date does not include any NI-based projects outside of the UDR & R IRISH (HM) Aftercare Service, the Somme Nursing Home, and a proportion of the overall funding allocated to Combat Stress (MOD, 2017d; Assembly Debate, 6<sup>th</sup> December 2016).

### 3.5 Veteran Responses to the Covenant

While there has been overwhelming support across the sectors in the UK for the Covenant, and significant awareness of the Covenant amongst members of the Armed Forces, there are still problems in getting the Armed Forces personnel and veterans to disclose their service in the public sector. There is also an overarching sense by many veterans that they are not treated fairly (Shared Intelligence, 2016), with some veterans and public sector staff stating that it is more of a lip-service than actual policy (Wright, 2013). The report on the Community Covenant outlines disproportionate expectations from veterans, a sentiment emphasised in the report's Foreword (drafted by a senior serving military officer), which highlights that this group is first and foremost part of the regular citizenry and as such should expect the same rights and entitlements (Shared Intelligence, 2016).

---

## Key discussion points:

- The Covenant was enshrined in law in 2011, but signing up to the Covenant is not legally binding.
- There has been significant success in adopting the Covenant across the UK, with a growing number of communities and corporations signing pledges of commitment to the principles of the Covenant.
- The Covenant is underpinned by significant financial investment; however, it is not clear whether those funds are as accessible as they could be for smaller support agencies or devolved regions.
- There have been some issues with perceptions of the Covenant: many support providers believe that it gives a distorted level of expectation to Armed Forces personnel/veterans; and many Armed Forces personnel and veterans believe it is more of a paper exercise than an actual commitment.

---

## 4.0 The Context of Northern Ireland

### Overview:

- The experiences of veterans living in NI
- The Troubles and Operation Banner
- Devolution, Local Government and the socio-economic context

As part of the UK, veterans in NI largely enjoy the same statutory entitlements and legal protections as those in GB. There are, however, a number of factors in which the regional differences in the devolved administration have the potential to impact the availability and means of access to services. To date, there is no evidence that this disadvantages veterans in NI, but concerns have been raised that there is a perception amongst some that a veteran living in NI will not have the same access to some public services as those living in GB. To provide the framework to better understand this context, an overview of the regional political and administrative landscape will be mapped and potential barriers related to these differences will be discussed.

### 4.1 Findings from Initial Focus groups

Focus groups were conducted as a preliminary exercise in the development of this study. These groups were small in number, and are not necessarily generalizable. They are separate from the data collection which will take place as part of the NIVHWS, however they did serve to highlight access to services and perceptions of inequality as an issue for some veterans in the region, with some expressing perceptions of discrimination, and as such are useful to provide some context for this report. Some illustrative remarks include:

*...if you were over in the mainland you get priority and you get a lot more help through the NHS than we get here [...] that should maybe be pushed some more at our government as it is they say look we are veterans, we worked blinking hard here for you, we should have a wee, not even a big thing, but a wee thing, to say that even when you go to your GP, some type of priority [...] there's no leeway at all you're just threw to the side, waiting on a list and maybe [...] you wait a lot longer because they've found out what you are.*

*When I was in the regular army, because I was regular, UDR, RIR then went back to the regular army, I learnt that after 35 years I was told that veterans could get priority treatment (**Participant 2** agrees) through the NHS...when you ask about it, when you ask your GP.*

These comments show that some veterans living in NI believe that support and services available to them are lacking in the absence of the Covenant. This apparent lack of service provision, coupled with an apprehension to engage with mental health services (which was also identified in the focus groups), leads to concerns regarding how easy and effective it is for veterans to engage with support and services in NI, regardless of the infrastructure in place for this population. It also highlights the need to examine the

---

availability of services in NI for veterans as part of a multifarious service landscape, and the importance of understanding the wider socio-political environment. This section provides a context in NI through which the issues identified in focus groups and highlighted in local media can be framed and better understood.

## 4.2 The Northern Irish Troubles and Operation Banner

NI is a small, relatively sparsely populated devolved nation, under the jurisdiction of the UK government, which shares a land border with the Republic of Ireland. It is a region which has experienced significant historical conflict, culminating in a period of intense violence and civic unrest between 1960 and 2000. This resulted in an extended military campaign, Operation Banner (1969-2007), and the establishment of the home service forces of the UDR & R IRISH Regiment; units comprised specifically of Northern Irish residents who enlisted to serve in operations in the region. The presence of the British Armed Forces in NI, introduced first in a policing support / peace keeping capacity and moving into counterinsurgency operations (Dixon, 2009), was and remains a contested issue in the region at a political and community level. There are several important and complex problems to consider in discussing veterans living in NI in a 'post-conflict' period: the real and perceived ongoing threat to the security of serving and ex-Serving Armed Forces personnel; the emergence of inquiries and investigations of the actions of serving military personnel years after the events concerned; the associated public attitudes towards those who served during this period; and the politicisation of veterans' issues resulting from the history of the Northern Irish Troubles.

Perhaps one of the biggest challenges facing veterans and those working with veterans in NI is the real and perceived threat to personal security for Armed Forces personnel and veterans. At the height of the conflict, members of the UDR & R IRISH regiment were regularly targeted at home and while off duty, and participants in the preliminary focus groups repeatedly relayed the sustained impact those experiences have had on their day to day life.

*Basically now I'm living in a bulletproof house and that's where I go at night and that's where I feel safe. You lock the door and nobody can get at you.*

*If it was known in any border area that you were a member of the UDR, you were effectively on a death list. That cannot be left out of any 'what it felt like to be a soldier.'*

While NI is currently enjoying a period of relative peace, and the de-militarisation campaign of the region is well underway, there remains an increased threat at a national level, and threats and attempted attacks against Armed Forces personnel and other security services still occur. There have been a number of high profile murders of security forces personnel since the end of Operation Banner, and a substantial timeline of suspected dissident republican activity up to the completion of this report (BBC, 2017). The sense of being under threat in the region, and the historical requirement to keep one's identity hidden as a core part of service in NI during the Troubles, compounds the reluctance to reveal veteran status in the public sphere.

The change in the public narrative around military operations during the conflict could also impact both the willingness of veterans to disclose their service, and their mental wellbeing and sense of social inclusion. Role justification and a sense that their service has been valued is an important element to

---

mental wellbeing in veterans and Armed Forces personnel (see Burnell, Boyce, & Hunt, 2011), as is social cohesion and feeling valued by the community (; Han et al., 2014). With the emergence of public inquiries such as that into Bloody Sunday and the Savile Report, soldiers who served under Operation Banner have been publicly blamed for significant events of the conflict (The Independent, 2010), and there are public calls for those responsible to be held to account. While dealing with the historical conflict in a way which addresses the concerns of all of the citizenry is core to the peace process, it is important in the context of veterans and help-seeking to acknowledge the potential of this to increase the sense of isolation for some veterans, fear of the public perception of all ex-military personnel, and to limit their willingness to discuss their service with others; including seeking treatment for mental health-related problems.

Finally, for some in government in NI, veterans and anything connected in a real or metaphorical sense to the British State – and in particular the British Security Forces – are viewed as problematic. This is evident in the refusal by Sinn Féin MPs to take up their seats in the British Parliament, and by the significant challenges in the devolution of justice (BBC, 2010). In a region where the British Armed Forces and those who served in it are openly condemned in the political sphere (NIA debate: 6<sup>th</sup> December 2016), assurances of equality for veterans may do little to assure those individuals that they will not face discrimination.

There is therefore a need for strong evidence of the equality of access of services to veterans to provide reassurance in a complex political environment. This lack of support, whether real or perceived, is juxtaposed with an all-time high in public support for the Armed Forces in the UK as a whole. The public opinion of the British Armed Forces is generally favourable, even though support for the latest conflicts in Iraq and Afghanistan is generally low: roughly 80% of the public have a high or a very high regard of the British Armed Forces and these opinions have remained stable over time (Hines, Gribble, Wessely, Dandeker, & Fear, 2014).

### 4.3 Socio-Economic Context

The extended period of conflict, coupled with decline in the shipbuilding and linen industries, have led to a period of economic stagnation in NI. While there has been notable improvement in the attraction of international business, and a strong focus on economic growth being driven from the Executive (NI Executive, 2016), NI remains one of the most affected regions of the UK and Europe following the recent recession (Nolan, 2014), and rates of unemployment – particularly long-term unemployment – remain high (NISRA, 2012).

### 4.4 Devolved Governance

After years of direct rule, and amid a wider programme of devolution to regional governments, the NI Assembly was established in 1999. Excluding a brief hiatus, which was resolved by the St Andrew's Agreement (2006), the Assembly has remained the primary governing body of the region. While many matters remain excepted (i.e. under the remit of Westminster), NI enjoys an expanding set of devolved responsibilities including all health and social services, and most recently, responsibility for justice. Using a consociational model of governance, which ensures the inclusion of otherwise opposing groups in a forced coalition government, the Executive began with 11 departments, and has recently undergone restructuring. The current Assembly is comprised of nine departments, including the Executive Office.

---

Each department has one minister, and the ministries are divided amongst the five main political parties<sup>9</sup> according to the d'Hont system; a system of proportional representation. Because of this, there is no principle of cabinet solidarity and thus significant delays in legislation and policy development are commonplace (Graham & Nash, 2006). Executive power is shared by the two largest parties (Democratic Unionist Party (DUP) and Sinn Féin respectively at the time of writing) and held by the First and Deputy First Ministers in the Executive Office. Because of the historical sectarian divisions between these two parties, decisions based in the Executive can be complex, and opinions polarised. This is particularly true with regards to what have been traditionally highly politicised issues, including the Armed Forces in NI. Issues related to defence remain the preserve of Westminster, and devolved regions can only be consulted on related matters. As such, responsibility of those individuals serving in the Armed Forces are the responsibility of Westminster, while veterans are regular citizens of NI, and as such the majority of matters affecting them will be dealt with at a local assembly level.

## 4.5 Local Authorities in NI

The structure and remit of local authorities in NI are another area of significant difference between the region and the rest of the UK. While they once mirrored the model used in GB, in 1972 the Local Government Act (NI) removed the majority of health and social services provision from local authorities. Local authorities in NI carry the remit for waste management and recycling, environmental health, community planning (local cultural and economic development), and leisure services. Councils also have specific obligations for good relations and social cohesion under the NI Act (1998). While some responsibilities, such as community planning, have been re-devolved through local government reform in 2015, responsibility for housing, education, health and social care lies with a range of arms-length bodies administered through assembly departments. Like many other models adopted from the wider UK under the push for localisation, the Community Covenant and associated political champions are based within the local authorities. This model has been mirrored in NI, where councils have once again been approached to implement and champion the community covenant at a local level (Shared Intelligence, 2016). This model proves complex in NI for several reasons. First, local government in NI does not hold responsibility for infrastructure and delivery of health and social care services, and there are limited direct links between the council and those commissioned to deliver those services. Second, elected representatives in local government have no formal mechanism by which they can feed back into the departments responsible for the agencies which deliver health and social services. Finally, local government in NI has recently undergone a significant review and reconfiguration, with the reduction of the councils from 26 down to 11 and the devolution of several significant new responsibilities. While there is potentially opportunity for delivering under the Covenant through the newly devolved process of community planning, or through the more general obligations of councils to deliver good relations and positive health outcomes for its constituents, there is a risk that during this period of transition, without significant political buy-in, the implementation of the Community Covenant may not be prioritised or there may not be the capacity to take the necessary steps to implement it at a local level. It is also worth noting that there are still sectarian divisions which emerge in local government politics, and some councils could be perceived by ex-service personnel to be 'cold houses' for veterans.

---

<sup>9</sup> DUP, Sinn Féin, Ulster Unionist Party, Social Democratic and Labour Party, Alliance Party.

---

## 4.6 Section 75 of the Northern Ireland Act

Section 75 of the NI Act is a proactive equality duty which outlines the requirement for statutory agencies to proactively promote equality, and prohibits discrimination on the grounds of gender, religion, marital status, disability, ethnicity, and political affiliation. Section 75 places a duty for all policy and legislation in NI to be tested through an equality impact assessment, and for public bodies to participate in equality monitoring, where data is collected, capturing the demographic information required to see how the agencies/service providers are measuring up in terms of meeting the equality duty. The Equality Commission is an arms-length body established for the purposes of reviewing and monitoring the implementation of Section 75, and regularly reports on its implementation and efficacy, as well as taking test cases against various bodies where there is a violation of equality legislation in the region. The Equality Commission also reports to the Executive regularly on equality issues in NI, making recommendations and providing an evidence base. Several reviews undertaken by the Equality Commission have found that there continues to be a significant misunderstanding/misinterpretation of the legislation among public sector employees, and in some case, legislators.

## 4.7 The Armed Forces Covenant in Northern Ireland

In NI, there has been no extension of the Armed Forces Act, and the Covenant has not been adopted by the NI Executive - Section 75 and political sensitivities being cited as the primary barriers to its implementation. In evidence provided to the NI Affairs Committee, human rights groups argued that the spirit of the first principle of the Covenant – to ensure that there are no foreseeable barriers to veterans and their families accessing public services and support – is in keeping with NI's equality legislation, and that it would only be the second principle – which promotes special treatment in some circumstances for those in the most need – that could prove to be complicated. It could, however, be argued that by providing so called 'special treatment' to individuals who have been significantly negatively impacted by their service in the Armed Forces, agencies are simply removing the additional barriers for those individuals (such as with the precedence of allowing Armed Forces personnel and their families to retain their position on waiting lists), and as such are fulfilling a proactive function of ensuring equality of access.

Overall, it was determined by the committee that Section 75, being no stricter than equality legislation in the rest of the UK, should not be a practical barrier to implementation of the Covenant (NI Affairs Committee, 2013). Lord Ashcroft's Veterans' Transition Review takes this one step further, and calls for the amendment of Section 75 to include veterans as a protected group, citing the amendment of the legislation to include those who identify as Travellers, and states firmly that veterans in NI are experiencing discrimination and disadvantage without implementation of the Covenant in the region (Ashcroft, 2014; 2016).

Community Covenants have been adopted by some of the 11 newly formed local authorities, and Veterans' Champions have been established in each of the councils (see Table 1). Veterans' Champions are elected member representatives in local councils, appointed by their political party, who agree to uphold the tenets of the Community Covenant at a local level. While the Veterans' Champions are linked in with the NI Veterans Support Committee (NIVSC), there is no clear remit or defined job role. Because only three of the councils have signed up to the Community Covenant, it is difficult to state how the role of the Veterans' Champions will operate in those councils which remain outside the pledge. There are more

complexities to the idea of Veterans’ Champions in NI than in local authorities in other areas because, as discussed earlier in this section, NI does not allocate social service provision to the local authorities. Instead, health, education, housing and social care are commissioned and co-ordinated centrally, through the Department of Social Development, the DoH, and the Department of Education. There are no such champions or formal commitments to veterans’ services amongst these bodies.

**Table 1: Veterans’ Champions in Northern Ireland<sup>10</sup>**

Veterans’ Champion	Local council	Political Party
Alderman William Ball	Antrim and Newtownabbey	DUP
Councillor Paul Michael	Antrim and Newtownabbey	UUP
Alderman Bill Keery	Ards and North Down	DUP
Alderman Robert Smith	Armagh, Banbridge and Craigavon	DUP
Councillor Aileen Graham	Belfast City	DUP
Councillor William McCandless	Causeway Coast and Glens	UUP
Councillor Michelle Knight-McQuillan	Causeway Coast and Glens	DUP
Alderman Graham Warke	Derry and Strabane	DUP
Councillor Alex Baird	Fermanagh and Omagh	UUP
Alderman James Tinsley	Lisburn and Castlereagh	DUP
Alderman John Carson	Mid and East Antrim	DUP
Councillor Kenneth Reid	Mid Ulster	DUP
Councillor Patrick Brown	Newry, Mourne and Down	Alliance

In December 2016, a Member of the Legislative Assembly (MLA) Doug Beattie, himself a veteran, brought a motion in private members’ business to appoint a representative from NI to the Covenant Reference Group. This motion had cross party support (with People for Profit abstaining and Sinn Féin voting against) and was passed after a debate. The majority of the MLAs who participated in the debate were in support of adopting the two principles of the Covenant. However, those who did not give their support expressed significant objections to anything linked to the Armed Forces Covenant in NI. These objections were related to historical perceptions of the Armed Forces and their role in NI. It is also noteworthy that while those opposed to the motion condemned the actions of the British Military as an institution, there was a

<sup>10</sup> The political parties listed are as follows: Democratic Unionist Party (DUP); Sinn Fein (SF); Ulster Unionist Party (UUP); Social and Democratic Labour Party (SDLP); Alliance Party (AP).

---

strong recognition of the need to support veterans, just not in a way which is seen to be preferential to the wider citizenry (NI Assembly Debate: 6<sup>th</sup> December 2016). This motion was adopted, and a DUP MLA was appointed as the representative. This would have been the first time there was a formal elected member representation from NI on the Covenant Reference Group. Since that decision was taken, the NI Assembly was suspended and the MLA in question lost her seat in the subsequent elections. At the time of writing, the NI Office Undersecretary, Minister Kris Hopkins, represents NI on the Covenant Reference Group.

## Key discussion points:

- NI is a region with a history of extended violent conflict and political discord.
- There is a cohort of veterans in NI who live in their former operational theatre, which introduces complex and unique challenges.
- Due to the historical conflict known as the Troubles, military service in NI is more politicised than in other regions of the UK.
- For many veterans in NI, the real and perceived threat to personal safety is a barrier to disclosing their veteran status, and in some cases, accessing statutory services.
- Local Authorities in NI are not responsible for the delivery of health and social services, which is a significant variation from the GB model, and makes it less appropriate to deliver the Community Covenant independent of the wider sector.
- There is no clarity around the job role and remit of Veterans' Champions.
- The prevailing interpretation of Section 75 of the NI Order presents a challenge to the implementation of the Covenant in NI, but there is evidence to suggest that it may not be an actual problem.
- The NI Assembly has recently appointed a representative to the Armed Forces Covenant Reference Group after a debate was raised by MLA and veteran, Doug Beattie. This has not been implemented due to suspension of the Assembly.

---

## 5.0 Statutory Services

### Overview:

- Overview of statutory service providers in the region
- Discussion of specialist services, guidance or representatives for veterans
- Potential problems with accessing public services for veterans

Because NI statutory services in the main do not provide specialist services to veterans, the review template for this sector was more general in its scope. To provide a comprehensive overview of every health and social care service provided to citizens in NI would be outside the parameters of this report. However, it is important to have a basic understanding of available services as they relate to veterans in order to identify where particular problem areas for this population may exist. For this section of the report, the sector was divided by type of service provision, and a broad overview of delivery mechanisms was mapped with a view to identifying the presence of the following:

- Definitions or direct reference to veterans
- Guidance or protocol related to veterans
- Services or pathways to services aimed at veterans
- Monitoring or data collection where veteran status is identified
- Relationships to or communication with the veteran sector
- The organisation/body has identified and addressed a barrier to accessibility for veterans.

Where there was evidence of any of the above, the relevant statutory services are described in more detail.

### 5.1 Statutory Sector in NI with Veteran-Specific Services

With regard to veterans' services in NI, the position of the devolved government in NI to date has been to state that ex-Service personnel and their families are entitled to the same provision as the general population. There is little evidence of pro-active insurance that those who have served in the Armed Forces and are residing in NI will not be disadvantaged or face barriers to accessing services. Some public sector agencies have provided guidance to service providers on working with veterans and their families, and in a handful of cases, recognition has been shown of the potential barriers faced in leaving military service and transitioning to civilian life.

This section looks at the public services available to veterans in NI with a focus on those agencies that have identified a particular need for veterans and have adapted services or eligibility accordingly. Unlike the full review of the charitable sector as it relates to veterans in NI, this is not a full review of health and social services in NI. For the purposes of this report, we explore statutory services with regards to the following criteria: the service has a designated or named person with a remit for veterans or veterans' services;

---

there is a particular guidance or protocol for providing services to veterans; and the organisation/body has identified and addressed a barrier to accessibility by veterans.

To support the desk-based review, letters were issued to each government department in the NI Executive with the following information requests:

- What, if any, monitoring procedures are in place to capture data relating to the Armed Forces/ex-Service personnel?
- Is there an individual directly responsible for service/ex-Service personnel?
- Are there any specific services or protocols within the department or associated agencies?

Of the nine departments contacted during this research, seven responded to our requests for information: Department of Agriculture, Environment and Rural Affairs; Department for Communities (DfC); Department of Education; Department for the Economy; Department of Finance; DoH; and Department of Justice. Only three were able to respond in the affirmative to the above questions: The DoH, DfC, and Department for the Economy.

## 5.2 Public Services in Northern Ireland

An overview of the responsibility for administration of health and social services will be outlined under each specific service area. The information provided will be limited to its relationship with and accessibility to the veteran population in NI.

### 5.2.1 Health and Social Care

Health and social care services in NI are commissioned through the Health and Social Care Board, an agency with direct accountability to the DoH. The Health and Social Care Board commissions services through five Health and Social Care Trusts (HSCTs) across the region. It has oversight of a number of other service delivery and advisory bodies including, but not limited to, the Public Health Agency, the Social Care Council, the Regulation and Quality Improvement Authority, and the Patient Client Council.

In GB, healthcare is an area where exceptional provisions are made in certain cases for veterans. The principles of the Covenant have been officially adopted in to the NHS England Constitution, and Wales and Scotland have specific priorities outlined in their own NHS operations. Across GB, priority treatment in the NHS is allocated to some veterans with service related injuries or mental health needs; for example, veterans with particular injuries have the potential to access additional cycles of IVF, and significant investment has been made in prosthetic work. In NI, these provisions could be deemed preferential treatment and in violation of equality legislation. The DoH has the most evidence of direct engagement with Armed Forces and veterans' needs, though much of the recognition involves reinforcing the equality of access to services for all citizens in NI.

---

## *Key policies relating to veterans: referrals, assessment protocol*

In 2009, the then Department of Health, Social Services and Public Safety (now the DoH) published the document 'Delivering Healthcare to the Armed Forces: A Protocol for Ensuring Equitable Access to Health and Social Care Services' (Department of Health, Social Services and Public Safety, 2009). While the protocol was reviewed during this research, it is not a publicly available document. The protocol (which sits within DoH policy/strategy) states a commitment to identify and address any disadvantage in accessing primary, secondary and social care services experienced as a result of current or previous military service. It continues to operate under the administration at the time of writing. This protocol outlines a number of formal mechanisms to ensure that the Armed Forces personnel in NI are not disadvantaged when utilising health and social care services. These include:

- The establishment of the Armed Forces Liaison Forum (AFLF), a liaison forum between the DoH, the MOD and the veterans' support sector, which aims to bring NI in line with the principles of the 2005 Concordat between the NHS and the Armed Forces<sup>11</sup>.
- The recognition of previous waiting list time for veterans, Armed Forces personnel and their families whose relocation to NI is related to military service.

In addition to the specific measures in place, the document makes clear commitments to equal service access for Armed Forces personnel, veterans and their families. This includes a commitment that anyone attempting to access prosthetic services in NI will receive at least the same standard as veterans and Armed Forces personnel in GB, and that this population will not be disadvantaged in accessing dental service or mental health services. The protocol is supported by the AFLF, which is discussed in detail later in this report. The document and associated information sharing network were established originally to support serving Armed Forces personnel, and have only moved to cover veterans as the need emerged.

In spite of these strategic measures, veterans are not defined as a specific group by the DoH. There is almost no mention of them across policy documents. There is reference specifically to veterans in the Belfast HSCT's document 'Trauma, Alcohol and Drug Comorbidity: An investigation into the issues associated with post-traumatic stress disorder in terms of individual trauma, agency responses and community involvement in NI' (Campbell, n.d.), but there are no associated specialist responses. The UK-based Veterans' post-traumatic stress disorder (PTSD) programme is available, subject to prior authorisation, to patients from NI. This would mean travelling outside of NI for residential treatment, and while it is mentioned on the Health and Social Care Board website, it is not clear whether or not there is an expectation for travel to be self-funded.

## *Marked differences with other parts of the UK*

The Armed Forces and Veterans Bill (2010) outlines the legislative basis for support to the Armed Forces community in NI. A memorandum from the NI Veterans Advisory and Pensions Committee (NIVAPC) in January 2013 acknowledged that the veterans and Armed Forces community in NI were 'disadvantaged compared to their counterparts in the rest of the UK'. They state that what is lacking in NI is 'an overarching

---

<sup>11</sup> This forum was initially for serving personnel and their families, but the remit was expanded to cover veterans as the need emerged.

---

level of coordination, co-operation and governance’ (Northern Ireland Affairs Committee, 2013). There are three issues where differentiation between the services available to veterans in the rest of the UK and veterans in NI becomes most apparent: access to additional IVF; specialist prosthetics; and access to specialist mental health services (as referenced in the previous paragraph).

With regard to IVF, in NI, all couples are offered one cycle of publicly funded IVF, and this is the same allocation for all veterans in the region. This varies from the rest of the UK, where the MOD has acknowledged that in some cases, where there is specific injury, couples could receive an additional round of treatment. In recognition of this difference, the MOD has made a commitment to refrain from moving serving Armed Forces personnel to NI before this process is over where possible.

Across the UK, a substantial amount of Libor funds was made available to improve the delivery of prosthetics to veterans. A proportion of this money was given to NI. In keeping with equality legislation, this was used to supplement improvement of prosthetics services across the general population in NI. Prosthetic limbs are the same standard as those given under the specialist service in the wider UK, and individuals who require additional support are referred to the voluntary sector.

### *Accessibility of Health and Social Care for Veterans*

From the data collection process, we understand that DoH takes various measures to recognise the needs of the veteran population in NI. However, it appears to be at a strategic and operational level, and would not be visible to veterans on a grassroots level. NI’s DoH website, does not contain any direct links or specific pages aimed at veteran/military support (either for their physical or mental health needs). While there are some groups which have in the past received population-specific service provision in the form of specific case-workers or protocols, no such services exist with veterans as a target population. The publicly available information from the five HSCTs makes no reference to specific links/support options for veterans and military personnel. Mental health support is available and telephone numbers and website links are active for a number of support organisations, however none of those recommended organisations specifically cover veteran health or emotional wellbeing.

## 5.3 Education

Education in NI is separated into pre-primary, primary and secondary education, governed by the Department of Education. The Department for the Economy has responsibility for both FE and HE, and DfC has remit for apprenticeships, training and employment, which will be discussed separately. There are no specific policies from either the Department of Education or the Department for the Economy on additional information/support for either veterans’ themselves to access further and higher education once they are no longer in the Armed Forces, or for their children to access different schools or receive additional support if needed. The Department of Education stated they have no responsibility for or specific policies relating to veterans and their families beyond their service to the wider population.

The Department for the Economy is responsible for the policy, strategic development and financing of the statutory further education sector. The department is also responsible for curriculum and qualifications below degree level, with a key focus on the development of adult literacy. The department has no individual or division charged specifically with veteran related issues, but rather veterans’ FE and HE needs

---

are considered along with those of the wider population. This was confirmed through correspondence with the department.

### 5.3.1 Enhanced Learning Credits Scheme

The Enhanced Learning Credits Scheme is an MOD operated initiative which encourages and supports life-long learning and continuous professional development among service personnel and veterans up to five years after discharge. The scheme allows service personnel and service leavers/veterans to apply and claim funds to subsidise engaging in educational courses at level 3 National Qualifications Framework (NQF) or above, level 6 Scottish Credit and Qualifications Framework (SCQF), or other international equivalent. Each service branch is responsible for establishing eligibility for the scheme and handling the requests of its (former) members. The Enhanced Learning Credits Scheme also provides information and advice pertaining to MOD approved education providers and courses on their website that may be used by applicants.

