

A Decade of the Covenant

A review of delivery and impact of ten years of the Armed Forces Covenant



Shared Intelligence

FiMT
forces in mind trust



About Forces in Mind Trust

Forces in Mind Trust was founded in 2011 with a £35 million endowment from the National Lottery Community Fund to improve transition to civilian life for Service leavers and their families. Our mission is to enable successful and sustainable transition to civilian life, and the Trust's strategy is to provide an evidence base that will influence and underpin effective policy making and practice. By funding high quality, credible research where there is an identified gap in relevant understanding, and by then exploiting the findings, FiMT aims to effect positive change.



About Shared Intelligence

Shared Intelligence is a small public policy consultancy specialising in local governance, local economies and local public service delivery. Our senior team has first-hand experience of working in central and local government and at the interface between the two. We enjoy helping our clients break new ground. We care about what we do, and our ambition is to help our clients to deliver better outcomes for the places, people and the communities they serve.



About Meri Mayhew Consulting

Meri Mayhew Consulting Ltd provides a range of support and services to charitable and public sector organisations across a range of areas and functions, focusing particularly on the UK Armed Forces Community and the Armed Forces charity sector (www.linkedin.com/company/meri-mayhew-consulting-ltd).



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Glossary

AFC Armed Forces Community	ERS Employer Recognition Scheme	OCOC <i>Our Community – Our Covenant</i>
AFCAS Armed Forces Continuous Attitude Survey	ESF Education Support Fund	OVA Office for Veterans' Affairs
AFCFT Armed Forces Covenant Fund Trust	ESL Early Service Leaver	RBL Royal British Legion
AFLOs Armed Forces Liaison Officers	FAMCAS Families Continuous Attitude Survey	RFEA The Forces Employment Charity
AFOS Armed Forces Outreach Service	FiMT Forces in Mind Trust	RNRMC Royal Navy & Royal Marines Charity
Cobseo Confederation of Service Charities	ICS Integrated Care Systems	SCiP Service Children's Progression Alliance
CTP Career Transition Partnership	LGA Local Government Association	SEND Special Educational Needs and Disabilities
DRM Defence Relationship Management	MKC Military Kids Club	Si Shared Intelligence
DTS Defence Transition Services	MoD Ministry of Defence	The Covenant The Armed Forces Covenant
DWP Department for Work and Pensions	MODLAP Ministry of Defence Local Authority Partnership Group	ToC Theory of Change
	NIVSO Northern Ireland Veterans Support Office	

Forewords

Tom McBarnet

Chief Executive of Forces in Mind Trust



Most definitions of the term “covenant” converge on it being a solemn and binding agreement or promise. In the context of the Armed Forces Covenant this means a promise by the nation ensuring that those who serve or have served in the UK Armed Forces and their families are treated fairly, incurring no disadvantage as a result of the current or former employment of a spouse, partner or parent. That is a wonderful and honourable undertaking, but like many that require commitment, political will and resource, it needs regular monitoring and careful assessment to ensure that those charged with its delivery continue to meet the ambition and aspiration and, as of recent legislation, the requirement of its original intent.

Forces in Mind Trust has shouldered this responsibility since 2016 when our first *Our Community – Our Covenant* report looked into the delivery of local Covenant pledges. Commissioned with like-minded partners in the Local Government Association, the report explored how better to deliver upon local initiatives and to encourage the collaborative practice essential for making a real difference. That report set out the ‘core infrastructure’ needed for effective delivery of the Covenant and created a toolkit which has proven useful for both the Ministry of Defence and local authorities embarking upon effective implementation. A year later a second edition addressed deep dive case studies covering exploration of Covenant delivery in London and reflections on possible future development nationally. And a further report in 2019 focused particularly on pledges that could improve civilian employment opportunities for the Armed Forces Community.

Much has changed in the 11 years of the Covenant, and mostly for the better. A new Covenant Duty is now statute in law, requiring public bodies to exercise due regard to Covenant principles in healthcare, housing and education at least. Many local authorities have Armed Forces Champions to oversee compliance in practice as well as spirit. Nevertheless, this latest report shows that recognition of and adherence to the Covenant as well as its impact is patchy across the UK and the devolved nations, and that the strides made in the last decade are more evidence of a willingness to do something if resources allow or if it’s politically expedient to do so. That should not be the case. In an uncertain and often unstable world, the nation’s obligation to its Armed Forces is not discretionary for central Government, let alone local, and that no penalty or disadvantage can be tolerated for current or former service to the country.

Forces in Mind Trust’s mission is that all ex-Service persons and their families make a successful and sustainable transition to civilian life, a journey that is successful for most but still challenging for many. As a Trust we will continue to monitor delivery against the Covenant in pursuit of our mission, holding to account those organisations and authorities who can do more to recognise and mitigate those challenges. I therefore welcome this report, alongside those that have come before it and those that will follow, and commend it to all those who share our interest in doing the ‘right thing’ by the Service people, veterans and their families who give and have given much in the service of the country.

Helen Helliwell

Director Armed Forces People Policy at the Ministry of Defence



Ministry
of Defence

The *Our Community – Our Covenant* work is a unique collaboration between a wide range of stakeholders, and I welcome this latest report, which adds deeply to our knowledge of how the Covenant is being delivered across the whole of the UK. I want to thank the Forces in Mind Trust for all its work, the research organisations, and all those who took part including local councils; third sector organisations; and devolved administrations.

These reports are invaluable on so many levels, but most importantly of all, they give remarkable insights into how far the Covenant is being implemented and act as a signpost for where more focus may be needed in the future.

The Covenant will always be a living commitment with our understanding of its impact continually evolving. I look at where we were not so long ago, when the first of this sequence of reports was issued and where we are now, with an abundance of data and insight to absorb, understand and to shape policy responses.

There are so many positives to draw from the research, but I want to single out the updated self-assessment tool and the core infrastructure for special mention. The latter was a key recommendation from the original *Our Community – Our Covenant* report. It set out the model approach for councils to adopt to deliver the Covenant effectively. As the report highlights, many more councils have now embraced this method of having both a dedicated councillor champion and lead officer, to work together on frontline delivery of the spirit and letter of the Covenant.

As I engage with a variety of stakeholders, I'm always struck by their enthusiasm to make the Covenant work, to remove disadvantage facing the Armed Forces community and by being bold and imaginative when coming up with practical ideas to break down the barriers which inhibit the service community accessing services. I look forward to continuing to work with you all as together we make the new Covenant Duty a reality and we improve the lives of our Armed Forces community.

Nick Pope

Chair of Cobseo - The Confederation of Service Charities



Eleven years ago, and long before the government set out its aspiration to make the UK the best country in the world in which to be a veteran, the Armed Forces Covenant was established to ensure that serving personnel and veterans have the same access to government and commercial services and products as any other citizen. The Covenant also recognised that in some cases special consideration was merited for those that had made sacrifices in service of the nation; and since 2011 Cobseo, together with stakeholders across the Service charity sector, have been working with government to drive progress, and ensure delivery. The research previously conducted by FiMT, which was reported in *Our Community – Our Covenant* in 2017, was an important contribution to the hold to account process, and this latest research broadens the reach and depth of understanding, both in terms and scope and impact, and to address the unique circumstances that apply in Northern Ireland.

The report rightly recognises the progress made, and there is no doubt that significant improvements have been made in identifying and addressing areas of disadvantage. These disadvantages are not intended, but they are real, and usually arise from a lack of understanding of the nuances and particular circumstances faced by serving personnel and their families, which are particularly apparent during the transition to civilian life. Perceptions of these issues, and how they should be addressed, will also be underpinned by understanding of the wider context, and Service charities are well placed to assist with this; indeed, many are already fully engaged at the regional level. There is still more to be done, and it is clear that engagement with local authorities and NHS regions etc will be a key factor in how charities develop their support strategies going forward.

The Service charity sector are also well placed to spread the message and broaden understanding of what the Covenant stands for, and why it is still important. With the lower profile of the Armed Forces in recent times, and a reducing footprint across the nation, Service charities, and the veterans they support, will often be the only visible presence in local communities. Strong networks are already in place; it is vital that we sustain them and help them to thrive going forward.

A lot has been written about the government's work to capture the principle of the Covenant in legislation. Cobseo, together with other sector stakeholders, have been engaged from the outset to ensure that the new Covenant Duty is as good as it can be, and that there is scope for development going forward. We are all agreed on the aims, and this is a particular example of how Cobseo acts as a critical friend, both to ensure that the perspective of the Armed Forces Community is represented; government continues to play its part in ensuring Covenant delivery; and that the outcomes are making a difference to serving personnel, veterans, and their families.

This is an important body of work, which should provide a handrail and evidential basis to ensure that Covenant delivery continues to go from strength to strength, and truly set us on the path to establish a best practice benchmark on how nations should recognise, value, and support those who have served. I commend it to you.

Susie Hamilton

Scottish Veterans Commissioner

I'm heartened to see this third evaluation report and the insight it offers to impact on the ground as well as delivery. It is important to consider what has changed for the better as a result of the Covenant and acknowledge the efforts of so many to effect change. The action taken to deliver the Covenant can often be different across the 4 nations and in Scotland SVC recommendations as well as actions stemming from the Strategy for Our Veterans are also driving change for our veterans and their families.

It is good to see individuals' needs and experiences put at the heart of this analysis. Its conclusion, that the administrative issues that cause disadvantage have largely been addressed is certainly to be welcomed and is in itself a huge achievement of the past decade. Over that time, we have seen improved collaboration between local authorities and other public bodies who have a vital role to play in delivery. The new duties of due regard will bring fresh challenge in the service areas of education, health, and housing. The report shines a light on risks and areas for further attention, including, instances where lack of awareness, misunderstanding of the Covenant or a reluctance on the part of veterans to identify as such can lead to poorer outcomes. That certainly concurs with the work of my predecessors in Scotland who looked closely at transition and at what still needs to change to get it right.

Danny Kinahan

Northern Ireland Veterans Commissioner

At the outset, as Northern Ireland's first Veterans Commissioner, I was delighted to be involved in this piece of research into the delivery and impact of the Armed Forces Covenant in reducing disadvantage across the four nations, including Northern Ireland. As the report outlines, there are different approaches in place to support members of the Armed Forces Covenant in Northern Ireland to the rest of the United Kingdom.

As Commissioner, I have been keen to develop and build upon the use of trusted and effective relationships that help in the delivery of the Armed Forces Covenant, as well as reaching out into the veteran community, to provide veterans' and their families with the necessary information about where they can access help and support when it is needed. I will briefly mention a couple of initiatives my office has been taking forward in 2022:

- My office has undertaken to host seven Veteran Information Roadshows this year, covering each county in Northern Ireland and Belfast. These Roadshows have been met with a very positive response from the veteran community with over thirty support organisations and charities in attendance at each event, thus enabling good working relationships to develop and networks to be established. Above all, these events have provided veterans with information and linkages into a variety of organisations and charities that can provide that much needed support.
- Health (both mental and physical) support is probably the key issue that veterans' raise with my office. As such, work is continuing to progress support for veterans around mental and physical health and to ensure that funding for service charities is sustainable and that it targets the right needs, at the right time. In order to assist in this important area, my office has recently launched a veterans' health questionnaire that will run from November 2022- January 2023, with the objective of obtaining accurate and detailed information on veterans' healthcare needs across Northern Ireland.

There is much more to be achieved, but as Commissioner, I am determined to use my position to press and influence our political representatives, statutory agencies and others to ensure they fulfil their responsibilities and that veterans and their families living in Northern Ireland receive the same support and help as veterans living in other parts of the United Kingdom.

James Phillips

Veterans' Commissioner for Wales

As the Veterans' Commissioner for Wales, I welcome the FIMT review: "A Decade of the Covenant". To have an objective, theory-based study, that examines the UK Armed Force Community's (AFC) integration and interaction with wider society, and in particular, the impact and delivery of the Armed Forces Covenant, is timely and much needed. This year sees the Armed Forces Act 2021, introducing a statutory duty for public bodies to pay "due regard" to the principles of the Covenant, so it is sensible that FIMT have provided this azimuth check of the current state of play.

The study provides a clear progression, building on the core infrastructure of the earlier FIMT study, *Our Community – Our Covenant*. Its findings are not surprising to practitioners in the Armed Forces Covenant space, but its recommendations and an updated Covenant Toolkit and core infrastructure, provide clear actionable pathways to improve Covenant delivery.

I concur with the observations that in the current economic and social climate, it is increasingly difficult to distinguish between disadvantage generally and that experienced by members of the AFC. My experience from Wales is that some of the most successful third-sector initiatives are those that provide mutual support to both Veterans and the community within which they reside. When these organisations partner with statutory bodies such as NHS Wales and DWP, the outcomes can be really powerful.

The Defence transition process is improving, but there is a generation of veterans who have not benefited from the holistic, through-life and resettlement initiatives, now in place. As the study recognises, for veterans, particularly older ones, health and welfare are the most significant areas of concern. It is sometimes difficult to determine whether health issues are "service related" or normal "wear and tear" and therefore where the Covenant should kick-in. This and a lack of Covenant awareness in the older veteran community are areas that do require further work.

I also recognise and applaud the clear articulation of risks and barriers to the successful delivery of the Covenant. Data and funding challenges, lack of clarity and misunderstanding of the Covenant and what it enshrines, and the need to balance AFC needs with those of the wider community are very real problems. Including AFC focussed questions in the national censuses and the imminent OVA and ONS national Veterans' Survey should help address in some part, the dearth of data on the shape and size of the AFC, particularly Veterans.

In conclusion, this is a useful review of where the Covenant is after 10 years, how it has impacted the lives of the AFC and, most importantly, what needs to be done now to accelerate Covenant delivery and increase its impact. Collectively, as Covenant stakeholders, we all have a role to play in raising awareness of the Covenant and being louder and more confident in championing it and those organisations that are working hard to ensure that it really is given "due regard".

Executive Summary

Introduction

Forces in Mind Trust (FiMT) commissioned Shared Intelligence, with Meri Mayhew Consulting and advisory support from RAND Europe, to carry out research into the delivery and impact of the Armed Forces Covenant (the Covenant).

The demands of life in the Armed Forces Community (AFC) can produce circumstances that may disadvantage members of the AFC compared to civilians. This includes the impact of frequent relocations on families and their access to public service and the transition from the Armed Forces into civilian life. To try and reduce the potential disadvantage faced by members of the AFC, the Covenant was introduced in 2011. This focuses on helping members of the AFC to “have the same access to government and commercial services and products as any other citizen”.¹

This research builds on our earlier research for FiMT which was reported in *Our Community – Our Covenant*². This research is broader than our earlier work in three respects:

- We were asked to look at the impact of the Covenant as well as the delivery of it.
- The scope includes other service providers, including the NHS, as well as local government.
- The research covers the delivery of the Covenant in Northern Ireland as well as in England, Scotland and Wales.

1 [Armed Forces Covenant](https://www.gov.uk/guidance/armed-forces-covenant): guidance and support - GOV.UK (www.gov.uk)

2 *Our Community – Our Covenant*, Shared Intelligence, FiMT, and LGA, August 2016 and *Our Community – Our Covenant*, second edition, Shared Intelligence, FiMT, and LGA, June 2017

It is important to note that our research coincided with the passage of legislation introducing a statutory duty in relation to the Covenant through the Armed Forces Act 2021.

Method and approach to the research

We adopted a three-stage approach to our research:

- An initial scoping stage, including scoping interviews and workshops.
- The core data collection stage including surveys, interviews, themed discussions and literature reviews.
- An analysis, synthesis and reporting stage including a series of sense-making workshops.

We agreed with FiMT that the research should not be confined to the three service areas referred to in the new legislation putting the Covenant on a stronger footing – education, health, and housing – but should also cover children’s services, employment, and adult social care.

We also agreed that, in light of the sensitivities surrounding the Covenant in Northern Ireland, we would treat this aspect as a distinct piece of research.

In addition to our core findings, recommendations and an [updated Covenant toolkit](#) and [core infrastructure](#), there are three other useful products from our research:

First, our theory of change which provides a coherent picture of the logic underpinning the delivery of the Covenant from inputs to outcomes and impacts.

Second, our identification of five key drivers of disadvantage facing members of the AFC. They are: geographical relocation; aspects of life in the AFC; aspects of the transition to civilian life; a lack of understanding about the AFC within councils and other public service providers; and a lack of understanding of the Covenant and the support associated within the AFC.

Third, we have identified three cohorts within the AFC, the members of which experience the drivers of disadvantage in different combinations in relation to different public services. The cohorts are: serving people and their families; personnel and families in transition; and veterans.

Key Findings

Challenges in assessing the impact of the Covenant

Our research highlights the importance of collecting better data on the impact of the Covenant, where possible making better use of existing data and/or data collected for other purposes. We have found it difficult to collect the evidence necessary to reach definitive conclusions about the impact of the Covenant.

This difficulty is problematic given the effort that is devoted to delivering the Covenant and the need, if possible, to evaluate the impact of the new statutory duty. Partly the difficulty is because of a lack of impact data and partly it reflects the increasing general pressure on many public services, including social housing, social care, and the health system. These have been exacerbated by the impact of the Covid-19 pandemic and make it increasingly difficult to distinguish between disadvantage generally and that experienced by members of the AFC.

We have therefore floated a new approach to the collection of better evidence on the impact of the Covenant using a basket of indicators and recommend that the Ministry of Defence, FiMT, the Office for Veterans' Affairs (OVA) and the LGA and NHS England (and their Scottish and Welsh counterparts) should work together to consider how best to take this work forward. The OVA could also play a core role here in setting and co-ordinating data collection and impact measurement approaches across government.

The risk of disadvantage and the action taken to address it

Our overall conclusion is that steps have been taken to address many of the drivers of disadvantage including, for example, the relaxation of the local connection requirement for social housing, the School Admissions Code and the veteran friendly GP accreditation. There are, however, other manifestations of disadvantage that require continuing attention: they include for example the impact of parental deployment on Service children, the impact of the independence of older veterans on their access to adult social care, and the significant challenges that a minority of veterans face during their transition out of the Armed Forces.