There is also the Publicly Funded Further Education/Higher Education Scheme, which is offered in tandem with the Enhanced Learning Credits Scheme and allows those who have served six or more years and reside in the UK to secure funds that negate the tuition fees for a first level 3 qualification, foundation degree, or first undergraduate degree. This is, in principle, available to veterans in NI, but there is no information on any Northern Irish-based websites to this effect.

## 5.4 Training and Employment

The newly formed DfC has responsibility for jobseekers in the region. The department oversees 35 Job Centres and Jobs and Benefits Offices throughout NI. Their key aims include: to support those who are not 'job ready' to develop the skills and competence necessary to gain employment; match those looking for employment with suitable job opportunities; and finally in partnership with the Social Security Agency, jointly administer Jobseekers Allowance, Income Support and Incapacity Benefit within the Jobs and Benefits Offices.

### 5.4.1 Jobs and Benefits

There are no statutory services providing specific support to veteran jobseekers outside of the Career Transition Partnership (CTP) – administered through the Regular Forces Employment Association, an Armed Forces employment charity (see section on MOD-funded services). The DfC website lacks any policy documentation pertaining to veterans, ex-Service personnel or their families. There are a number of policies in place regarding employment service support; carers' support and allowance, disability employment service, and child maintenance, that may pertain to veterans. These do not, however, outline specific concessions or guidance for this sub-group.

Jobs Centre Online is a public employment service website in NI; it contains all the Job Centres' and Jobs and Benefits Offices' current vacancies within NI and throughout 32 other European countries. None of the information on the jobcentre websites highlights or acknowledges the difficulties faced by any vulnerable or minority groups. It is not immediately apparent that there is additional support, advice or information for veterans beyond that which is available to all persons seeking help or support in this area,

---

including: Access to Work (NI); Workable (NI); Bridge to Employment; Youth Employment Scheme; Into Work Training Support; Training for Success; and Steps2success.

In later correspondence, however, the DfC informed us that there are some employees in a selection of jobcentres across NI who have been nominated as Forces Liaison Officers. The role of an Armed Forces Liaison Officer within the Jobcentre is to act as an authority on issues for the Armed Forces community and provide advice on the various support services available to service personnel, veterans, and their families. This role is not filled in all “Jobcentre Plus” locations and information on their role is scarce beyond that already stated.

There are no key policies specifically referring to veterans’ transition to employment or additional help and support for veterans to access benefits and pensions that they are entitled to. Beyond the Equality legislation (section 75) pertaining to equality of access for all citizens, no further justification is provided for lack of policy / protocol in this area. This is different from operations in other parts of the UK, and there are indications that the difference has the potential to lead to lesser provision for veterans in NI in the area of employment and training for veterans and their families. The following issues were identified as being present in other areas of the UK but currently not in NI:

- Job Centre Plus does not consider a Service spouse to have given up a job voluntarily if being posted with a partner;
- Creation of Jobcentre Plus Veterans’ Champions to assist Service families in finding employment;
- Giving Service spouses early access to the new work programme;
- Introduction in April 2010 of National Insurance credits for Service spouses living overseas;
- Easing of rules to Job Seekers’ Allowance and Employment and Support Allowance to prevent disadvantage for Service spouses whose husbands/wives served abroad;

While giving evidence to the NI Veterans’ Affairs Committee in 2013 on the implementation of the Covenant in NI, the Minister responsible for the then Department of Social Development (which held authority for jobs, benefits and welfare at that time) reported an interest in expanding the range of veteran-specific considerations, and expressed an interest in the establishment of an information sharing network, based on the AFLF model in DoH, for the discussion of issues associated with housing and welfare. At the time of writing, this model had not been adopted in the DfC.

## 5.5 Housing

In NI, responsibility for social housing and housing support is overseen by the NI Housing Executive (NIHE), an arms-length body under the DfC. The NIHE has 44 branches across NI including Benefits offices in Derry/Londonderry, Omagh, Craigavon, Lisburn and Newtownards. They also have offices in Strabane, Cookstown, Magherafelt, Coleraine, Ballymena, Ballycastle, Armagh, Banbridge, Lurgan, Downpatrick, Bangor, Carrickfergus, Larne, Antrim and a number of city locations across Belfast.

The NIHE assesses all applicants to ensure that they are eligible for social rented housing. Points are allocated based on a needs assessment, and housing is allocated according to priority need (determined by the number of points). Social housing in NI includes provision from Housing Associations, which are voluntary and community organisations that build and manage housing for the purposes of allocation

---

under the NIHE. Of note, there is a significant demand for social housing in NI, with some regions having higher waiting lists than others. As of March 2016, there were 37,586 applicants on the housing waiting list across the jurisdiction, and the NIHE had 86,447 homes under its management (NIHE, 2016).

### 5.5.1 Specialist Services for Veterans

There is no known priority for anyone with a general veteran status in NI, and this population is considered on the housing list in the same manner as other members of the general public. Current equality legislation in NI (including the Housing (NI) Order 1981 and the Fair Employment and Treatment (NI) Order 1998) means that current/former Service personnel cannot be seen to be treated more favourably than any other cohort in NI. NIHE operates a points system based on DHSS benefits and individual circumstances and they do not have a “dedicated” service leaver contact for social housing, or any staff members with specific responsibilities for veterans.

The DfC, who have responsibility for the NIHE, made clear to the research team that they have written directly to the NIHE to outline its expectations with relation to how applications for housing from ex-Service personnel are managed. A memorandum sent from the department advises that its position on social housing or homelessness assistance for veterans is clear; “applicants must not be disadvantaged because of a background in the Armed Forces”. In his response to the NI Affairs Committee’s discussion on the implementation of the Covenant in NI, Nelson McCausland, who then had oversight of the department in charge of housing, highlighted a number of areas where veterans may be impacted in the region:

- *Homelessness* - the Department for Social Development in NI, take the view that ex-Service applicants who are at risk of homelessness or rough sleeping because of their institutional background are vulnerable persons and should be given priority status.
- *Connection with NI* - the Housing Selection Scheme could be interpreted so as to render applicants for social housing ineligible if they are ex-Service personnel from elsewhere in the UK who have been based in NI. The Minister has instructed the NIHE not to interpret the Scheme in a way which is disadvantageous to any "ex-Service applicant", and that it will be amended at the next opportunity.
- *Priority status* - the department is exploring the possibility of giving some recognition to ex-Service applicants priority for social housing. This is in recognition both of the complications around ex-Service personnel’s security concerns, and the aforementioned connection to NI. However, given the different legal framework, the political nature of the issue, and the high demand for housing across NIHE services, it seems unlikely that it would be possible to fully reflect the position in GB, where housing is one of the areas of greatest intervention for veterans.

Some amendments have been made to address these concerns. With regards to homelessness, the department also works along with the MOD to ensure that certificates of Cessation of Entitlement to Occupy Service Living Accommodation (which are provided to service personnel six months prior to discharge), are accepted by the NIHE as proof that an individual is threatened with homelessness and therefore has priority of need. Article 5 of the Housing (NI) Order 1988 also views an ex-Service applicant as a vulnerable person if they are at risk of homelessness due to their institutional background. With regards to connection to NI, the local branches of the NIHE have been instructed to interpret the rules of

---

the Housing Selection Scheme in a way that does not unduly disadvantage an ex-Service applicant. Finally regarding guidance, the DfC is working toward providing guidance to the NIHE on the provision of housing for serving and ex-Service personnel.

A recent briefing paper (NIHE, 2016) reviewed the housing options for serving and ex-Service personnel, but policy change had not been initiated at the time of writing. There have been no notable changes to the process of applying for social housing or receiving homelessness assistance which are specific to veterans in need. There has been no adoption of specialist home ownership schemes, and no changes to these schemes have any direct provision for veterans. The department and NIHE do not collect any data on veteran or Armed Forces status at this time, and there are no available statistics on homelessness amongst the veteran population at the time of publication. As such, it is not possible to determine whether or not veterans are experiencing disadvantage in housing provision as a result of their ex-Service status.

## 5.6 Advice and Advocacy

The primary statutory arms-length body for advice in NI, as in the UK, is the Citizens' Advice Bureau (CAB). CAB is open to the population as a whole, and like other statutory services in NI, states clearly a commitment to equality of access and service provision for all eligible parties. CAB works in partnership with many different organisations provide a comprehensive advice and information service. Some examples of this service include:

- Macmillan Citizens Advice Welfare Rights Project – a project developed in partnership with Macmillan Cancer Support to provide welfare benefits advice and information service for those affected by cancer throughout NI; and
- Pension Wise – a government service set up to help people understand the pensions options available to them.

The Advice Guide website provides some veteran-specific information, and defines veterans as all people who used to serve in the Armed Forces, including Reservists. There has previously been a specialist advice programme for veterans and their families, run in partnership between the CAB and The Royal British Legion (TRBL). The scheme has now finished, and there is no record on the efficacy or demand for the service. A response from Age NI on NI Active Ageing Strategy 2014-2020 acknowledged the difficulties faced by NI citizens regarding legacy issues and highlighted the importance of addressing the operating context of a 'society emerging from conflict', flagging veterans as one such group that would need additional support (Quinn, 2014).

## 5.7 Criminal Justice

The Criminal Justice system in NI was devolved in 2010 and the Department of Justice is still deemed a contentious position: with the role of the Justice Minister being held by a Minister with no ties to either of the main Unionist/Loyalist or Nationalist/Republican parties. It has oversight for policing, prisons, probation and restorative justice, among other areas. There has been little investigation into the experiences of veterans in the criminal justice system in NI, and there is no formal monitoring to collect data on this population. During the course of conducting this Scoping Review, no response was received from the Department of Justice. In the absence of available information in NI, a brief discussion of veterans in the Criminal Justice system more generally is provided.

---

### 5.7.1 Veterans in the Criminal Justice system Across the UK

In 2010, the MOD, in collaboration with the Defence Analytical Services and Advice, published two reports (MOD, 2010a, MOD, 2010b), estimating that 3.5% (2,820) of all prisoners in England and Wales were veterans of the UK Regular Armed Forces. Veterans in the 18-54 age group were less likely to end up in prison for seven out of eight different offence types when compared to the general population of the same age. The only type of offence that veterans were more likely to go to prison for were sexual offences. Another MOD report (2010c), produced in conjunction with the Defence Analytical Services and Advice, estimated that 3.4% of the total of 172,203 people who were subject to probation in September 2009 were Regular ex-Service personnel.

The English and Welsh governments (Phillips, 2014; Welsh Government, 2013) have produced documents intended to address the rehabilitation needs and to improve the identification process of former ex-Service personnel in custody and on probation. In 2015, the MOD published an 'Update on progress in addressing the needs of ex-armed services personnel in the criminal justice system' (Ministry of Justice, 2015), according to which the number of opportunities for the ex-Service personnel to disclose their military history as they go through the Criminal Justice system, has increased. Despite these precedents in GB, there is no information on veterans in the prison system in NI as there are no formal processes of data collection that would enable the prisoners to declare themselves as military veterans.

### 5.7.2 Northern Ireland Prison Service

The NI Prison Service is an agency within the Department for Justice and has the wider remit of looking after Justice and the Law (e.g. compensation, courts and tribunals); Legal aid; Prisons; Youth Justice; Forensic science; Policing and Community Safety (e.g. policies, strategies and legislation); and Statistics and Research (e.g. crime surveys, reoffending, and prison population). Veterans are not acknowledged within the NI Prison Service as a particularly vulnerable group or a subset of the population who may either require additional support to ensure that they do not become involved in criminality, or need additional help to ensure that they do not reoffend once released from prison.

### 5.7.3 Probation Board Northern Ireland

The Probation Board for NI is a non-departmental public body of the Department of Justice, delivering public services to offenders and crime victims. Its primary responsibility is to supervise, risk assess and manage offenders, deliver behavioural change programmes and interventions aimed at reducing the risk of offending, and to provide the Victim Information Scheme for any victim of a crime that has been committed by a person who is under their supervision. The Probation Board NI have a section on their website specifically for people who are under their supervision. It contains information related to community service orders, complaints procedures, curfews, electronic monitoring, requests for information, and specific sentence reports. The Probation Board have also recently developed and launched an app called 'Changing Lives' which is intended to help offenders in NI to desist from criminal activity. It includes a journal function for keeping track of any significant issues in one's life, information and advice on rehabilitation, and useful contacts such as for probation staff or out of hours GP services. Importantly, the website does not contain any information specifically aimed at the veterans of the Armed Forces, nor does it acknowledge veterans as being a potentially vulnerable group.

---

## 5.8 Overall Engagement with the Statutory Sector

Overall, there is very little acknowledgement of the specific needs of veterans in NI. Only three departments and associated bodies have any definition of veterans, and these are inconsistent. The perceptions of inequality experienced by many of the veterans outlined in the previous chapter could be exacerbated by the lack of availability, or at least visibility, of the support and services that have been designed with the needs of this population in mind. While the equality legislation is used as justification against the provision of veteran-specific services, it does little to acknowledge the potential disadvantage that ex-Service personnel could experience as a result of the politicisation of the Armed Forces in NI and affiliated problems with security and community relations.

There is no formal data collection on veterans in the region, in spite of a rigorous system of demographic monitoring throughout the statutory sector in NI. This is particularly problematic in NI, where the informal reporting of veteran status is unlikely to occur given the real and perceived threats to personal security for those affiliated with the security forces (including police and prison officers). This lack of an evidence base on which to draw means that not only is it impossible to determine if there is a need for specialist service provision for veterans in NI, but it does not allow for the collection of evidence which could potentially allay concerns held by some that they will experience discrimination on disclosing their veteran status.

This lack of veteran-specific service, coupled with no formal adoption of the Covenant at the level of the NI Executive, provides a negative picture for those veterans who see the availability of veteran-focused services in England, Scotland and Wales; many of which are administered through and supported by local authorities. It is clear that there is a commitment to treating veterans as equal citizens in NI, and as such, they have equal access to the support and services available to the rest of the NI population. The DoH and DfC acknowledge the difference between NI and the rest of the UK at a strategic policy level, and have begun to take steps to redress some of the more visible policy issues. However, there is less evidence that the complexities of being a veteran living in NI are acknowledged in the provision of statutory services, or that the importance of monitoring the use of services by the veteran population is worth the difficulty of implementing that data collection. More work would need to be done to determine whether or not the outcomes for veterans in NI are different with regards to accessing services, as the absence of specific services for veterans in the statutory sector is ameliorated to an extent by the MOD-funded and charitable sector, which we review in more detail below.

### Key discussion points:

- Following the NI Executive position that Section 75 does not permit any special treatment for veterans in the statutory sector, veterans are entitled to the same treatment and services as any other citizen of NI.
- There are some public sector agencies which acknowledge the special needs of veterans in some cases, but this is mainly through protocols and guidance which reinforce the equal entitlement.
- It would appear when comparing NI to the rest of the UK, there are differences in access to some services: particularly in health, housing, jobseeking and the criminal justice sector.

- 
- There is no available data on veterans' use of services, and no plans to improve data collection on veterans in the public sector.
  - More information is needed on whether or not there are differences in outcomes for veterans in NI, or if the support from the MOD and charitable services fill any known gaps in service provision.

---

## 6.0 MOD-Funded Services

### Overview:

- MOD-Funded services overview
- Veterans UK
- CTP and RFEA
- UDR & R IRISH (HS) Aftercare Service
- Types of services provided

As the government department with responsibility for national security, the MOD is responsible for those serving in the Armed Forces. The majority of MOD departments do not liaise directly with veterans. There are few direct services provided to veterans in NI; those that exist will be outlined in the following section. In-Service personnel who are approaching discharge are provided with a resettlement/transition package for up to two years prior to discharge and this support continues for up to two years post-service, depending on the duration of one's military career. This is provided through the MOD's collaboration with the CTP. At the end of military, service leavers also receive additional paid leave; usually between 20 – 35 days and have access to the FTOD (Final Tour of Duty) package where they can be assigned to the location of their choice for their last assignment. I.e. if a soldier wished to settle in NI the Army would try to find them a post in NI for their last two years. The MOD provides services to veterans beyond resettlement through Veterans UK, which is a separate arm of the MOD. In NI, MOD-funded support to veterans is also provided through the UDR & R IRISH (HS) Aftercare Service.

### 6.1 Overview of the MOD-funded sector in Northern Ireland

The MOD currently provides funding to four agencies in NI, each delivering a range of support services to veterans. These agencies are arms-length bodies and cover the transition from military to civilian life, support with employment and vocational training, and also health and welfare services. The four agencies include Veterans UK, CTP, the Regular Forces Employment Association (RFEA), and the UDR & R IRISH (HS) Aftercare Service. With the exception of the Aftercare Service, which only supports Army veterans, all other organisations provide tri-service support. The Aftercare Service has recently expanded some service provision to those outside the group of Operation Banner veterans who are experiencing mental ill-health.

#### 6.1.1 Veterans UK

Veterans UK is a UK-wide agency that was established in April 2014 as when certain activities of the Service Personnel and Veterans Agency were subsumed by the MOD's Defence Business Services organisation, making it one of the largest shared service centres in Europe. The aim was to establish a single organisation within the MOD that would provide support to Armed Forces personnel and veterans. The primary business of Veterans UK is the Veterans Welfare Service, which supports veterans and their families specifically in relation to pensions and compensation. They also provide administrative support services, such as medals and service records, and support the VAPCs, which are non-departmental public bodies with a regional focus, providing advice and assistance to the in-Service and veteran community, including dependants.

---

## 6.1.2 Career Transition Partnership (CTP)

The CTP is a UK-wide organisation founded in October 1998 as the MOD's official provider of the Armed Forces resettlement. The service was established in partnership with Right Management Ltd (part of the Manpower Group), a provider of specialist global career development and outplacement services. Support is provided to personnel leaving the Royal Navy, Army, Royal Air Force and Royal Marines to help them make a successful transition from military life to civilian employment. Contact with CTP is usually established prior to discharge<sup>12</sup> or very shortly post-discharge. Support is then available for a period of up to two years post-service. The type of support available depends on the length of service; the medically discharged and those who have served for over six years get access to the full support resettlement programme, and those who served for less than six years get partial support. However, all individuals leaving the Service can benefit from the support provided by the CTP.

## 6.1.3 The Regular Forces Employment Association

RFEA is a UK-wide charitable organisation supporting veterans from the tri-services to find a job and stay in employment. Founded in 1885, it is one of the oldest service charities in UK. It was established in recognition of the need to prepare Armed Forces personnel for civilian employment whilst they are still in service. RFEA provides employment support to all veterans, regardless of their background or length of service, at any stage of their life. RFEA is also contracted by the CTP to deliver the employment aspect of the CTP's resettlement programmes for up to two years post-discharge. This aspect of their service is funded by the MOD, whereas the other aspects of support to veterans are provided by RFEA as a charitable organisation.

## 6.1.4 UDR & R IRISH (HS) Aftercare Service

The Aftercare Service is the only MOD-funded organisation that is specific to NI. It was established as a welfare support organisation in 2007, upon the disbandment of the Home Service of the R IRISH Regiment. The aim was to provide support to all the UDR and R IRISH (HS) ex-personnel who had served during Operation Banner and who were made redundant. Originally funded for five years to provide welfare support, medical treatment, employment advice and to act as a conduit to benevolence for financial issues, the Aftercare Service continues to support the Northern Irish veterans, as the need for its services has not diminished. On the contrary, the Aftercare Service is preparing for potential wider utility. A pilot scheme was set up in 2012, in which support has been provided to all veterans of any Service or Regiment discharged from the Army as Wounded Injured and Sick via the Personnel Recovery Unit. There was a plan to potentially broaden this service, but that is currently on hold. It is likely to be reviewed following the merger of the Aftercare Service with Vets UK, which is anticipated to happen in 2020.

## 6.1.5 DCMH (Defence Community Mental Health)

This service, connected 38 (Irish) Brigade, has regional hubs to which veterans can be referred for mental health issues as a result of service. This unfortunately is for assessment only and the results are passed

---

<sup>12</sup> Usually around four months before, but contact can be established from two years prior to discharge if one has served for over six years.

---

back to the local GP. DCMH in NI is on Lisburn camp. This is a provision for veterans to access but uptake has been low over the last 24mths. This could be because it is on camp or the fact that it is simply assessment or that the provision can be provided elsewhere and is easier to access.

## 6.1.6 Community Outreach and Events

38 (Irish) Brigade have a team which support events in the community. These include events such as Armed Forces Day. These events are well attended by the veteran community, and could provide indirect benefit to this group. 38 (Irish) Brigade also provide briefs for charities, reinforcing the connection between the MOD and sector. Serving soldiers have visited veterans to discuss service and reduce isolation, though this tends to happen on an ad-hoc and informal basis.

## 6.2 Services available

The services available to veterans in NI through the MOD-funded sector tend to be quite specific in nature, and encompass the following areas:

- Employment support
- Financial assistance
- Health services
- Welfare
- Signposting

### 6.2.1 Employment support

The CTP and RFEA work closely together to support individuals to find employment after their service in the Armed Forces. The CTP provides resettlement services, in partnership with RFEA, from up to two years prior to discharge, to up to two years post-service, depending on the length of service. RFEA then supports veterans who are no longer eligible for the CTP resettlement programme for the rest of their lives.

Depending on the length of service, the programmes provide different levels of support and advice regarding career choices, access to careers workshops, vocational training courses or the online job finding service. RFEA also offers services for employers, specifically a no-cost high-quality recruitment service through which employers can get access to motivated service leavers and ex-Service personnel. In mainland UK, employers interested in hiring the ex-forces personnel can advertise job opportunities directly through RFEA and can even ask RFEA for a selection of ex-Service personnel who fit their job specification. In NI, however, the legislation states that all jobs have to be publicly advertised, and therefore the veterans compete for jobs with the general public.

### 6.2.2 Financial assistance

Veterans UK provides direct financial services in relation to all Armed Forces pensions and compensation through their Veterans Welfare Service. Eligibility for the different financial services depends upon the time and place of service and when injury occurred. Financial assistance is available through:

- 
- Armed Forces Compensation Scheme (available also for in-Service personnel)
  - War Pensions Scheme (injury, illness or death before 6 April 2005)
  - Armed Forces Pensions (injury, illness or death after 5 April 2005)
  - Financial assistance with medical treatment (for those in receipt of a war pension)
  - Financial assistance with dentist, spectacles, hearing aid costs (if related to service disablement)

The Aftercare Service acts as a conduit to the benevolence funds, which include: The UDR Benevolent Fund, available to the ex-UDR soldiers and their dependants who are in need due to sickness, disability, accident, infirmity, poverty or other adversity; The Royal Irish Regiment Benevolent Fund, available to the R IRISH soldiers and veterans, their widows and dependants who are in need or in financial difficulties; The Army Benevolent Fund, and many others. The clients are supported and assisted throughout the whole process from articulating the need, through making the application, to dealing with the aftermath of the success or rejection.

### 6.2.3 Health services

The Aftercare Service is the only MOD-funded organisation in NI that provides health-related services to their clientele. These include physiotherapy and psychological therapy, which are available to individuals whose condition was caused or made worse by their service, when treatment through the statutory services cannot be delivered within a reasonable timescale (proof may be required). All treatments are subject to eligibility criteria and follow an initial clinical assessment where the clients' needs and suitability of the treatment are established. A variety of psychological therapies, ranging from simple counselling through to Cognitive Behavioural Therapy and Eye Movement Desensitisation and Reprocessing are provided. For those with more complex needs, it also includes access to consultant psychiatrists and medical interventions. These psychotherapeutic services are commissioned to a contracted service provider Inspire Workplaces<sup>13</sup> (at the time of writing). Physiotherapy is provided through the contracted services of Active Health Solutions (at the time of writing).

### 6.2.4 Welfare

The Aftercare Service provides confidential welfare support to Army veterans, their dependants, bereaved parents and widows and widowers. Emotional and moral support, advice and guidance are provided on topics such as health, housing, education, employment, legacy claims, security concerns, anger management and many others. Each client is supported in an individualistic and holistic manner.

### 6.2.5 Signposting

All four MOD-funded organisations in NI will signpost to relevant welfare organisations and military charities for services that are outside of their remit.

---

<sup>13</sup> Inspire Workplaces was previously known as Carecall.

---

## 6.2.6 Other services

Veterans UK additionally provides individuals with access to service records, medals and veteran badges. In the wider UK, they also provide access to Ilford Park Polish Home, a residential nursing home established in 1948 specifically for the former members of the Polish Forces (and their spouses) who served under the British command in WWII.

## 6.3 Accessibility and visibility

All four MOD-funded veteran support organisations have offices in NI, but none of these are openly available for drop-ins. Instead, individuals must make initial contact with the organisations via phone or the organisations' online contact systems. Veterans UK and RFEA do hold occasional drop-in sessions, but these are usually at the premises of partnering organisations, such as TRBL.

### 6.3.1 Locations

Veterans UK have one office in NI, located in Belfast. The office has two full-time Welfare Managers who cover the whole of NI, and one full-time and one part-time medical doctor, who conduct medical assessments for the purposes of war pensions. The office is not available for drop-in as the NI caseload for Veterans UK is formally managed through the Glasgow Veterans Welfare Centre and prospective clients need to make the initial contact there or through the helpline. The Republic of Ireland is covered by one Welfare Manager who works from his own home. Again, however, initial contact needs to be made through the Veterans Welfare Centre in Glasgow. Requests for medals and service records can be made by post. The Belfast office runs drop-in sessions at the premises of partnering organisations, such as TRBL.

RFEA has one office located in NI and this is in the CTP Resettlement Centre at Aldergrove, highlighting their close co-operation. The RFEA office has two full-time members of staff: an Employer Relationship Manager and an Employment Support Co-ordinator. Because the office is located within military barracks, it is not available for drop-in and a pass/authorisation is required to get access. Drop-in sessions are, however, conducted approximately once a month on the premises of TRBL. Once a week, support from RFEA is provided at the Personal Recovery Unit at Thiepval Barracks for those who are accessing the CTP Assist programme.

The Aftercare Service has its headquarters and one field team in Holywood and three additional field teams are located in the Army Reserve Centres across NI (Coleraine, Enniskillen, Portadown). Each one is responsible for its respective region. The offices are run by MOD civil servants who provide managerial oversight and infrastructure support and full-time Reserve Service personnel, primarily ex-servicemen and women, who work as welfare case-workers. Each field team currently has two case-workers and an administrator who co-ordinates all activity and acts as the first point of contact. Because of their locations within the Army Reserve Centres, drop-in visits are restricted and it is recommended to make an appointment in advance. Initial contact with the Aftercare Service should be made via phone or their online contact form as available on the website. The case-workers usually visit the clients in their own homes to provide welfare support. Initial assessments for psychotherapy and physiotherapy are done in Belfast and Holywood respectively, with subsequent sessions delivered closer to the client's home.

---

## 6.3.2 Eligibility and needs assessment

Three of the four organisations, the Aftercare Service being the exception, offer tri-service support. The Aftercare Service only supports Army ex-Service personnel, specifically those who served during Operation Banner.

Veterans UK provides welfare support to all ex-Service personnel from the three branches of the military, who served for at least one day in the British Armed Forces. Those who served in services that were under the British Command at the time, such as the Merchant Marines or the members of the Polish Forces who served in WWII, are also eligible for full support. Veterans UK support also extends to the widows, widowers, orphans, those in care homes, and in some circumstances, also civilians who became disabled as a result of WWII, all as per the eligibility criteria of the War Pension or the Armed Forces Compensation Scheme.