It is also interesting to note differences between local authorities' and charities' perceptions of the extent of disadvantage experienced by members of the AFC. In all policy areas, more charities identified a higher instance of "great" and "moderate" disadvantage than was the case by local authorities. As many charities have a role advocating for their client groups, this difference is not surprising, but it illustrates the need for front-line organisations continually to raise the awareness of staff about potential disadvantage and to work on continual training in areas of high staff churn.

Central to addressing all these issues is the need to increase awareness of the issues and opportunities associated with the Covenant within councils, public service providers and the AFC combined with people and organisations speaking louder and more confidently about their Armed Forces connection and the action being taken to meet the needs of those who have served.

Serving people and their families

The key public services in which this cohort faces disadvantage are health and education. Areas that require attention include the scope for extending the veteran friendly GP scheme as "Armed Forces friendly" and acting to prevent the learning of children and young people suffering as a result of the stress and anxiety caused by the deployment of a parent. There is also a continuing need to work with employers to ensure that spouses and partners are able to access work despite the risk of them being relocated to another area.

Employment is also an important area for reservists. The commitment required from them can cause clashes with civilian employment demands and they may be at risk of a compounding disadvantage due to the perception that they will frequently be deployed.

Personnel and families in transition

The key public services in relation to which this cohort faces disadvantage are housing and employment. The relaxation of the local connection requirement for social housing and Defence Relationship Management's work with employers are important elements in the drive to reduce the risk of disadvantage in these areas. The work of the Defence Transition Services Team plays an important role in addressing the particular challenges faced by some people, including early Service leavers and those discharged as a result of misconduct or administrative action by their Service. The most important factors in ensuring that councils and other public service providers play their part in helping people to manage the transition will include: raising awareness of the issues involved among support service providers and ensuring that people in transition from the Armed Forces to civilian life have a good understanding of their rights and responsibilities and identify themselves as members of the AFC.

Veterans

The service area in which veterans face the most significant risk of disadvantage is health. There is a wide variety of programmes and initiatives to address that risk, the effectiveness of which hinges on a continued increase in the number of health providers participating in them and both providers and veterans ensuring that members of the AFC are identified and that appropriate action is taken as a result. We have also explored the extent to which veterans face a risk of disadvantage in relation to adult social care. We have concluded that there is a risk of disadvantage as a result of, for example, a veteran's unwillingness to seek support. There is, however, a lack of evidence on the extent of disadvantage in relation to this service area.

Special consideration

The surveys of local authorities, health organisations and charities asked about the application of special consideration under the Covenant definition of the term. This identified some examples where special consideration is applied – notably in relation to expediting provision of social housing, including with adaptations, to veterans with injuries or who have been medically discharged. However, it is also clear that charities consider that the concept is inconsistently applied and recognise that for local authorities and Jobcentre Plus it can be difficult to justify applying it.

Delivering the core support infrastructure

In the original *Our Community – Our Covenant*, we recommended a core infrastructure which we concluded councils and their partners needed to put in place, in order to deliver the Covenant effectively. It covered: key individuals, including a councillor Champion and a lead officer; collaboration; communication; and vision and commitment.

Our latest research has found that more councils have adopted the key elements of the core infrastructure than was the case in 2016. There are, however, two worrying trends. First, while more councils now have sections on their websites dealing with the Covenant, fewer of them describe those pages as “active”. Given the focus in this report on more action being required to raise awareness within service providers and the AFC, this is disappointing. Second, relatively slow progress has been made on the adoption and regular monitoring and review of action plans.

We have also been told that fewer councils are able to afford a dedicated Covenant officer and that many of these posts depend on external funding. On the other hand, a significant development since 2016 is the increased number of councils joining clusters to pool resources to deliver the Covenant across a wider footprint. Similarly, the Greater Manchester Combined Authority is playing a co-ordinating role in relation to the Covenant across that conurbation.

The national infrastructure

There have been a number of developments in the national framework to support the delivery of the Covenant since 2016, most notably the introduction of the new statutory duty. Other developments include the creation of the Office for Veterans' Affairs and the creation of the Defence Transition Services Team. The chief executive of a council with a significant serving Armed Forces presence told us that he found it difficult to maintain a grasp on this national activity and suggested that councils with a less significant presence would struggle to do so. It is important that communication of the national infrastructure is improved.

A further development since the first OCOC report is the emergence of different approaches in different devolved administrations. This includes, for example, the role of the Veterans Commissioners and of the Armed Forces Liaison Officers in Wales. It is important to evaluate the impact of these initiatives.

Northern Ireland

We have not been able to explore the extent to which the organisations responsible for delivering the key public services in Northern Ireland are aware of the risk of disadvantage facing members of the AFC and act to mitigate that risk. As a result, our work has primarily focused on the role of Armed Forces charities and in particular the support they provide for veterans. It is worth noting that the annual Armed Forces Covenant report is equally restrained in its coverage of Northern Ireland.

We did find that because of the very different context from England, Scotland and Wales (including the barriers to adopting the Covenant), there is a different structure and set of mechanisms in place to support members of the AFC in Northern Ireland. This includes the use of discreet, trusted and effective relationships to deliver support to the AFC, the nature of which of necessity varies from area to area. Those involved in this alternative system of support believe it works very well in ensuring that members of the AFC are supported effectively. However, an evaluation of this alternative system of support was out of scope, and we are unable to reach any evidence-based conclusions about its efficacy or the adequacy of resources that support it.

Recommendations for strengthening the delivery of the Covenant

Our report recommends a number of ways in which the delivery of the Covenant could be strengthened (see [section 7](#) and the recommendations in [section 8](#)). We summarise those recommendations here in relation to the main organisations with a contribution to make: councils, the NHS, the Government and Armed Forces charities. There are, however, two themes which have dominated our final sense-making phase: awareness and being louder and more confident. Continued action is required to raise awareness of the AFC within local public service providers and of the Covenant and the work associated with it within the AFC. At the same time service providers need to be louder and more confident about the action they are taking as a way of encouraging members of the AFC to identify themselves.

Councils

Councils have three distinct roles in relation to the Covenant: convenors, service providers, and employers. We have updated the core infrastructure and associated toolkit to reflect the findings of this research and developments since 2016. The changes:

- Refer to the potential benefits of collaboration with neighbouring councils and stress the need to enable effective local collaborative working.
- Reinforce the importance of a regularly updated and reviewed action plan being in place.
- Refer to the material now available to support the training of frontline staff.
- Highlight the importance of awareness-raising and the part that an active web presence can play in that.
- Recommend that councils use the publication of the new census data as an opportunity to review the evidence on the AFC locally.

We recommend that councils should review their approach to the Covenant in the light of the revised core infrastructure and associated toolkit. This also sits in the context of the new Covenant duty which will shortly create a legal requirement for councils to be aware of the principles of the Covenant. The accompanying statutory guidance details how disadvantage can arise.

We also recommend that FiMT should work with the MoD, Armed Forces Covenant Fund Trust and the LGA (and its Scottish and Welsh counterparts) to develop an integrated set of good practice resources, for example building on the AFCFT Knowledge Network, for councils to help them deliver the Covenant.

The NHS

We are not recommending that the core infrastructure and toolkit included in *OCOC* should be extended to cover the NHS, largely because of the extensive advice that exists on the numerous health-related initiatives. We do, however, recommend that in England the establishment of Integrated Care Systems (ICSs) should be used as an opportunity to re-boot the action being taken by health providers and commissioners to strengthen the delivery of the Covenant. That reboot should include:

- Action to increase participation in the various health initiatives referred to in this report.
- An extension of the veteran friendly GP programme as an Armed Forces friendly scheme. In Scotland and Wales consideration should be given to creating equivalents to “Armed Forces friendly GPs” in those countries.
- The involvement of health providers and commissioners in the partnership arrangements recommended in the core infrastructure.

The Government and the Armed Forces

We have identified five ways in which the Government and the Armed Forces could support the work of councils and other service providers in delivering the Covenant:

- First, by ensuring that the way in which the new duty is implemented builds on the work that is already being done to deliver the Covenant rather than being seen as an additional burden and does not have unintended consequences of slowing action that should be undertaken in the spirit of the Covenant in relation to service areas that are not named.
- Second, by ensuring that the national bodies involved in the Covenant engage with localities in as integrated and navigable a way as possible.
- Third, by commissioning work on the impact on the delivery of the Covenant of the AFC focused posts, such as Veterans Commissioners (Scotland, Wales and Northern Ireland) and Armed Forces Liaison Officers (Wales), to assess the potential value of extending them to other parts of the UK.
- Fourth, by working to continue to help members of the AFC understand the Covenant and what it can and cannot do to address the potential disadvantage they may face in relation to public services.
- Finally, by evaluating the impact of the Defence Transition Services in order to make sure that the needs of people likely to experience problems later are addressed as early as possible.

Armed Forces Charities

We have identified three ways in which Armed Forces charities can contribute to the effective delivery of the Covenant:

- First, by participating in the local partnership arrangements recommended in the core infrastructure.
- Second, by acting as a critical friend and holding councils and other service providers accountable locally for the delivery of the Covenant.
- Finally, by strengthening promotion of awareness of the Covenant and the action being taken to deliver it within their beneficiaries and more widely.

Final reflection

Given our wider work with local councils and their partners, we are aware of potential lessons for other aspects of public policy from the work that councils and others do in delivering the Covenant. Two features in particular stand out. Those councils that have made most progress in delivering the Covenant have a really good understanding of and links with the AFC in their area. There may well be lessons from the work with the AFC that could inform how councils work with other distinct communities within their areas. Addressing the challenges that some people face in the transition from the Armed Forces to civilian life is an important theme of this report. It is important to note, however, that other transitions are equally challenging for some people. They include, for example, the move from primary to secondary school, the release of people from prison and the discharge of people from hospital. It would be useful to reflect on the transferability of the learning from the action being taken to improve each of these important transitions.

1 Introduction

1.1 Forces in Mind Trust (FiMT) commissioned Shared Intelligence (Si), with Meri Mayhew Consulting and advisory support from RAND Europe, to carry out research into delivery and impact of the Armed Forces Covenant in reducing disadvantage for the Armed Forces Community (AFC). This is the third report on the delivery of the Covenant, and it builds on the previous reports, *Our Community – Our Covenant* (editions one and two) published in 2016 and 2017 . The publication of this report, 11 years after the introduction of the Covenant, coincides with the introduction of a legal duty on councils, the NHS, and schools to “have due regard” to the Covenant in relation to healthcare, education, and housing.

1.2 The scope of this research is broader than in *Our Community – Our Covenant* in three important respects. First, it extends beyond local government and includes councils’ and other public sector organisations’ work in delivering six service areas, including those now covered by the legislation. They are: adult social care, children’s services, education, employment, health and housing. Second, it includes Northern Ireland, as well as England, Scotland, and Wales. Finally, it explores the impact of the Covenant as well as the delivery of it. The research is intended to provide an up-to-date picture of the Covenant under the framework of a wholly voluntary pledge before the introduction of the statutory changes.

1.3 In this report we:

- Explain the background to the Covenant and the AFC ([section 2](#)).
- Set out our approach to the research, including our treatment of the delivery of the Covenant in Northern Ireland ([section 3](#)).
- Present our findings, focussing in particular on three cohorts of people in the AFC: serving people and their families; people in transition from the Armed Forces to civilian life; and veterans and their families ([section 4](#)).
- Explore the impact aspect of our brief ([section 5](#)).
- Set out our findings in relation to Northern Ireland ([section 6](#)).
- Set out our findings and recommendations on ways of strengthening the delivery of the Covenant ([section 7](#)).
- Summarise our overall recommendations ([section 8](#)).
- Set out our findings in more detail in a set of annexes.

3 [Our Community – Our Covenant](#), Shared Intelligence, FiMT, and LGA, August 2016 and [Our Community – Our Covenant](#), second edition, Shared Intelligence, FiMT, and LGA, June 2017

2 The Covenant, the Community, and the four nations

2.1 In this section we summarise the objectives of the Covenant and the definition of the AFC. We introduce our identification of three cohorts within the AFC which we have used as the framework for the presentation of our core findings. We also identify the main drivers, or risks, of disadvantage that the Covenant is intended to address. Finally, we briefly explore the differences in relation to the Covenant between the four nations.

The Armed Forces Covenant

2.2 The Covenant was introduced in 2011. It is a “promise by the nation ensuring that those who serve or have served in the Armed Forces, and their families, are treated fairly”⁴. The Covenant “is a pledge that together we acknowledge and understand that those who serve or have served in the Armed Forces, and their families, should be treated with fairness and respect in the communities, economy and society they serve with their lives”⁵. It focuses on helping members of the AFC to “have the same access to government and commercial services and products as any other citizen”⁶.

2.3 The core wording of the expectations that flow from the Covenant remains as it was when the Covenant was first introduced and is that:

- The AFC “should not face disadvantage compared to other citizens in the provision of public and commercial services”.
- Special consideration is appropriate in some cases especially for those who have given the most.

2.4 The Ministry of Defence (MoD) publishes an annual report on delivery under the Covenant in the UK. The report is wide-ranging and includes progress against commitments, external observations by charities, and statistics. This report also now contains an update on activity under the Government’s *Strategy for our Veterans* published in 2018. There is no obligation for local authorities to report on their activity under the Covenant, though some recognise the benefit in talking about – and sharing – what they are delivering.

2.5 The publication of this report for FiMT coincides with the implementation of the provisions of the Armed Forces Act 2021 which amends the Armed Forces Act 2006 by placing a legal duty on specified public bodies to have “due regard” to the principles of the Covenant in relation to healthcare, education, and housing. Statutory guidance has been produced to support the implementation of this duty by local councils, schools, and the NHS. It is intended that this report will provide an up-to-date picture on the Covenant (both delivery and impact) ahead of the introduction of the statutory changes. Our findings on impact may also assist with future evaluation of these statutory changes.

4 [Armed Forces Covenant: guidance and support - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/armed-forces-covenant-guidance-and-support)

5 *ibid.*

6 *ibid.*

The Armed Forces Community

2.6 For the purposes of the Covenant, and this report, the AFC is defined as including:

- Regular serving personnel – any current serving members of the Naval Service, Army, or Royal Air Force.
- Volunteer and regular reservists – Royal Naval Reserve, Royal Marine Reserve, Army Reserve, and Royal Air Force Reserve.
- Veterans – anyone who has served for at least a day in the Armed Forces as either a regular or a reservist.
- Families of regular serving personnel, reservists, and veterans – spouses, civil partners and children, and where appropriate can include parents, unmarried partners, and other family members.
- Bereaved – the family members of Service personnel and veterans who have died, whether that death is connected to their service or not.

The risks of disadvantage

2.7 On the basis of our review of relevant literature and our wider research and discussions, we have identified five key drivers, or risks, of disadvantage for members of the AFC. They are:

1. Geographical relocation.

Members of the AFC may relocate many times to suit the requirements of the Armed Forces, and these relocations may not be at a time, or to a place of choice. These relocations can impact access to public services, spouse/partner employment and community ties.

2. Aspects of life in the AFC.

Life in the Armed Forces is unique in several ways, and aspects of this life may include the impact of deployment on children and families for example.

3. Aspects of the transition to civilian life.

Every Service person – and their family where applicable – will leave service at some stage and make the transition back to civilian life. This is a time of significant change and can have some negative aspects or difficulties including a lack of personal support and the difficulty of transferring qualifications to civilian employment.

4. Lack of understanding within councils and other public service providers.

Council or public sector staff may not be aware of the potential disadvantage faced by members of the AFC, their specific needs, the requirements of the Covenant and the risk of disadvantage. This can be compounded by a lack of intelligence about the presence of the AFC in an area.

5. Lack of understanding within the AFC.

Members of the AFC may not have an accurate understanding of the Covenant in relation to their rights and expectations of public service providers, the provisions of the Covenant and the support available to them.

Three cohorts

2.8 In reporting and making sense of our findings, we have found it helpful to think of members of the AFC in three cohorts:

- Serving people and their families.
- Personnel and families in transition from the Armed Forces to civilian life.
- Veterans and their families.

2.9 This helps to place the individuals' needs and experience at the heart of the analysis and guards against what may be otherwise be a narrow service led view.

2.10 The drivers of disadvantage, and the public services to which they relate, vary between these three cohorts. However, disadvantage can accumulate across policy areas and the cohort approach helps to illustrate how an individual or family may face difficulties in engaging or accessing several public services in parallel or in quick succession. For example, the families of serving personnel may face disadvantage where a relocation involves changing schools for the child/children, and this may occur in parallel with a transfer to a different healthcare professional during a course of medical treatment. At the time of transition from the Armed Forces to civilian life, almost every aspect of a person or family's services and support may change. Many of the drivers of disadvantage listed above could apply here including a lack of understanding and the lack of stability in one geographical area. Finally, with the veteran cohort, the greatest driver of disadvantage is likely to be either their own lack of understanding of public sector services, or a lack of understanding of veterans' challenges by public sector staff. We think understanding the differences between different cohorts of the AFC is an effective way to help to illuminate the drivers of disadvantage and in the longer term to raise awareness of this with frontline staff.

2.11 The way that these cohorts experience disadvantage is explored in more detail in subsequent sections of the report.

The four nations

2.12 As reported in *Our Community – Our Covenant*, the Covenant is enacted differently throughout the UK. All the policy areas included in this evaluation are devolved and so delivery under the Covenant varies by nation. For example, the Welsh Government funds Armed Forces Liaison Officers (AFLOs), and Wales, Scotland, and Northern Ireland have Veterans Commissioners. The unique context of Northern Ireland means this nation is covered separately as explained in [paragraph 3.16](#).

3 Method and approach to the research

3.1 In this section we explain how we carried out this research. We begin by commenting on the complexity of the task and the implications of that for our overall methodology. We then explain how and why we created a theory of change (ToC) at the outset to guide the research. In the subsequent sections we:

- Set out our key research questions.
- Describe how we then related our evidence to the three cohorts described in [paragraph 2.8](#).
- Set out our approach to the research in Northern Ireland.

A complex evaluation

3.2 The key features of the Covenant, including its scope and application, make this a complex piece of research. It covers a wide range of public services and service providers and, as we explained in the previous section, it has the dual objective of ensuring that members of the AFC do not suffer disadvantage as a result of their service and, in some circumstances, receive special consideration. There are two important aspects of the link between the Covenant and action and impact which need to be explored:

- The extent to which an organisation which has signed the Covenant acts as a result of having done so.
- The impact of that action in terms of reducing disadvantage or giving special consideration.

3.3 The challenges involved in evaluation of the delivery and impact of the Covenant include:

- Attributing change to the Covenant as opposed to other factors and wider considerations.
- The nature of Covenant which is based on a set of principles (which are open to interpretation) rather than being a prescriptive tool.
- The fact that the Covenant applies throughout the lives of members of the AFC, from the education of the children of serving people through to support to older veterans.
- The lack of robust data on the impact of the Covenant (an issue we explore in more detail in [section 5](#)).

3.4 In order to address these challenges, we adopted a three-stage approach:

- An initial scoping stage, involving a literature review and scoping interviews to help us craft our evaluation framework and ToC to guide the key lines of enquiry for the subsequent research.
- The core data collection stage, including:
 - Four separate online surveys of: local authorities, NHS organisations, charities, and Armed Forces families and veterans.
 - Thematic analysis of our six different policy areas, including themed literature reviews, data analysis, and group discussions with relevant public sector bodies and Armed Forces charities.
 - Fourteen qualitative interviews with people from a range of organisations with some additional ones focused on the Covenant in Northern Ireland.
 - Follow up interviews with 18 respondents to our survey of Armed Forces families and veterans, giving insights on each of the six policy areas.

- An analysis, synthesis, and reporting stage. This included three workshops with stakeholders to help us make sense of our findings, identify good and imaginative practice, and craft recommendations. These covered the extent of disadvantage and actions to address it; impact of the Covenant; and how the Covenant is applied in Northern Ireland.

3.5 More detail on our approach to data gathering and analysis is in Annex II.

A theory-based approach

3.6 We intended to adopt a theory-based approach to this evaluation, a key component of which involved constructing a theory of change for the programme. This sits at the heart of a theory-based evaluation and in this case seeks to understand and test why and how the Covenant leads to reducing disadvantage amongst members of the AFC. A ToC is a core component of government evaluation methods, as expressed in the HM Treasury Magenta Book: “Good policy-making necessitates a thorough understanding of the intervention and how it is expected to achieve the expected outcomes. Good evaluation also requires this understanding⁷.”

3.7 We devised a logic model for our ToC by working with a set of stakeholders and reviewing their perceptions of the Covenant’s achievements to date and its future challenges. Building from this, we set out a logical chain that runs from inputs to impacts.

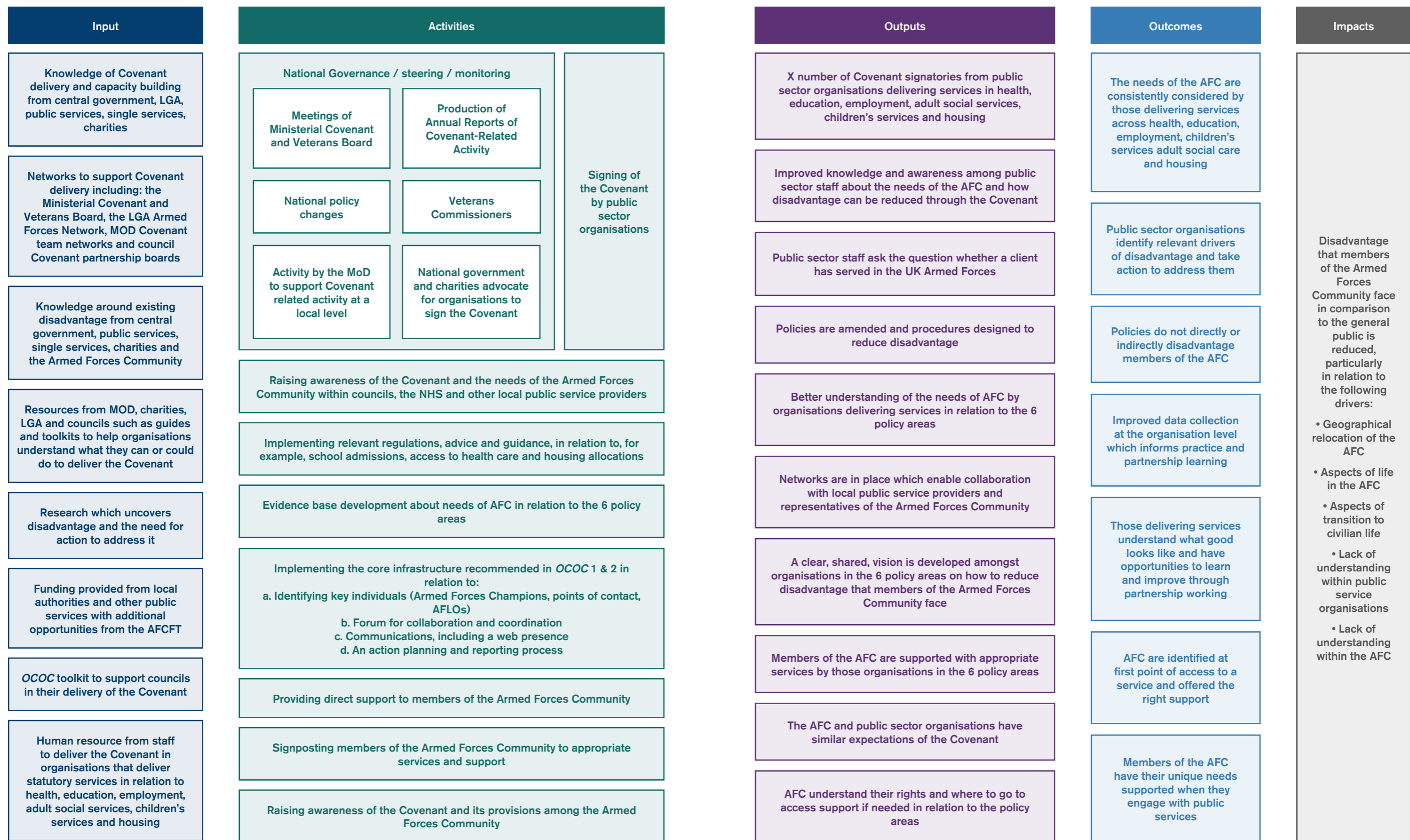
- **Inputs:** these are the expected inputs needed to enable action to reduce disadvantage such as signing the Covenant, building networks that support Covenant delivery, funding and grant money, resources and research from MoD, charities, LGA and others, and human resource from staff who deliver the Covenant in organisations.

- **Activities:** these are the actions that take place as a result of the Covenant and other inputs, like raising awareness of the Covenant, implementing the core infrastructure recommended in the previous *OCOC* reports, as well as more direct support such as guaranteed interview schemes, veterans hubs, breakfast clubs, and training of frontline staff.
- **Outputs:** these describe what is expected to be delivered directly from Covenant related activities, such as improved knowledge and awareness about the needs of the AFC, or an increase in support for access to services by the AFC and policies and procedures being amended or designed to reduce disadvantage.
- **Outcomes:** these are consequential changes expected as a result of the activities and outputs. They are expected in the short or medium term. Examples include: AFC members being identified at first point of access, policies amended so as not to disadvantage members of the AFC, and more consistent delivery of Covenant related services across the UK.
- **Impacts:** these are longer term consequential changes. The Covenant is likely to be one of several contributory factors, but the target impacts we have included relate to reducing the effect of the five drivers of disadvantage that members of the AFC face in comparison to the general public and which were described in [section 2](#).

3.8 The overarching logic model is shown on the next page:

⁷ *Magenta Book: central Government guidance on evaluation*, HM Treasury, March 2020, paragraph 2.2.1

Figure 1 Overarching logic model for this report's theory of change



3.9 The logic model enables us to present the scope of the Covenant and the impact policy makers anticipate that it will have. However, it is challenging to create a single overarching logic model that encapsulates all types of interventions that are attributed to the Covenant. Therefore, we have created individual ToC logic models for each of the six policy areas that nest within an overarching one. This helps to create a broader picture of intervention across different areas of disadvantage while maintaining consistency across the piece. A full version of the logic model that includes detailed inputs, activities, outcomes, and impacts can be found in Annex I. Alongside this, we present some more detail about our ToC, such as rationale, risk, and barriers.

Evaluation framework and approach adopted for presenting findings

3.10 We used five core research questions ([see Annex II](#)) and the ToC to help us to structure an evaluation framework and assess the type of evidence that would help to inform our assessment of the extent and impact of Covenant activity.

3.11 We used this approach to gather evidence of disadvantage and impact. However, as we explain in [section 5](#), we found it difficult to collect the substantive, verified evidence on the delivery and impact of the Covenant that is necessary to complete and present a theory-based evaluation. As we explain below, we have adopted an alternative approach to present our findings. We are, however, confident that the ToC is a useful product of this research. It sets out in a logical way the thinking behind the Covenant and the action taken to deliver it and, as we explain in [section 5](#), it can be used to shape any future research on the impact of the Covenant.

The three cohorts

3.12 In the next section of this report, we present our findings using the three AFC cohorts plus the delivery of the Covenant core infrastructure as the framework. The three cohorts are:

- Serving people and their families.
- Personnel and families in transition between serving and civilian life.
- Veterans and their families.

3.13 We tested this approach in our sense-making session and have structured our presentation around three questions which are in effect a simplified version of our core research questions adapted to reflect the nature of our evidence base. The questions are:

- What is the risk of disadvantage?
- What action is being taken to tackle disadvantage?
- What are the issues that require attention?

3.14 As a further indicator of the extent of activity, we have looked at the take up of the core infrastructure and asked: to what extent are councils and their partners using the core infrastructure to deliver the Covenant and how does that compare with the reported position in 2016?

3.15 Our detailed findings and analysis of the survey results are in [Annex V](#).

The approach for Northern Ireland

3.16 The scope of this research brief includes Northern Ireland (unlike the previous iterations of this evaluation). The context in Northern Ireland is different from England, Scotland, and Wales for a number of reasons (covered more fully in [section 6](#)). Firstly, public services are delivered differently and therefore the role of local authorities is different and not directly comparable with England, Scotland, and Wales. Secondly, societal and historical factors make the environment different in Northern Ireland for members of the AFC, presenting unique evaluation challenges including that the Northern Ireland Executive has not adopted the Covenant ([see section 6](#)). Finally, reference to the Covenant itself in Northern Ireland can be problematic, making evaluation of its delivery and impact more difficult. For these reasons, instead of the wide dissemination of surveys and thematic group discussions, greater use of individual interviews has been the overall approach.

4 The risk of disadvantage and action to deliver the Covenant

4.1 In this section we set out our findings on the risk of disadvantage faced by members of the AFC, the action taken to address that disadvantage and its effectiveness. In doing so we draw on the results of our surveys, interviews, group discussions, and sense-making events.

4.2 We begin by taking each of the three cohorts comprising different members of the AFC in turn. In relation to each cohort we:

- Explore the services in relation to which they are likely to face disadvantage and the nature of that disadvantage.
- Review the action being taken to tackle those risks of disadvantage.
- Consider the implications for future action to deliver the covenant and tackle disadvantage faced by members of the AFC.

4.3 In this section we also:

- Report some general findings from the surveys about the application of special consideration.
- Report our findings on the use by councils and their partners of the core infrastructure identified in the first *Our Community – Our Covenant* report.
- Describe and comment on the national infrastructure to support the delivery of the Covenant.

Serving people and their families

4.4 The focus of the Covenant in relation to this cohort is ensuring that the spouses, partners and families of serving people do not suffer disadvantage. The most significant drivers of disadvantage for these groups are geographical relocation and aspects of life in the AFC, particularly the impact of deployment. These drivers of disadvantage are most likely to apply to health, education, and spousal employment.

4.5 In this section we take these service areas in turn, consider the evidence about the risk of disadvantage and the action being taken to reduce that risk. We also briefly consider the risk of disadvantage for this cohort in relation to other service areas and reach some conclusions on the delivery and impact of the Covenant for this cohort.

Health

The risk of disadvantage

4.6 The primary risk of disadvantage in relation to health faced by the spouses, partners, and families of serving people is the impact of relocation in terms of their access to GPs and dentists and their position on waiting lists for healthcare. In some cases, Service partners have to start treatments again after re-locating. They also face potential disadvantage because health providers, including GPs, may not have a good understanding of the AFC and do not always ask people whether they have an Armed Forces connection.

Figure 2 Charities' view on which members of the AFC appear to be most at risk of disadvantage in relation to accessing healthcare

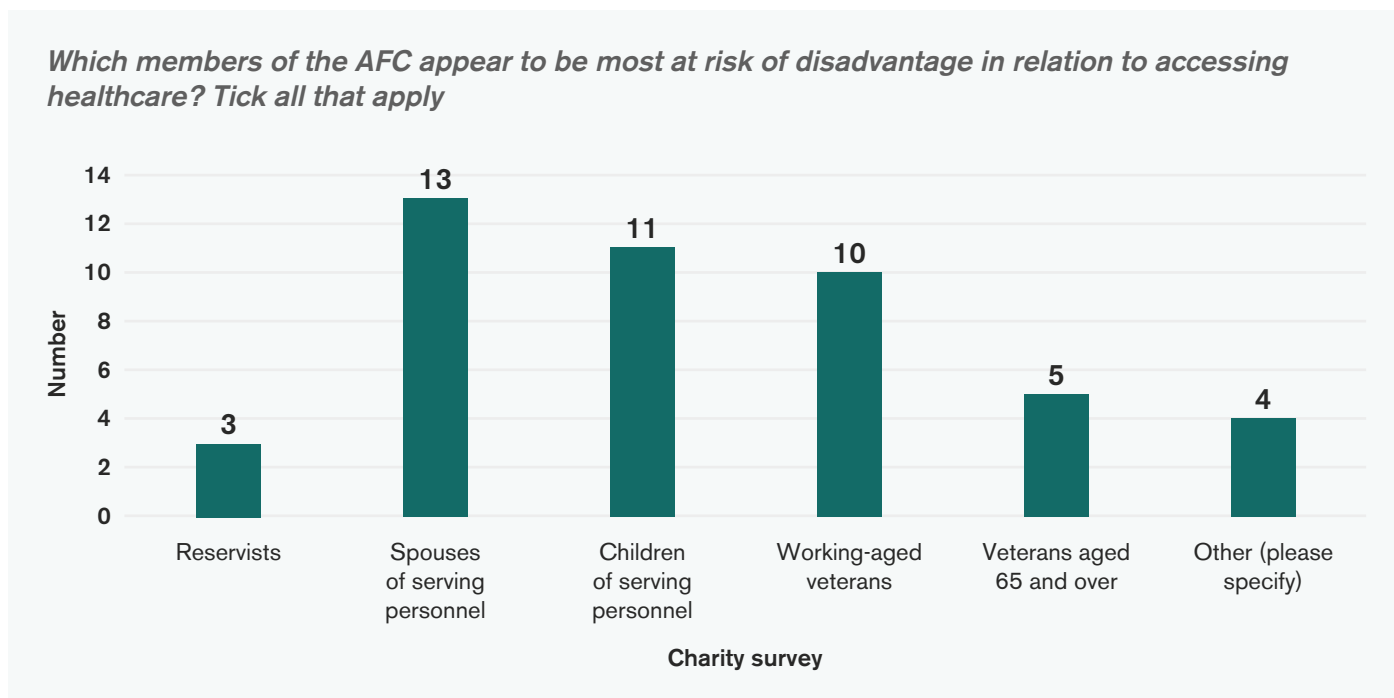
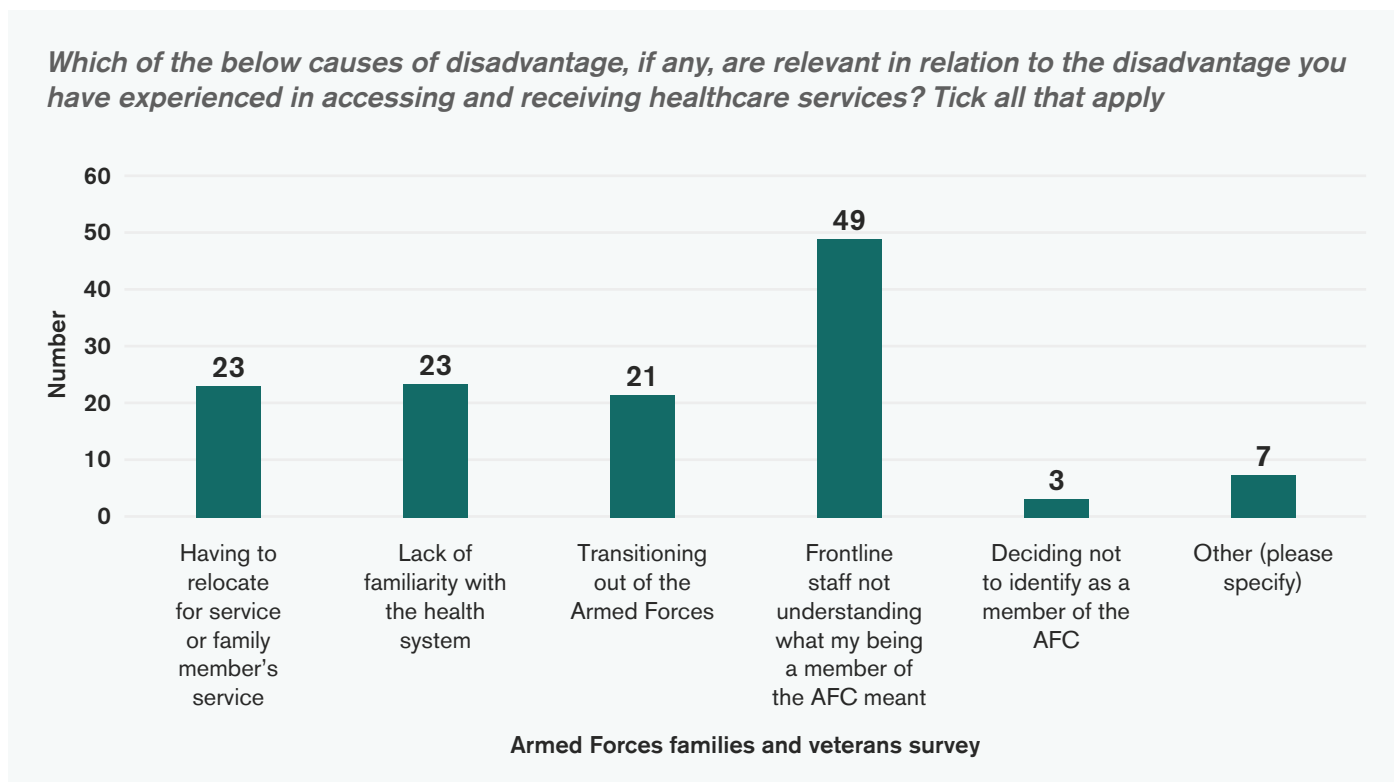


Figure 3 Armed Forces families' and veterans' views on causes of disadvantage in accessing healthcare



4.7 Thirteen serving family respondents to the Armed Forces families and veterans survey stated that they had been disadvantaged when trying to access healthcare in the last 10 years. One of these survey respondents explained how their child repeatedly lost out on orthodontic treatment due to relocation and was unable to obtain a re-referral from their previous dentist due to them moving to a different NHS area. Another family had similar issues with getting dental care in the UK after returning from overseas. A family member of a serving person stated in the survey that they were unable to get their contraceptive implant changed through their GP while deployed away from their home station due to being a guest patient and the impact of Covid.