The RFEA provides support to anyone who has served in the British Armed Forces for at least one day. The eligibility for the different CTP resettlement packages delivered by RFEA depends on the length of service:

- Employment aspects of the CTP Full resettlement programme (six or more years of service or medically discharged)
- CTP Employment Support programme (four to six years of service)
- CTP Future Horizons programme (less than four years of service)
- CTP Assist programme (medically discharged)

The RFEA Compass Employment Programme is available to any veteran who no longer qualifies for the CTP resettlement package (i.e. two years post-service).

The Aftercare Service provides support primarily to the ex-Service UDR & R IRISH (HS) personnel, who served during Operation Banner. The welfare support is also provided to the veterans' dependants, the bereaved parents, the widows and widowers. Medical services, specifically physiotherapy and psychological therapy, are offered to the UDR & R IRISH (HS) ex-Service personnel if their condition was caused or made worse by their service and if treatment is not available through the HSCT within a reasonable timescale. Psychological therapy may be offered to family members under certain circumstances (when their condition can be attributed to the soldier's incident) and carers of the veterans may be eligible for physiotherapy if they became injured in their role as a carer. Support in relation to the benevolence funds is provided to the ex-Service UDR & R IRISH (HS) personnel and their dependants if they are in need or in financial difficulties.

A merger of the Aftercare Service with Veterans UK is currently being scoped and as part of widening the support provided by the Aftercare Service, a pilot scheme was set up in 2012 in which support is provided to the veterans of any Service or Regiment who were discharged as Wounded Injured and Sick through the Personal Recovery Unit in NI. A final decision regarding the merger with Veterans UK and the widening of eligibility for the support from the Aftercare Service is due to be made by the Regional Command and Veterans UK by 2020.

---

### 6.3.3 Client base

Although the exact figures could not be provided, out of the four MOD-funded organisations in NI, the Aftercare Service seems to be dealing with the largest number of clients every year. At the moment, they are delivering approximately 3,000 interventions to roughly 2,500 clients per year. This includes roughly 200 medical referrals, 300 financial referrals and 2,000 generic welfare interventions. Veterans UK in NI provide support to roughly 2,100 individuals per annum and the RFEA in NI support approximately 300 clients in an average year, with about a half of these being supported through the CTP Resettlement Programme.

### 6.3.4 Funding

Veterans UK, the Aftercare Service and the CTP aspect of the RFEA are fully funded by the MOD. The RFEA's Compass Employment Programme is funded through charitable funds from a variety of other charities, such as ABF-The Soldiers' Charity, Royal Air Force Benevolent Fund, TRBL, and others. The Aftercare Service spends approximately £200,000 on medical treatments every year. This includes roughly £130,000 on psychological therapies and £70,000 on physiotherapies.

## 6.4 Relationships/communications

Veterans UK signpost to other relevant organisations, but will not assist in formal referral processes and will not participate in case conferences with other organisations.

The Aftercare Service communicates regularly with a wide range of charitable and statutory sector organisations and will receive most referrals from Veterans UK (Veterans Welfare Service), Combat Stress and Personal Recovery Units. The organisations they refer to most frequently are Benevolent funds, Combat Stress, Inspire Workplaces and Active Health Solutions. Apart from these, the Aftercare Service communicates with a number of other charitable and statutory sector organisations.

RFEA will usually receive self-referrals for their Compass Employment Programme. In terms of the CTP programmes, prospective clients are introduced to RFEA in their resettlement briefs prior to discharge. For financial assistance, RFEA will refer to TRBL and for pensions and allowances, they will refer to Veterans UK. For all other support needs, referrals will be made through the NIVSC members as appropriate.

## 6.5 Additional services available to veterans in NI

Veterans living in NI can also avail of some of the initiatives developed in the wider UK. These include the Veterans' Information Service and the Big White Wall, developed in partnership with the DoH.

The Veterans' Information Service contacts new veterans 12 months after their discharge from the Armed Forces to make them aware of the support and services that are available through their local community. It has been linked with TRBL's knowledge database to provide veterans with access to a wider range of resources. The Big White Wall was launched in 2011 as an online early intervention service providing support to people experiencing emotional distress. Thanks to the funding from the MOD, the DoH and Help for Heroes (H4H), it is available to the Armed Forces community free of charge. The Big White Wall

---

is a combination of the social networking principles and clinically informed interventions designed to improve the self-management of mental health and wellbeing. It has been risk assessed and provides a safe and anonymous environment for expressing one's feelings. Professional support is provided 24/7 by counsellors, clinicians and therapists from the Tavistock and Portman NHS Foundation Trust. Services range from the provision of self-help materials through anonymous community and group support to personalized 1:1 live therapy, all delivered online.

## 6.6 The Future of the MOD-Funded Sector

During data collection for this report, several key stakeholders reported potential changes to the sector, though it was unclear at the time of writing what the final plans for implementation of these changes would be. Two of the main service providers for veterans in NI, Veterans UK and the UDR & R IRISH (HS) Aftercare Service, face reductions to overall funding, a changing service user population, and projected restructuring over the next few years. Veterans UK in NI has reduced an already relatively small staff team, and is further reviewing its policies and operations in the region. The Aftercare Service is working alongside Veterans UK to look at how best to ensure complementary working, and to address any identified gaps in service provision. However, as with many statutory organisations, these bodies must prepare to do more with fewer resources; they must expand their remit and support an aging population without significant additional resources. RFEA, which delivers many of the employability services on behalf of the CTP in NI, faces several challenges in the region which are less problematic in other parts of the UK. Due to security concerns, staff must carefully vet potential employers; a process which takes considerable time, relationship management and background research. Coupled with less staff employed to carry out CTP responsibilities than equivalently sized regions in GB, this means less time can be spent on important aspects of service delivery. One specific example of this would be attendance at Personal Recovery Units. In GB, CTP has a representative based at each Personal Recovery Unit. In NI, RFEA is only able to make one visit per week to the Personal Recovery Unit. The planned redundancy programme is set to increase the workload of support agencies, though there is not at present any plan to increase the staff teams in any of the MOD funded bodies.

MOD-funded agencies must also contend with operating in an environment where there is little direct engagement with the assembly, and deliver services in an environment where they themselves are governed by a Westminster Ministry, but where the statutory services they are supposed to work alongside or in tandem with are governed by arms-length bodies that report to the NI Assembly. These challenges will be examined in more depth later in the report.

There are, however, developments ongoing which could ease some of the strain on veterans' services by helping to better identify, classify and direct those veterans in need of support and ensuring they are signposted to the most appropriate service. In November 2016, MOD awarded £2 million from the Covenant Fund for the Veterans' Gateway. This service is set to be a 'one-stop shop' service to improve support to veterans across the UK. It is a direct response to needs articulated from veterans' charities and advocacy groups, and will act as the first point of contact for veterans and their families for a range of health, welfare and financial needs. The service will include online, phone and text support 24 hours per day, and can direct 'clients' to partner organisations who may provide face-to-face support. The information contained in this report and gleaned during other elements of the NIVHWS will be shared with the Veterans' Gateway team to ensure that accurate, specific, NI-based information is available to veterans who reside in NI.

---

## Key discussion points:

- The MOD-funded sector in NI provides services in two of the main areas where there could be concern that NI veterans receive a lesser service than their UK counterparts: healthcare and housing.
- There are services available in NI which are specific to the region, namely the Aftercare Service. However, the limitations on the population of veterans (those serving in Operation Banner, and more recently some extension of mental health services to a specific group of referrals) could create a two-tiered system of support.
- There is good communication between the MOD-funded sector and the veteran VCS through Cobseo, and through statutory services through the AFLF, but the sector is reliant on informal relationships for referrals and collaborative working.
- The sector is in a period of transition, with both Veterans UK and the Aftercare Service going through changes in service delivery plans and staffing structures. This leaves a considerable amount of uncertainty for the future of the provision of services specific to veterans in NI, given the absence of such in the NI statutory sector.

---

## 7.0 Veteran Voluntary and Community Sector in NI

### Overview:

- Overview of all veteran-specific organisations
- Context of the VCS in the wider sector and the history of NI
- Categories of service provision
- Availability and accessibility of the sector
- Organisational Structures
- Looking to the Future

Throughout NI, there is a varying range of community and voluntary services set up to cater for the needs of veterans / ex-Service personnel. Although some organisations serve different beneficiary<sup>14</sup> groups or geographical areas, they all share a common purpose: to provide continued support to veterans once they leave the military and return to civilian life. Through searches of the Charity Commission for NI's website, the internet and consultation with a range of service users and key stakeholders, 19 organisations providing direct services to veterans in NI were identified. Half of these organisations are locally established charities with a permanent presence in NI. The other half is composed of larger, UK-wide charities, all of which have a permanent presence or regional offices in NI with the exception of two: British Limbless Ex-Servicemen's Association (BLESMA) and Blind Veterans UK. Each of these organisations differ in size, function and service delivery, ranging from small volunteer-led charities that rely solely on public donations, to large staffed organisations with substantial levels of 'ring-fenced' core funding. This section will provide a detailed snapshot of the sector including types of service provision, availability and accessibility of organisations, organisational make-up and funding, and anticipated future challenges.

Each organisation offers a mixture of support services to veterans ranging from informal advice-seeking 'drop-ins' to specialist mental health treatments. General welfare support is the most widely available service for veterans across the VCS. There is less provision for specialist mental health support services, however, some organisations do provide evidence-based counselling and treatment including Combat Stress, whose sole focus is to provide specialist mental health treatment for ex-Service personnel. Table 2 presents a description of each of the main services offered by the veteran VCS in NI.

---

<sup>14</sup> Beneficiary is a term used by most of the charitable organisations to refer to eligible veterans using their services.

**Table 2: Main Categories of Service Provision Offered by Veteran VCS in Northern Ireland**

<p><i><b>BEFRIENDING</b></i></p>	<p>Befriending is aimed at addressing both social and emotional issues but also to assist with everyday practicalities.</p> <p>Depending on the specific organisation, befriending can include:</p> <ul style="list-style-type: none"> <li>∞ Telephone conversations</li> <li>∞ Home visits</li> <li>∞ Help with shopping</li> <li>∞ Help with getting hospital appointments</li> </ul>
<p><i><b>RESPIRE</b></i></p>	<p>Respite days and/or breaks are offered in over half of the voluntary organisations.</p> <p>Depending on the organisation, respite locations are either located in Northern Ireland or on the UK mainland. Due to the demand for respite, organisations limit the length and frequency of respite breaks, especially in summer months.</p>
<p><i><b>EMPLOYABILITY &amp; TRAINING</b></i></p>	<p>Organisations give veterans and ex-service personnel the opportunity to learn new skills, which will help them to gain employment as a civilian.</p> <p>Depending on the specific organisation, training can include:</p> <ul style="list-style-type: none"> <li>∞ Forklift operating</li> <li>∞ Development skills</li> </ul>
<p><i><b>MENTAL HEALTH</b></i></p>	<p>Evidence-based psychological and counselling therapies are offered to treat the following:</p> <ul style="list-style-type: none"> <li>∞ PTSD</li> <li>∞ Anxiety</li> <li>∞ Depression</li> <li>∞ Bereavement</li> </ul> <p>Treatments include Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation Reprocessing (EMDR).</p>

<p><i>GRANTS/FINANCIAL ASSISTANCE</i></p>	<p>Grants and financial assistance can be accessed by veterans to include help with:</p> <ul style="list-style-type: none"> <li>∞ Deposit for housing</li> <li>∞ Furniture</li> <li>∞ White goods</li> <li>∞ Training courses</li> </ul>
<p><i>WELFARE</i></p>	<p>Most organisations provide support and guidance related to welfare, including:</p> <ul style="list-style-type: none"> <li>∞ Benefits advice</li> <li>∞ Social housing</li> <li>∞ Form-filling</li> <li>∞ Pensions entitlement</li> <li>∞ Debt management</li> </ul>
<p><i>WELLBEING</i></p>	<p>Organisations offer different activities and events, which are aimed to help veterans relax and improve their general wellbeing. Wellbeing support can include:</p> <ul style="list-style-type: none"> <li>∞ Complementary therapies (e.g. massage)</li> <li>∞ Entertainment and recreation</li> <li>∞ Social outings</li> <li>∞ Coffee mornings</li> <li>∞ Christmas luncheons</li> </ul>
<p><i>REMEMBRANCE &amp; COMMEMORATION</i></p>	<p>Organisations hold events, where veterans can gather together to remember fallen friends and to mark and commemorate significant dates, including:</p> <ul style="list-style-type: none"> <li>∞ Anniversaries (e.g. Somme, Remembrance Sunday)</li> </ul>
<p><i>ADVOCACY</i></p>	<p>Organisations offer help to veterans wishing to engage with statutory agencies and other official bodies. This can include representation at meetings and tribunals.</p>

---

## 7.1 The Voluntary and Community Sector in NI

The VCS in NI, like in the UK as a whole, has increasingly found a space both at the table with policy-makers as well as being one of the primary service providers for a range of groups. This is particularly the case where specialist communities are involved, where the policy for government to recognise the expertise and specialism of the VCS in servicing their primary population is a resource for statutory services which have largely become commissioning bodies. In NI, this is not a new dynamic. For various historical reasons surrounding the conflict in the province, the VCS has long been a direct service provider – sometimes in the absence of the state and sometimes as an extension of it. The VCS in NI, while difficult to define due to the significant range of types of organisations which compose it, is a large and well-established sector. Traditionally it has had close ties to the community, and recently, has been closely connected to governing bodies and statutory service providers. According to the member organisation claiming to represent the VCS in NI, the NI Council for Voluntary Action (NICVA), there are more than 4,500 organisations in the region. This number is corroborated by the Charity Commission for NI, the local regulatory body for the sector, which cited 5,060 organisations registered at the time of writing this report (Charity Commission Website). The sector is an uncertain one, with more than 74% of organisations anticipating a decrease in funding in the coming financial year, and an increase of 7.6 percentage points (since 2012) of organisations expecting to close services in the next twelve months (NICVA, 2016). More than 1/3 of organisations in NI perceived the political situation in NI to have a negative impact on their organisation, and public cuts were perceived to be the biggest threat to the sector in the coming year (NICVA, 2016).

In NI, the vast majority of the VCS has a local headquarters with a local remit. Only 6.7% of the VCS has headquarters based in the UK. This is distinctly different for the veteran sector, where almost 45% of the sector has a headquarters outside of NI. This is significant, given the differences in devolved service provision in the majority of areas, with a particular difference in the way health and social care is administered in the province. While some larger organisations have local branches with significant local knowledge, it is important to examine how much scope local branches have to influence policy and service provision, and whether or not a lack of understanding about NI policy and practice could lead to any challenges in providing locally appropriate services.

## 7.2 Development of the Veteran VCS

Of the 19 organisations identified as operating within the veteran VCS, half are locally developed organisations and the other half are outreach branches of larger, UK-wide charities. Historically, many of the larger, UK-wide organisations that provide support to veterans living in NI were established after conflicts such as WWI, with the aim of providing support to those who had suffered as a result of their service in the Armed Forces, and over the course of time have developed into major service charities. Other charities, such as H4H, were set up more recently to meet the demand of veterans returning from more recent conflicts in Iraq and Afghanistan.<sup>15</sup>

In many respects, the working of the veteran VCS in NI is similar to the operation of the sector in the UK mainland. This includes type of service(s) offered, niche memberships (e.g. limbless veterans), voluntarism

---

<sup>15</sup> H4H have since amended their eligibility criteria to include Wounded Injured and Sick veterans from any conflict (in addition to their family).

---

and collaborative work across sectors. Where the role and function of the sector may be more distinctive in NI, is in the acknowledgement and managing of those affected by the Troubles, particularly former UDR & R IRISH (HS) soldiers. Of the nine local organisations, the majority of these were set up as a result of the 'Troubles', to help those who may have been exposed to traumatic events, particularly during Operation Banner.<sup>16</sup> Following the Victims and Survivors (NI) Order 2006, the Victims and Survivors Service (VSS) was established to deliver support to victims and survivors identified under Article 3 of the Order as:

- those who have been injured (physically or psychologically)
- those who care for people who have been injured in this way; and
- those who have been bereaved.

Five of the local voluntary organisations included in this report are services that fall within the remit of VSS.<sup>17</sup> It should be noted that these organisations are services for victims and survivors of the Troubles, and as a result, their service provision extends to members of the wider security forces (including police and prison officers) as well as civilians.

The number of local charities offering services specifically to victims of the Troubles, including veterans of Operation Banner, may raise some issues around inclusivity, as younger ex-Service personnel or veterans of other conflicts (e.g. Iraq and Afghanistan) resident in NI may be *ineligible* for accessing help from most of their 'local' service organisations. However, it was noted that although these charities have a specific membership, they are all signposting organisations and will assist anyone who approaches them for help. The remainder of the locally established organisations (i.e. Andy Allen Veterans' Support NI (AAVSNI)), Beyond the Battlefield, Milibern Trust and The Somme Nursing Home) provide varied support services to Armed Forces veterans of any conflict.<sup>18</sup>

### 7.3 Impact of the Political Conflict on Veterans' Services in NI

During the last 30 years, the VCS has achieved a central position in public life in NI. It has become a respected interlocutor with government and is an advocate for marginalized sections of the community, and for those suffering from disadvantage and from the effects of violence (Birrell & Williamson, 2001). However, it is important to consider that given the residual post-conflict political and cultural environment in NI, there may be a degree of sensitivity/difficulty around voluntary services provision to former members of the security services.

Due to the legacy of the Troubles and a continued level of threat directed towards security services (BBC, 2015), an apparent reluctance in relation to seeking help may be prevalent among the veteran community. Extra vigilance around personal safety and security and a self-perceived fear among veterans about 'who they are speaking to' when engaging with service providers, acts as a major barrier for accessing help. This was reflected in a comment made by one voluntary organisation:

---

<sup>16</sup> Operation Banner was the longest continuous deployment in British military history, spanning 38 years.

<sup>17</sup> Castlehill Foundation, Military and Police Support of West Tyrone (MAPS), The Ely Centre and South East Fermanagh Foundation (SEFF) and Decorum NI.

<sup>18</sup> Beyond The Battlefield, Milibern Trust and The Somme Nursing Home also extend their service provision to include members of any ex-security service, including police and prison officers.

---

*We adopt a discreet 'low level approach' with new clients, in response to the potential sensitivities of the client. The needs of the client are assessed and there is an understanding that it may take some time for clients to fully 'open up' and engage with the organisation.*

It also creates problems for the wider voluntary sector as a whole; measuring the true size of the veteran population and assessing whether or not all needs are being fully met is fraught with difficulty, due to:

- Organisations having to be more 'hidden';
- Lack of willingness in veterans to come forward; and
- Complex issues around working with other agencies (e.g. information sharing).

As a result of the above difficulties, there is currently a lack of empirical evidence in relation to any level(s) of unmet need in NI. Therefore, any steps to improve support services and access to care in NI may be seriously hampered by this lack of information on the specific needs of the veteran community (e.g. health and wellbeing, social and economic circumstances, access to support services and issues related to transition back to civilian life). There is real risk that as service providers do not currently have this comprehensive evidence base of veterans' needs to call upon, they may not be able to adequately meet the current and future needs of veterans in the most effective and efficient manner. Note however that subsequent studies that form part of the overall NIVHWS will investigate and report on the current and future needs of veterans living in NI.

In relation to information sharing, some of the larger UK-wide charities in NI who are members of The Confederation of Service Charities (Cobseo)<sup>19</sup> use 'Right Now', a Case Management System which is a Cobseo system, where files can be shared across other organisations (note: this information sharing only takes place at Head Office level in some organisations). This method of information sharing is electronically secure and allows organisations to work collaboratively to further the welfare of their beneficiaries. Some organisations will ensure a client signs a 'Declaration' stating that they give permission for their information to be shared outside of the original organisation that they have approached. Other smaller charities were very vocal in the fact that they do not, under any circumstances, share client information with any other organisation due to data protection and client confidentiality.

Organisations in the VCS face a unique set of challenges in helping to ensure that there are no gaps in service provision, nor that there are any niche veteran groups that do not currently have access to any help or support. Moreover, reluctance among service providers to share client information could lead to a lack of cohesion amongst service providers over agreement and allocation of responsibility and role.

Greater understanding of the perceived barriers to accessing support services within the veteran community would assist the establishment of an evidence base and the development of tailored veteran support services and the appropriate targeting of resources. It could also help improve help-seeking behaviour so that ex-Service personnel in NI of all ages and service history backgrounds would be able to access services more freely with the aim of leading successful civilian lives after leaving the military, despite the more unique circumstances in which they live.

---

<sup>19</sup> Cobseo is open to charities who promote the welfare of the Armed Forces community.

---

## 7.4 Services available to Veterans in the VCS

As referenced in Table 2, there is an array of services available to veterans in NI that are delivered to meet varying health and wellbeing needs. These include:

- Befriending
- Respite/Residential care
- Training and employability
- Mental health services
- Grants/financial assistance
- Welfare
- Wellbeing
- Remembrance
- Advocacy.

Of note, most services offered across the veteran VCS are delivered free of charge.<sup>20</sup>

### 7.4.1 Befriending

Where befriending is provided, it is delivered by trained civilian and ex-Service volunteers with the aim of ‘reaching out’ to isolated veterans. The service ranges from telephone conversations to dedicated home visits and delivery is structured according to client need. Befrienders can also assist with providing transport to hospital appointments or other engagements. Befriending is only currently offered by the VSS organisations and, with the exception of Decorum NI (based in Greater Belfast), is located in western counties of Fermanagh and Tyrone. However, TRBL are developing a new *Branch Community Support* scheme, to include informal befriending (see Table 2), which could help to extend this service to the wider veteran population in NI.

### 7.4.2 Respite

Respite is delivered in two ways: short holidays/day outings for veterans and their families to enjoy time away together, or by way of giving caregivers a break away from their responsibilities. Through TRBL, a veteran (and their family) may stay at Bennett House in Portrush<sup>21</sup>, and AAVSNI offers eligible veterans respite in caravan accommodation at seaside village; Millisle. However, some restrictions are placed on access to short-break respite; veterans living in NI are only eligible to stay at TRBL site in Portrush, they cannot stay at other similar venues on the UK mainland. There is also a restriction placed on the length of stay (typically one week per visit) and the number of respite stays throughout the year. This is due to high demand for this service, which typically peaks during the summer months. Castlehill Foundation provides respite activities and The Ely Centre offers half and full-day carer<sup>22</sup> respite days, where carers can attend events or visit venues of their choice. At the Ely Centre, the respite days are limited to a maximum

---

<sup>20</sup> Certain organisations charge a nominal fee to beneficiaries who receive a particular service(s).

<sup>21</sup> Soldiers’, Sailors’ and Airmen’s Families Association (SSAFA) and The Royal Air Forces Association (RAFA) also refer their clients on to Bennett House if they are met with a respite request.

<sup>22</sup> Someone who cares for a victim of the NI Troubles.

---

of three outings per year due to funding. A number of unfunded events are also hosted by The Ely Centre such as coffee mornings where carers can gather together in an informal setting. Overall, a fair proportion of organisations either directly offer or can refer onwards for respite breaks and activities. However, as there appears to be heavy reliance on Bennett House as a respite location, particularly among the larger charities, there may be a ‘bottleneck’ and subsequent delay in meeting respite requests during times of high demand.

### 7.4.3 Training and employability

There is limited availability in training and employability qualifications/courses for veterans within the voluntary sector<sup>23</sup> in NI. Of the organisations that offer training to help veterans increase their employability, AAVSNI hosts an accredited instructor who trains veterans in gaining a Forklift operators’ licence; and within TRBL, veterans can also access *Civvy Street*, which is a Legion’s scheme funded by the Poppy Appeal, where funding is offered to pay for course fees or practical training courses (e.g. HGV licence training) in order to secure employment as a civilian. Castlehill Foundation and South East Fermanagh Foundation (SEFF) also offer workshops and cultural programmes, which include seminars and courses. The courses are skills-based with accreditation, vocational courses, plus some recreational courses and events.

### 7.4.4 Mental Health Services

Charitable organisations in NI play a significant role in meeting the mental health needs of the veteran population. It has been suggested that the veterans’ needs may be too complex for the primary care sector, but not complex enough for the community mental health services that deal primarily with severe mental illness. Consequently, the NHS may not be fully meeting the mental health needs of the veteran population (MacManus & Wessely, 2013) and this is where the Armed Forces charities come into play.

Veterans can access a variety of counselling and psychological therapies delivered by trained clinicians or counsellors across the voluntary sector. While this was not verified as part of this report, several of the service providers indicated that the therapies were evidence based and delivered by practitioners with accreditations from relevant professional bodies. The main voluntary provider of mental health services to veterans in NI is Combat Stress. Through Combat Stress, veterans are able to engage with clinical services provided either within NI or at dedicated treatment centres on the UK mainland. In 2016, new referrals from NI represented 3.11% of total referrals from across the UK. The Combat Stress’s Community Outreach team<sup>24</sup> is based at ‘Hub and spoke’ clinics across NI. Main Hubs are based in Omagh and Belfast, with ‘spoke’ clinics in Coleraine, Dungannon, Enniskillen, Portadown, Antrim, Bangor and Londonderry. The clinics provide assessment and short-term interventions for issues such as depression, anxiety and anger. Additional services include an occupational therapy led community group workshop based on resilience and psycho-educational groups, each covering a different subject.<sup>25</sup> Veterans from NI can also be admitted to any of Combat Stress’s three treatment centres for a six-week PTSD intensive treatment

---

<sup>23</sup> It should be noted that the RFEA, an employment charity, is in operation within NI and provides job-finding assistance to all ex-Service personnel; this can be accessed for the duration of a veteran’s working life. RFEA work collaboratively with the CTP. CTP support is provided to Service leavers from two years prior to discharge to two years after discharge.

<sup>24</sup> Outreach Team consists of two community psychiatric nurses, an occupational therapist, a Consultant Psychiatrist, and a Cognitive Behavioural therapist.

<sup>25</sup> Subjects may provisionally include: medication management, pain management, sleep hygiene, anger/mood problems, and lifestyle choices.

---

programme, based on the first programme space becoming available. Routinely, veterans from NI are referred to Hollybush House in Scotland, which is linked to the community outreach team. Combat Stress covers veterans' travel costs when referral to a treatment centre is made. Additionally, veterans can avail of the Combat Stress helpline – a 24/7 telephone service providing free confidential advice on mental health issues.

Although Combat Stress deals with mental health issues, they are not an emergency service. If a veteran is presenting with suicidal ideation and requires immediate acute care, the case is referred to statutory health services until the crisis situation is resolved (this is reviewed on a case by case basis). When acute treatment has finished and the client is deemed stable, they [the veteran] can then be referred back to Combat Stress either by the NHS or self-referral, where therapeutic work can take place.

Other organisations that offer mental health services<sup>26</sup> deliver various treatments and therapies, including: Person Centred Therapy; Cognitive Behavioural Therapy; Clinical hypnosis, and/or Eye Movement Desensitisation and Reprocessing.<sup>27</sup> Before formal treatments can commence, pre-clinical assessments are conducted with the veteran to collaboratively establish individual need. Common disorders/issues that veterans present with are:

- PTSD
- Depression
- Anxiety
- Anger
- Substance abuse
- Adjustment disorder

There are some restrictions placed on duration of treatments<sup>28</sup> and when demand is high, there are delays between pre-clinical assessment and first treatment session(s). Due to an increasing need for mental health services, some organisations have secured satellite premises to meet demand from veterans living outside of the Belfast catchment area. Mental health services for veterans can be accessed across all counties in NI, with the exception of County Down.<sup>29</sup>

### 7.4.5 Grants/financial assistance

Small grants are available to veterans who require financial assistance.<sup>30</sup> These grants are to provide help for welfare related issues and can include payment for white or brown goods, rent, utility bills and food vouchers.<sup>31</sup> Grants programmes aim to cover most requests, however there are exceptions to this.

---

<sup>26</sup> AAVSNI, Beyond the Battlefield, Decorum NI, The Ely Centre, and SEFF.

<sup>27</sup> This list is not exhaustive.

<sup>28</sup> At The Ely Centre, counselling sessions are limited to 16 per year, however, exceptions can be made.

<sup>29</sup> There is currently only one organisation, MAST (Mourne Action for Survivors of Terrorism) based in Killeel, funded by the VSS, which offers social support to veterans and their families in the County Down area.

<sup>30</sup> Please note, ABF-The Soldiers' Charity, alongside a number of Armed Forces Benevolent Funds (see Funding section below), operates within NI in a manner allowing voluntary organisations to seek information in order to almonise funds on the veterans' behalf.

<sup>31</sup> In the case of food vouchers, beneficiaries must provide receipt(s) of purchases. Alcohol and tobacco products are prohibited items.

---

ABF-The Soldiers' Charity, for example, does not cover legal, medical fees, or memorials or headstones for funerals. Within TRBL, charitable organisations with an initiative/scheme for veterans whose needs are not currently being met by the TRBL can apply for funding to develop and set-up their initiative(s). Any proposed scheme/initiative must not have any overlap with existing TRBL activities and is required to be in line with the TRBL's objectives and be an extension of their model of welfare delivery. A committee assesses applications and funding is approved/rejected on a case-by-case basis.

## 7.4.6 Welfare

All voluntary organisations provide a welfare service to veterans in the form of practical advice and/or signposting. Across organisations, volunteers or trained advisors provide free, impartial and confidential advice on:

### *Housing*

Several charitable organisations provide housing assistance for military veterans. The Milibern Trust, based in Belfast is an independent Trust financed, in the main, by the Irish Sailors and Soldiers Land Trust and provides self-contained one bedroom/bedsit accommodation. Each apartment has its own fully fitted kitchen and bathroom, a bedsit living room or one separate living room and bedroom. Tenants live independently but there is an on-site warden available should support and guidance be required. Currently Milibern Trust has a maximum of 24 units and potential tenants are assessed by means of application form. Haig Housing also provides housing assistance to ex-Service people and/or their dependants. Applications are assessed using a points system, which combines Service Points and Need Points. Priority is normally given to those with greatest need except where this would lead to unsustainable tenancies, inappropriate use of the housing stock or unstable communities. Properties are situated in Mount Merrion Avenue, a housing estate based in Belfast consisting of 20 3-bedroom houses.

### *Social security and benefit(s) entitlement*

This is the most widely available welfare advice given by voluntary organisations. In some cases, home visits are also provided, where a trained advisor can visit a veteran in their home to discuss their social security entitlements and/or help with form-filling as required. SEFF also hosts monthly surgeries delivered by the Veterans Welfare Service of Veterans UK, where clients can get help and advice about their pension welfare entitlements.

### *Compensation*

At TRBL, a part-time War Pensions advisor based in NI offers representation for war pension and Armed Forces compensation tribunals.

### *Drop-in Service*

Some organisations allow for more informal 'drop-ins' where a veteran can seek immediate advice in an informal manner. This can only be offered if organisations have tangible office premises that veterans can

---

visit. TRBL has a dedicated ‘pop-in’ centre in Belfast city centre, which is open throughout the week (closed at weekends), and offers immediate practical support and advice. No pre-appointment is necessary for any informal drop-in service.

### *Signposting*

Organisations will also engage with other organisations (military and statutory) for signposting purposes, including housing, mental health services, and debt management.

### *Wellbeing*

Some organisations offer services aimed at helping veterans to relax and improve their wellbeing. Specifically, these include complementary therapies and entertainment/recreational activities. Some organisations offer a range of complementary therapies, including:

- Reflexology
- Indian head massage
- Ear candling
- Neck/back massage

Before accessing these services, clients must attend a consultation session to ensure that there is no underlying health condition that could affect treatment outcome.<sup>32</sup> The Not Forgotten Association NI is a tri-service charity, which provides entertainment and recreation for eligible beneficiaries.<sup>33</sup> Throughout the year, beneficiaries are able to attend various events such as luncheons, concerts, and outings, where they can meet and socialise with other veterans. The Association works closely with The Somme Nursing Home to ensure that elderly residents are also able to attend events.

### *Remembrance*

The main voluntary organisation dedicated to Remembrance is TRBL. The charity is committed to helping everyone understand the importance of Remembrance. Their poppy branding, which symbolises Remembrance and hope, is widely known across GB and NI. The Legion, remembers those who fought and died as part of the British Armed Forces. These events include commemorations and remembrance services related to:

- Battle of the Somme
- WWI Centenary
- VE Day
- The Dambusters
- D-Day
- Battle of Britain
- VJ Day

---

In NI, TRBL hosts events throughout the year, including the NI Festival of Remembrance, which is held annually at The Waterfront Hall (the 2016 event took place on Saturday November 12<sup>th</sup>). As the year 2016 marked the 100<sup>th</sup> anniversary of the Battles of Jutland and of the Somme, the Festival paid special tribute to, and commemorated, those killed in service in those specific conflicts. Other organisations, specifically Castlehill Foundation, SEFF and The Ely Centre, engage in Remembrance events related to those who lost their lives during the Troubles.

### *Advocacy*

There is advocacy support available to veterans wishing to engage with official bodies and statutory agencies. The VSS-funded organisations provide support for veterans seeking advocacy and legal support. These organisations have established working relationships with several victims' advocacy organisations (e.g. WAVE Trauma Centre) who have years of experience in providing advocacy support to victims and survivors of the Troubles. Within SEFF, Advocacy for Innocent Victims provides advocacy-based support for innocent victims and survivors of Troubles related violence. Support includes helping individuals to engage with public bodies and investigative organisations, such as the Police Service NI Ombudsman and the Garda Síochána Ombudsman Commission, and provides advice and support throughout legal and civil proceedings. Advocacy services are also offered by one other non-VSS organisation, Beyond the Battlefield. They engage in appealing tribunals and lobby government for change in the veterans' best interests.

### *Additional services*

Alongside the permanent services offered by voluntary organisations, several organisations also run some additional services. These services/activities can be project-based or seasonal and be subject to sufficient client uptake. Table 3 presents a description of these services.

**Table 3: Additional Services Offered by Charitable Organisations**

<i>AA Veterans' Support</i>	Established an ICT suite offering ICT training for veterans
<i>MAPS</i>	Volunteers now trained on Listening Ear and MAPS are seeking training on the PIP <sup>1</sup> changeover.
<i>Milibern Trust</i>	Coffee mornings are held in the winter and bus outings are organised for the summer.
<i>The Ely Centre</i>	<ul style="list-style-type: none"> <li>∞ Horticulture</li> <li>∞ Guest speakers</li> </ul>
<i>The Not Forgotten Association</i>	∞ Information coffee mornings/evenings.
<i>The Royal British Legion</i>	<p>∞ <b>Outreach programme</b></p> <p>TRBL offers an outreach programme at various locations in Northern Ireland, subject to local demand. The programme is kept under constant review to ensure the best and most proficient use of resources, mapped against beneficiary need.</p>
	<p>∞ <b>Branch Community Support</b></p> <p>TRBL is developing a community outreach service, where members of the public can be the 'eyes, ears and voice on the ground' for those in need. This includes: Legion Awareness Events and Local Touchpoints (e.g., coffee mornings, providing information and raising awareness of the TRBL in your local area); Telephone buddies (informal befriending, being someone to talk to over the telephone); Home and Hospital visits (informal befriending for those individuals who may have no immediate family/friends); Bereavement Support (being a companion in times of bereavement).</p>
	<p>∞ <b>External grant scheme</b></p> <p>An initiative/scheme for veterans whose needs are not currently being met by the TRBL can apply for funding. The scheme would need to be in line with the TRBL's objectives and be an extension of their model of welfare delivery.</p> <p>Individuals with a proposed scheme/initiative (which is aligned to the TRBL's governing objectives and an extension of their model of welfare delivery), which will be of benefit to Legion beneficiaries, may apply for funding. A committee assesses applications and funding is approved/rejected on a case-by-case basis.</p>

<sup>1</sup> Personal Independence Payment

---

## 7.5 Accessibility and visibility of the veteran VCS

Although the majority of organisational headquarters/offices are situated in the Greater Belfast area, most organisations offer their services to eligible veterans residing across NI. However, this means that for certain services requiring face-to-face contact (e.g. ‘in-house’ counselling), a beneficiary living outside of the Greater Belfast area would be required to travel to access these services. TRBL offers an outreach programme at various locations in NI, which are subject to demand. There are also 78 TRBL ‘branches’ across NI, however these local branches operate as independent businesses and do not feature in the delivery of TRBL services. Should someone contact a local branch, they would be referred to one of three touch-points: online, face-to-face or via the contact centre. The Royal Air Forces Association (RAFA) also has 13 branches situated across NI. All of the organisations offer tri-service<sup>34</sup> support with the exception of RAFA.

### 7.5.1 Locations

Twelve of the nineteen military organisations registered with a charity number in NI are located within the Greater Belfast catchment area. Four of these<sup>35</sup> are located within the War Memorial Building in central Belfast. Of the five VSS-funded organisations directly providing support to veterans, four<sup>36</sup> are located in Counties Fermanagh and Tyrone, and Decorum NI is located in Bangor. Blind Veterans UK and BLESMA are the only two organisations that do not have a physical presence in NI, but still provide a specific service to veterans residing in NI.

### 7.5.2 Opening hours

All military charities are open during weekdays; specific opening hours for each organisation vary slightly but most operate ‘traditional’ business hours, 09.00 – 17.00, with early closing on Fridays. However, as some organisations are run entirely by volunteers opening hours can change without notice. None of the voluntary organisations are open evenings or weekends.<sup>37</sup> However, some of the larger, UK-wide charities (TRBL, Soldiers’, Sailors’ and Airmen’s Families Association (SSAFA), Combat Stress) have national helplines that are in operation 7 days a week<sup>38</sup> for veterans needing support or advice during unsociable hours and weekends. Furthermore, TRBL has an online knowledge base, which aims to address most FAQs and a ‘Live Chat’ online window, which is in operation 08.00 - 20.00, 7 days a week. TRBL is supplementing this service, leading the consortium involved in the development and implementation of the Veterans’ Gateway. This range of online, telephone and face-to-face services aims to provide the first one-stop-shop for veterans across the UK, acting as a mechanism for guided self-help, signposting and providing emergency contact information.

### 7.5.3 Publicity

All of the military charities engage in public relations for awareness, promotional and fundraising purposes. Each organisation has a dedicated website or some form of web presence, which clearly details their

---

<sup>34</sup> Royal Navy (including Royal Marines), Army and Royal Air Force.

<sup>35</sup> Combat Stress, SSAFA, H4H and RAFA.

<sup>36</sup> Castlehill Foundation, Military and Police Support of West Tyrone (MAPS), SEFF and The Ely Centre.

<sup>37</sup> Veterans can be seen on evenings and weekends in some organisations with prior appointment and most have an ‘out-of-hours’ voicemail service/email address where urgent messages can be attended to.

<sup>38</sup> Combat Stress helpline is open 24 hours a day.

---

---

purpose, location, services and contact details. Some also have Facebook pages and Twitter accounts that are regularly updated with upcoming events, fundraising initiatives and information sharing. Many organisations will be seen at special military-related events, such as Armed Forces Day, distributing leaflets, selling merchandise and engaging with the general public. TRBL's Annual Poppy Appeal, which is widely promoted in NI, continuously raises more than one million pounds each year and in 2016, generated more than £1.2 million. There is some variability in the outer façade of organisations' premises with regards to their branding. Some military organisations are housed in relatively discreet buildings with little obvious signage, while other organisations, such as TRBL, operate from a heavily branded Pop-In Centre, located in Belfast city centre, which is used by veterans on a daily basis.

#### 7.5.4 Eligibility and needs assessment

Eligibility criteria are the means by which military organisations decide whether an individual is entitled to access their services. All military charities in NI offer tri-service<sup>39</sup> support, with the exception of RAFA, who only offer support to serving and ex-Service Royal Air Force personnel. For the majority of the organisations, service users are deemed eligible if they are serving or have served in the Armed Forces<sup>40</sup>, are dependants (including spouses/partners) of someone who is serving or has served, or are carers of someone who is serving or has served. Priority is given based on the level of need assessed at the time of referral.

Most organisations provide services to veterans of any conflict, however VSS-funded organisations stipulate more specific eligibility criteria based on the 2006 Victims and Survivors Order. Their guiding principle is to meet the needs of those who served in the military (and other security services) during the 'Troubles'.

Further differences in eligibility criteria relate to how some charities *define* a veteran. The MOD defines a veteran as anyone who has performed military service for at least one day and drawn a day's pay. However, TRBL for example, defines a veteran as anyone who has worked and received pay for seven days' service in the Armed Forces. Therefore, a beneficiary must have worked for at least seven days, not just one, in the Armed Forces before they are eligible to access TRBL's services. As noted by Pozo and Walker (2014), a study conducted by King's Centre for Military Health Research, part of King's College London, found that the way UK ex-Service personnel self-identify does not align with the official UK government definition. Those who identified themselves as veterans were more likely, for instance, to have served as regular personnel rather than in the Reserve Forces. Different conceptions of the term *veteran* – in particular the regular failure for reservists to identify as veterans – may inhibit some individuals from accessing the support they need. This can be an important issue in a time when one stakeholder interviewed during this review reported a "marked increase" from Reserve personnel asking if they could get help. Moreover, statistics have revealed that by 2020, there will be more reservists than veterans across the UK.<sup>41</sup> Most recently, Lord Ashcroft, was critical of the UK government's definition, recommending that the MOD '*should re-examine this and refine the criteria to produce an acceptable qualification with greater credibility and exclusivity*' (Ashcroft, 2014, p. 24).

---

<sup>39</sup> The Royal Navy (which includes the Royal Marines), the British Army and the Royal Air Force.

<sup>40</sup> Including Reservists.

<sup>41</sup> These statistics are sourced from internal research produced by SSAFA.

<sup>42</sup> BLESMA and Blind Veterans UK.

Where charities target a specific veteran group (e.g. limbless, sight problems<sup>42</sup>), this too is reflected in their eligibility criteria. Eligibility for Ordinary Membership of BLESMA includes serving and ex-Service men and women who, whilst serving or as a result of their service in any branch of Her Majesty's Forces or Auxiliary Forces, have lost a limb or an eye, have suffered permanent loss of speech, hearing or sight of an eye or the use of a limb. To meet the eligibility criteria for Blind Veterans UK, an initial needs assessment is carried out by a qualified ophthalmologist or internally at the Blind Veterans UK medical clinic in London.

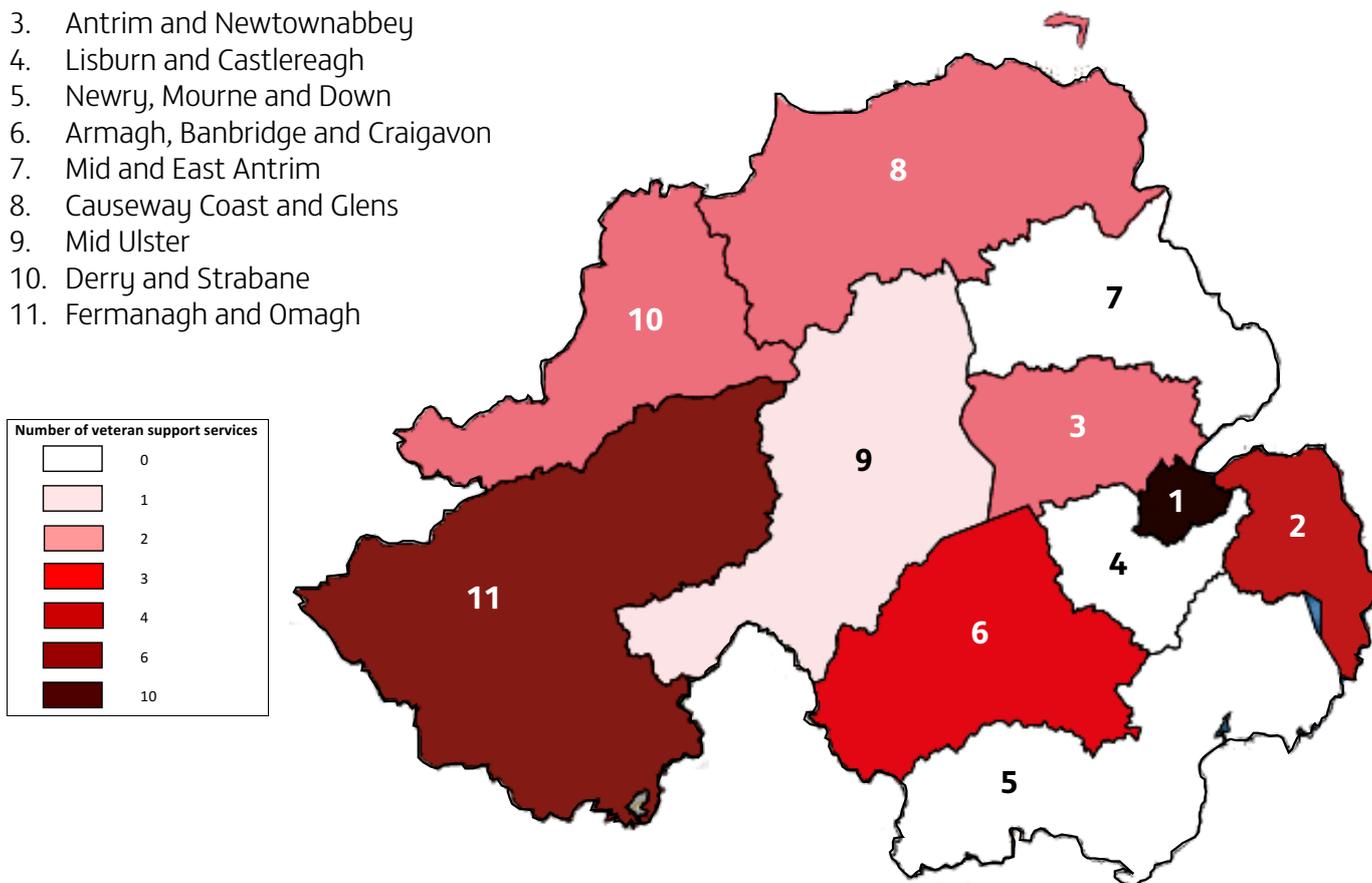
### 7.5.5 Geographical coverage

All of the military charities welcome eligible veterans living across NI. Practically, based on the individual location of each organisation, there is limited geographical coverage of service provision. Figure 6 below is a choropleth of organisations by geographical location across NI.

**Figure 6: Geographical Heat-Map of Veteran Charities across Northern Ireland**

**Local Government Districts:**

1. Belfast
2. North Down and Ards
3. Antrim and Newtownabbey
4. Lisburn and Castlereagh
5. Newry, Mourne and Down
6. Armagh, Banbridge and Craigavon
7. Mid and East Antrim
8. Causeway Coast and Glens
9. Mid Ulster
10. Derry and Strabane
11. Fermanagh and Omagh



---

The majority of organisations are clustered within the Greater Belfast catchment area. This may be a problem for those veterans (and their families) who do not reside within Greater Belfast, or are not able-bodied, as they may have difficulty accessing services that are offered 'in-house', especially psychological and counselling therapies which require the beneficiary to attend an organisation in person<sup>43</sup>.

The larger military charities that have a permanent presence in NI (Combat Stress, RAFA, SSAFA, TRBL and H4H) all have outreach systems in place to ensure that eligible veterans who make contact with their organisation can get initial assistance in their own homes, irrespective of their geographical location. This is done via case-workers and a network of volunteers. In the case of H4H, there is a Band of Brothers/Band of Sisters<sup>44</sup> co-ordinator based in Belfast who is a point of contact for the beneficiaries. Combat Stress runs both 'hub and spoke' clinics across NI. SSAFA has seven regional divisions across NI, alongside two head offices in Belfast and Londonderry. When a potential beneficiary makes contact with SSAFA, head office contacts a local volunteer case-worker who will make a home visit to establish the client's need. At TRBL, those that need onward referral are mainly seen at the Area Office (or at an outreach location). At RAFA, local volunteers also visit clients to ascertain eligibility<sup>45</sup> and client need. SSAFA, H4H<sup>46</sup>, TRBL and RAFA all utilise a Form 'A'<sup>47</sup> where case-workers collate information about the beneficiary (including financial status of the individual, i.e. income versus expenditure), their specific request for help, and the estimated cost of meeting the client's need.

In most instances, cases are means-tested and home visits allow for case-workers to deem whether or not there is genuine need. If no genuine need is detected, cases can and will be refused. Common types of assistance include welfare issues where the beneficiary requires some financial assistance to acquire items such as white goods, electric scooters or home adaptations (e.g. wet room installation), and help with accessing mental health services. If SSAFA, TRBL, or RAFA cannot directly meet a beneficiary's need, their assistance can come in the form of knowing which organisations are in the best position to provide the specific specialist help that is required, and each charity will signpost or arrange further action accordingly.

### 7.5.6 Client base

Military charities throughout NI have client bases that reflect the size and scope of their organisation.<sup>48</sup> TRBL, which is the largest charity, reported having dealt with 3,058 incidents in NI between 1<sup>st</sup> October 2014 - 30<sup>th</sup> September 2015. Main categories of incident included: comradeship, fundraising, volunteering, welfare, and other categories (e.g. remembrance, procurement). Welfare related incidents made up 40.7% of the total raised incident count, and 209 grants were issued in NI, in the same time period. SSAFA and RAFA reported having both dealt with between 300-500 cases within the last twelve months.

Of the smaller organisations offering support to veterans of any conflict, AAVSNI has a client base of 95. This charity has seen a steady increase in enquiries from ex-Service personnel who are veterans of modern conflicts such as Iraq and Afghanistan, as well as the traditional Operation Banner and Kosovo conflicts.

---

<sup>43</sup> Due to increasing demand from eligible personnel living outside the Belfast Catchment area, AAVSNI has set up satellite counselling hubs in both North Down and within the Ards-Strangford Peninsula.

<sup>44</sup> Band of Brothers (fellowship of veterans, both male and female), Band of Sisters (fellowship of veterans' spouses/partners, both male and female).

<sup>45</sup> Normally relevant discharge papers and documents proving Royal Air Force service are required.

<sup>46</sup> SSAFA also complete Form 'A' requests on behalf of H4H.

<sup>47</sup> Form 'A' is a standardised form that is used to gather details about the beneficiary and their needs at the initial contact stage.

<sup>48</sup> All figures given for client base are an approximation only and reflect the last twelve months.

---

BLESMA and Blind Veterans UK, who are not permanently based in NI, have a modest client base, but both reported having received new referrals within the last twelve months.

The VSS-funded organisations noted having large client bases. Of the 1,287 beneficiaries registered at The Ely Centre based in Enniskillen, approximately 80% are veterans and their families. Similarly, the Military and Police Support of West Tyrone (MAPS), based in Omagh, currently has 944 beneficiaries with over 2,000 'drop-ins' annually. In the last year, SEFF had an approximate client base of 225 veterans with approximately 40 new referrals within the same time period. This may indicate that there is a large proportion of UDR & R IRISH (HS) veterans residing in the western counties of NI.

## 7.6 Organisational structures in the Veteran VCS

The main purpose of all the charities is to continue to meet the needs of veterans (and their families) who have either suffered as a result of the Troubles or who require extra support during and after their transition from military to civilian life. This enduring vision is also captured in the plans that organisations have for meeting future needs within the veteran community and for improving the overall quality of service provision within the veteran VCS. However, the delivery of these services varies based on the size, function and foundation of each organisation.

### 7.6.1 Mission and purpose

Each of the organisations outlined in the report have unique aims and mission statements, though the theme of 'making a difference' to the lives of veterans and their families throughout NI featured consistently in the mission and purpose of service charities. Other shared goals among service charities include:

- **Enablement** – encouraging veterans to lead independent and fulfilling lives despite physical and/or psychological injury;
- **Health promotion** – ensuring veterans and their families get the right help and support to suit their individual needs;
- **Participation and involvement** – tackling loneliness and isolation amongst veterans;
- **Remembrance** – particularly pertinent to TRBL, remembering and commemorating the fallen;
- **Promoting best practice** – building a culture of 'togetherness' between organisation and beneficiary.

Charities have also identified similar causes of adversity or barriers to service provision. Several main areas for future improvement have been identified by charities as follows:

### Communication

Strengthening working relationships and developing strategic alliances with relevant bodies (as appropriate) and other military units, and increasing further engagement activities.

---

## Information awareness

Continue to publicise the veteran VCS in NI and promote the work that is done through policy development and lobbying for change.

## Creating financial stability

Targeting longer term funds and developing social development enterprises in order to secure longer term financial stability.

### 7.6.2 Size

The size of the veteran VCS in NI is dramatically smaller in comparison to the rest of the UK. In England, Scotland and Wales, 2,237 Armed Forces charities were registered with the Charity Commission for England and Wales and/or with the Office of the Scottish Charity Regulator at the time of writing this report. This is compared with 19 registered Armed Forces charities in NI.<sup>49</sup> A report commissioned by FiMT in 2014 (Poza & Walker, 2014) looking at UK Armed Forces Charities noted that the registration process with the Charity Commission for NI was still at a very early stage of development. Similarly, within this report, although a comprehensive search was conducted to identify service charities, it is possible that there may be more than 19 charities in operation throughout NI. The current landscape of the veteran VCS in NI is reflected in a comment from Lord Ashcroft in his Veterans' Transition Review,

*[These] charities range from the extremely large, such as one with an income of over £130m, to one-person ventures. They cover a huge spectrum of need, are a mix of general and niche provision, national and local organisations (Ashcroft, 2014, pp. 128 & 132).*

It is important to note that the veteran community is not a homogenous whole. Veterans have their service history in common, but beyond that their experiences and needs branch off in a number of directions. For example, there will be veterans who have both served and remained resident in NI, and others who live in NI but served elsewhere. Further research will determine whether there is enough voluntary service provision to meet the complexity of demand(s) from the veteran population in NI.

### 7.6.3 Funding

The exact income and expenditure details of each military charity are not provided in this report.<sup>50</sup> Typically, all of the charities actively engage in raising money through public donations and fundraising activities. Charities also sell merchandise (e.g. wristbands, clothing etc.) at military-related events such as Armed Forces Day. Other community organisations can and do select Armed Forces charities as their nominated charity and any monies raised through local events are donated to that charity.

---

<sup>49</sup> TRBL, RAFA, SSAFA and Combat Stress are also registered with the Charity Commission for England and Wales and Office of the Scottish Charity Regulator.

<sup>50</sup> Localised breakdown of funds could not be provided due to complexities around budgeting and expenditure or for reasons of confidentiality.

<sup>51</sup> The Milibern Trust and The Somme Nursing Home.

---

Two military charities are primarily concerned with providing accommodation<sup>51</sup> and their income is derived from rent and care fees paid by residents or other third parties (e.g. Local HSCT). Although income raised by public donations accounts for only a small percentage of their overall funding income, these organisations still actively seek to raise as much additional funding as possible.