4.8 It is significant that these drivers of disadvantage are recognised by health providers. Almost half of the respondents to our health survey (46 per cent) acknowledged that members of the AFC risked disruption to treatment due to movement and almost a quarter (23 per cent) reported that relocation could lead to people losing a place on waiting lists.

4.9 Perceptions of increased disadvantage in relation to healthcare have been exacerbated by the impact of the Covid-19 pandemic and other pressures on the health service. Problems in accessing NHS dental care, for example, were selected by 10 serving family respondents to our Armed Forces families and veterans survey as an example of disadvantage, with many more free text comments on the subject. But this sits in a context where access to dental care is also a major current issue in the general population. This means that it is increasingly difficult to distinguish between disadvantage generally and that experienced by members of the AFC.

Tackling the risk of disadvantage

4.10 *The Armed Forces Covenant and Veterans Annual Report 2021* notes that a recent engagement exercise between NHS England and Armed Forces families identified the need for a more co-ordinated approach to meeting the needs of the AFC, including a single point of contact for Armed Forces families in each area. In response to this, NHS England is establishing service support networks and providing a single point of access for the AFC within the new Integrated Care Systems.

4.11 However, initiatives such as these depend on members of the AFC being asked to identify themselves when they sign up to a GP practice. Our research suggests that people are often not asked this question, or the information is lost or not updated when they move.

4.12 As we report in the sections on veterans below, a number of initiatives and programmes have been launched in England, Scotland and Wales to reduce the disadvantage that veterans may suffer in relation to health services. These include: the “veteran friendly” GP accreditation; Op Courage; the Veterans Mental Health and Wellbeing Service and the Veterans Covenant Healthcare Alliance. The veteran friendly GP scheme has been the focus of a recent study carried out for FiMT by the Westminster Centre for Research in Veterans and the University of Chester which makes several recommendations to encourage more veterans to declare their status to primary healthcare providers⁸. *The Armed Forces Covenant and Veterans Annual Report 2021* also notes that the scheme helps family doctors and their staff to better identify and treat veterans and other members of the AFC. Several of our interviewees argued that this family aspect should be made explicit and the initiative extended to be an “Armed Forces friendly GP accreditation” in order to deliver benefits more widely to Service or veterans’ families.

4.13 Finally, we are aware that local authorities have a part to play in helping to ensure that health providers play their part in ensuring that the spouses and partners of serving people do not suffer disadvantage when accessing health care. They have an important convening role in relation to the Covenant and they work closely with health partners through their adult social care, public health and general health and wellbeing responsibilities. They are therefore well-placed to ensure that the local health system is alert to the presence and needs of this cohort of people.

⁸ *Where are All the Veterans? Increasing Veteran Registration in Primary Healthcare*, FiMT, July 2022

Health conclusion

4.14 The risk of disadvantage faced by the spouses and partners of serving people and their children as a result of geographical relocation is well recognised by health providers and local authorities. The challenges faced by everyone in accessing health care have been exacerbated by the pandemic and other pressures on the health service. The establishment of Integrated Care Systems and the role of local authorities in those systems provides an opportunity to reboot the action required to address this risk of disadvantage. This could include more consistently asking people if they are members of the AFC and using the answers to focus action to meet their needs. There is also an opportunity to explicitly broaden the focus of relevant health initiatives to address the disadvantage faced by this cohort as well as veterans.

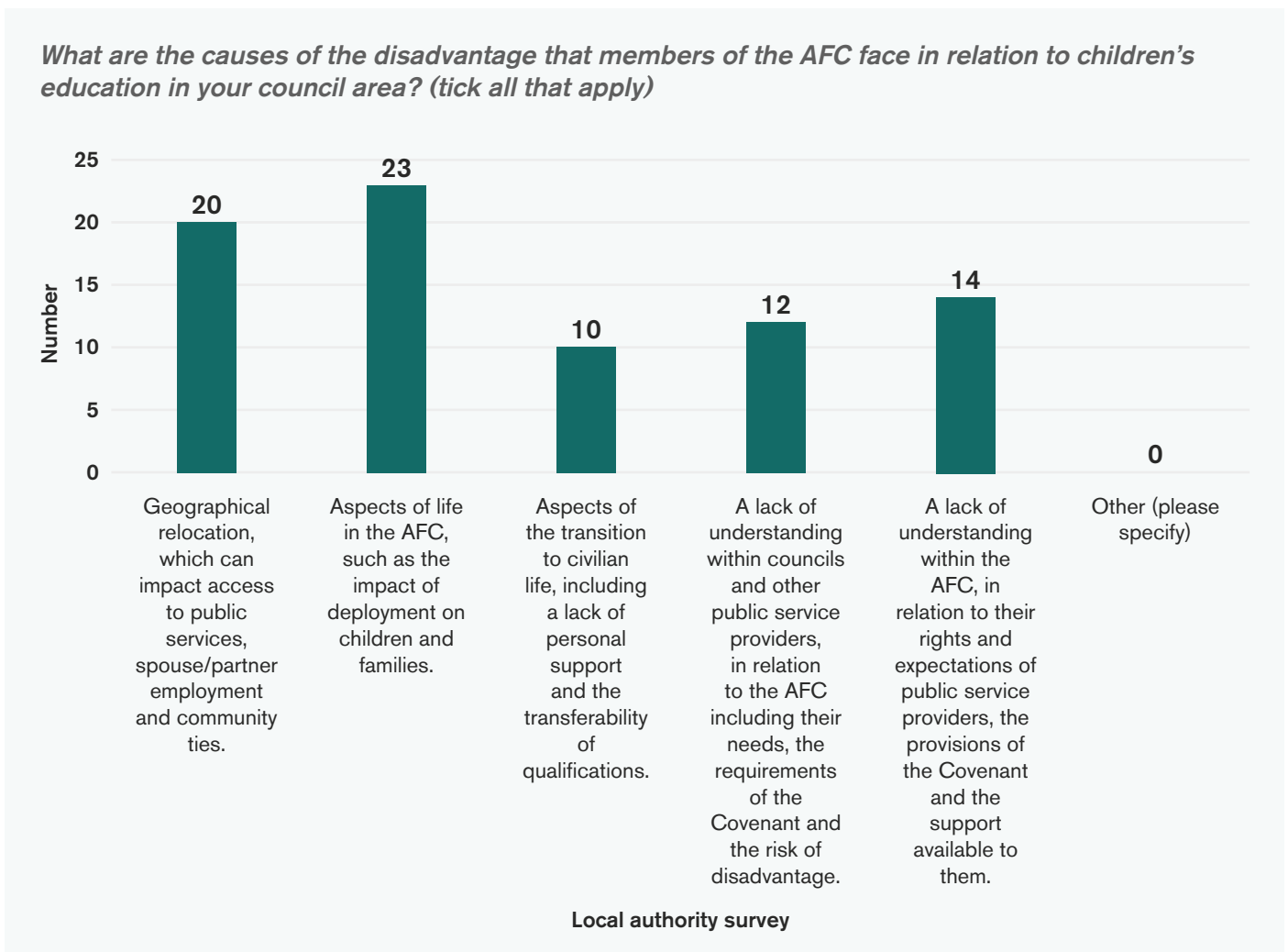
Education

The risk of disadvantage

4.15 The children of serving personnel face three significant drivers of disadvantage: first, that they are disadvantaged by the geographical mobility inherent in Service life; second, that they suffer educationally because of the stress and anxiety caused by one or both of their parents being deployed away from home; and third, that these two drivers are compounded by a lack of understanding of the nature of Service life within schools, academy chains and local councils.

4.16 A summary of responses from the local authority survey is shown below.

Figure 4 Local authorities' views on what the causes of disadvantage are in relation to children's education



Mobility

4.17 As we explain below, there is a strong argument that, in England at least, the first driver of disadvantage referred to above has been significantly tackled from the perspective of gaining a school place through the provisions of the School Admissions Code⁹.

4.18 It is important to recognise, however, as noted in the *Armed Forces Covenant and Veterans Annual Report 2021*, that according to the National Pupil Database between 2016/17 and 2019/20 there remained a strong correlation between levels of pupil mobility and academic attainment. The proportion of pupils achieving GCSE English and Maths at grade 5 or above at the end of Key Stage 4 was lower among those who moved schools¹⁰. A majority of people responding to our survey of Armed Forces families and veterans, who felt they had suffered disadvantage in relation to access to education, were not aware of any action by education providers to try to reduce that disadvantage.

4.19 A further problem relating to mobility is that issues around the curriculum are compounded in devolved areas. For example, if a family moves from England to Scotland a child may have to adapt to a different curriculum and examination system.

Deployment

4.20 Our research suggests that assessing the risk of disadvantage in education is particularly challenging. The needs of individual children and young people vary greatly. How the deployment of a parent or relocation of the family impacts a child therefore also differs considerably. As a result, schools often find it difficult to deal with the effects of deployment as its impact is unique to each child. The number of Service children in a school can also vary significantly and this can have an impact on the extent to which their issues are understood or dealt with.

A school in an area with minimal known Armed Forces presence would be likely to have less awareness of the complexities of deployment and Armed Forces life. Lone Service children within a school also lack the community support of peers who face, or have faced, similar challenges. But equally some survey respondents stated that their children worked hard to exceed low grade predictions. It is also important to note that children and young people can also benefit from being a member of an Armed Forces family. They may have access to opportunities that are not available to other children as a result of a parent's service such as living abroad and learning new languages.

Communication and understanding the nature of Service life

4.21 Children with Special Educational Needs and Disabilities (SEND) requirements can face additional disadvantage when they move. The charity survey indicated that there are problems maintaining access to SEND services between schools in different locations. A representative from the Royal Navy & Royal Marines Charity (RNRMC) described how for "a child [that] has SEND it takes time to get the right support in place and to be replicated following a Service move." The issue can be compounded by ineffective communication between the Armed Forces and councils. One county council, that frequently has to find places for a large number of children of serving people with SEND, told us that it does not receive advanced notification which makes managing access to an already pressured service more difficult.

Tackling the risk of disadvantage

4.22 In England the potential disadvantage associated with school admissions has been addressed by the new School Admissions Code which came into force in September 2021. Councils can give priority to children who are eligible for the Service Pupil Premium (see below). The new code should expedite the in-year application process for Service children although our surveys have not produced evidence either way of impact or perceptions of impact.

⁹ *School Admissions Code 2021*, Department for Education, September 2021

¹⁰ *The Armed Forces Covenant and Veterans Annual Report 2021*, Annex A table 18.

4.23 Schools in England are allocated a Service Pupil Premium (£310 per head per year at the time of writing) to help schools provide pastoral and academic support to Service children. Schools are encouraged to report on how they have used the funding and the Department for Education requires them to publish a template explaining their overall pupil premium strategy, encouraging them to assess the impact. Examples of good practice from schools across England are published on the gov.uk website, including the use of pupil premium to fund trips such as to the theatre and extra-curricular activities that may not be available to them when one of their parents is absent. Our research has, however, highlighted several limitations in the way the premium is used, including:

- Children of reservists may go unidentified and are only able to access Service Pupil Premium payments during the time in which their parent is mobilised. This limits impact and the effects of a parent's service can still have a prolonged effect.
- It is not available for pupils in early years provision or those who are over 16.

4.24 The Welsh Government has provided £270,000 a year to support Service children in Wales and there are four Regional Schools Engagement Officers in post to help schools and other educational settings to understand the experiences of Service children and embed sustainable support mechanisms.

4.25 In Scotland, schools with a group of Service pupils must bid for support money. This money can be used to fund resources or support in the form of teaching assistants, for example. However, it is less flexible than Service Pupil Premium. This is particularly problematic for children who cannot access the same kind of support they may previously have been entitled to in England.

4.26 There are a number of other schemes in place to try and tackle the overarching disadvantage caused by the impacts that deployment can have such as:

- The MoD Education Support Fund (ESF) is in place to help mitigate the impact that separation can have on Service families, and it supported approximately 17,000 Service children in the 2020/2021 financial year¹¹.
- The MoD Local Authority Partnership Group (MODLAP)¹². MODLAP is trying to increase the consistency in how local authorities transfer Education, Health and Care plans for Service children so that children's histories and specific requirements are picked up easily upon relocation to a new area.
- Several support networks are also available to help schools to meet the needs of serving pupils. They include: the Scottish Armed Forces Education Support Group¹³, Supporting Service Children in Education Cymru¹⁴, the Service Children's Progression Alliance, which has produced a *Thriving Lives Toolkit*¹⁵ for schools and MODLAP which has established groups focussing on special needs, disabilities and early learning and childcare.
- The Military Kids Club (MKC) Heroes network¹⁶ is a pupil voice group for children in the AFC that is supported and facilitated by The Royal British Legion. Members of MKC Heroes are ambassadors and young advocates for Service and veterans' families. Such groups are key to the development of Service children and provide them with an opportunity to socialise with their peers and with support, especially in times of deployment.

11 [MOD Education Support Fund \(ESF\) for schools with Service children: grant application pack - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/531113/ESF_for_schools_with_Service_children_grant_application_pack_GOV.UK.pdf)

12 [MOD Local Authority Partnership \(MODLAP\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/531113/ESF_for_schools_with_Service_children_grant_application_pack_GOV.UK.pdf)

13 [Scottish Armed Forces Education Support Group - gov.scot \(www.gov.scot\)](http://www.gov.scot/bin/view/gov/About%20Government/Scottish%20Armed%20Forces%20Education%20Support%20Group)

14 [SSCE Cymru: Supporting Service Children in Education Wales website](http://www.sscce.org.uk)

15 <https://www.scipalliance.org/thriving-lives-toolkit>

16 [Military Kids Club | Community | Royal British Legion](https://www.militarykidsclub.org/)

- RFEA have started a pilot project working with children of Armed Forces families from the age of 14 to provide them with a wide view of employment opportunities as many Service children are surrounded by the Armed Forces for their whole childhood. This could be something which schools could be more involved in, ensuring that Service children get career advice from a young age. The problems they experience as a Service child do not just disappear with age, they endure and will still come under the Covenant. Challenges about skills and network building when they are young and in education may develop into larger challenges when they are older¹⁷.

Education conclusion

Whilst the changes to the Schools Admissions Code have mitigated the administrative issues that families may have when trying to get their children into a school in a new area, there are still many aspects of Armed Forces life that may cause disadvantage in relation to the education of serving children and require continuing attention. They are:

- The stress and anxiety children and young people face as a result of the deployment of a parent. Training of frontline education staff to better understand the impact that this can have on Service children's lives is key. It is also important that all staff are aware and not just a dedicated member of staff that has been employed using the Service Pupil Premium. There is a need to distil and share good practice from the various national initiatives we have described above.
- The cumulative impact that moving school, sometimes mid-year, can have on a child's education.
- The impact of the continually increasing number of academies and academy chains. Further thought needs to be given to how best to engage with schools in academy chains locally and through the chain.
- Identification of the Service community is still an issue as there is a lack of accurate data and some families may not self-identify. Similarly, some reservists may be unaware that their children are covered by the Covenant.

Employment

The risk of disadvantage

4.27 The spouses and partners of serving people face a risk of disadvantage in relation to employment in three respects: first, the relocation of the serving person can result in a partner or spouse having to resign from their own job, leading to gaps in their CV which may make it difficult to get a new job; secondly, employers' perceptions about the frequency of job changes may lead them to be seen as unsuitable employees, or unsuitable for more senior roles; and finally, the additional childcare responsibilities they have when their partner is deployed may have implications for their ability to work (or for perceptions of their ability to do so). This may be exacerbated by the mobility of Service families as they are unlikely to live close to other family members who could offer support. Spouses and partners may also face a tight labour market in the immediate vicinity of a Service base in a rural or remote area.