Of the larger multi-million UK-wide charities, TRBL raises funds through various channels including: the annual Poppy Appeal (which consistently raises over £1 million each year in NI alone, and nationally the current year's Appeal total is in excess of £44 million); donations and legacies; events, and other sources of income such as direct marketing (e.g. posting optional donation envelopes to households). RAFA also holds an Annual Wings Appeal, which raised approximately £120,000 in 2015, alongside attending numerous military events for fundraising purposes. SSAFA in NI is not centrally funded and raises all their funds locally.

The five VSS-funded charities are primarily funded by the VSS to deliver services and support in local areas for victims and survivors of the Troubles, however, other benefactors include:

- Big Lottery Fund;
- Ulster Scots Agency; and
- District councils.

Service organisations can also receive funding in the form of grants from Armed Forces benevolent charities and funds. Grants given to charities help contribute towards the costs of meeting a welfare need (e.g. home adaptations and white goods). It is important to note that the typical service fund is not an active fundraising charity and it does not receive donations from the general public. The income of service funds derives to a large extent from their charitable activities, such as charges for the services provided or membership subscriptions paid by beneficiaries themselves (Pozo & Walker, 2014).

There are a number of service funds in operation in NI that veteran support organisations can seek to access (e.g. RAF Benevolent Fund, UDR Benevolent Fund, ABF-The Soldiers' Charity). In NI, SSAFA, RAFA and TRBL all engage in case-working. These charities 'almonise' money from a variety of different sources to fund a beneficiary's need(s). As discussed in the *Welfare* section, these charities can directly interact with beneficiaries by making home visits to veterans and assessing and making recommendations, based on the nature of the need(s). There is not a 'one size fits all' approach across charities in relation to almonisation cases, with each adopting different organisation-specific procedures. After consulting with SSAFA, RAFA and TRBL, there was clear acknowledgment that Service funds are relatively flexible in their approach to giving out grants for the bespoke needs of eligible individuals.

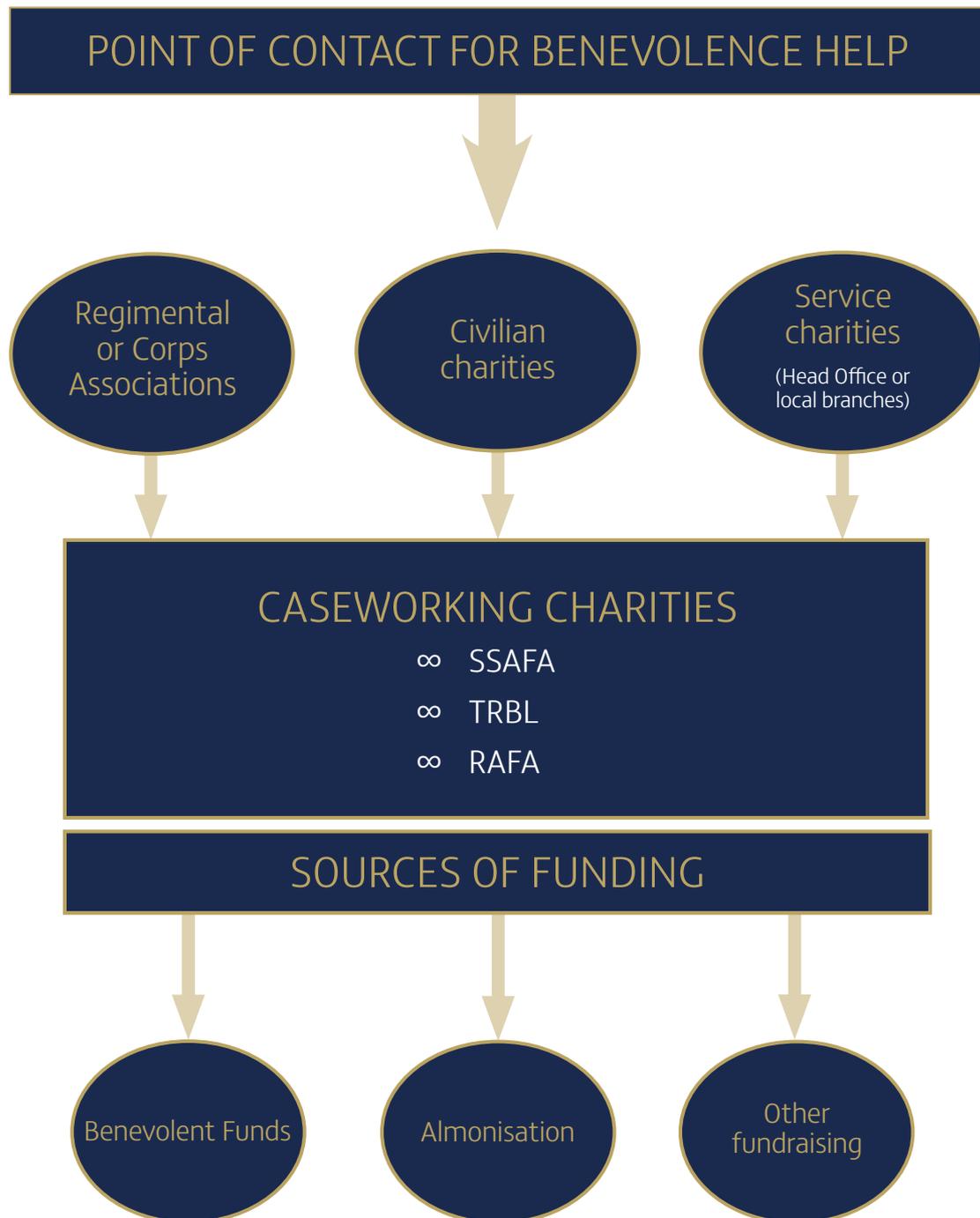
The initial point of contact for benevolence help can also be accessed through a veterans' Regimental or Corps Association or other non-military charities. ABF-The Soldiers' Charity, which is the national charity for the British Army (for example) does not directly deal with clients, they utilise SSAFA and TRBL to conduct case-work.<sup>52</sup> Any direct approaches [to ABF-The Soldiers' Charity] would be directed back to the same. Irrespective of how cases are identified, SSAFA, RAFA and TRBL are main organisations who conduct the case-work on behalf of the beneficiary. These organisations assess the need and receive the funds from other charities, which

---

<sup>52</sup> 60-70% of case-work grant applications to ABF-The Soldiers' Charity comes via SSAFA.

is all part of the process of almonisation. In the context of NI, on average, SSAFA almonises approximately 100k annually and in the case of TRBL, all almonisation is carried out centrally by the Central Grants Team. The Central Grants Team is based at TRBL's head office in London. The process of benevolence funding is presented in Figure 7.

**Figure 7: The Process of Benevolence Assistance in Northern Ireland**



---

## 7.7 Looking to the future

With regard to future plans and potential challenges, the most common concern was related to funding. Associated with this is the stated fear that charities will lose their relevance due to a perceived decline in public interest in the veteran community. Funding remains as a potential constraint on services, but this is a concern held by the wider VCS as a whole. A report conducted by the NICVA (2016) found that 66.3% [of respondents working in the VCS] expected the economic condition of the VCS to worsen throughout 2016 due to unprecedented funding cuts experienced in recent years.

Voluntary organisations in NI provide a good range of services for veterans and their families.<sup>53</sup> The findings of this Scoping Review indicate that there are organisations within the VCS which deliver essential services and have the funds and resources to dedicate to the objective. Other smaller organisations are also able to provide valuable services with the help of public support through donations. The voluntary sector also acknowledges the complexity of their client group and TRBL, one of the main service charities operating in NI, raises this in their Ireland Area Plan (2015) for NI:

*The unique and complex political landscape in NI, and the completely separate jurisdiction of the Republic of Ireland, mean that delivery of national Legion campaigns in this particular area is often impossible to achieve in the same way as elsewhere. The Representation function is equally important but it warrants a refined approach, one that recognises the distinctly different operating environment. (p.2)*

Further challenges for the voluntary sector include a declining veteran population, with the exception of the 85+ age cohort<sup>46</sup>, which can lead to increasing costs, for example, through care home fees or complex medical home adaptations. There is an imbalance in geographical spread of organisations with most being located in Greater Belfast. However, relationships within the sector for referral purposes (both formal and informal) seem to be collaborative and co-operative. The veteran VCS is passionate and keen to engage with veterans and in most cases, is well placed to do so in terms of experience (e.g. ex-Service experience). Moreover, previous research has found that veterans prefer to engage with doctors and other healthcare professionals who themselves have an ex-military background (Iversen & Greenberg, 2009; Stecker, Shiner, Watts, Jones, & Conner, 2013). By working with veteran-led voluntary services, veterans may benefit from a network of service providers with a knowledge of local issues and experience of working with trauma.

---

<sup>53</sup> For a full at-a-glance summary of voluntary support organisations for veterans, see Appendix 4. For individual service summaries for each voluntary organisation, also see appendices 5-22.

<sup>46</sup> Internal SSAFA publication.

---

## Key Points:

- Organisations in the veteran-specific VCS provide a wide range of services which directly supplement available statutory services.
- Welfare and financial support are central to many of the organisations delivering services to veterans.
- Nearly half of the VCS in NI is comprised of local branches of UK-wide organisations.
- Smaller branches and local organisations are staffed by volunteers and face difficulty in maintaining extensive opening hours or delivering consistent drop-in services outside business hours.
- The biggest issue facing VCS organisations in NI is funding, and a perceived decline in public interest in veterans' issues.
- There is a need to brace for future service need which addresses declining funding and an aging population.

---

## 8.0 Communication between Voluntary and Statutory Sectors

### Overview:

- Overview of the formal information sharing channels in the veteran sector in NI
- Information on referral pathways and communication between organisations
- Challenges and conflicts in communication between sectors

Communication between the voluntary and statutory sectors is regarded as a crucial point in the appropriate administration of services to veterans in NI. Effective communication stands to serve a number of functions: ensuring optimum service delivery and resource sharing; preventing overlap and duplication; promoting efficiencies in resource allocation and distribution; and making best use of available evidence and best practice. Communication across and within these sectors also has the potential to relay the needs of the veteran community to policy-makers, and promote accountability and good governance to agencies supporting this population. In a devolved region of the UK, such as NI, there are additional layers of communication channels; for example, the MOD houses the Minister for Veterans, but the NI Assembly has full responsibility for the provision of support and services to veterans. This overlap creates a poor understanding amongst the veteran population, and in some cases service providers and policy-makers, and makes the communication across government bodies and statutory service providers just as complex and important as those information sharing networks which span sectors.

### 8.1 Formal Information Sharing Networks

There are a number of formal mechanisms in place to facilitate information sharing and referrals between charities, and between the voluntary and statutory sectors. These mechanisms will be discussed in this section, and recommendations on further development of these communication pathways will be detailed in the discussion section at the end of the document.

#### 8.1.1 Confederation of Service Charities (Cobseo)

Cobseo was established in 1984, becoming a company by limited guarantee in 2004. It is comprised of 17 (mainly) UK-wide charities providing support and advice to serving members of the Armed Forces, veterans, and their families. It has a permanent executive committee as well as several elected members.

The committee aims to “represent, promote and further the interest of the Armed Forces Community by:

- Exchanging and coordinating information internally.
- Identifying issues of common concern and coordinating any necessary and appropriate action.
- Acting as a point of contact for external agencies to the members of Cobseo.
- Representing and supporting the needs and opinions of its member organisations, individually and collectively at central and local government levels and with other national and international agencies” (Cobseo, 2017).

---

Cobseo meets at least four times per year, with an additional Annual General Meeting. In addition to these meetings, the committee is represented on a range of policy-making bodies where they represent the interests of the sector to statutory agencies. These include the Cabinet Office Covenant Reference Group, MOD and Service Charities Partnership Board, Veterans UK Customer Advisory Group, Compensation Scheme Central Advisory Group, Veterans Advice and Pensions Committees, and several others. At present, there is representation in Cobseo from the UK-wide charities operating in NI, but no charities specific to the region have full membership.

### 8.1.2 Northern Ireland Veterans Support Committee (NIVSC)

In anticipation of particular needs of veterans living in NI, the NIVSC was established and housed within the Reserve Forces and Cadets Association (RFCA) under its Chief Executive. It is comprised of a number of large, UK-wide service charities, and other service providers in the veteran sector. Its stated aim is to act as a co-ordinating body for both information and resource sharing, as well as a key point of contact for statutory and policy agencies on issues relevant to the veteran population. RFCA in NI operates slightly differently than its counterparts in GB, and has had an informal remit for veterans' issues through its relationship with what were previously known as Armed Forces Champions in local councils. However, under Ministerial advice, these were re-designated Veterans' Champions and were connected directly into the NIVSC. While still in its infancy, the group has convened a working committee and produced the NI Veterans Handbook; a resource which supports service providers (such as GPs) in effectively signposting veterans and their families to relevant statutory and voluntary organisations. Members have also been active in giving evidence to the NI Affairs Committee and the Ministry of Defence on the implementation of the Covenant in NI. At the time of writing, the Chief Executive of RFCA was, in his capacity as the Secretariat to NIVSC, in the process of formalising his role as the NI delegate for Cobseo. NIVSC, while not yet officially named as such, operates as a Cobseo for NI.

### 8.1.3 Northern Ireland Veterans Advisory and Pensions Committee

The Northern Ireland Veterans Advisory and Pensions Committee (NIVAPC) is one of a number of regional advisory committees across the UK. An arms-length body, reporting to the MOD, the NIVAPC seeks to provide advice and support to veterans and their dependants living in NI, and liaising on their behalf with local service providers. The NIVAPC is tasked with the following functions:

- Raising awareness of veterans' needs in the public sphere
- Ensuring veterans' needs are communicated to public bodies
- Providing support and guidance to public bodies on service provision to veterans in NI (MOD, 2017)

The NIVAPC consists of 15 members, including a chairperson, and has the capacity to co-opt new members for specific tasks or projects. Its remit includes implementation of the Covenant on a local level, and the establishment of channels of communication between the regional bodies, MOD, local authorities, and ex-Service organisations. They sit on the NIVSC.

---

## 8.1.4 The Armed Forces Liaison Forum (AFLF), Department of Health

The AFLF is a cross-sector information sharing body situated in the DoH. Originally established to bring NI NHS operations in line with the NHS England commitments to integrate the Covenant across the health services, it was initially focused on the needs of serving military personnel and their families. It quickly came to light that there was a specific set of needs for the veteran population, and in accordance with the principles of the Covenant, it became inclusive of veteran-specific issues. The forum is set to meet quarterly, and comprises members from the NI Civil Service (the DoH), practitioner staff from HSCTs, MOD and arms-length bodies (i.e. 38 (Irish) Brigade and Reserve Forces and Cadets Association) and some larger service charities. At present, there is no representation from ‘locally grown’ NI organisations. The AFLF is strategic in nature, and representation is at a senior policy level. There is no equivalent body for operational issues.

## 8.2 Collaboration across the Sector

Across the veteran VCS in NI, there is evidence of collaboration between organisations. Secure and efficient service provision requires timely and appropriate transfer of key information that follows the beneficiary through the voluntary sector. The larger Cobseo charities (e.g. TRBL, SSAFA and RAFA), each utilise the same Case Management System, which facilitates the sharing of veterans’ information and allows these organisations to effectively manage beneficiaries’ needs. The current Case Management System used by these charities appears to be highly efficient and co-ordinated, especially in relation to case-working and almonisation.<sup>54</sup> The majority<sup>55</sup> of ABF-The Soldiers’ Charity case-work is handled via the online Case Management System. However, this system is not sector-wide – other smaller charities record client information on their own platforms that cannot be ‘shared’ amongst other organisations and some do not record information electronically at all.

The main purpose of information sharing is when an organisation needs to refer/signpost a client to another organisation due to a need that cannot directly be met by them (e.g. cases requiring specialist mental health services or financial aid); or as part of the almonisation process. The benefits of a clear and consistent referral system will ensure that veterans (and their families):

- Are provided with the right advice tailored to their needs, which can help clients to ‘self-care’;
- Get their case handled in a responsive (or urgent, if needed) manner; and
- Are provided with access to a wide range of services.

Figure 8 illustrates the standard initial contact procedures for a veteran when they first make contact with a service charity/organisation.

---

<sup>54</sup> It should be noted that shared access is conducted at almonisation level and there is no visibility/sharing of information at a local level.

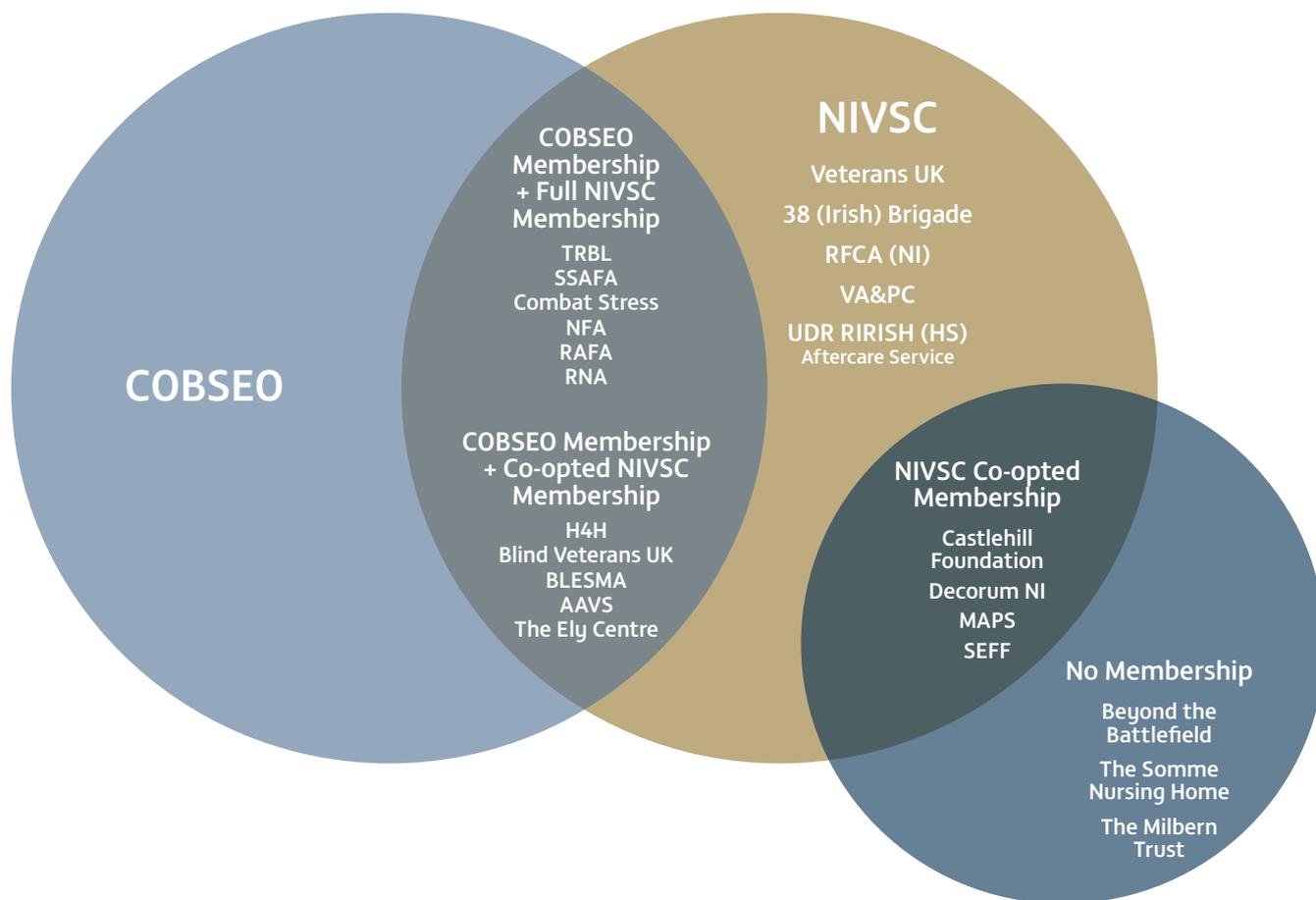
<sup>55</sup> Approximately 90%.

**Figure 8: Initial Contact Procedures for Accessing Services in the VCS**



Alongside the good linkage amongst the larger Cobseo charities, NIVSC was established to improve existing co-operation between organisations (both statutory and voluntary) that are committed to the delivery of support to veterans. The committee aims to optimise the above flow of support to veterans in NI through signposting and exchanging best practice. Figure 9 presents the relationship between the NIVSC and Cobseo organisations.

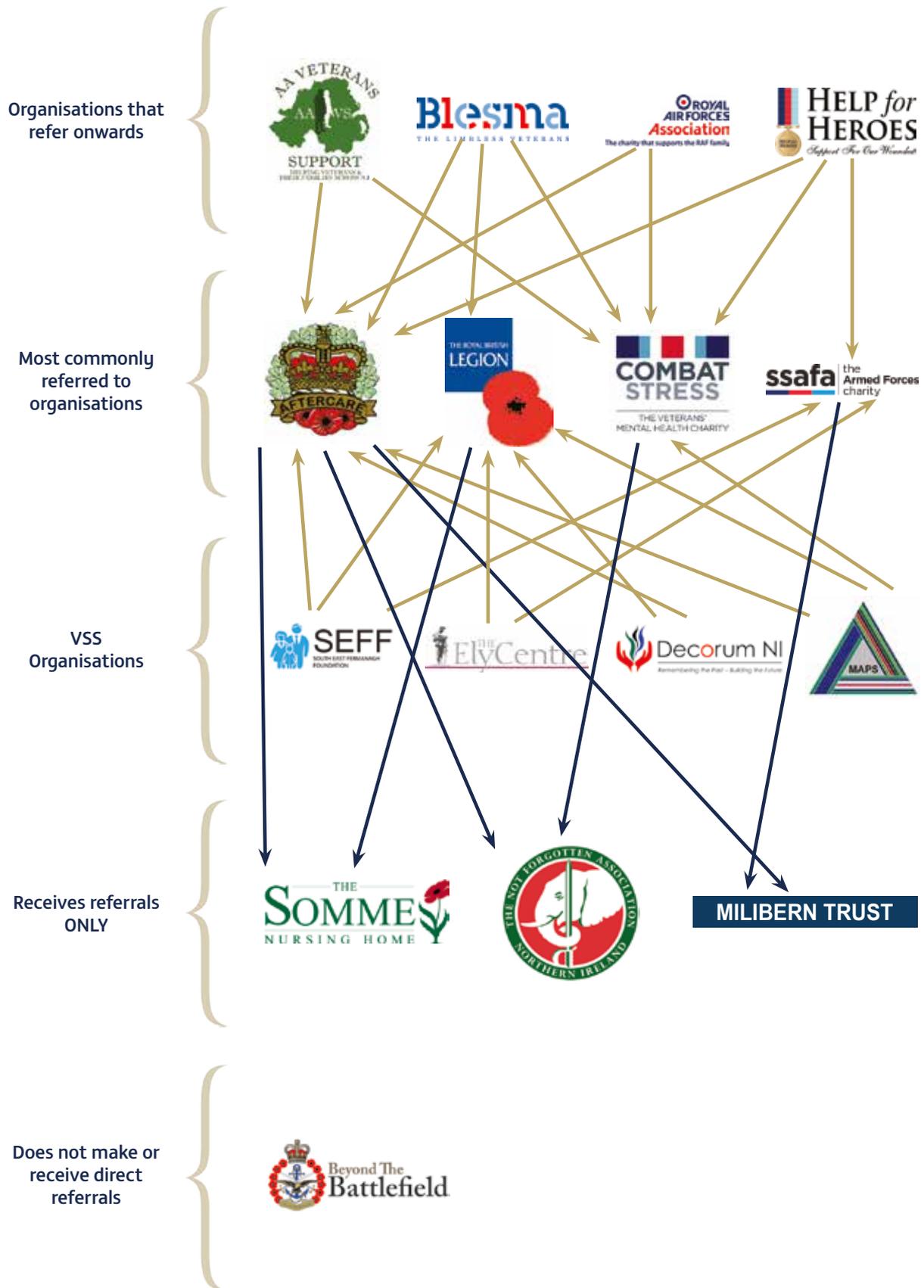
**Figure 9: Links between NIVSC Representatives and Cobseo Charities**



There are several referral pathways in operation within the voluntary sector in NI (see Figure 10). Some organisations refer clients onwards *to* other organisations; while others (based on what service the organisation provides, e.g. accommodation/residential care) only receive referrals *from* other organisations; and others do not receive or make referrals, but prefer to solely assist a veteran from initial contact through to successful output on their own. The ‘main’ organisations that receive the most referrals *from* other organisations within the voluntary sector are:

- UDR & R IRISH (HS) Aftercare Service
- TRBL
- SSAFA
- Combat Stress

Figure 10: Referral Pathways within the Veteran VCS



---

The above diagram highlights the referral pathways between and within the voluntary sector in relation to meeting the needs of the veteran community. As well as charities referring to other charities (on behalf of the veteran), voluntary organisations can also directly refer themselves to other charities, especially for grants to support their operations. Following telephone/online consultation or face-to-face contact with a veteran (see Figure 8), clearly defined lines of communication should support a system of improved referral pathways by removing unnecessary obstacles and reducing duplication. There is evidence of some connectedness among organisations. With consistent feedback mechanisms in place for all service users (veterans) and service providers, this should ensure a process of continued improvement in referral and information sharing in the voluntary sector.

### Key discussion points:

- There is good, clear communication between the larger organisations who sit on the formal information sharing bodies (e.g. Cobseo).
- It is not clear that communication between larger, UK-based charities and local NI charities is as proficient or prolific as that between Cobseo members.
- Membership to these groups overlaps significantly, and there is a distinct absence of local, grassroots organisations as members beyond associate membership.
- It is not clear that the groups are distinct enough from one another, or that there is a clear advocacy role on behalf of veterans.
- The sector would benefit from better representation of elected representatives and/or policy-makers.

---

## 9.0 Discussion

This report has shown that while there is no available evidence about whether or not veterans in NI have worse outcomes than their counterparts in the rest of the UK, there are clear differences in the way they access services, the statutory and voluntary services available to them, and their levels of direct representation in local and regional government. This is compounded by the real and perceived concerns about personal security and the related reluctance to disclose service history when accessing services, and the problems this causes for the visibility of voluntary and community organisations serving this community. This report did not assess the quality of the services available to veterans in NI, but it did outline the availability and accessibility of what veterans have at their disposal in the region. Through placing this in the wider social and political context of the region, there are some early conclusions that can be drawn.

### 9.1 The Armed Forces Covenant and Veterans in the UK

It is clear from the media coverage (Belfast Telegraph, 2016; The Newsletter, 2017), from the report commissioned on the Community Covenant (Shared Intelligence, 2016), and from evidence to the NI Affairs Committee (2013), that there are many veterans who do not feel that the Covenant is being implemented to the extent which they expect, and that there is poor understanding about what the Covenant principles mean. The funding associated with the Covenant is substantial, and it benefits an extensive network of charitable organisations and local service providers. However, there is the potential, given the nature of the funding calls, and the dominance of the larger, more organised charities, for those smaller organisations providing day to day workings with veterans on the ground, to be closed out of the larger pots of money. This could prove to be particularly problematic for devolved regions. There is also a potential issue with a lack of direct consultation of devolved regions, where regions are either not consulted at all, or are represented by only a handful of organisations or individual responses. In order to ensure that regional differences in need and services are accurately reflected, there is a requirement for a more consistent and thorough mechanism for inclusion of details on local information. This is of particular importance to the devolved nations, where differences in regional governance have a significant impact.

### 9.2 Issues Specific to Northern Ireland

NI has a number of social, political and legislative issues, which lead to complications on delivering the principles of the Covenant in the region. The history of the conflict in NI and the British Armed Forces' involvement in Operation Banner presents a number of problems: veterans may feel unable to disclose their service history to service providers, which could lead to inappropriate or incomplete treatment – or to failure to seek treatment at all. The power-sharing arrangement in the NI Assembly can lead to delays and disagreements around issues concerning defence and justice, and the Executive has thus far failed to adopt the Covenant, to have representation on the Covenant Reference Panel, or to submit responses to the annual reporting mechanisms on the implementation of the Covenant.<sup>56</sup> Only three of eleven local authorities in NI (as opposed to all local authorities in the rest of the UK) have signed up to the Community Covenant. Key political actors continue to cite Section 75 of the NI Order as the primary reason for failure to adopt the Covenant. However, there is an ongoing issue with understanding of Section 75 in the public sector (Equality Commission, 2009). Indeed, human rights organisations, including the NI Human Rights

---

<sup>56</sup> While it is the case that the Executive does not submit a formal response on the annual Covenant report, DoH has advised that they do contribute to this annually.

---

Commission and the Committee on the Administration of Justice, have questioned the legitimacy of the equality legislation as a barrier to implementing the Covenant (NI Affairs Committee, 203; CAJ, 2017). Lord Ashcroft has specifically referred to the problems of Section 75 in the last two Veterans' Transition Reviews, calling for the legislation to be amended to allow the Covenant to be adopted in the region. While this Scoping Report cannot on its own determine whether or not veterans in NI are disadvantaged, it is clear that there is a perception of disadvantage in the veteran community, and that this has negative implications for veterans and service providers. As such, it would be beneficial for there to be some clear commitment to support for veterans in NI, which mirrors as far as possible what is available to veterans in the rest of the UK. It would not be beneficial to support the adoption of the Covenant, however, if it is too politically divisive to be supported at a national level. There is a precedent in Scotland for the separation of veterans' services and the construction of a commitment to supporting veterans through their Veterans' First programme, and there could be merit in exploring the possibility of an overarching strategy to support veterans which is separated from the Covenant specifically. While it is important to be sensitive to the political issues surrounding veterans in NI, normalising treatment of security forces and ex-service personnel is an important step in a post-conflict society. There has been, for example, significant progress in doing this with the Police Service in Northern Ireland. Finding a way to begin to normalise the way we discuss services to those who have served in the British Armed Forces will not be easy or straightforward, but taking clear steps to do so is an important part of NI's political development. It will also be important in building and maintaining veterans' trust in statutory services, which could help to address some of the perceptions of inequality from this group. Any recommendations moving forward should be pro-active in supporting this process.

### 9.3 Statutory Services

In NI, the combination of the non-adoption of the Covenant and the equality legislation's Section 75 dictates that veterans should be treated in the same manner as the rest of the citizenry in the region. As such, veterans in NI do not enjoy specialist services or privileged access to statutory services reporting to the NI Executive. There are some examples of specific provisions or protocols for Armed Forces personnel and/or veterans in certain statutory services, however in most cases this is a reinforcement of the equality of access for veterans as citizens, and there are several areas of statutory service provision in NI where veterans in the wider UK enjoy privileged access without traveling out of the country. These include extra IVF treatments, some specialist mental health treatment, special housing provisions, and some direct access to the job market. Where there are specific responsibilities or mention of veterans in departments or agencies, the terminology is inconsistent, and it is not clear whether the efficacy of the mechanisms in place is being evaluated. There is also an issue with visibility, as these mechanisms (i.e. the Armed Forces support staff in jobcentres) are not publicly advertised.

While there is a problem across the UK with veterans disclosing their status when seeking public services, this is amplified in NI as a result of the real and perceived security threat experienced by veterans living in this region. Veterans are unlikely to proactively disclose their service history, and there is currently no monitoring in the public sector to record veteran status. This may not be problematic when accessing some health and social care services, but it is a particular problem for those veterans who need to access mental health services for trauma experienced during their service. In these cases, disclosure of their service history and trust in public sector support providers could represent a barrier to receiving appropriate care.

---

## 9.4 MOD-Funded and Voluntary and Community Sectors

The findings of this report suggest that organisations within the VCS tailored specifically to veterans' needs deliver an array of essential services. The legacy of the Troubles conflict in NI has, to a certain extent, shaped the 'local' service provision in the VCS. Of the nine locally established charities, five of these specifically address the needs of veterans (which includes all ex-security forces and civilians) from the Troubles conflict. These charities, funded by the VSS, offer assistance to ex-members of the UDR & R IRISH (HS) and specialize in being an advocate for their members. One of the core areas of their work focuses on emphasising that the past cannot be forgotten and through advocacy support, victims can deal with the past in a way that empowers them to move forward with their lives, knowing that their trauma has been recognised. The larger UK-wide charities that have a presence in NI follow a more corporate mode of delivery, which is consistent with the rest of the UK. They aim to help the veteran to lead fulfilling independent lives after they leave the military and they do this by addressing other needs, such as requests for financial assistance, respite, and help with employability and training.

Overall, across the whole veteran VCS, currently the most commonly available service(s) offered to veterans relates to welfare, which includes advice, drop-in surgeries and general signposting. Mental health services are less available across NI. In looking to future needs, research from SSAFA has shown that by 2020 there will be a drop-off in all veteran categories with the exception of those aged 85+. This raises challenges for the voluntary sector in thinking about the needs of a declining veteran population; for example, residential care fees, complex medical home adaptations and perhaps increasing the provision of formal befriending services to prevent social isolation.

The limited opening hours associated with lack of permanent staffing can limit accessibility to organisations, particularly during evenings and weekends where there appears to be no means of contacting or accessing help from the veteran VCS at all.

In sum, voluntary organisations providing support for veterans in NI cover a mix of niche and mainstream provision, and are both local and national organisations that service a wide array of needs. Most charities range from those with large incomes to smaller schemes relying solely on donations. Public interest and willingness to donate in NI is still solid and this is reflected in the large sums of money consistently raised through TRBL's Annual Poppy Appeal and RAFA's Annual Wings Appeal. However, as previously mentioned in a NICVA report, the VCS is not immune to cuts and so funding will continue to remain a central challenge for all VCS organisations both now and in the future. In the meantime, all organisations delivering support within the VCS do so with a keen desire to help and enable veterans to lead happy and healthy lives after the military.

## 9.5 Mental Health

There is a deficit of evidence available about the mental health of veterans in NI and the support they have available to them. We have noted the particular difficulties with accessing appropriate mental health support for veterans, whether due to a fear in disclosing their veteran status, due to personal security concerns, or other real or perceived barriers to doing so. While these are issues for accessing any type of services, seeking support for mental health issues related to service are likely to require disclosure of service. This makes the need for specialist support in mental health services particularly important. Mental health is the smallest area of service provision in the charitable sector, and the wider mental

---

health services in NI are under significant pressure. Veterans in the wider UK can access treatment for PTSD much closer to home, and face fewer challenges in disclosing their service in the public sector. In NI, even the Aftercare Service brings non-military counsellors in to provide therapeutic mental health services, leaving Combat Stress to be the only organisation focused on providing veteran-specific support in this area, and even then, Combat Stress has only one NI staff member. In understanding whether the provision of services matches the need in NI, the results of future work to be completed as part of the NIVHWS (the quantification and the investigation of the psychological wellbeing of the veteran population in NI) will be crucial.

## 9.6 Communications, Relationships and Referrals

As has been shown in this report, there is a substantial and well organised charitable sector around veterans and their families in NI. It is also clear that there are formal and informal links between the VCS and the MOD-funded sector. Communications across Cobseo organisations can be quite effective, particularly the standardisation of documentation with form A (discussed in detail in chapter 7). There does, however, seem to be repetition in the formal information sharing networks. The primary formal networks of Cobseo, NIVSC, VAPC and the AFLF have a lot of overlap in membership, and there is a paucity of smaller, locally organised groups represented in the formal information sharing networks. It is also unclear how some of these collaborative bodies differentiate from one another, and it could be beneficial to examine any potential overlap in both the membership and the terms of reference for these groups and how they might be reorganised to work better together in a complementary manner. We will go some way suggest a means of addressing this in recommendations which will follow.

There is also great need for improved direct relationships between the NI Assembly and the sector. Not only will this increase the accountability of statutory service providers and policy-makers to this population, but can be a means of reiterating a key message to those on the delivery and receiving end of services: veterans are first and foremost citizens of Northern Ireland, and have rights and entitlements to services which meet their needs. At present, there is little to no regular political or civil service membership, or overlap between the statutory service providers and veterans' groups. It appears that at present, there is an effort to create a 'Cobseo' for NI in the NIVSC. It could, however, be argued that the group could be better used as a means of advocating on behalf of veterans and working with local authorities to support a long-term strategy for implementation of the principles of the Covenant, in whatever guise that may be.

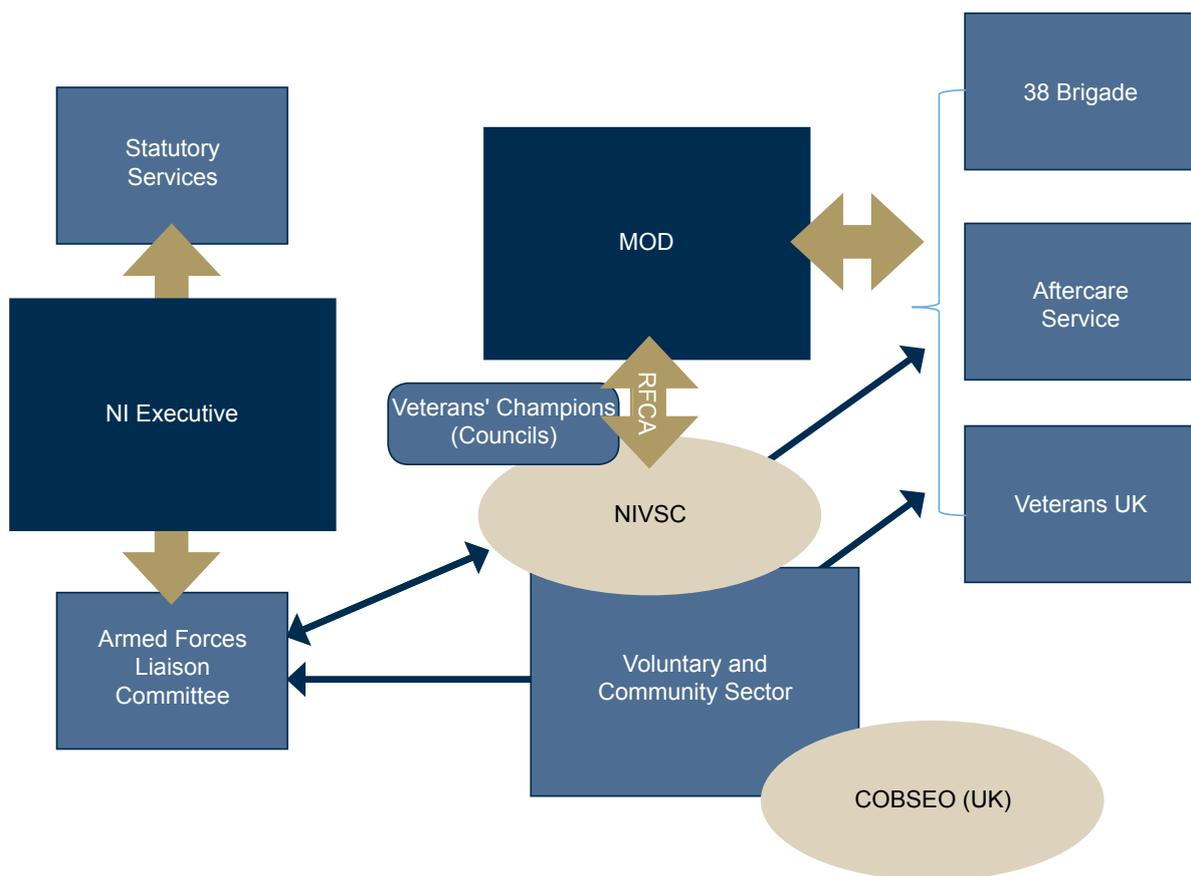
Finally, there is a lot of weight in the sector given to informal relationships in order to support the work of charities and MOD-funded services. While this is an important part of any networking, there could be issues with the sustainability of this as the primary form of information sharing. Staff turnover, changes in 'personalities' in organisations, and organisations closing down or changing mission all pose a risk to the long-term efficacy of support provision to veterans in the region. It also makes it difficult on organisations, particularly smaller voluntary sector organisations, to demonstrate the breadth of their networks and collaborative activity, which could negatively impact their ability to access funding in the future.

## 9.7 The Current Model of Service Delivery to Veterans in NI

While very little is formalised in the way it may be in other parts of the UK, there is an infrastructure of sorts in place to facilitate veterans who may not feel their needs are being met within the statutory system. As laid out in this report, veterans can approach statutory, voluntary, and MOD funded services for direct support provision. However, it is clear that there are complexities and potential barriers (whether real or perceived) to accessing some of these routes to support for some veterans. If a veteran has not reached a satisfactory resolution to the issues with which he or she presents, there is recourse for that individual in the current system.

We continue to stress the importance of the statutory sector being the first port of call for veterans living in NI. However, the following diagram represents the present structures in place to support veterans who fall outside the system, or require services outside of what might be available to them in the statutory sector. It reflects the findings of this report, and descriptions from key stakeholders in the sector (including diagrams provided by some voluntary sector service providers).

**Figure 11: Current Model**



This diagram illustrates that there is a wide range of supports available to veterans, but the point of entry is not clear, nor are the roles and relationships between the relevant bodies and organisations. Also absent is a direct and formalised line of communication across the statutory and voluntary sectors on an operational level – though some health related issues are covered in the AFLF. Finally, from a strategic, policy perspective, bodies exist with a remit to advocate on behalf of veterans (NIVSC and the VAPC,

---

according to their Terms of Reference), however, unlike many special interest groups in NI, it is not clear how these agencies would be able to directly feed into the NI Executive.

In spite of these issues, there are many concrete bodies which can be worked with, and significant formal and informal networks which have evolved organically which can be better supported to develop and provide clarity of role. The ambiguity of some of the roles and reporting pathways, rather than reflecting a failing of the current infrastructure, is the result of attempts to address issues informally and 'off the political radar' for the expediency of meeting needs, and of the relative immaturity of devolved government. It also reflects the tendency for UK-wide issues to be addressed in NI using the same model adopted in GB. Where this involves public service delivery and local authorities, as discussed at length in this report, this can lead to disjointed and less effective implementation. The need to better support, resource, and develop this infrastructure – to enhance what is already working well, and provide the means through which to improve in future - will be a key focus of the recommendations in the following chapter.

---

## 10.0 Recommendations and Future Research

Beyond simply filling the gap in evidence about the services available to veterans living in NI, the NIVHWS seeks to support statutory and voluntary sector agencies in using this information to shape and improve future services and policies affecting this population. After a first draft of this report had been completed, the key findings were used to begin to formulate a set of recommendations and to suggest future areas of work to enhance the sector.

### 10.1 The Consultation Process

In addition to the detailed validation process involved in the collection of data from those providing direct service provision, the research team organised a one-day consultation event for invited stakeholders in the statutory, MOD-funded and voluntary and community sectors (see Table 4). At this event, held at Ulster University's Belfast Campus in January 2017, initial findings were presented. Participants were invited to break into small groups to discuss and reflect on these findings and share feedback with the wider group. The break-out discussions were facilitated by members of the NIVHWS team, and representatives from the group fed information back to the main session following each discussion. Representatives from across the statutory and voluntary sectors were present at the event and made active contributions, both validating the early findings and crafting practical strategies for implementation of the proposed recommendations.

**Table 4: Consultation Event Participants**

MOD	Local and Regional Policy-makers	Voluntary and Community Sector
<ul style="list-style-type: none"><li>• 38 (Irish) Brigade Covenant Support Team</li><li>• Reserve Forces and Cadets Association</li><li>• UDR &amp; R IRISH (HS)</li><li>• Aftercare Service</li></ul>	<ul style="list-style-type: none"><li>• DoH</li><li>• DfC</li><li>• Public Health Agency</li><li>• Mid and East Antrim Council</li><li>• Fermanagh and Omagh Council</li><li>• Causeway Coast and Glens Council</li><li>• Newry and Mourne District Council</li></ul>	<ul style="list-style-type: none"><li>• SSAFA</li><li>• H4H</li><li>• Ely Centre</li><li>• Decorum NI</li><li>• TRBL</li><li>• Combat Stress</li><li>• Not Forgotten Association</li></ul>

The consultation process was intended to be participant-led. The intent of this was the assurance that the recommendations would be needs-led, achievable, and would have buy-in from the key stakeholders who would most likely have the responsibility for implementation. For this reason, participants were not given prescribed recommendations, but rather thematic prompts corresponding with the core themes of the report (see Figure 11).

**Figure 12: Consultation Prompts**



Responses from the small groups were collated and analysed alongside researchers' notes on the wider feedback sessions to inform the final recommendations. In addition to informing recommendations, this session also provided a valuable networking opportunity for those working with veterans in NI. Several follow-on meetings have taken place between statutory, voluntary and MOD-funded organisations as a result of the discussions at the NIVHWS event, and some of the early forms of recommendations were in the process of being progressed at the time of writing.

## 10.2 Recommendations

The objective findings of the report were the main drivers behind the nature of the discussion and recommendations, and they were enhanced by the practical, insider knowledge of the participants of the consultation event, and of the members of the NIVHWS's stakeholder Advisory Group and Strategic Reference Panel. Table 5 outlines the final recommendations for action, and the anticipated implications of implementation.<sup>57</sup>

### 10.2.1 The core infrastructure of specialist veteran support in NI

There is a need for a well-resourced, formally recognised body in NI where key stakeholders in the region can meet to develop recommendations, provide responses to consultation and engagement exercises, and support key agencies in developing guidance and protocols which affect veterans in NI.

<sup>57</sup> There are a number of recommendations in this report which relate to functions that would ideally be carried out by the NIVSC. It is important to note that this could only be achieved in the context of an appropriate level of financial and staff resource, and with more formal recognition of the committee by both regional and national bodies.

---

Through support from the RFCA and its members, the NIVSC provides a good baseline example of such a body, but as of yet is not in receipt of the necessary resources and staffing to fulfil this role. The Department for Communities has provided a secondment of a Civil Service officer to the NIVSC (via RFCA) to provide a formal link between the NIVSC and the NI Assembly. We would welcome this development, and see it as a key element to the creation of an ongoing, formal relationship between the NIVSC and the NI Executive. Based on the service delivery structures in NI, and other functional models for specific groups in the region, it could be beneficial to examine the possibility of adopting a modification of the model of local service delivery, advocacy and policy development relating to veterans' issues in NI. The objectives of this model are three fold:

1. To **increase the capacity of public service providers** in delivering services to veterans, and to begin to build and/or **increase trust in public services** among the veteran population;
2. To support and **develop the existing infrastructure** by building capacity in the local sector, **increasing resources** to key agencies; and
3. To embed the existing model in the local policy development and service provision context, **providing a direct connection between on the ground service-providers, and key decision makers.**

Underpinning all of these objectives is an overall aim to **normalise the idea that veterans in the region are first and foremost citizens of NI who may have a specific set of needs**, and provide a clear and accessible channel for those who feel they have needs which are not being met through existing structures. It is possible to deliver this model without formal adoption of the Armed Forces Covenant; and the identification of champions with some specialist knowledge at a service delivery allows for some distancing from the more political nature of ambassadors or champions in the political sphere.

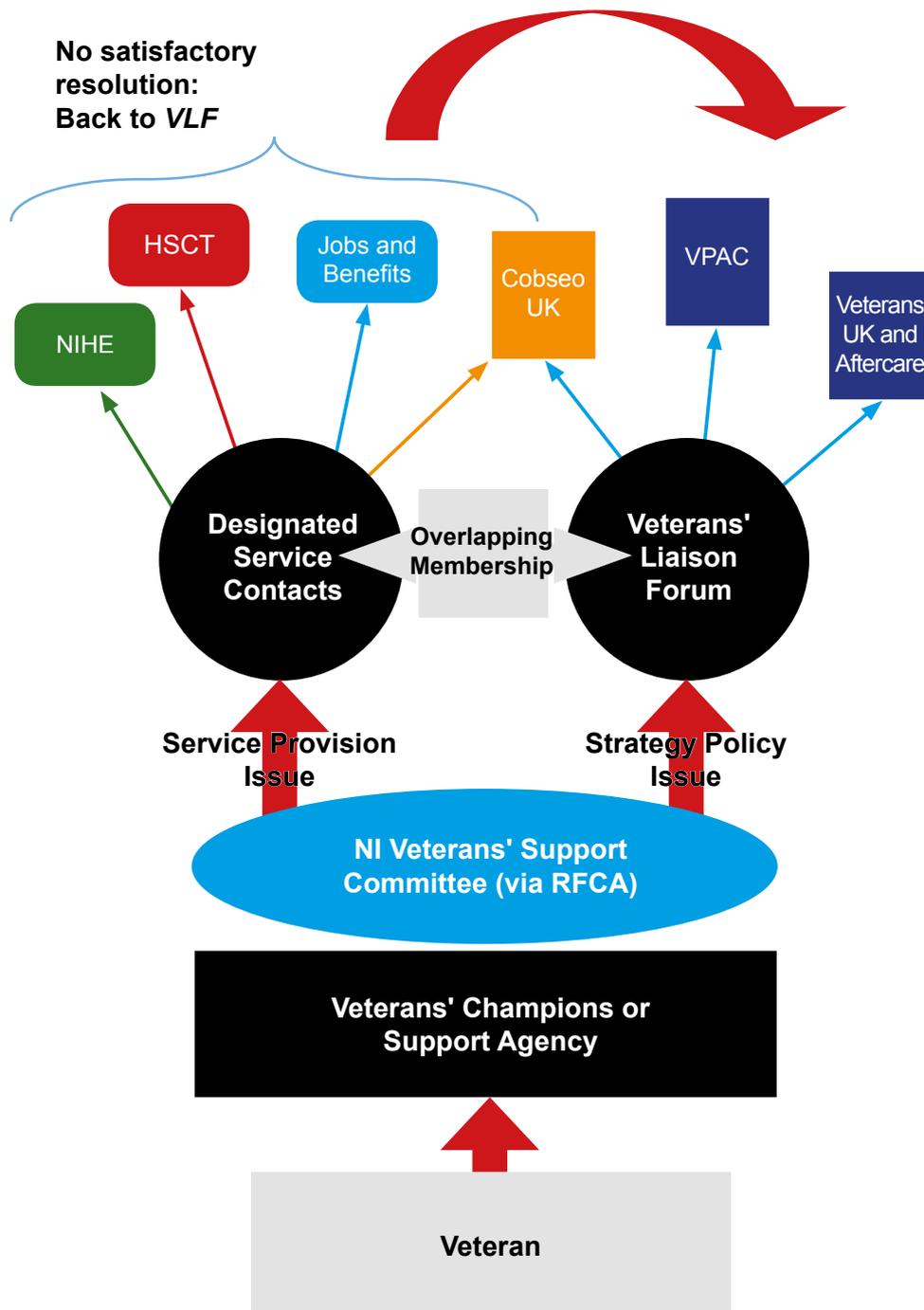
For this model to be operationalised, some minor adaptations to existing structures will need to be made.

- **A Veterans Liaison Forum (VLF) should be established**, housed in the Executive Office. This interagency, interdepartmental group would have a strategic focus with a similar remit for veterans and all public services that the Armed Forces Liaison Forum currently has for Armed Forces Personnel and their Families in the Department of Health;
- **There should be a designated contact established in each of the regional agencies delivering health and social services in NI.** This includes Jobcentres, Housing Executive Offices, and Health and Social Care Trusts. This contact would have additional security vetting, and would receive basic training and contacts relating to issues affecting veterans. These contacts would, on a rotational basis, attend the VLF.
- **The role of the Veterans' Champions in the Councils should be clearly defined**, and some capacity building work undertaken.

In the proposed model, after the veteran in question has sought support through the statutory and/or voluntary sector and does not find a satisfactory resolution, he/she can approach the Veterans' Champion in the local council. The elected representative can bring the concerns raised to the NIVSC, who can use links with designated individuals within the local NIHE Offices, HSCTs, or Jobcentres. If there is a strategic or ongoing issue which needs to be raised at a policy level, it can be brought to the departments through the DfC (via NIVSC), or the AFLF in the DoH. If other departments either directly participate in the existing Forum, or adopt the Forum model themselves, this could be replicated

across all departments responsible for service delivery. This model (see below) makes the most of existing structures and resources while creating new pathways to support veterans. It also ensures that all of the key stakeholders have clear knowledge of each other's roles and remits, so that the support can be triggered no matter where the concern is raised; so that whether a veteran approaches the local Veterans' Champion, or simply presents to A&E, there are mechanisms in place to ensure that the support network is triggered. The emphasis on remaining connected to policy-makers provides scope for recurrent or complex problems to be addressed at a strategic as well as operational level.

**Figure 13: Proposed Support Structure**



---

## The Veterans' Liaison Forum

- Modelled from AFLF
- Interdepartmental, based in Exec Office
- Designated service contacts represented
- Key representative from Cobseo UK
- Key representatives from local charities
- Representative from VAPC (feed into MOD)
- Quarterly meetings
- Flexible subcommittees established as and when required
- Secretariat provided through RFCA (Same as NIVSC Secretariat)

## Designated Service Contacts

- One designated individual in each regional office of NIHE, HSCT and Jobs and Benefits offices
- Designated contacts from each sector have rotational attendance at VLF meetings (eg: always one rep from NIHE, HSCT and Jobs and Benefits – region of each rotates).
- Have contact list of key people in veteran sector and regular contact with relevant Veterans' Champions
- Security checks conducted

## NI Veterans' Support Committee

- Supported by DfC secondment
- Representatives from statutory and charity sectors
- Focused on operational and service delivery rather than strategy or policy
- Advocates on behalf of veterans to NI Executive and statutory service providers

---

## **A Core Support Infrastructure for Veterans' Services in NI –**

**How it could work** (this example is a fictional composite based on feedback from veterans and service providers)

Keith is a 42-year-old army veteran. Keith had a regular discharge from the Army, 10 years ago. He has been managing anxiety for several years, but recently it feels like it is interfering with his daily life. His wife suggests he seek mental health support, but he feels that by disclosing his service status to a mental health provider, he will make himself less safe, and this adds to his anxiety. However, a lot of the things that Keith needs to talk about are related to his service. Keith knows about the Aftercare Service, but is reluctant to go back to a military base. Someone tells him about Combat Stress, but there is a wait to be seen. During this period, Keith feels like he has nowhere to turn, and after a particularly bad week, has an incident of self-harm and ends up in hospital. Because of the incident of self-harm, Combat Stress advises Keith he will need to be seen by the Trust, as it is now a critical situation.

Keith's wife seeks some resolution to this problem, and goes to her local Member of the Legislative Assembly (MLA). The MLA knows that there is a Veterans' Champion in the local council, and puts Keith's wife in touch. The Veterans' Champion goes to the designated contact in the local HSC Trust and explains the situation. The contact advises there is a waiting list for the Trust as well, and that Keith will be given priority based on his level of need. The Veterans' Champion and designated contact go back to the Veterans' Liaison Forum in the Assembly and raise the issue. There is a discussion between the DoH representatives and a Cobseo representative, and with the designated contacts from across the Trusts, guidance is produced on how Trusts can work alongside Combat Stress in a mental health crisis. The issue is also raised at the NIVSC meeting. Several VCS service providers speak about how they might revise their protocols to better accommodate a veteran in a crisis situation. This provides a solution for Keith, while also strategizing for future service needs.