4.28 The impact is that many spouses are also unable to progress in their careers in the same way as the general population because short-term postings do not allow them time to develop within a business and receive promotions. Employers also perceive that spouses are required to move more frequently than is actually the case, making them less likely to employ them.

4.29 Both the local authority and the charity respondents identified spouses and partners of serving personnel as the second most at risk group when it comes to disadvantage in relation to seeking and sustaining employment (see [Table 1](#) and [Table 2](#) below).

¹⁷ RFEA - [The Forces Employment Charity](#)

4.30 One sub-group that is particularly relevant to this policy area is the reservist population. This was not strongly highlighted in the local authority or charity surveys but was by participants in our group discussions on employment. The commitment required from reservists can often cause clashes with civilian employment opportunities and they may be at risk of compounding disadvantage due to the perception that they will frequently be deployed. There is also the perception that reservist commitments in the evenings and at the weekend reduce an individual's employability as they are less flexible regarding working hours for part-time jobs in the retail or hospitality industries. One survey respondent mentioned that they are unable to meet expectations when it comes to answering calls or messages during their reserve work time.

Table 1 Showing local authorities' response to which members of the AFC are most disadvantaged in relation to employment

<i>Local authority survey response to "Which members of the AFC appear to be most at risk of disadvantage in relation to seeking and sustaining employment?"</i>	
Serving personnel	0
Reservists	1
Spouses and partners of serving personnel	10
Working-aged veterans	18
Veterans aged 65 and over	1
Other (please specify)	3

Table 2 Showing charities' response to which members of the AFC are most disadvantaged in relation to employment

<i>Charity survey response to "Which members of the AFC appear to be most at risk of disadvantage in relation to seeking and sustaining employment?"</i>	
Serving personnel	4
Reservists	0
Spouses and partners of serving personnel	14
Working-aged veterans	15
Veterans aged 65 and over	5
Other (please specify)	0

Tackling the risk of disadvantage

4.31 Defence Relationship Management (DRM) supplies support in relation to the employment of members of the AFC including spouses and reservists. They offer advice, partnering with organisations across the UK. By doing so, DRM aids them in understanding the value of signing the Covenant whilst also providing support with employing reservists, veterans, cadet force adult volunteers and Armed Forces spouses and improving fairness for the AFC in the consumer market.

4.32 The Defence Employer Recognition Scheme (ERS) encourages employers to support members of the AFC. The scheme has bronze, silver, and gold awards for employer organisations that demonstrate or advocate support to defence and the AFC. Companies applying for the different categories have to demonstrate their credentials. With gold for example, the employer must be proactive in demonstrating that they are forces friendly as part of their recruiting and selection processes. They should be registered with the Forces Families Job Portal which is a resource for family members of currently serving UK military personnel. It presents them with training, employment, and volunteer roles.

4.33 Employment outreach work in Hull ([see paragraph 4.70](#)) extends to the whole family, so does involve support to spouses where it is needed, based on support with CVs and introducing them to local businesses.

4.34 We also heard from a charity attending one of our group discussions about the importance of training staff in Jobcentre Plus about the context for spouses that leads to fragmented CVs. Where this has not been implemented, there were examples of tough questioning about gaps in employment history and the reason for leaving the last job.

4.35 Employers can also support serving members of the AFC in their roles as reservists. There is a published list of businesses that have signed the Covenant on the Armed Forces Covenant website which may be useful for reservists when looking for civilian jobs. We have heard about helpful practice by employers including:

- Pledging to offer extra paid leave to reservists so they can attend courses and military training sessions.
- One local authority representative noted the benefit of decoupling time off requirements for reservists from a generic special leave policy. Being able to point to a dedicated policy helped to build confidence and address the reluctance of many reservists to identify to their line manager.

Employment conclusion

4.36 The challenge for spouses is endemic in an Armed Forces context. The problems are more complex than the impact on CVs of frequent moves, as the impact of deployment can also create a requirement for unforeseen leave.

4.37 Our research highlights the importance of:

- Training for front line staff, including in Jobcentre Plus so that they ask about and understand the impact of AFC membership.
- Local outreach – helping spouses to create strong CVs and to connect to employers who understand their situations.

- For employers to extend the practice of creating dedicated policies and practices in relation to reservist employees.
- Finally, it is worth noting the potential impact of the shift to more remote working initiated by the pandemic. We do not have evidence for this yet, but stakeholders in our group discussions noted how the shift to remote working may make it easier for spouses to pursue professional jobs without needing proximity to cities.

Other potential areas of disadvantage

4.38 Serving people and their families face a risk of disadvantage in three other areas of policy which we explore briefly in this section. They are: access to rented or social housing; adult social care; and children's services. We briefly explore these risks of disadvantage and the position of reservists.

4.39 As we explain in the next section, the greatest risk of disadvantage in relation to social housing concerns people transitioning out of the Armed Forces. There are, however, three circumstances in which serving families may face a risk of disadvantage in relation to housing. They are:

- Families seeking rented accommodation away from the military base: landlords may be concerned that there is a risk that they have to move at short notice. We know of at least one council with a significant Armed Forces presence in its area which works to brief private landlords in the area on the needs of Armed Forces families and the provisions of the Covenant.
- Separating families who may have only 90 days before they are required to leave Service Family Accommodation. Councils are encouraged to exempt these families from any local connection requirement for social housing.
- Bereaved families – in these tragic cases we understand that families are likely to be able to stay in Service Family Accommodation for longer than 90 days.

4.40 There are arrangements in place to mitigate the risk of disadvantage but the effectiveness of these measures hinges on:

- People identifying as members of the AFC.
- Frontline staff in the relevant organisations having a good understanding of the needs of the AFC and the Covenant.
- Good working arrangements between the Armed Forces, councils and landlords.

4.41 A large majority of the councils responding to our survey who considered that there was disadvantage for members of the AFC in accessing and receiving adult social care associated this with veterans rather than the serving cohort. It may be that none of the individuals responding to our survey on behalf of their councils had recent experience of social care cases concerning families of serving personnel. However, a presentation at the 2022 national Covenant Community Conference highlighted the great difficulty and disruption to care caused by repeated relocations in the case of an adult dependent child. This highlights the importance of dialogue between caring local authorities before a move takes place, so that information can be shared, and prompt assessments made when a move takes place.

4.42 In our local authority survey, those respondents who considered that there was disadvantage for members of the AFC in accessing and receiving children's services identified that it is the children of serving personnel that are most likely to experience this (13 out of 20 responses).

4.43 There are two issues:

- Mobility – there can be delays in the transfer of information for children moving between areas and a reset of the services they have been receiving compared with their previous locality. Where different local authorities provide different types of support, these changes can be challenging for families whose children have disabilities. Moving location can also lead to a loss of a place in a queue awaiting assessment – one response to our Armed Forces families and veterans survey noted: “it took until year 10 to get my daughter help for dyslexia as every time we tried to get help we then moved on and we had to start again”.

- Cases where the children concerned have not been identified as members of the AFC. Responses highlighted that this is a risk for children of reservists or in cases where a family lives away from traditional Armed Forces residential areas.

4.44 As with housing, successful mitigation of disadvantage relies on:

- Parents identifying as members of the AFC.
- Frontline staff in the relevant organisations having a good understanding of the needs of the AFC and the Covenant so that they know how to act if cases arise.

Overall conclusion and areas that require attention

4.45 It is clear from our research that the administrative issues that caused disadvantage to members of the AFC in relation to, for example, schools admissions and access to GPs, have largely been addressed. It is equally clear, however, that more complex and underlying drivers of disadvantage exist and require continuing attention. These include the effects of deployment on education, mental health and circumstances requiring a spouse to take leave from work. These are more difficult to solve as they are personal and vary from family to family. The key to addressing issues such as these is a better understanding of the needs of the AFC among service providers, including frontline staff. Possible action to address this could include:

- Extending the veteran friendly GP scheme to be an Armed-Forces friendly GP scheme. This would need to be carefully timed so as to complement, and not distract from work following the recommendations from the Westminster Centre for Research in Veterans and University of Chester's report¹⁸ about the need to improve veteran self-identification.
- Better liaison between service providers and the AFC to build a continually developing understanding of challenges and opportunities to extend effective or promising initiatives.

18 *Where Are All the Veterans? Increasing Veteran Registration in Primary Healthcare*, FiMT, Westminster Centre for Research in Veterans and the University of Chester, July 2022

- Working hard to identify members of AFC, by asking and encouraging them to identify and then using the information to inform policy and case work.
- Raising awareness within service providers and the AFC of what the Covenant means and how to recognise disadvantage.

Personnel and families in transition from the Armed Forces to civilian life

4.46 For this report, the transition period for serving personnel – and their families where applicable – is considered as being from approximately one year prior to discharge date until two to three years after discharge. This is a time of significant change, and a key point where disadvantage can be experienced and, if not addressed, set on a track to become more severe. This means it is essential that public service providers identify members of the AFC during this period. Managing transitions of any type can often be difficult for public services but, in this case, it is key to ensuring that the first steps outside of military service and associated family life are as satisfactory as possible. It is important to focus attention on those for whom transition is most likely to be difficult, such as Service personnel being discharged from the Armed Forces on disciplinary grounds.

4.47 Our research findings, particularly engagement with the Armed Forces charity sector and insights from the group discussions, indicate that the policy areas presenting the greatest risk of disadvantage for this cohort were employment and housing. These policy areas are explored in more detail below, and we also highlight some other potential areas of disadvantage.

4.48 A further important point emerged during this research about the difference between the support and services available to those transitioning out of the Armed Forces now and in the recent past compared with those who made the transition a decade or more ago. Those who made the transition some time ago did not have access to the level of support available now, for example through Defence Transition Services. This is an important distinction, and it is important to consider whether all the support and services offered now result in a more positive transition for those who might face challenges, and whether there are fewer issues arising in the future among veterans and their families as a result.

Housing

The risk of disadvantage

4.49 Potential disadvantage in relation to social housing needs to be considered in the context of the critical shortage and competing demands for this very limited stock. There are many members of society who are experiencing great difficulty accessing social housing, including cohorts with needs similar to those experienced by the AFC such as ex-offenders or people fleeing domestic abuse.

4.50 We have identified several drivers of disadvantage that relate to housing:

- The mobility of life in the Armed Forces making establishing a local area connection difficult.
- A lack of understanding of the social housing landscape by members of the AFC, a lack of preparation, or unplanned urgent need.
- A lack of understanding of the risk of disadvantage faced by members of the AFC on the part of frontline staff and a failure in some cases to apply the correct policies and processes.

Extent of disadvantage

4.51 In terms of the level of disadvantage in relation to housing there are very different perceptions on the part of charities and local authorities. While around 79 per cent of charities said members of the AFC face disadvantage to a small, moderate or great extent, just over half of local authorities (51 per cent) felt the AFC faced no disadvantage at all. Working age veterans were felt to be at greatest risk, possibly due to the general lack of social housing for single males which could be the demographic for many veterans.

4.52 There is agreement between local authorities and charities that an important factor is a lack of understanding within the AFC about their rights and legitimate expectations of service providers. Other drivers of disadvantage identified by the Armed Forces charity sector included a lack of understanding within councils and other public service providers in relation to the AFC including their needs, the requirements of the Covenant and the risk of disadvantage. It is worth noting that, as [Figure 5](#) shows, charities have a much lower perception than local authorities of the shared understanding between housing providers and the AFC of the expectation of the Covenant in relation to social housing.

Understanding by frontline staff

4.53 Armed Forces charities, and some members of the AFC, felt that social housing staff either did not understand the unique situation faced by members of the AFC or did not apply the correct policies (43 per cent). This was in contrast to local authorities where 85 per cent felt their staff did have a good understanding and applied the correct policies. With a high turnover of staff in social housing teams, ensuring all staff are trained or made aware of the potential disadvantages and policies in place to address it is a challenge.

Figure 5 Comparison between local authority and charity responses regarding the shared understanding of the Covenant in relation to housing

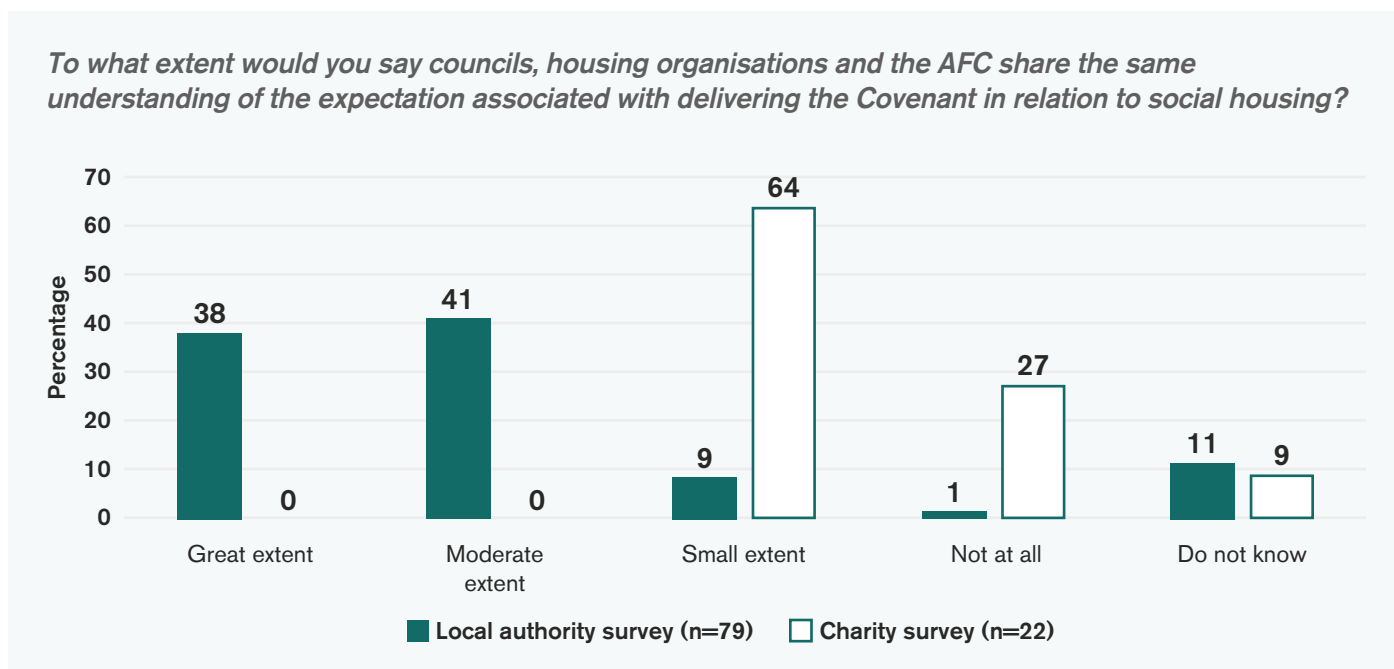


Figure 6 Armed Forces families' and veterans' views on the causes of disadvantage in accessing social housing

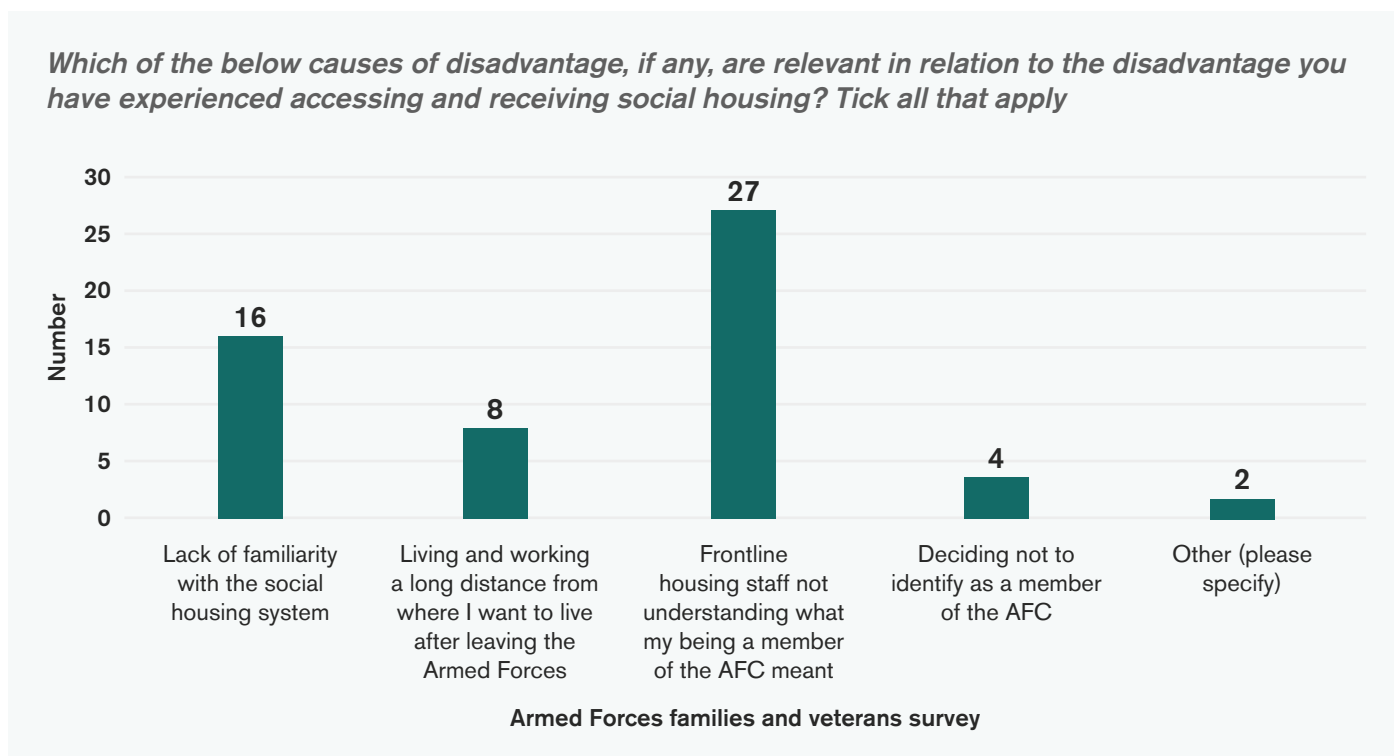
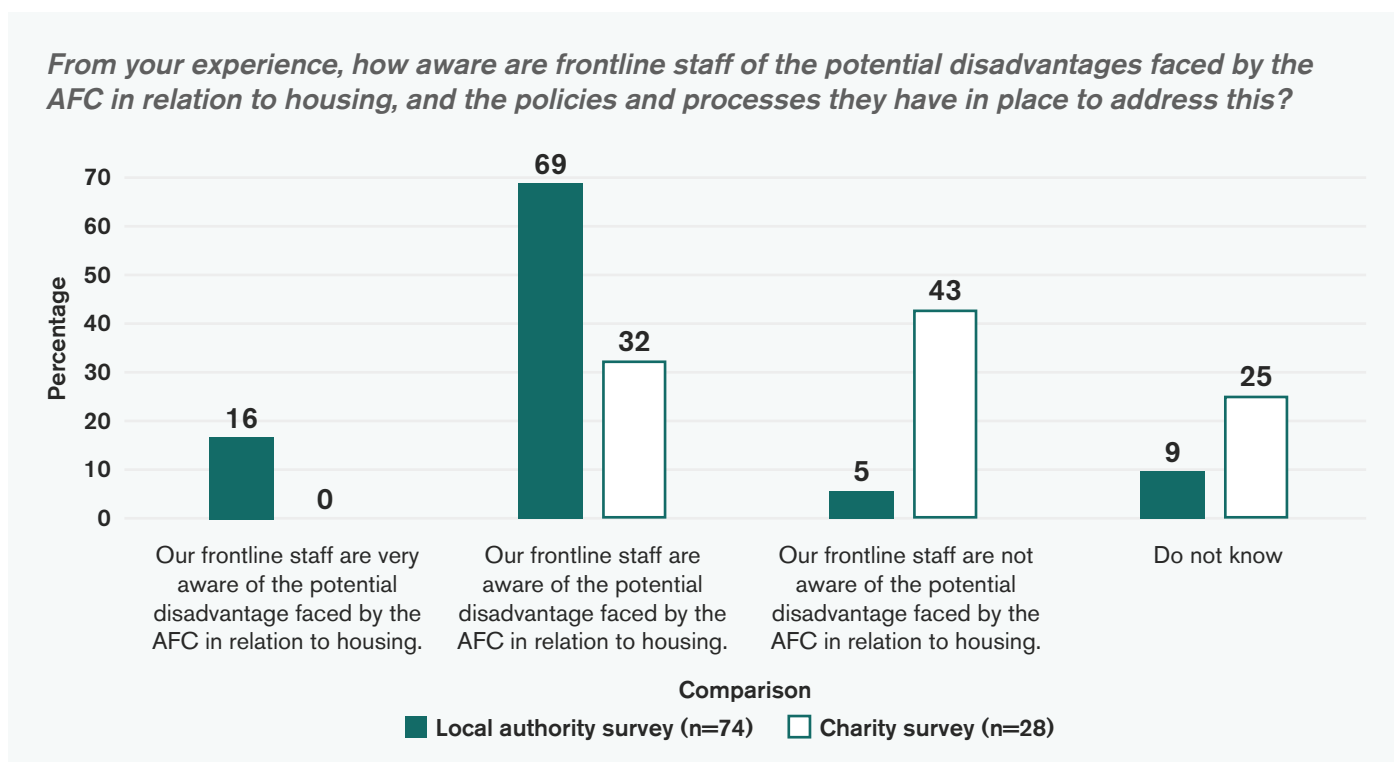


Figure 7 Comparison between local authority and charity views on awareness of frontline staff of disadvantage faced by the AFC in relation to housing



Specific sub-cohorts

4.54 Our research identified some specific sub-cohorts that may be at particular risk around access to appropriate social housing. This is especially so when the transition from military to civilian life may not be from choice and therefore at a difficult and challenging time (for example, separating families).

4.55 If a relationship breaks down for a family living in Service Families Accommodation, then the serving person retains an entitlement to appropriate accommodation. However, the family will lose their entitlement and will need to find their own accommodation. The very short timescale to address the housing need, and the fact that the separating family may no longer be perceived as part of the AFC can create a difficult situation. Housing providers are encouraged to apply the five-year local area connection waiver to separating families, and many report doing this, but there is no legal requirement to do so.

4.56 A shortage of one-bed social housing units creates particular disadvantage for some groups of Service leavers. This includes female Service leavers, as many single social housing accommodation units are for men.

Special consideration

4.57 The Covenant states that “Special consideration is appropriate in some cases especially for those who have given the most”. In the case of providing appropriate housing for a person being medically discharged, the following short case study is of a council that applied special consideration to a veteran. More general findings about the application of special consideration are given in [paragraphs 4.106 to 4.110](#).

Trafford Council

Trafford provided a ground level social housing property to a (then) serving member of the forces who was due to be discharged after suffering a head injury. The council was approached directly by MoD about the individual and were able to secure a suitable property within time scales and have adaptations completed before he was medically discharged. This would normally have taken months but was completed within a few weeks. The council officer managing the case was able to bypass the normal procedure by citing the Covenant pledges.

Tackling the risk of disadvantage

4.58 The risk of disadvantage relating to the lack of local connection has been addressed by the waiver of the local area connection requirement for up to five years after leaving the Armed Forces¹⁹. This is a legal requirement in England, with Scotland and Wales applying it at their discretion. However, our local authority survey responses showed a lack of consistency in how this was understood and applied. In response to a survey question about how the issue of local connection was addressed, 50 local authorities in England reported that they waive the local connection for five years, but respondents in four agreed with a statement that they are not required by law to waive the local area connection for five years, and that this is applied at their discretion. In Scotland, four local authorities waive the local connection for five years, while five know they are not legally obliged to apply this but do so at their discretion. In Wales, both local authority respondents waive the local connection for five years.

4.59 Despite the waiver some members of the AFC (24 per cent of respondents to our survey) felt they had experienced disadvantage relating to the lack of a local area connection.

¹⁹ Implemented through the Allocation of Housing (Qualification Criteria for Armed Forces) (England) Regulations 2012

4.60 There are many examples of what local authorities are doing to address the areas of disadvantage described above, with many going beyond the statutory guidance in order to offer further support. They include:

- Access to – and gatekeeping of – public sector delivery:
 - Asking social housing applicants whether they have served in the UK Armed Forces (many councils).
 - Having dedicated Armed Forces staff in the housing team, and signposting to relevant support services alongside housing.
- Actions within the mainstream delivery of public services:
 - Allocations policies which give veterans an uplift in banding.
 - Dedicated webpages to ensure veterans are aware of the housing support available (Argyll and Bute).
 - Staff training to understand the issues (many local authorities) and internal presentations developed by the Covenant Officer (Bedford).
 - Recognising living in Service Family Accommodation as equivalent to local authority housing (Aberdeenshire Council).
 - Dedicated outreach workers assisting with housing and other support (Durham, Gateshead, Newcastle).
 - Applying banding dates on the housing register backdated by the number of years a person has served (Cambridgeshire).
 - Glasgow Helping Heroes – partnership working between Glasgow City Council and SSAFA to provide holistic support including housing.
- Actions focused particularly on transition or interventions in more difficult cases:
 - Waiving the local area connection for five years for divorcing or separating spouses, eligible partners, or civil partners.
 - Giving extra points to Service personnel leaving the Armed Forces for six months after service has ended (East Renfrewshire, Renfrewshire and Inverclyde Councils).

- Other interventions focused on particular difficulties:
 - Sunderland works with Veterans in Crisis to provide additional support and has refurbished part of a building for emergency accommodation.
 - Gateshead Council leases Bibby House to Changing Lives at a peppercorn rent to tackle homelessness and aid transition.

4.61 An important initiative aiming to address housing issues for members of the AFC is the No Homeless Veterans Campaign²⁰ that provides resources to help frontline staff measure their delivery of support in this area and to help meet the needs of veterans effectively.

4.62 During our research we identified two housing associations that make great efforts to support members of the AFC.

The Riverside Group

The Riverside Group²¹ offers support to veterans facing homelessness through a range of services that have been developed and driven by staff who have served in the Armed Forces. This includes specialist veterans' supported accommodation centres as a leading part of Riverside's practical commitment to veterans.

20 [No Homeless Veterans Campaign to end Veterans' Homelessness - No Homeless Veterans - STOLL](#)

21 <https://www.riverside.org.uk/>

believe housing

believe housing²² is proud to work with the Armed Forces Outreach Service (AFOS) to support members of the AFC. AFOS is a local authority partnership comprising believe housing, Durham County Council, Your Homes Newcastle, Newcastle City Council and lead organisation Gateshead Council, which covers approximately 4000sq km.

Durham County Council Housing Solutions Team supports believe housing by working with AFOS staff in their role as the main conduit between client and the local authority.

believe housing and AFOS work in partnership to support and get the best possible outcome for AFOS clients and residents, or prospective residents who serve or who have served in the Armed Forces and their families.

22 www.believehousing.co.uk

Housing conclusion

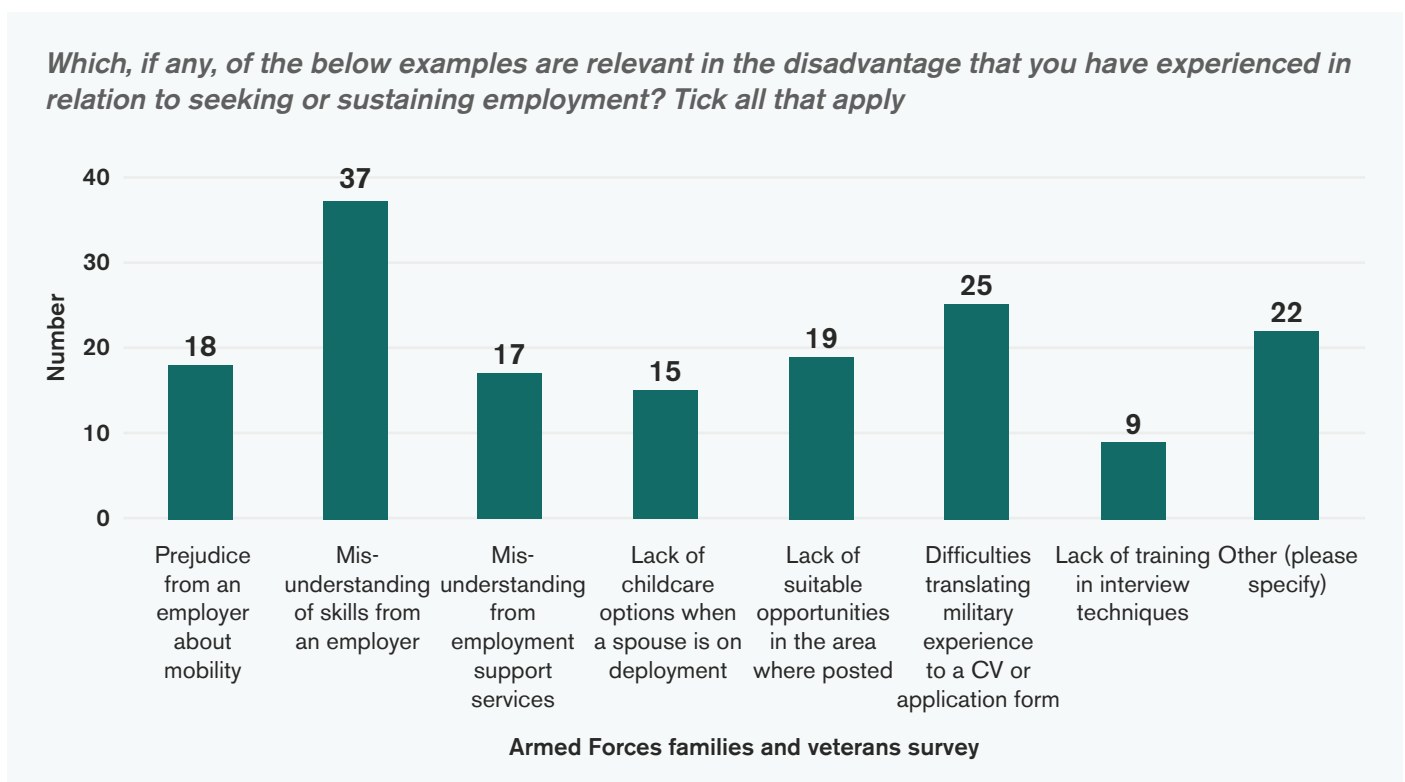
4.63 There is a severe shortage of social housing available, and anybody needing to access this limited stock is likely to face an extended wait. This difficult situation can be compounded for members of the AFC where the Covenant measures to mitigate this disadvantage are not applied consistently. However, our research found a great deal of activity being done in this area by local authorities to deliver on their Covenant pledges and to support members of the AFC. These activities are dependent on identifying members of the AFC and applying the policies and processes correctly. Further challenges do remain and these are considered later in this section.

Employment

The risk of disadvantage

4.64 While many members of the AFC report no issue in relation to employment, it is an important issue in the context of the cohort in transition from the Armed Forces to civilian life. [Figure 8](#) below from our survey of Armed Forces families and veterans indicates the perceived causes of employment disadvantage.

Figure 8 Armed Forces families' and veterans' views on the causes of disadvantage in relation to employment



4.65 Our research identified several areas of potential disadvantage around employment.

4.66 Members of the AFC were most likely to identify a lack of understanding on the part of employers, either in terms of their view of veterans, or a lack of understanding of the skills and expertise that veterans could bring as a cause of disadvantage (37 responses).

4.67 Most members of the AFC are not required to prepare a CV or take part in an interview process during their Service career. This can place them at a potential disadvantage when joining a civilian recruitment process. A further potential disadvantage is in not being able to translate military skills and experience into qualifications and terminology familiar to civilian employers (21 per cent of survey respondents felt they faced disadvantage here).

Tackling the risk of disadvantage

4.68 The MoD funds an extensive resettlement package for everyone leaving the Armed Forces²³. This makes provision for CV writing, interview preparation, and translating military qualifications into civilian equivalent ones where possible. This resettlement offer is not compulsory for those leaving the Armed Forces, which means that not every Service leaver carries out resettlement activity. Charities report that those who do not engage can struggle when they leave. They also report that where the training is taken up, it is often not cascaded to spouses.

4.69 There remains a particular challenge with Early Service Leavers (ESLs), where the Career Transition Partnership's (CTP) Future Horizons Programme is in place to provide resettlement support. However, from our discussion with experts we understand that some ESLs do not know about it (particularly in the case of an abrupt exit), or choose not to engage with it.

4.70 Some local authorities fund outreach to advise on CVs and help make connections with other organisations. Several local authorities described how they engage with local employers to raise their awareness of how ex-Service personnel can help them with skills gaps.

Hull employment outreach

Hull City Council funds a specialist Armed Forces employment adviser post through the Goodwin Trust. The postholder sits in the local AFC hub. Support is provided to individuals on a bespoke basis, often as part of a wider package of assistance. A common theme is helping individuals transitioning out of the military to transfer their skills to a civilian context. Particularly when a client joined the Armed Forces straight from school, they may need help in writing a CV that can link military qualifications to civilian skills. Support also extends to families, helping Service partners to understand how to manage gaps on their CVs and to working with employers so that they understand the skills that ex-Service people bring. This has included conducting a skills mapping exercise with 3,000 businesses in the area.

4.71 Several local authorities also told us that they take action as an employer to encourage Service leavers to consider roles with them. In addition to policies such as guaranteed interview schemes, actions include: offering taster placements to Service personnel in the transition phase, for example to try driving a refuse truck, and posting jobs, including project management roles, that they consider suitable for former Service personnel on the CTP portal. These were felt to have yielded little result to date.

4.72 The Ministry of Defence Employer Recognition Scheme (ERS) encourages employers to support the AFC through its bronze, silver, and gold awards. A gold ERS organisation is deemed to be particularly supportive of defence and should therefore provide a more comfortable employment and application experience for members of the AFC. We heard from local authorities and MoD staff that the Covenant can provide an initial focus for engagement with an employer, from which it is then possible to build out more specific actions by signposting to the ERS.

4.73 There is national action to try and help the AFC move into particular careers, such as the "Step into Health" initiative. This provides a dedicated pathway for the AFC to access the numerous career opportunities available in the NHS. According to the *Armed Forces Covenant and Veterans Annual Report 2021*, 106 NHS Trusts are part of the programme and nearly 1,300 individuals had secured roles since March 2019.

23 [Resettlement for Ex-Service Personnel | Ex Armed Forces Recruitment from CTP](#)

Employment conclusion

4.74 Whilst most Service leavers who are seeking employment after leaving the Armed Forces go on to secure it, there is still a small number which experiences difficulties securing suitable employment. There are actions both at national and local level that try to mitigate the risk as people leave the Armed Forces. Challenges remain in the areas of:

- Publicising the MoD support available, especially to Early Service Leavers.
- Targeting schemes and opportunities at those who stand to benefit from them most (such as opportunities that local authorities would like to promote to Service leavers).
- Promoting wider take up of in-service resettlement support and the cascading of this to spouses.

Other potential areas of disadvantage

4.75 Our research has identified two other service areas in which members of this cohort may face disadvantage: health and education. It is also important to consider the role of the Defence Transition Services team in supporting people through the transition process.

4.76 In health, the risk of disadvantage facing members of the transition cohort includes: accessing an NHS dental practice if they are relocating at the end of their service; the impact of delays in transferring medical records from military to civilian healthcare providers; and the possibility of physical and mental health conditions becoming apparent sometime after a person leaves service. We heard there is also often a lack of communication between the MoD and NHS with a few survey respondents stating that their medical records showed little evidence of their treatment whilst in service, reinforcing a lack of continuity in medical care.