The information compiled in this report provides a baseline for a number of recommendations to improve support and services available to veterans in NI as below:

**Table 5: Recommendations**

Key area	Recommendation	Implications
Representation and Advocacy	<ul style="list-style-type: none"> <li>• There is a need for a well-resourced, formally recognised body in NI where key stakeholders in the region can meet to develop recommendations, provide responses to consultation and engagement exercises, and support key agencies in developing guidance and protocols which affect veterans in NI.</li> <li>• The NIVSC provides a good baseline example of such a body, but as of yet is not in receipt of the necessary resources and staffing to fulfil this role.</li> <li>• Liaison with the NIVSC should be minimum standard for inclusion of the NI perspective in reports on implementation of the Covenant.</li> <li>• The NIVSC should facilitate presentations to each Council to raise awareness of the availability of Covenant Fund to Local Authorities who have adopted the Community Covenant</li> <li>• Advocacy for veterans and improvement to service delivery could be better facilitated by local/regional consortiums composed of representatives from regional NIHE offices, HSCTs, and Jobs and Benefits Offices and convened by Veterans' Champions.</li> <li>• There should be a clear role description for Veterans' Champions, consistent across councils, and a programme of capacity building for appointed individuals.</li> </ul>	<ul style="list-style-type: none"> <li>• Having a focused, well-resourced point of contact which can liaise between all levels of government and across the VCS will ensure veterans have a representative voice in both the Assembly and MOD, and provide a place where stakeholders can easily know where and how to articulate concerns and needs.</li> <li>• Consulting a key body representing the interests of veterans in NI addresses the lack of direct representation this population has in MOD and the NI Assembly and limits the tendency to leave out or cover at a minimal level the issues facing veterans in NI in wider UK reporting.</li> <li>• Local representation in direct service provision could improve trust of veterans in local service providers and improve understanding of the needs of this population.</li> <li>• Ensuring there is a concrete role for Veterans' Champions, with clarity around expectations of these individuals, will improve the capacity of these elected members to support veterans, and increase the likelihood of positive outcomes for this population.</li> </ul>

<p>The Armed Forces Covenant</p>	<ul style="list-style-type: none"> <li>• Key stakeholders, including veterans, should seek to find an alternative terminology for the principles of the Covenant which would be less politically contentious in the NI context. This would recognise the political and legal complexities of formal adoption of the Covenant in NI, while recognising the importance to the veteran population in NI that they have the same protections as their GB counterparts.</li> <li>• The Covenant Fund should ensure that schemes are accessible to smaller, locally based organisations. This can be done through the stipulation of partnership with smaller organisations. This would serve to increase the accessibility of funding at a grassroots level, whilst also building capacity of smaller organisations through partnership working.</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitation of discussion around alternative terminology would help to de-politicise the Covenant and ensure that its principles are still upheld in NI.</li> <li>• This would benefit smaller, community-based organisations relying solely on public donations. It would further promote collaborative working.</li> </ul>
<p>Data Collection and Monitoring</p>	<ul style="list-style-type: none"> <li>• Statutory agencies and VCS organisations should design and implement consistent and appropriate monitoring systems to capture data on veterans and their families. This should be done <u>in partnership</u> with veterans.</li> <li>• An independent review of the differences between health and wellbeing outcomes for veterans in NI and the rest of the UK should be carried out.</li> </ul>	<ul style="list-style-type: none"> <li>• Collecting information will ensure that the demographic of the veteran population in NI is regularly monitored and updated.</li> <li>• Any differences specific to NI can be flagged up to the appropriate bodies and acted upon.</li> </ul>
<p>Statutory services</p>	<ul style="list-style-type: none"> <li>• All departments with a remit for providing direct public services should do equality impact assessments on policies which could affect veterans. NIVSC should work closely to advise on these reviews.</li> <li>• Departments across the Executive should adopt the same terminology (e.g. veterans or ex-service personnel) to facilitate improved information sharing and consistency in data collection.</li> <li>• The AFLF model in the DoH should be adopted across relevant Assembly departments to improve the communication of veterans' issues to departments with a remit for direct welfare service provision.</li> <li>• All regional welfare service providers, such as NIHE regional offices, jobs and benefits offices HSCTs, should appoint a primary contact on veterans' issues. This individual should be regularly briefed and/or attend meetings of the AFLF or NIVSC.</li> </ul>	<ul style="list-style-type: none"> <li>• This uses an existing document/process to provide an evidence base for implementation of the Covenant, allowing for easy reporting to the Covenant Annual Report and allaying concerns raised by this population.</li> <li>• This will help to avoid any confusion around matters concerning veterans in NI.</li> <li>• Information about veterans' needs would be articulated to policy-makers and best practice would be shared and replicated.</li> <li>• Key policy changes could be disseminated across the Executive more effectively.</li> </ul>

<p>MOD-funded services</p>	<ul style="list-style-type: none"> <li>• The UDR &amp; R IRISH (HS) Aftercare Service and Community Mental Health Teams should develop and implement a system whereby clients falling outside their remit can be easily and appropriately re-directed.</li> <li>• Staffing of Career Transition Partnership (CTP) projects should be reviewed to ensure there is sufficient support for a sustainable service in NI. This recommendation is not a reflection of the quality of the service currently provided in the region, but rather a practical response to the significant difference in staff resources in NI compared with other regions.</li> <li>• Services should develop comparative systems by which outcomes in NI can be compared with outcomes for veterans in the rest of the UK to ensure equality of outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>• More formalised signposting networks can ensure all veterans get the appropriate support that they are seeking.</li> <li>• This will help to ensure that demand from veterans seeking employment after military service can be met, further facilitating their transition into civilian life.</li> <li>• Any differences specific to NI can be flagged up to the appropriate bodies and acted upon.</li> </ul>
<p>Voluntary and Community Sector</p>	<ul style="list-style-type: none"> <li>• Using forthcoming data from the NIVHWS quantification process, organisations should work together to ensure there is appropriate coverage across NI (e.g. services in mid-Ulster).</li> <li>• Organisations based in the rest of the UK should work with local organisations to cover emergency/out-of-hours responses. This will provide support to help-seeking veterans outside of office hours. Contact details should be accessible and visible by being displayed on the exterior of the premises.</li> <li>• Organisations based in the rest of the UK should have a local branch, where possible, and where not possible, they should employ local volunteers to retain a permanent presence.</li> <li>• Cobseo should review its membership criteria and conduct a recruitment campaign to reflect a wider range of smaller, local organisations.</li> <li>• Organisations across NI should consider the adoption of a standardised form (e.g. the intake forms used by Cobseo members) to improve and expedite effective information sharing.</li> <li>• Organisations should look at opportunities to formalise relationships with statutory agencies through AFLF, NIVSC, and NI Veterans Advisory and Pensions Committee (NIVAPC).</li> <li>• Cobseo and NIVSC should work together to facilitate ways of expanding services available to Operation Banner veterans (where appropriate) to those outside that cap-badge (e.g. channelling funding to organisations whose sole funding comes from the Victims and Survivors Service (VSS) to allow them to open up their target population).</li> </ul>	<ul style="list-style-type: none"> <li>• Some of these issues are hoped to be addressed by the Veterans' Gateway Service, and any activity here should be complementary to that progress.</li> <li>• Determining the number of veterans in NI and their location will help to highlight any geographical gaps in service provision.</li> <li>• Providing the details of crisis/out-of-hours services will ensure that there is 24/7 support for veterans.</li> <li>• Veterans will have an immediate point of contact and organisations operating remotely can maintain close links with veteran issues 'on the ground'.</li> <li>• This will promote greater inclusivity and information sharing across the veteran-specific VCS.</li> <li>• The case management of veterans can be handled in a more time-effective and efficient way.</li> <li>• Information about veterans' needs can be discussed with all relevant bodies and new knowledge shared.</li> <li>• Veterans of other conflicts (e.g. Afghanistan, Iraq) could meet the eligibility criteria and get access to help more widely from their local VCS organisations.</li> </ul>

<p>Referral pathways and Communication channels</p>	<ul style="list-style-type: none"> <li>• Mechanisms should be put in place to facilitate regular interaction between larger and smaller organisations.</li> <li>• Forums should review the Terms of Reference to ensure frequency of meetings are fit for purpose, and that these targets are being met.</li> <li>• All minutes of these meetings should, where appropriate, be made publicly available.</li> <li>• Forums should seek to identify political engagement from politicians across the main political parties.</li> <li>• An independent review of the Terms of Reference and membership of each of these forums and groups should be conducted to identify overlaps, ensure complementarity and representativeness</li> </ul>	<ul style="list-style-type: none"> <li>• Improving the interaction between organisations will lead to distinct referral pathways and greater collaborative working across sectors.</li> <li>• This will increase public knowledge and understanding about the veteran community and their needs.</li> <li>• This will help to promote political support for the veteran community.</li> <li>• This will avoid any duplication of effort and ensure all groups work collaboratively. This is another aspiration of the Veterans' Gateway Service, and so decision-makers should maintain a watching brief on its progress.</li> </ul>
-----------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

---

## 10.3 Further Research

The overarching paucity of data on veterans in NI is a key finding of this report. More research, both general (overall demographic mapping) and specific (mental health needs of the veteran population) is required in order to fully determine whether or not the needs of the veteran population in NI are being met. There are a number of key areas of data collection from which the sector would benefit in future. The following questions arose during the compilation of data for this report:

- Is the sector equipped to estimate and respond to the changing demographics specific to NI?
- How much are local branches of VCS organisations in NI able to advocate for regionally specific issues to UK-based central offices?
- Is there a difference in the quality and accessibility of service provision between those organisations who have NI-based staff/premises and those who do not?
- Are the current mechanisms used to liaise between the NI Executive and Westminster appropriate to represent the needs of veterans in NI?
- Are the current policies and guidance on veterans in the statutory sector being implemented at a grassroots level?
- Are the policies of key support organisations allowing those organisations to meet the needs of veterans in NI?
- Is there a difference between veterans of Operation Banner and those who served elsewhere in terms of service provision and mental health support?
- What type of data needs to be collected in order to determine whether or not veterans in NI are being disadvantaged as a result of their service?
- Is there a need for a 'one stop shop' for veterans in NI, similar to Veterans' First Point Scotland? How does the newly established Veterans' Gateway fulfil this role moving forward and is it useful on a regional level?

## 10.4 Concluding Remarks

The work outlined in this report lays a foundation for what we hope will be a marked improvement in the evidence base on veterans, reservists, Armed Forces personnel and their families living in NI. We outline here the nuances and complexities of formal infrastructures and services for this population, as well as how veterans in NI face many of the same issues as their counterparts in GB. We have highlighted the paucity of data available on this population, as well as the details of the context which demonstrate the importance of improving monitoring and data collection. Future work packages of the NIVHWS will drill down further, hearing directly from veterans and those who support them day to day. We are excited to lead on this unique programme of work, and are heartened to see that the collaborations and early findings emerging from this research are already beginning to make an impact in the sector. Supplemented by the FiMT-funded work on mental health policies and provision in NI, which ran concurrently to this phase of the NIVHWS, we look forward to the opportunity to work in collaboration with the sector to grow the information base required to make meaningful and sustainable change for veterans in NI.

---

## References

- Ashcroft, M. (2014). *The veterans' transition review*. Retrieved from <http://www.veteranstransition.co.uk/vtrreport.pdf>
- Ashcroft, M. (2016). *The veterans' transition review*. Retrieved from <http://www.veteranstransition.co.uk/vtrfollowupreport2-november2016.pdf>
- BBC (2010, February 5). *Timeline: Devolution of policing and justice*. Retrieved from: <http://news.bbc.co.uk/1/hi/northern-ireland/8457650.stm>
- BBC (2015, October 16). *Bomb target 'linked to armed forces'*. Retrieved from <http://www.bbc.co.uk/news/uk-northern-ireland-34554419>
- BBC (2016, March 20). *1916 Easter Rising: David Ford declines to attend commemoration of 'violence'*. Retrieved from: <http://www.bbc.co.uk/news/uk-northern-ireland-35855719>
- Belfast Telegraph (2016, August 16). *Army veterans let down: Doug Beattie slams Executive over help for war injured*. Retrieved from <http://www.belfasttelegraph.co.uk/news/northern-ireland/army-veterans-let-down-doug-beattie-slams-executive-over-help-for-war-injured-34959676.html>
- Birrell, D., & Williamson, A. (2001). The voluntary–community sector and political development in Northern Ireland, since 1972. *Voluntas: International Journal of Voluntary and Non-profit Organizations*, 12(3), 205-220. doi: 10.1023/A:1012387100327
- Burnell, K. J., Boyce, N., & Hunt, N. (2011). A good war? Exploring British veterans' moral evaluation of deployment. *Journal of Anxiety Disorders*, 25(1), 36-42. doi: 10.1016/j.janxdis.2010.07.003
- Campbell, K. (n.d.). *Eastern Trauma Advisory Panel Trauma, Alcohol and Drug Comorbidity: An investigation into the issues associated with post-traumatic stress disorder in terms of individual trauma, agency responses and community involvement in Northern Ireland*. Retrieved from <http://www.belfasttrust.hscni.net/pdf/TraumaAlcoholDrugs-ComorbidityReport-ETAP.pdf>
- Cobseo (2017). *About us*. Retrieved from <https://www.cobseo.org.uk/about-us/>
- Cozo, S. & T. Traynor (2016). *Armed Forces Charities in Scotland: An Overview and Analysis*. Forces in Mind Trust. Retrieved from: <http://www.fim-trust.org/wp-content/uploads/2016/10/DSC-Report-Final-1.pdf>
- Department of Health, Social Services and Public Safety (2009). *Delivering healthcare to the Armed Forces: A protocol for ensuring equitable access to health and social care services*. Retrieved from <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/delivering-healthcare-to-armed-forces-2009.pdf>
- Dixon, P. (2009). 'Hearts and Minds?' British counterinsurgency from Malaya to Iraq. *Journal of Strategic Studies*. 32(3), pp353-381. doi: 10.1080/01402390902928172
- Equality Commission for Northern Ireland (2009). *Section 75 of the Northern Ireland Act 1998. A Guide for Public Authorities*. Retrieved from <http://www.equalityni.org/ECNI/media/ECNI/Publications/Employers%20and%20Service%20Providers/S75GuideforPublicAuthoritiesApril2010.pdf>
- Ferry, F., Bolton, D., Bunting, B., O'Neill, S., Murphy, S., & Devine, B. (2012). *The Economic Impact of Post Traumatic Stress Disorder in Northern Ireland*. Ulster University and Northern Ireland Centre for Trauma and Transformation. Retrieved from <http://icrt.org.uk/wp-content/uploads/2012/11/2011-Health-Economics-of-Trauma-in-NI-Final.pdf>

- 
- Graham, B. & Nash, C. (2006). A shared future: territoriality, pluralism and public policy in Northern Ireland. *Political Geography*, 25(3) 253-278. doi: 10.1016/j.polgeo.2005.12.006
- Han, S. C., Castro, F., Lee, L. O., Charney, M. E., Marx, B. P., Brailey, K., ... & Vasterling, J. J. (2014). Military unit support, postdeployment social support, and PTSD symptoms among active duty and National Guard soldiers deployed to Iraq. *Journal of Anxiety Disorders*, 28(5), 446-453. doi: 10.1016/j.janxdis.2014.04.004
- Hines, L. A., Gribble, R., Wessely, S., Dandeker, C., & Fear, N. T. (2014). Are the Armed Forces understood and supported by the public? A view from the United Kingdom. *Armed Forces and Society*, 41(4) 688-713. doi: 10.1177/0095327X14559975
- House of Commons Northern Ireland Affairs Committee (2013). *Implementation of the Armed Forces Covenant in Northern Ireland*. Retrieved from <http://www.publications.parliament.uk/pa/cm201314/cmselect/cmniaf/51/51.pdf>
- Iversen, A. C., & Greenberg, N. (2009). Mental health of regular and reserve military veterans. *Advances in Psychiatric Treatment*, 15(2), 100-106. doi: 10.1192/apt.bp.107.004713
- Kearney, V. (2016). *Dissident Republican Threat reaches New Level*. BBC online, 11 May 2016. Retrieved from <http://www.bbc.co.uk/news/uk-northern-ireland-36269175>
- Louth, J., Taylor, T. & Twort, L. (2016). *The Art of the Covenant. The Armed Forces Covenant and the Role of the Commercial Sector*. RUSI Publications. Retrieved from <https://rusi.org/publication/occasional-papers/art-covenant-armed-forces-covenant-and-role-commercial-sector>
- MacManus, D., & Wessely, S. (2013). Veteran mental health services in the UK: Are we headed in the right direction? *Journal of Mental Health*, 22(4), 301-305. doi: 10.3109/09638237.2013.819421
- Ministry of Defence (2010a). *Estimating the proportion of prisoners in England and Wales who are ex-Armed Forces; a data matching exercise carried out by the MOD in collaboration with the MoJ*. Retrieved from <https://www.gov.uk/government/publications/ex-armed-forces-prisoners-in-england-and-wales-statistics-2010>
- Ministry of Defence (2010b). *Estimating the proportion of prisoners in England and Wales who are ex-Armed Forces further analysis*. Retrieved from <https://www.gov.uk/government/publications/ex-armed-forces-prisoners-in-england-and-wales-statistics-2010>
- Ministry of Defence (2010c). *Estimating the proportion of offenders supervised by Probation Trusts in England and Wales who are ex-Armed Forces*. Retrieved from <https://www.gov.uk/government/publications/veterans-on-probation-statistics>
- Ministry of Defence (2016a, November 2). *Covenant Fund 2016 priority 3: strengthening local government delivery of the covenant application guidance*. Retrieved from <https://www.gov.uk/government/publications/covenant-fund-guidance-on-how-to-apply>
- Ministry of Defence (2016b, November 2). *Covenant Fund 2016 priority 4: community integration / local service delivery application guidance*. Retrieved from <https://www.gov.uk/government/publications/covenant-fund-guidance-on-how-to-apply>
- Ministry of Defence (2016c, June 3). *Policy paper: Armed Forces Covenant*. Retrieved from <https://www.gov.uk/government/publications/armed-forces-covenant-2015-to-2020/armed-forces-covenant>
- Ministry of Defence (2017a, April 11). *Index of businesses that have signed the Armed Forces Covenant*. Retrieved from <https://www.gov.uk/government/publications/search-for-businesses-who-have-signed-the-armed-forces-covenant#history>
-

- 
- Ministry of Defence (2017b, April 11). *Covenant Fund: programme summary map of need and outcomes framework*. Retrieved from [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/582363/Programme\\_Summary\\_Map\\_of\\_Need\\_and\\_Outcomes\\_Framework-20170109.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582363/Programme_Summary_Map_of_Need_and_Outcomes_Framework-20170109.pdf)
- Ministry of Defence (2017c, April 11). *Applying to the Covenant Fund*. Retrieved from <https://www.gov.uk/government/collections/covenant-fund>
- Ministry of Defence (2017d, April 11). *Covenant Fund awards 2016/17 so far*. Retrieved from [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/599935/All\\_2016-17\\_Awards\\_up\\_to\\_end\\_of\\_Feb\\_2017\\_for\\_website.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/599935/All_2016-17_Awards_up_to_end_of_Feb_2017_for_website.pdf)
- Ministry of Justice (2015). *Update on progress in addressing the needs of ex-armed services personnel in the criminal justice system*. Retrieved from <https://www.gov.uk/government/publications/former-members-of-the-armed-forces-and-the-criminal-justice-system>
- NICVA (2016, November 30) *State of the Sector*. Retrieved from <http://www.nicva.org/stateofthesector>
- NIHE Annual Report (2016). *45<sup>th</sup> annual report 1<sup>st</sup> April 2015 – 31<sup>th</sup> March 2016*. Retrieved from [http://www.nihe.gov.uk/2016\\_annual\\_report.pdf](http://www.nihe.gov.uk/2016_annual_report.pdf)
- Nolan, P. (2014). *Northern Ireland Peace Monitoring Report: Number Three*. Belfast: Community Relations Council. Retrieved from [http://cain.ulst.ac.uk/events/peace/docs/nipmr\\_2014-03\\_1-Intro.pdf](http://cain.ulst.ac.uk/events/peace/docs/nipmr_2014-03_1-Intro.pdf)
- Northern Ireland Affairs Committee (2013, January). *Further memorandum from the Northern Ireland Veterans Advisory and Pensions Committee*. Retrieved from <https://www.publications.parliament.uk/pa/cm201314/cmselect/cmniaf/51/51we03.htm>
- Northern Ireland Assembly Debate (6 December 2016). Hansard.
- Northern Ireland Executive (2016). *Draft Programme for Government: 2016-2021*. NI Executive. Belfast. Retrieved from <https://www.northernireland.gov.uk/sites/default/files/consultations/newnigov/draft-pfg-framework-2016-21.pdf>
- Northern Ireland Statistics and Research Agency (2012). *Census 2011: Key Statistics for Northern Ireland*. Belfast: Department of Finance and Personnel. Retrieved from [http://www.nisra.gov.uk/Census/2011\\_results\\_key\\_statistics.html](http://www.nisra.gov.uk/Census/2011_results_key_statistics.html)
- Phillips, S. (2014). *Former members of the Armed Forces and the Criminal Justice System: A review on behalf of the secretary of State for Justice*. Retrieved from <https://www.gov.uk/government/publications/former-members-of-the-armed-forces-and-the-criminal-justice-system>
- Pozo, A., & Walker, C. (2014). *UK Armed Forces charities: An overview and analysis*. London, England: Directory of Social Change. Retrieved from <http://armedforcescharities.org.uk/index.php/item/7-armed-forces-charity-sector>
- Preston, A. (2016, March 26). Huge crowds expected at Easter Rising parades and services of remembrance across Northern Ireland. *Belfast Telegraph*. Retrieved from: <http://www.belfasttelegraph.co.uk/news/northern-ireland/huge-crowds-expected-at-easter-rising-parades-and-services-of-remembrance-across-northern-ireland-34573768.html>
- Shared Intelligence (2016). *Our community, our covenant. Improving the delivery of local covenant pledges*. Forces in Mind Trust commissioned report. Retrieved from <http://www.fim-trust.org/wp-content/uploads/2016/08/Our-Community-Our-Covenant-Report-30.08.16.pdf>
- Stecker, T., Shiner, B., Watts, B.V., Jones, M., & Conner, K.R. (2013). Treatment-seeking barriers for veterans of the Iraq and Afghanistan conflicts who screen positive for PTSD. *Psychiatric Services*, 64, 280-283. doi: 10.1176/appi.ps.001372012
-

---

The Independent (2010, June 15). *Saville pins the blame for Bloody Sunday on British soldiers*. Retrieved from <http://www.independent.co.uk/news/uk/home-news/saville-pins-the-blame-for-bloody-sunday-on-british-soldiers-2001669.html>

The Newsletter (2017, April 3). *Northern Ireland veterans will not benefit from new mental health service*. Retrieved from <http://www.newsletter.co.uk/news/northern-ireland-veterans-will-not-benefit-from-new-mental-health-service-1-7897170>

The Royal British Legion. (2014). *A UK household survey of the ex-service community*. London, England: Royal British Legion. Retrieved from <http://www.fim-trust.org/wp-content/uploads/2014/11/2014householdsurveyreport.pdf>

Welsh Government (2013). *Veteran informed prisons: A guide to improving the health and well-being of prisoners in Wales who are veterans*. Retrieved from <http://llyw.cymru/topics/health/publications/health/guidance/prison/?lang=en>

Wright, O. (2013, February 21). A Soldier Speaks: The Covenant doesn't help anyone, it's just words. *The Independent*. Retrieved from <http://www.independent.co.uk/news/uk/politics/a-soldier-speaks-the-covenant-doesnt-help-anyone-its-just-words-8505845.html>

Quinn, E. (2014). *Consultation Response: Active Ageing Strategy*. AgeNI. Retrieved from [http://www.ageuk.org.uk/Documents/EN-GB-NI/policy/responses/Age\\_NI\\_Response\\_Active\\_Ageing\\_Strategy\\_May\\_2014.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB-NI/policy/responses/Age_NI_Response_Active_Ageing_Strategy_May_2014.pdf?dtrk=true).

---

## Appendix 1: Data Collection Template – Statutory Sector

### **Physical and Organisational Characteristics**

- Key contact: person(s) of contact within organisation
- Organisation brand
- Background of organisation
- Associated statutory bodies, agencies and quangos
- Veterans' Organisations to which they provide funding
- Are there eligibility barriers which could arise for veterans (ie: Ordinarily Resident Test)? If so, are there steps taken to mitigate those barriers?
- Veteran definition used
- Website – quality of access & information

### **Service provision (Only organisations related to health and wellbeing)**

- What areas of support are offered by the organisation
- How can access/contact the organisation: telephone, email, in person
- Are there key policies relating to veterans: referrals, assessment protocol? If no, is there justification for this omission?
- Is there information available specifically aimed at veterans? If so, what, and how does it reach veterans?
- Strategic policies: plan/vision for the future (NI specific if possible)
- Communication: channels of comms between other bodies; referral pathways, signposting
- Gaps, obstacles and good practice

### **Departmental Letters**

- What, if any, monitoring procedures to capture data relating to armed services/ex-services personnel?
- Is there an individual directly responsible for service/ex-service personnel?
- Are there any specific services or protocols within the department or associated agencies?

---

## Appendix 2: Data Collection Template - Charity Sector

### **Physical and Organisational Characteristics**

- Key contact: person(s) of contact within organisation
- Organisation brand
- Background of organisation
- HQ/satellite bases: where are they based, do they have outreach branches
- Funding streams: who funds them, how much do they get, how do they spend it
- Eligibility criteria
- Client base: how many clients
- Veteran definition used
- Website – quality of access & information

### **Service provision**

- What areas of support are offered by the organisation
- How can access/contact the organisation: telephone, email, in person
- Key policies relating to veterans: referrals, assessment protocol
- Key information provided to veterans: where, what, when and why
- Key documents used to collate information on veterans: assessment form(s), outcomes measures, client evaluation, service evaluation
- Strategic policies: plan/vision for the future (NI specific if possible)
- Communication: channels of comms between other bodies; referral pathways, signposting
- Gaps, obstacles and good practice

# Appendix 3: Individual VCS organisation overviews

## Veteran support service summary: AAVSNI



www.aavsni.com

About	
Background	AAVSNI was founded by Andy Allen, a soldier severely injured by an IED in Afghanistan. As a result of being an injured veteran, Andy identified a number of areas where support for veterans and their families could be better improved in Northern Ireland.
Aims	The charity prides itself on being run by volunteers who aim to make a difference to the lives of ex-service personnel and their families throughout Northern Ireland.
Eligibility	Serving and ex-service personnel and their families (and dependents) can access support.
Tri-service	Yes
Location	AAVSNI office is located in Belfast
Client base	95
Coverage	Across Northern Ireland
Structure	An Ex-services charity managed and operated by volunteers.
Funding	AAVSNI is funded by public donations and fundraising activities.
Support services	
Method	The primary methods of contact are via the telephone, email or calling into AAVSNI offices.
Assessment	At the initial needs assessment will establish the nature of the query.
Support structure	Support and advice will be provided either over the phone or face-to-face as required. If AAVSNI cannot resolve the client's need, it will be passed to another organisation as appropriate.
Services offered	It provides counselling, welfare support and training for veterans and their partners. Services include: Forklift licence training, benefits advice and counselling.
Contact with other agencies	AAVSNI communicates with other agencies including other governments departments, local authorities, politicians, statutory and charity organisations, as necessary for each client.