4.77 In education, the transition out of the Armed Forces environment can be difficult for families and children of families. The child or young person may feel a loss of identity previously shaped by having a serving parent.

4.78 There is a further action that has been taken to help mitigate a difficult transition, potentially compounded by disadvantage – the establishment of the Defence Transition Services (DTS)²⁴. This was established in October 2019 as part of the MoD's new Holistic Transition Policy or JSP100 as it is known internally. DTS delivers a full range of transition support for people, such as a Service leaver or family member, working directly with them to provide tailored information and guidance. DTS works on a one-to-one basis, building a trusted relationship in order to fully understand a person's needs, co-ordinate the right sources of information and simplify access to the support needed. DTS will facilitate access to support including around accommodation and employment, whether from other government departments, local authorities, or trusted charities.

Overall conclusions and areas that require attention

4.79 Significant progress has been made in targeting the risk of disadvantage for people and families in the transition period out of the Armed Forces. This includes, for example, the application of the five-year local connection waiver in social housing, the support available to members of the AFC to prepare high quality CVs and the work of the Defence Transition Services. This re-enforces that transition is a critically important period in which actions to address the drivers of disadvantage can have a significant impact and so should be a core part of local Covenant related action plans.

4.80 There are three areas in which our research suggests that action to address disadvantage for this cohort could be taken. They relate to: (i) frontline public sector staff identifying members of the AFC, (ii) training and awareness raising in frontline staff so they are aware of the disadvantages that may be faced, and (iii) consistently applying all the correct policies and processes designed to address disadvantage.

²⁴ Help for Service leavers from Defence Transition Services - GOV.UK (www.gov.uk)

4.81 We have heard about the challenges involved in the identification of members of the AFC. In some cases, those leaving the Armed Forces and accessing public services may not want to disclose this connection, including for example non-UK nationals who may not have secured the necessary visa documentation. In other cases, frontline staff may not be asking the question due to their perceptions of what constitutes a veteran – for example not asking female housing applicants. These barriers to identification can prevent the full range of policies and processes being applied at this important juncture.

4.82 It is important that staff ask the question about a connection to the AFC at all points in, for example, the application process for social housing. All forms should include this question too. Staff need to be aware that some members of the AFC may be reluctant to disclose this association and so every effort should be made to ascertain it where possible. Where a connection exists, this needs to be recorded on the applicant's record. If members of the AFC do not feel this connection has been checked or understood by frontline staff, then they should make staff aware of their connection.

4.83 Other steps that could strengthen the impact of the Covenant in reducing the risk of disadvantage to the transition cohort include:

- Ensuring that frontline staff are trained to understand the unique disadvantages that members of the AFC may face.
- Ensuring that members of the AFC have an accurate understanding of what the Covenant will deliver in respect of, for example, social housing. This includes reiterating that being treated fairly along with everyone else in society may mean a lengthy wait for suitable housing to become available.
- Where members of the AFC have been identified, ensuring that frontline staff apply the policies and processes that the organisation has in place.

4.84 Finally, future research should be carried out on the experience of those leaving the Armed Forces since the start of the Defence Transition Services implementation. This research should seek to determine whether those who have received this additional support experience a smooth and more successful transition to civilian life, and fewer issues in the years after leaving.

Veterans and their families

4.85 In this section we present our findings on the risk of disadvantage faced by veterans and their families. This is a large cohort of people, ranging from people who have recently completed the transition to older veterans. We are aware that the quality of the transition has a major impact on whether or not members of the Armed Forces face disadvantage later in their lives and, as we noted in the previous section, the quality of the transition process has improved significantly in recent years. We have also taken into account the fact that given the pressures facing the NHS and adult social care, it is often difficult to distinguish between the disadvantage faced by many people and that related to specifically to people's service or connection with the Armed Forces.

4.86 Of the three public services referred to in the new legislation, health is the most relevant to this cohort and is explored in some detail in this section. We also consider the risk of disadvantage in relation to housing. In our research, we have also explored action under the Covenant in relation to adult social care and employment and, in this section, we consider the risk of disadvantage veterans and their families face in relation to those service areas and the action taken to address it. Finally, we refer to the position of LGBTQ+ veterans.

Health

The risk of disadvantage

4.87 Just under 45 per cent of the charities which responded to our survey felt that members of the AFC were at great or moderate risk of disadvantage in relation to health (see detailed analysis in Annex V part C). In order to understand that risk we have found it helpful to segment the veteran community in relation to their health needs. Based on the literature we have reviewed, we have identified three groups:

- People with continuing health needs, including mental health, as a result of their service or the service of a spouse, partner or parent.
- People who now have health requirements as a result of a crisis, such as homelessness.
- People with health issues relating to service, but which are manifested with age.

4.88 There are a number of sensitive distinctions to be made between, for example, health issues attributable to service (for example injuries associated with an explosive device), health issues acquired during service, but which are not attributable to service (such as a car accident) and health issues acquired after service (in which case the fact that the person served is irrelevant). It is clear from our interviews that these distinctions are not always understood by members of the AFC.

4.89 A third of the people who replied to our survey of Armed Forces families and veterans said they had a mental or physical disability and two thirds of them associated that disability with their service or that of a family member.

4.90 The key issue raised by the veterans we interviewed was the opportunity to, and value of, identifying themselves as being a veteran or related to a veteran. Several interviewees either had not been asked by their GP whether they were a veteran and/or were not confident that having done so was taken into account by their GP. There was a general concern that there was not a good understanding among frontline NHS staff about the Covenant or the health issues associated with having served, or being a member of the AFC. This included concern at healthcare professionals' lack of experience of treating conditions arising from service. We have also heard about a default mode on the part of many health professionals to focus on the immediate clinical need, potentially ignoring the longer-term impact of service. One respondent did note, however, that they had seen more material about the Covenant on health service premises than there was two or three years ago.

Tackling the risk of disadvantage

4.91 There is a variety of initiatives to tackle risk of disadvantage that veterans face in relation to health. The Covenant is embedded in the NHS constitution and NHS England has set out its long-term commitment to improving the health and wellbeing of members of the AFC during and after their military service. Specific English initiatives include:

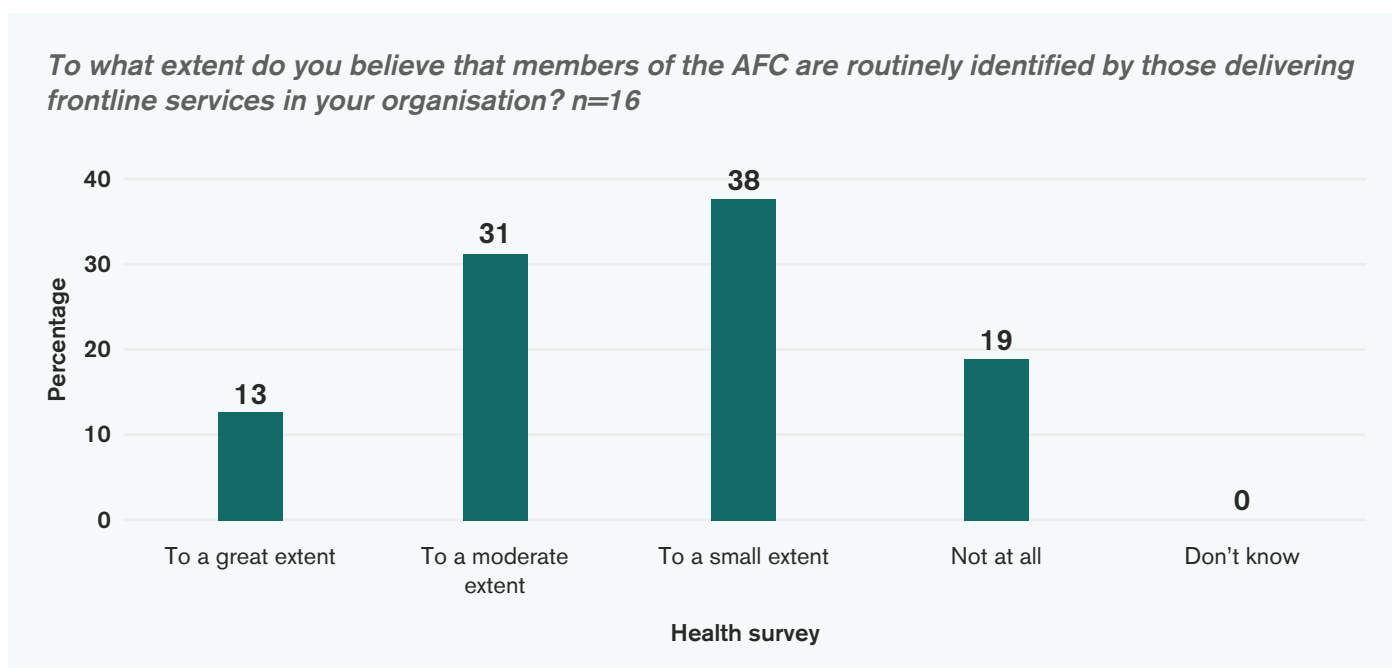
- Op COURAGE: the Veterans' Mental Health and Wellbeing Service which provides a comprehensive mental care pathway for Service leavers, reservists and veterans.

- The Veterans Covenant Healthcare Alliance which runs an accreditation process for health providers to improve care for members of the AFC. The *Armed Forces Covenant and Veterans Annual Report 2021* stated that 97 providers across the UK had been accredited as "veteran aware".
- The "veteran friendly" GP accreditation scheme created by the Royal College of General Practitioners and the Government. To be accredited, surgeries have to ask patients registering with the surgery whether they have ever served in the British Armed Forces. This is intended to help GP practices better identify and treat veterans and other members of the AFC. According to the *Armed Forces Covenant and Veterans Annual Report 2021*, 1,050 GP practices had been accredited, compared with 780 a year earlier. However, we are not aware of any national policy arrangements that follow from the identification of veterans to ensure that they are not disadvantaged (as an equivalent of the School Admissions Code and the relaxation of the local connection for social housing).

4.92 In Scotland, the Veterans Care Network co-ordinated Covenant work by creating the Mental Health and Wellbeing Action Plan as a blueprint for improved support and care. The Network has been superseded in summer 2022 by a Scottish Government-led Implementation Board for the Veterans Mental Health and Wellbeing Action Plan. There is also a Scottish GP accreditation scheme. In Wales, Veterans NHS Wales provides a priority service for veterans who are experiencing mental health difficulties relating to their service.

4.93 The overall picture is the steady adoption of initiatives such as those referred to above but with some way to go before there is a comprehensive adoption of the Covenant and the relevant initiatives. This "work in progress" finding is reinforced by the response to our survey of health providers (a detailed analysis of the survey is included in Annex V). Almost 70 per cent of respondents reported that the needs of the AFC were taken into account to a small extent (compared with six per cent reporting they did so to a great extent and 19 per cent to a moderate extent). Sixty per cent of respondents said their organisation had changed its policies as a result of the Covenant, but a quarter reported that they had not done so and did not plan to. [Figure 9](#) on the next page indicates that a majority of respondents considers that members of the AFC are identified at least to a moderate or small extent.

Figure 9 Healthcare provider views on whether members of the AFC are routinely identified by their frontline staff



Health conclusion

4.94 There is a comprehensive set of measures in place to enable health providers, including major hospital trusts, community services and GP practices, to understand and meet the needs of veterans and their families. In order to ensure that the continuing risk of disadvantage in relation to health is addressed we recommend that action is taken on four fronts:

- First, continued effort is required to encourage the adoption of these schemes and to evaluate and learn from their effectiveness and impact.
- Second it is important that health providers, councils, charities and others working with veterans and their families are “loud and more confident” about these initiatives, increase awareness of them and encourage take up by service providers and users.
- Third, it is important that people are consistently asked whether they are a veteran or are a member of the AFC and that the response is recorded.

- Finally, we think there is a specific task in relation to raising the awareness of older veterans. The Covenant has been introduced since they left service and they are less likely than younger veterans to be aware of its provisions and the steps being taken to ensure that they do not suffer disadvantage.

Adult social care

4.95 Adult social care is not one of the public services referred to in the new legislation, it does not feature in the Armed Forces Covenant Annual Reports and is only mentioned briefly in the Veterans’ Strategy Action Plan. When we considered the scope of this research, however, we agreed with FiMT that adult social care should be covered, and in our early scoping interviews Armed Forces charities indicated that it was important to do so. The response to our surveys of councils and charities suggests a difference of perception about this risk of disadvantage in relation to adult social care: over 16 per cent of charities thought there was a great risk of disadvantage compared with just over three per cent of councils. It is striking, however, that a third of councils and a third of charities said they did not know whether members of the AFC faced a risk of disadvantage in relation to adult social care.

4.96 At a time when a significant number of people find it difficult to access appropriate social care, it is hard to identify a specific disadvantage facing, for example, older members of the AFC. In our discussions, however, we have heard that the lack of a camaraderie in civilian life compared with in the Armed Forces may have a significant impact on older veterans, as may their pride and reluctance to seek support. We have also heard of problems emerging when people transfer from rehabilitative care in the Armed Forces to council care and a lack of understanding about Service life among care staff. One charity representative we interviewed argued strongly that there should be a care home veteran friendly accreditation system, in a similar way to the scheme for GPs (and noting that the number of care homes in the country greatly exceeds the number of GPs).

4.97 The over-riding theme of our discussions and interviews on this topic is an agreement in principle that this is a policy area in which members of the AFC could face a disadvantage as a result of their service. There is a lack of evidence about the nature or incidence of that disadvantage combined with an appetite to explore the topic. We are also aware that the Veterans' Strategy Action Plan commits the Government to exploring options for the introduction of veteran-aware training for social work teams in every local authority. This is seen as a way of promoting and supporting the welfare and safeguarding of veterans and their families in most need of support.

4.98 Given the pressures facing the adult social care sector, any proposal to devote resources to meeting specific needs of the AFC would have to be evidence-based. In our view this is an area that requires further exploration.

Housing

4.99 The transition period is key to ensuring that veterans and their families start their period in civilian life in good quality housing. There is evidence, however, that a minority of veterans and their families face difficulty in securing suitable accommodation later in their lives as a result of a variety of factors including relationship breakdown and financial difficulties. The *Armed Forces Covenant and Veterans Annual Report 2021*, for example, shows that in the period April to June 2021, 400 of the 66,040 households owed a homelessness duty had a support need due to service in the Armed Forces. The report also states that in Scotland during 2020/21, 670 households that were assessed as homeless included a former member of the Armed Forces.

4.100 In England, the Government introduced measures to ensure that veterans are not disadvantaged in seeking social housing. It ensures that veterans with urgent housing needs and with serious illnesses or disabilities are given appropriate priority for social housing. Armed Forces charities were involved in the development of new guidance on the effective delivery of Disabled Facility Grants. Our interviews with veterans show that despite these measures, the shortage of social and genuinely affordable housing means that it can be difficult for members of the Armed Forces to obtain appropriate accommodation.

4.101 The ability of councils to apply the principles of the Covenant in relation to housing depends in part on the availability of data and evidence. Our findings highlight the importance of councils:

- Ensuring that applicants for social housing are asked whether they have an Armed Forces connection: this means that even when social housing is not available they can be signposted to other sources of support.
- Recording the number of veterans applying for social housing to assess the demand and inform discussions about how to respond.
- In areas with a high number of veterans, considering whether to identify a member of the housing team to specialise in this area.

Employment

4.102 We explore action to tackle the risk or disadvantage in relation to employment in some detail in relation to people in transition from the Armed Forces to civilian life. Gaining suitable employment in that period is important, hence our focus on that stage. We are, however, aware that some veterans may not seek employment until sometime after they leave service, either by choice (such as looking after children or other caring responsibilities) or for health reasons, including people who are medically discharged. In these cases, the issues explored in the previous section apply.

LGBTQ+ veterans

4.103 Prior to January 2000, it was illegal for homosexual people to serve in the UK Armed Forces. Before the “ban” was lifted, thousands of LGBTQ+ Service personnel were removed or dishonourably discharged from service. As a result of this there is a cohort of veterans who may be reluctant to disclose their connection with the Armed Forces (making it harder to offer the best support) and who have experienced specific health issues as a result of this experience. There are now measures being taken to address this historical action and, in January 2022, the Government announced an independent review of what happened to LGBTQ+ veterans which will report to Parliament on what needs to happen to support them in the future. This important step has been noted, and while we make no recommendations at this stage, we hope that the review will make recommendations to support this cohort of veterans.

Overall conclusions and areas that require attention

4.104 The extent to which veterans and their families face disadvantage as a result of service hinges to a significant extent on the effectiveness of the transition process. We know that more attention has been given to transition in recent years, but we also know that a significant number of veterans left service before the Covenant was introduced and may not be aware of what it means for them and their access to public services. An important theme of this report is the importance of a continued process to raise awareness of the Covenant: this is particularly important in relation to older veterans.

4.105 It is also important that:

- Service providers are alert to the continuing risk of disadvantage a minority of veterans may face in relation to housing.
- Further work is done on the risk of disadvantage in relation to adult social care and how that risk could be mitigated (in the context of the massive pressures facing this service).
- Continued attention is given to promoting the adoption of the Covenant and associated initiatives by health providers.

Findings about the application of special consideration

4.106 The surveys of local authorities, health organisations and charities asked about the application of special consideration under the Covenant. In the case of local authorities and health organisations, this was to gain insight into the extent to which the responding organisation believed that they applied special consideration. In the case of charities, the question was about the extent to which they saw public services applying special consideration. Each survey also asked for examples.