# Veteran support service summary: ABF Soldiers' Charity



[www.soldierscharity.org](http://www.soldierscharity.org)

About	
Background	ABF Soldiers' Charity is a grant making organisation. The charity makes grants to individuals through their Regiments and Corps. It also provides grants to other military charities to enable them to deliver specialist support to military veterans.
Aims	The charity prides itself on being responsive and making a difference to veterans' lives at a time when help is most needed. The charity aims to support all future generations of soldiers and their dependents.
Eligibility	Ex-service personnel of the British Army and their families (and dependents) can access support.
Tri-service	No
Location	ABF Soldiers' Charity is located in Thiepval Barracks, Lisburn
Client base	N/A
Coverage	Across Northern Ireland
Structure	An Ex-services charity managed and governed by a board of trustees with a pledged commitment to The Armed Forces Corporate Covenant
Funding	ABF Soldiers' Charity is funded by public donations and fundraising activities. It receives no routine government funding.
Support services	
Method	ABF Soldiers' Charity does not run a help line. However, if contacted, staff will take details of anyone requiring help and signpost accordingly.
Assessment	ABF Soldiers' Charity do not deal ordinarily direct with clients; they utilise organisations to do case work. Any direct approaches to ABF would be referred back to SSAFA or TRBL.
Support structure	Financial assistance can be given to individuals through casework conducted by SSAFA and TRBL. If ABF cannot resolve the client's need, it will be passed to another organisation as appropriate.
Services offered	ABF is purely a fundraising charity and so makes grants to individuals and charities. It does not deliver welfare services.
Contact with other agencies	ABF communicates with other agencies, particularly those that conduct casework on ABF's behalf; specifically, SSAFA and TRBL.

# Veteran support service summary: Beyond the Battlefield



www.beyondthebattlefield.org

<b>About</b>	
Background	Beyond the Battlefield was founded by Robert McCartney, a veteran who was diagnosed with PTSD after leaving the army. As a result of being a WIS veteran, Robert identified a number of areas where support for veterans and their families could be better improved in Northern Ireland.
Aims	The charity prides itself on helping clients with any issue and aims to make a difference to the lives of ex-service personnel and their families throughout Northern Ireland
Eligibility	Ex-service personnel and their families (and dependents) can access support.
Tri-service	Yes (including all ex-security services: police, fire and ambulance).
Location	Beyond the Battlefield office is located in Newtownards
Client base	265
Coverage	Across Northern Ireland
Structure	An Ex-services charity managed and operated by volunteers.
Funding	Beyond the Battlefield is self-funded and funded by public donations and fundraising activities.
<b>Support services</b>	
Method	The primary methods of contact are via the telephone or email. At times of high demand, pre-appointments are necessary.
Assessment	At the initial needs assessment will establish the nature of the query.
Support structure	Support and advice will be provided either over the phone or face-to-face as required. Beyond the Battlefield aim to address any issue a veteran may have and so do not normally refer or signpost to other organisations.
Services offered	It provides counselling, welfare support and advocacy for veterans. Services include: Arranging military funerals, lobbying government, benefits advice and counselling.
Contact with other agencies	Although Beyond the Battlefield does not make referrals to other organisations, the charity is willing to work with anyone across sectors for veterans' best interests.

# Veteran support service summary: BLESMA



www.blesma.org

About	
Background	The Limbless Ex-Service Men's Association (LESMA) grew out of the First World War as amputee veterans gathered together to offer mutual support. Today BLESMA as is it now known offers help and support to Members on any issue, which is affecting health and wellbeing.
Aims	The charity prides itself on assisting serving and ex-Service men and women who have suffered life-changing limb loss or the use of a limb, an eye or loss of sight, to lead independent and fulfilling lives.
Eligibility	BLESMA is a membership association and has very clear eligibility criteria - two main categories, Ordinary and Associate <sup>1</sup> .
Tri-service	Yes
Location	BLESMA not does have a permanent base in Northern Ireland
Client base	52
Coverage	Across Northern Ireland
Structure	Clear management structure, including Board of Trustees
Funding	BLESMA funded by voluntary donations and investments; the charity does not receive statutory funding.
Support services	
Method Assessment	The primary methods of contact are via the telephone, email, online- contact form. At the initial needs assessment will establish the nature of the query. The Membership Services Team contact new Members and they are put in contact with a BLESMA Support Officer, responsible for supporting NI veterans' needs.
Support structure	Support and advice will be provided either over the phone or face-to-face as required. BLESMA will signpost/refer veterans to other organisations dependent upon the Member's need.
Services offered	It provides prosthetic/mobility support, welfare support and financial support. BLESMA works closely with the Regional Disablement Centre at Musgrave Park Hospital.
Contact with other agencies	BLESMA signposts their Members to other services as necessary, and assists in formal referral processes

<sup>1</sup> Ordinary Members: serving and ex-Service personnel who whilst serving, or as a result of service have lost a limb or an eye, have permanent loss of speech, hearing or sight of an eye or the use of a limb; Associate Members: open to all ex-Service personnel who lose a limb or an eye other than through Service-related causes or who lose the use of a limb as a result of trauma.

# Veteran support service summary: Blind Veterans UK



[www.blindveterans.org](http://www.blindveterans.org)

<b>About</b>	
Background	Blind Veterans UK (BVUK) supports ex-service personnel who have significant sight loss.
Aims	Blind Veterans UK aims to provide support to visually impaired veterans by supporting them to re-learn essential life skills and enabling them to continue to lead independent lives.
Eligibility	Ex-service personnel with visual acuities.
Tri-service	Yes
Location	Mainland UK
Client base	27 members
Coverage	Across Northern Ireland
Structure	Governed by a Board of Trustees
Funding	Various sources of funding (including. donations).
<b>Support services</b>	
Method	The primary methods of contact are via the telephone, contacting one of the care centres or completion of an application form.
Assessment	At the initial needs assessment with an ophthalmologist followed by a holistic assessment to establish needs.
Support structure	Support and advice will be provided at the care centres as required. If BVUK cannot resolve the client's need, it will be passed to another organisation as appropriate.
Services offered	BVUK offers its beneficiaries: training and rehabilitation; access to various inclusive clubs and societies. It also provides permanent and respite residential care in Brighton and Llandudno. (Please note, permanent residential care is only provided in Brighton).
Contact with other agencies	BVUK will refer clients to other organisations based on the individual needs of the client.

# Veteran support service summary: Combat Stress



www.combatstress.org

<b>About</b>	
Background	Combat Stress is the UK's leading veterans' mental health charity treating a range of mental health conditions including PTSD, depression and anxiety.
Aims	The charity prides itself on helping veterans to lead fulfilling lives, free from the effects of psychological injury.
Eligibility	Ex-service personnel of the British Army and their families (and dependents) can access support.
Tri-service	Yes
Location	Main Combat Stress office is located in Belfast
Client base	Information not available
Coverage	Across Northern Ireland
Structure	Clear management and governance structure including Board of Directors and Trustees
Funding	
<b>Support services</b>	
Method	The primary methods of contact are telephone or email. That charity also runs a 24/7 helpline.
Assessment	After initial contact, a Form A is completed to establish the nature of the need.
Support structure	Combat Stress provide mental health support in the following ways: 24-hour helpline; community outreach support (Hub and Spoke CPN clinics provide assessment and short-term low level interventions for depression, anxiety and anger); and residential programmes at a treatment centre (on the UK mainland).
Services offered	Depending upon client need services include: intensive PTSD treatment programme; Occupational therapy; Resilience workshops and commencing in 2017 psycho-educational groups covering issues such as, medication and pain management, sleep hygiene and anger/mood problems.
Contact with other agencies	Combat Stress communicates with

# Veteran support service summary: Decorum NI



www.decorumni.co.uk

<b>About</b>	
Background	Decorum NI addresses the needs of those who have been psychologically, physically, emotionally and socially traumatized as a result of their service during the Troubles
Aims	It helps ex-service personnel from Operation Banner get appropriate welfare support and provides a social meeting space in order to improve overall wellbeing
Eligibility	Ex-service personnel and their partners can access support.
Tri-service	Yes (including police and prison officers)
Location	Decorum NI office is located in Bangor
Client base	Decorum NI currently have an Armed Forces membership of 200
Coverage	Across Northern Ireland
Structure	An Ex-services charity, managed and operated by ex-service personnel and volunteers
Funding	Decorum, NI is funded by the Victims and Survivors Service
<b>Support services</b>	
Method	The primary methods of contact are via the telephone, email, registration form or calling into the Decorum NI office.
Assessment	At the initial needs assessment will establish the nature of the query.
Support structure	Support and advice will be provided either over the phone or face-to-face as required. If Decorum NI cannot resolve the client's need, it will be passed to another organisation as appropriate.
Services offered	It provides befriending and welfare support for veterans of Operation Banner and their partners. Services include: befriending, advocacy and events such as floristry and cooking demonstrations.
Contact with other agencies	Decorum NI communicates with other agencies including other governments departments, local authorities, statutory and charity organisations, as necessary for each beneficiary.

# Veteran support service summary: Help for Heroes (H4H)

www.helpforheroes.org.uk



About	
Background	H4H was established in 2007 to provide welfare support for veterans who had suffered as a result of service in the Armed Forces during more modern conflicts in Iraq and Afghanistan <sup>1</sup>
Aims	Help for Heroes provides holistic support to veterans, Service men and women and veterans and their families.
Eligibility	WIS ex-service personnel and their partners can access support.
Tri-service	Yes
Location	H4H's NI regional office is located in Belfast
Client base	H4H have 9483 individuals have registered with H4H with an NI postcode, there are also 180 BoB/BoS <sup>2</sup> registered within NI.
Coverage	Across Northern Ireland
Structure	An Ex-services charity, managed and operated by ex-service personnel and volunteers
Funding	H4H is funded through various channels including voluntary income. Funding is disseminated throughout the UK depending upon client request.
Support services	
Method	The primary methods of contact are via the telephone or email. Once contact has been made, details are directed to the relevant department and region.
Assessment	If an individual has more complex needs, they may be assigned a Support Hub Key Worker.
Support structure	Support and advice will be provided either over the phone or face-to-face as required at Recovery Centre in Catterick. If H4H cannot resolve the client's need, it will be passed to another organisation as appropriate.
Services offered	It provides fellowship, welfare support and psychological support for veterans of and their partners. Services include: BoB/BoS, Hidden Wounds and financial assistance.
Contact with other agencies	H4H communicates with other agencies including other governments departments, local authorities, statutory and charity organisations, as necessary for each beneficiary.

<sup>1</sup> Since then, eligibility criterion has been amended and support is offered to those from any conflict who were wounded, injured or sick during their service.

<sup>2</sup> Band of Brothers/Band of Sisters

# Veteran support service summary: RAFA



The charity that supports the RAF family

<http://www.rafa.org.uk>

About	
Background	In the present day, the charity has a firmly embedded and recognisable presence across the UK. It is one of the largest military charities in the UK, whose Patron is Her Majesty the Queen. RAFA currently has 422 branches worldwide and a Welfare Team that continues to provide welfare support to the RAF family.
Aims	The Royal Air Forces Association (RAFA) is a membership organisation that provides welfare support to the RAF.
Eligibility	Serving and ex-service RAF personnel and their families can access support.
Tri-service	No
Location	RAFA office is located in Belfast. There are a further 13 branches across Northern Ireland
Client base	RAFA has a membership base of approximately 300 in Northern Ireland
Coverage	Across Northern Ireland
Structure	Clear management structure including Board of Trustees and Executive Board.
Funding	RAFA receives funds centrally and through local fundraising activities.
Support services	
Method	The primary methods of contact are via the website, the Freephone helpline, and face-to-face.
Assessment	At the initial needs assessment with a volunteer caseworker will establish the nature of the query. If it is related to financial help, a Form A will need to be completed before any funds can be almonised to meet the request. Respite requests will either be handled by Bennett House (TRBL) or funds will be provided and members can travel to England. Requests for psychological support/debt management will be signposted accordingly.
Support structure	Support and advice will be provided either over the phone or face-to-face as required. If RAFA cannot resolve the client's need, it will be passed to another organisation as appropriate.
Services offered	It provides outreach welfare support for veterans of any age, and their families. Services include: financial assistance, respite, advice and signposting. A current befriending scheme extends the work of RAFA out into the public arena where individuals can volunteer to engage in befriending and bereavement support
Contact with other agencies	RAFA communicates with other agencies including other governments departments, local authorities, statutory and charity organisations, as necessary for each client.

# Veteran support service summary: The Royal British Legion



<https://www.britishlegion.org.uk>

About	
Background	The Royal British Legion (TRBL) is a UK-wide charity, which was founded after the First World War.
Aims	It helps serving and ex-service personnel get appropriate welfare support, organises the annual Poppy Appeal and remembers the fallen.
Eligibility	Serving and ex-service personnel and their families can access support.
Tri-service	Yes
Location	The Area Office and Pop-In centre is located in Belfast. There are a further 78 branches/clubs of the RBL located across the province.
Client base	An exact figure on client base within Northern Ireland is not possible to obtain. However, TRBL can deal with up to and over 136,000 incidents.
Coverage	Across Northern Ireland
Structure	Clear management structure including Board of Trustees and Executive Board
Funding	Multiple sources of funding
Support services	
Method	The primary methods of contact are via the website, the Freephone helpline, and face-to-face at the Pop-In/Outreach centres.
Assessment	At the initial needs assessment with an advisor will establish the nature of the query. If it is related to financial help, it will be passed onto a case officer, where a Form A will need to be completed. Requests relating to respite, badges and service records will be handled by Bennett House. Requests for psychological support will be signposted accordingly.
Support structure	Support and advice will be provided either over the phone or face-to-face as required. If the RBL cannot resolve the client's need, it will be passed to another organisation as appropriate.
Services offered	It provides outreach and welfare support for veterans of any age, and their families. Services include: financial assistance, respite, advice, assistance with employment and training. Community branch support extends the work of the RBL out into the public arena where individuals can volunteer to engage in befriending and bereavement support
Contact with other agencies	The RBL communicates with other agencies including other governments departments, local authorities, statutory and charity organisations, as necessary for each client.

# Veteran support service summary: Royal Naval Association



**ROYAL NAVAL  
ASSOCIATION**

<http://www.royal-naval-association.co.uk/branches/no-12-ireland/belfast/>

<b>About</b>	
Background	The Royal Naval Association is a charity comprised of current and ex-Naval Service personnel and everything they do is linked to their core values: unity; loyalty; patriotism; and comradeship.
	we are a family of current and former Naval Service personnel, relatives and supporters of our country's Royal Navy.
	Whether we are catching up with friends at our regular social events; fundraising; advising on welfare and employment matters, or just providing an arm around the shoulder, our natural willingness to help others stems from the tradition and camaraderie that only Naval Service life can instil.
Aims	The charity prides itself on helping others with the tradition and camaraderie synonymous with Naval Service.
Eligibility	Ex-service personnel of the British Navy and their families (and dependents) can access support.
Tri-service	No
Location	Outreach Branches across Northern Ireland
Client base	Information not available
Coverage	Across Northern Ireland
Structure	
Funding	
<b>Support services</b>	
Method	
Assessment	
Support structure	
Services offered	
Contact with other agencies	

# Veteran support service summary: SEFF



<http://www.seff.org.uk>

<b>About</b>	
Background	The South East Fermanagh Foundation Legion (SEFF) is a community foundation helping victims and survivors of the 'Troubles' conflict.
Aims	SEFF offers a wide range of welfare services, to support those who have been physically and psychologically affected by the 'Troubles'.
Eligibility	Ex-service personnel from Operation Banner and their families can access support.
Tri-service	Yes
Location	Unit 1, Manderwood Park, 1 Nutfield Road, Lisnaskea BT29 0FP
Client base	225 veterans (1 <sup>st</sup> April 2015 – 31 <sup>st</sup> March 2016)
Coverage	Co. Fermanagh
Structure	Clear management structure including Management Board
Funding	Multiple sources of funding
<b>Support services</b>	
Method	The primary methods of contact are via the website, telephone, and face-to-face at the SEFF office.
Assessment	At the initial needs assessment will establish the nature of the query. If the need requires immediate attention or is of a wellbeing nature, a counsellor will conduct a formal clinical assessment. If the need is not urgent, it will be passed on to the Director of Services. Requests for support that SEFF cannot meet will be signposted accordingly.
Support structure	Support and advice will be provided either over the phone or face-to-face as required. If SEFF cannot resolve the client's need, it will be passed to another organisation as appropriate.
Services offered	It provides outreach and welfare support for veterans of Operation Banner and their families. Services include: befriending, advocacy, respite, benefits advice, assistance with employment and training.
Contact with other agencies	SEFF communicates with other agencies including other governments departments, local authorities, statutory and charity organisations, as necessary for each client.

# Veteran support service summary: The Somme Nursing Home



[www.thesommenursinghome.co.uk](http://www.thesommenursinghome.co.uk)

<b>About</b>	
Background	The Somme Nursing Home started out as a hospital giving specialised care to ex-service patients, until its closure in the late 1980s. Soon after this, in 1995, the building changed its name to the Somme Nursing Home and renovation work took place to create the establishment of care that it is today.
Aims	The Somme Nursing home provides an environment where compassion and the understanding of the needs are central to the home's delivery of care to its residents.
Eligibility	Serving (wounded) and ex-service personnel with disabilities.
Tri-service	Yes (also includes wider security services: Police, Prison and Fire)
Location	Circular Road, Belfast
Client base	Average occupancy 38 (maximum capacity currently 41)
Coverage	Across Northern Ireland
Structure	An Ex-services charity, managed and operated by ex-service personnel
Funding	Mainly private care fees
<b>Support services</b>	
Method	The primary methods of contact are via the telephone, email or calling into the Home.
Assessment	Medical assessment stipulating the need for 24-hour nursing care and application covering medical condition/nursing needs.
Support structure	Full residential care is provided at its premises on Circular Road.
Services offered	As well as full-time residential care, additional services for residents include: outings, mobile shop, hairdressing and chiropody treatments.
Contact with other agencies	The Somme Nursing Home communicates with other agencies including local authorities, statutory and charity organisations, as necessary for each client.

# Veteran support service summary:

## SSAFA



www.ssafa.org.uk

About	
Background	Soldiers, Sailors Airmen and Families Association (SSAFA), is the UK's oldest military charity, which was founded 130 years ago. The organisation prides itself on providing support to veterans and their families.
Aims	SSAFA works in partnership with other military charities and statutory organisations to ensure that any beneficiary can get the help and support they need
Eligibility	Serving and ex-service personnel and their families can access support.
Tri-service	Yes
Location	Main offices are located in Belfast and Londonderry. There are a further 7 Divisions located across the province.
Client base	SSAFA would receive between 400-500 cases annually
Coverage	Across Northern Ireland
Structure	Clear management structure including Board of Trustees and Executive Board
Funding	SSAFA is not centrally funded – all funds are locally raised.
Support services	
Method	The primary methods of contact are via the website, the Freephone helpline, and face-to-face.
Assessment	At the initial needs assessment with a caseworker will establish the nature of the query. If it is related to financial help, a Form A will need to be completed before any funds can be almonised to meet the request. Requests relating to respite will be handled by Bennett House. Requests for psychological support/debt management will be signposted accordingly.
Support structure	Support and advice will be provided either over the phone or face-to-face as required. If SSAFA cannot resolve the client's need, it will be passed to another organisation as appropriate.
Services offered	It provides outreach and welfare support for veterans of any age, and their families. Services include: financial assistance, respite, advice and signposting. A current mentoring scheme extends the work of SSAFA out into the public arena where individuals can volunteer to engage in befriending and bereavement support
Contact with other agencies	SSAFA communicates with other agencies including other governments departments, local authorities, statutory and charity organisations, as necessary for each client.

# Veteran support service summary: The Ely Centre



www.elycentre.com

About	
Background	The Ely Centre addresses those who have been psychologically, physically, emotionally and socially traumatized as a result of their service during the Troubles in Fermanagh and Tyrone.
Aims	The Ely Centre is committed to serving innocent victims and survivors, ex service personnel, their families and carers by providing evidenced based outcome focused treatments, prevention and support services that address issues of declining psychological, physical health, social and financial difficulties
Eligibility	Anyone who meets the criteria of the Victims and Survivors Order (2006)
Tri-service	Yes
Location	The Ely Centre is located in Enniskillen
Client base	The Ely Centre currently have a membership of 1027 clients
Coverage	Co. Fermanagh and Co. Tyrone
Structure	The Ely Centre is governed by a Board of Directors who are responsible for the overall governance of The Ely Centre.
Funding	The Ely Centre is funded by the Victims and Survivors Service
Support services	
Method	The main ways to contact The Ely Centre are to call into the office; through the telephone number or via the online referral form
Assessment	At the initial needs assessment will establish the nature of the query.
Support structure	Support and advice will be provided either over the phone or face-to-face as required. If The Ely Centre cannot resolve the client's need, it will be passed to another organisation as appropriate.
Services offered	Services include: Befriending, benefits advice (in collaboration with Veterans UK) and psychological and complementary therapies. Additional services include: Remembrance and guest speakers.
Contact with other agencies	The Ely Centre communicates with other agencies in the Services sector, but may also include other victims groups, food bank, housing associations, community and voluntary organisations and statutory services

# Veteran support service summary: The Milibern Trust

**MILIBERN TRUST**

<http://www.miliberntrust.co.uk>

<b>About</b>	
Background	The Milibern Trust was formed in 1968 and provides accommodation for ex-service personnel and their dependents in Northern Ireland.
Aims	To provide safe accommodation in pleasant surroundings.
Eligibility	Ex-service personnel
Tri-service	Yes
Locations	Greater Belfast: Newtownabbey and Belfast
Client base	36 veterans
Coverage	Across Northern Ireland
Structure	An Ex-services charity, it is not managed and operated by ex-service personnel
Funding	Rental income and investments.
<b>Support services</b>	
Method	The primary methods of contact are via the telephone and email
Assessment	An application form is completed and suitability for a place is assessed.
Support structure	Wardens can be called to the accommodation and can assist with collecting prescriptions or calling doctors/family.
Services offered	Services include: Self-contained 1 bed and 2-bed flats. A mobile shop and hairdressing service also visits the accommodation.
Contact with other agencies	The Milibern Trust communicates with other military organisations, particularly: SSAFA and UDR/RIRISH Aftercare Service.

# Veteran support service summary: The Not Forgotten Association Northern Ireland



<http://www.nfassociation.org/>

<b>About</b>	
Background	The Not Forgotten Association Northern Ireland was formed in 1930 to provide recreational activities and entertainment for the benefit of serving WIS <sup>1</sup> or ex-service personnel with disabilities.
Aims	Throughout the year, beneficiaries are able to attend various events such as lunches, concerts and outings, where they can meet with other veterans and socialise. Also the provision of televisions and TV licences.
Eligibility	Serving and ex-service personnel (must be in receipt of either a War Disability Pension or Armed Forces Compensation Scheme Payment). This is checked with the Veterans Welfare Service.
Tri-service	Yes
Location	The Registered office is of The Not Forgotten Association Northern Ireland is located at 21 Talbot Street, Belfast BT1 2LD
Client base	Current beneficiary base of over 300 serving personnel and veterans
Coverage	Across Northern Ireland
Structure	Clear management structure: Patron and Management Team
Funding	Mainly self-funded
<b>Support services</b>	
Method	The primary methods of contact are via telephone or email.
Assessment	N/A
Support structure	The Not Forgotten Association Northern Ireland is not a welfare or grant-giving charity, however they will signpost accordingly.
Services offered	It provides recreational and entertainment activities for serving and ex-service personnel, including: outings, roadshows, luncheons, garden parties.
Contact with other agencies	The Not Forgotten Association Northern Ireland communicates with military charities and other organisations as necessary.

<sup>1</sup> Wounded, injured and sick.

## Appendix 4: At a glance overview of VCS organisations

### CHARITIES AND VOLUNTARY SUPPORT FOR VETERANS AND SERVICE LEAVERS IN NORTHERN IRELAND

ID	Organisation Name	Areas Served	Outreach branches/clubs	HQ	Based in NI	Office/Branch Opening hours	Tri-Service support	Services supported	Befriending	Respite/ Residential services	Employability and training	Mental health services	Grants/financial assistance	Welfare (advice, drop-in signposting)	Wellbeing (complementary therapies, recreation)	Advocacy	Remembrance
1	ABF Soldiers' Charity	Across Northern Ireland		Thiepval Barracks, Lisburn	✓	n/a	x	Army					•				
2	AA Veterans' Support	Across Northern Ireland		Belfast	✓	Mon-Fri 9-5	✓			•	•		•				
3	Beyond the Battlefield	Across Northern Ireland		Newtownards	✓	Mon-Fri 9-5	✓				•	•		•		•	
4	BLESMA	Across Northern Ireland		Edinburgh	x <sup>1</sup>	n/a	✓						•	•			
5	Blind Veterans UK	Across Northern Ireland		London	x <sup>2</sup>	n/a	✓			•	•			•	•		
6	Castlehill Foundation	Craigavon, Dungannon, Tyrone Area		Aughnacloy	✓	Mon-Wed 9-4.30	✓		•	•	•			•	•		•
7	Combat Stress	Across Northern Ireland		Belfast	✓		✓			•		•				•	
8	Decorum NI	Across Northern Ireland		Bangor	✓		✓		•		•			•		•	
9	Help for Heroes (H4H)			Belfast	✓	Mon-Fri 9-5	✓					•	•	•	•		
10	Military and Police Support of West Tyrone (MAPS)	Omagh, Strabane, Dungannon, S.Tyrone		Omagh	✓	Mon-Fri 10-4	✓		•	•				•	•	•	•
11	Millbern Trust	Greater Belfast		Belfast	✓	n/a	✓			•				•			
12	RAFA (Royal Air Forces Association)	Across Northern Ireland	✓	Belfast	✓	Mon-Fri 8-5	x	RAF		•			•	•			•
13	The Ely Centre	Fermanagh, Tyrone		Enniskillen	✓	Mon-Thurs 9.40.5 2pm Friday closing	✓		•	•		•		•	•	•	•
14	The Not Forgotten Association	Across Northern Ireland		Belfast	✓	n/a	✓								•		
15	TRBL (The Royal British Legion)	Across Northern Ireland	✓	Belfast	✓	Mon-Fri 10-4	✓			•	•		•	•			•
16	The Somme Nursing Home	Belfast		Belfast	✓	n/a	✓			•							
17	Royal Naval Association	Belfast	✓	Belfast	✓		x	Royal Navy					•				
18	SEFF (South East Fermanagh Foundation)	Co. Fermanagh		Linaskea	✓	Mon-Fri 9-5	✓		•		•			•		•	
19	SSAFA (Soldiers', Sailors' & Airmen's Families Association)	Across Northern Ireland		Belfast/ Londonderry	✓	Tues-Thurs 8.30-4 (Belfast) Derry-Lderry office open 2 hours a week	✓			•			•	•			

**(Footnotes)**  
 1 BLESMA and 2 Blind Veterans UK have no permanent staff in NI but send liaison officers on a regular basis to meet with their clients, therefore veterans requiring the help of BLESMA and Blind Veterans UK can still avail of the services offered by these charities.

**NOTE:**  
 (i) Those organisations above in bold font are services for victims and survivors of the 'Troubles' in Northern Ireland, which includes civilians alongside members of the wider security forces (incl. police and prison officers where applicable).  
 (ii) There are also a number of Armed Forces Benevolent Funds (see section x.x) in operation within NI that veterans' support organisations can seek to access. Not all have a physical presence in NI, but all are equally accessible.

[www.niveteranstudy.org](http://www.niveteranstudy.org)

 [@NIVeteranStudy](https://twitter.com/NIVeteranStudy)