4.107 The results are shown in Table 3 below:

Table 3 Summary of responses to special consideration survey question

	Local authorities	Health organisations	Charities
Question	The Covenant also states that “special consideration is appropriate in some cases especially for those who have given the most.” To what extent does your council deliver the “special consideration” aspect of the Armed Forces Covenant?	The Covenant also states that “special consideration is appropriate in some cases especially for those who have given the most.” To what extent do you deliver the “special consideration” aspect of the Armed Forces Covenant?	The Covenant also states that “special consideration is appropriate in some cases especially for those who have given the most.” To what extent do you see public sector organisations giving “special consideration” to those members of the Armed Forces Community who have given the most?
Do not know	22%	38%	9%
Not at all	5%	Not available	28%
Small extent	22%	25%	47%
Moderate extent	37%	19%	14%
Great extent	15%*	19%*	2%

* percentages do not sum to 100 due to rounding

4.108 For local authorities, many of the examples given were not strictly “special consideration”. Rather they were about going further in their application of the Covenant than the minimum required by national policy (for example the five-year waiver for the local connection in relation to social housing for members of the AFC). However, there are some examples that clearly do describe the application of special consideration. Most of these are in relation to housing and involve expediting provision of social housing, including with adaptations, to veterans with injuries or who have been medically discharged (this includes the Trafford example in [paragraph 4.57](#)). One authority described having a lead officer review identified cases to consider whether special consideration should be applied.

4.109 Short examples given by health organisations include for mental health, placing alerts or flags on individuals’ records to ensure all staff are aware that referral can sometimes be fast tracked and training of staff to raise awareness.

4.110 A number of charity responses observed that they were aware of special consideration being applied in healthcare but considered this was not done consistently. It is also notable that 28 per cent of responding charities considered that special consideration was not applied at all and 47 per cent thought it was only applied to a small extent. One response noted a perception that local authorities and Jobcentre Plus sometimes found it difficult to justify the application of special consideration.

Findings about the core infrastructure and local partnership

Action to support the delivery of the Covenant

4.111 In this section we set out our findings on action to support the delivery of the Covenant. We examine the uptake of the core infrastructure recommended for local authorities in *Our Community – Our Covenant (OCOC)*. We then set out the action that has been taken nationally, including the Armed Forces Act 2021 and programmes such as the Service Pupil Premium.

Core infrastructure

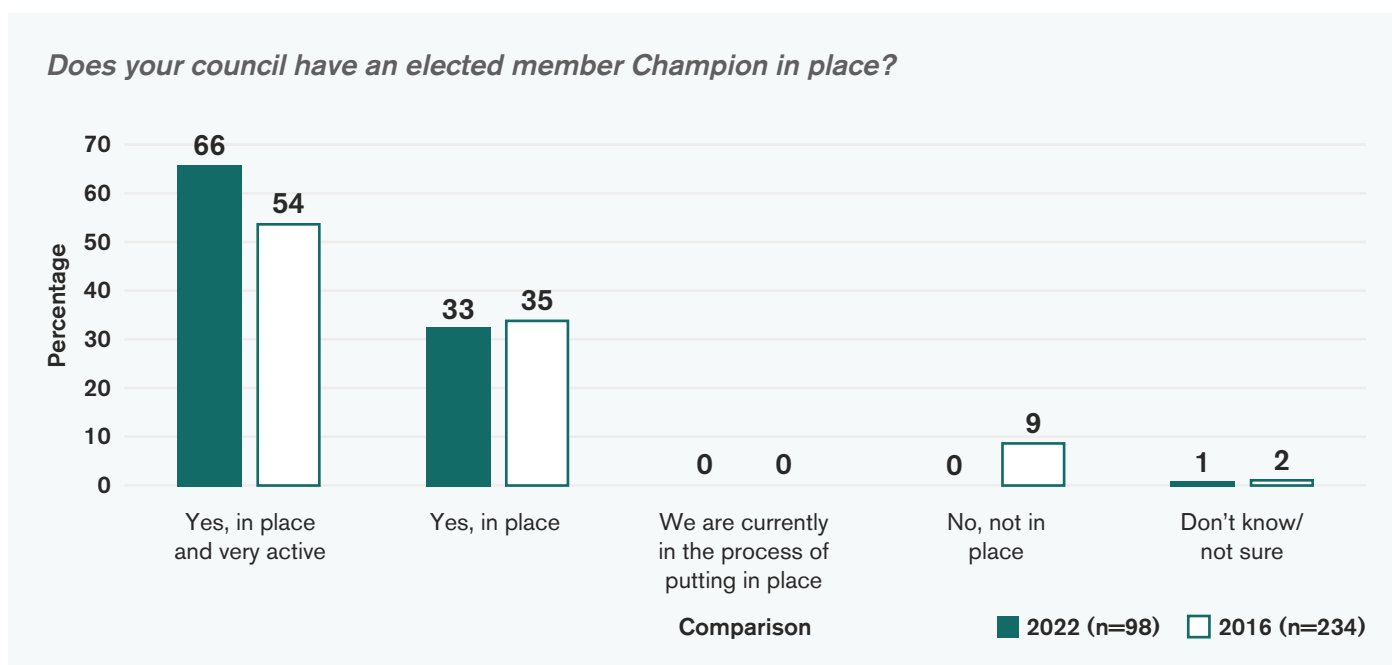
4.112 One of the important elements of *OCOC* was the concept of a core infrastructure that local councils and their partners should put in place in order to deliver the Covenant. The key elements of the 2016 core infrastructure are set out in [Table 4](#) below. In this report we compare the position today (2022) with that in 2016 based on surveys of councils in England, Scotland, and Wales. Because of the significant difference in response rate between 2016 and 2022, we have also compared responses between authorities that responded to both surveys. The result of this comparison, which is reported in Annex V part A, is very similar to the overall comparison of the results of the two surveys. The only significant difference relates to the implementation of webpages and action plans, which we explore below.

Table 4 The key elements of the core infrastructure

Core infrastructure to deliver the Armed Forces Covenant			
Individuals	Collaboration	Communication	Vision and commitment
<ul style="list-style-type: none"> An elected member Champion An officer point of contact within the council 	<ul style="list-style-type: none"> An outward-facing forum A mechanism for collaboration with partners 	<ul style="list-style-type: none"> A webpage with key information and links A clear public statement of expectations A route through which concerns can be raised Training of frontline staff The production of an annual report highlighting the key actions taken that year 	<ul style="list-style-type: none"> An action plan that leads to action and is monitored and reviewed Policy reviews Enthusiasm and commitment

Identifying key individuals (elected member Champions and officer points of contact)

Figure 10 Comparison of all responses from 2022 and 2016 local authority surveys on whether elected member Champion is in place



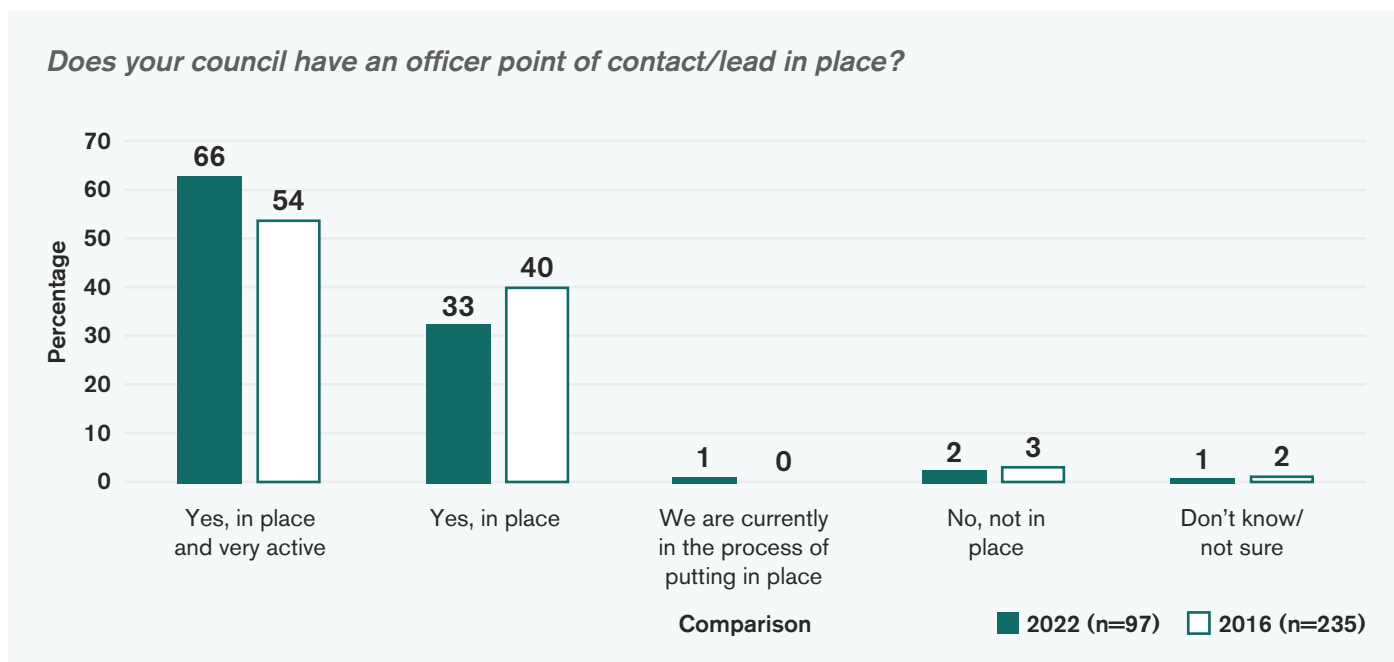
4.113 A key feature of the core infrastructure is the appointment of named individuals with responsibility for the delivery of the Covenant. *OCOC* stated that having an elected member Armed Forces Champion and an officer point of contact were essential to Covenant delivery. In 2016 almost every council responding to the relevant questions our survey said they had a member Champion and officer point of contact in place and that remains the case today (see [Figure 10](#) and [Figure 11](#)).

4.114 We know from an interview with the chief executive of a unitary council with a large Armed Forces presence how important a dedicated officer responsible for the Covenant and relations with the AFC is. Only a small number of councils are in a position to have a dedicated post and in many cases these posts have been funded through grant programmes. We also know from discussions with several officer leads that many of these postholders have other roles within the council alongside their role as a Covenant lead, or work part-time. Although some of these roles have been made

permanent, the sustainability of others is in doubt as a result of the financial pressures facing councils compounded by the impact of Covid. Multiple comments within the survey response also stated that maintaining the momentum of work on the Covenant can be difficult due to the issue of staff turnover.

4.115 In Wales, fulltime Armed Forces Liaison Officers (AFLOs) to conduct Covenant work are funded by the Welsh Government. They are based in Wales, each covering multiple local authorities. They work closely with the Welsh Government and the Armed Forces sector and are responsible for raising awareness of the issues affecting the AFC in Wales along with promoting and co-ordinating to deliver the Covenant. The AFLOs represent the first point of contact for the areas they cover. The AFLOs have detailed knowledge of the local support on offer and often have well embedded relationships with other services in the council and with relevant charities that can speed up referral processes or signposting.

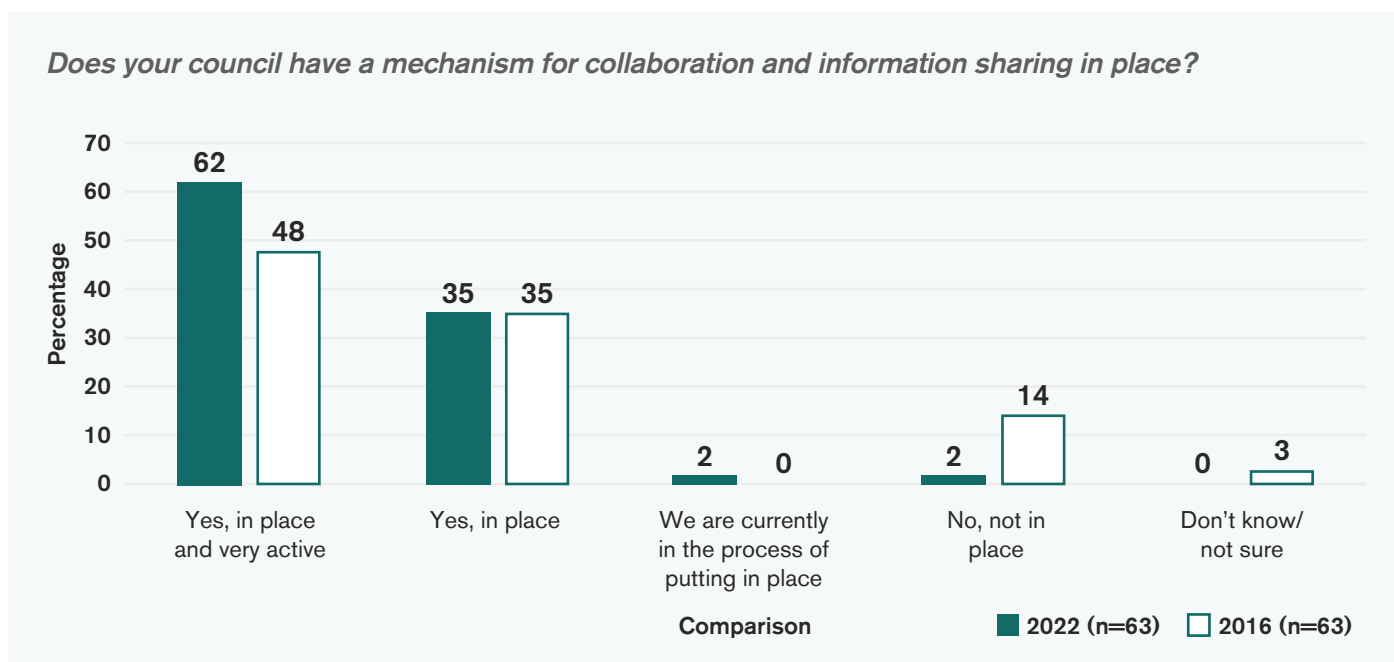
Figure 11 Comparison of all responses from 2022 and 2016 local authority surveys on whether an officer point of contact is in place



Convening a forum for collaboration with partners

4.116 The vast majority of councils responding to our survey report that they have a forum in place that brings together the relevant partners and meets regularly, providing a mechanism for collaboration and information sharing between organisations. The forums can help foster better relationships between important local partners such as the local authority, military bases, Armed Forces Charities, NHS, DWP/Jobcentre Plus and the local voluntary and community sector. Partnership structures such as these can provide a mechanism for collaboration on, for example, transition arrangements or the speedy resolution of issues faced by members of the AFC. The extent to which this aspect of the core infrastructure has been adopted has increased between 2016 and 2022 (see Figure 12).

Figure 12 Comparison of responses from local authorities who responded to both 2022 and 2016 surveys on whether a mechanism for collaboration is in place



4.117 Due to resource constraints in many councils, especially amongst smaller authorities, collaboration between councils has been an effective way of making better use of limited resources. This has become more common than in 2016, partially aided by the Armed Forces Covenant Fund Trust’s Strengthening Delivery of the Armed Forces Covenant Programme. The programme provided grants to clusters of local authorities to deliver Covenant work to improve consistency in delivery of the Covenant locally²⁵. Additionally, combined authorities, such as the Greater Manchester Combined Authority, has strengthened the delivery in some areas. They have benefitted greatly by having one strategic plan to deliver across a large area. This has some potential in reducing the postcode lottery nature of Covenant delivery which has been a frequent complaint by members of the AFC in our interviews with them.

Greater Manchester Combined Authority

It is estimated that four per cent of Greater Manchester’s population are veterans and that there are 1,000 Service children. In December 2014, GMCA became the first combined authority to sign the Covenant and they have since worked closely with partners such as Greater Manchester Housing Providers, Transport for Greater Manchester, and Greater Manchester Police to co-ordinate a response to tackle the disadvantage faced by the AFC.

GMCA have established a Hub which is co-ordinating this response in the form of activity relating to housing, transport, learning, employment, and skills. They have also adapted the e-learning package that was originally developed by the Coventry, Solihull, and Warwickshire Armed Forces Covenant Partnership. Their e-learning explains how the Covenant can be implemented and is for use by local authorities and partner organisations.

25 The evaluation of the Strengthening Delivery Programme includes an assessment of the benefits and disadvantages of using clusters. There were clear operational benefits identified including: improved consistency; increased learning from partners; increased networks of relevant stakeholders; and maximised outcomes by enabling the creation of region-wide products, so achieving value for money through economies of scale (*Strengthening and Empowering the Delivery of the Covenant*, RAND Europe for the Armed Forces Covenant Fund Trust, 2021).

They make use of local authority data to undertake a needs analysis which helps in understanding the needs of the AFC, working with partners to ensure that employment, reskilling, housing, welfare, carers' and health needs are catered for. For example, they support the employment of veterans and are working with the Career Transition Partnership and other employment service providers, in order to establish a tailored employment pathway for Service leavers.

Every local authority in Greater Manchester has a lead officer and the GMCA has had a fulltime programme manager since 2019 to support and co-ordinate the delivery of the Covenant throughout the city region. The strategic delivery team for the Greater Manchester Armed Forces Programme is made up of the GMCA and local authority leads. A quarterly Armed Forces Partnering Forum that brings together the public and non-profit sectors working to help the community in Greater Manchester has also been established by GMCA.

The partners have found that collaborating makes better use of limited capacity and resources and helps to build a consistent offer across their ten local authorities, spreading best practice.

Communicating, including through a webpage with key information and links

4.118 The number of councils that have a section of their website devoted to the Covenant and related issues has increased by 16 per cent since 2016 and now stands at 97 per cent. Our research also shows, however, that in 2022 only a quarter of the councils which responded consider that their website is active compared with over a third in 2016. The trends for councils which responded to both surveys are similar, with a significant increase in the number of councils with websites, but only a quarter considering them to be very active. This almost certainly reflects the resource constraints facing councils. It may also reflect the view of a majority of councils that webpages only reduce disadvantage to "some extent." The small number of active websites is a significant finding, however, in the context of the emphasis in this report on the need to do more to raise awareness of the Covenant.

Figure 13 Comparison of all responses from 2022 and 2016 local authority surveys on whether a webpage is in place

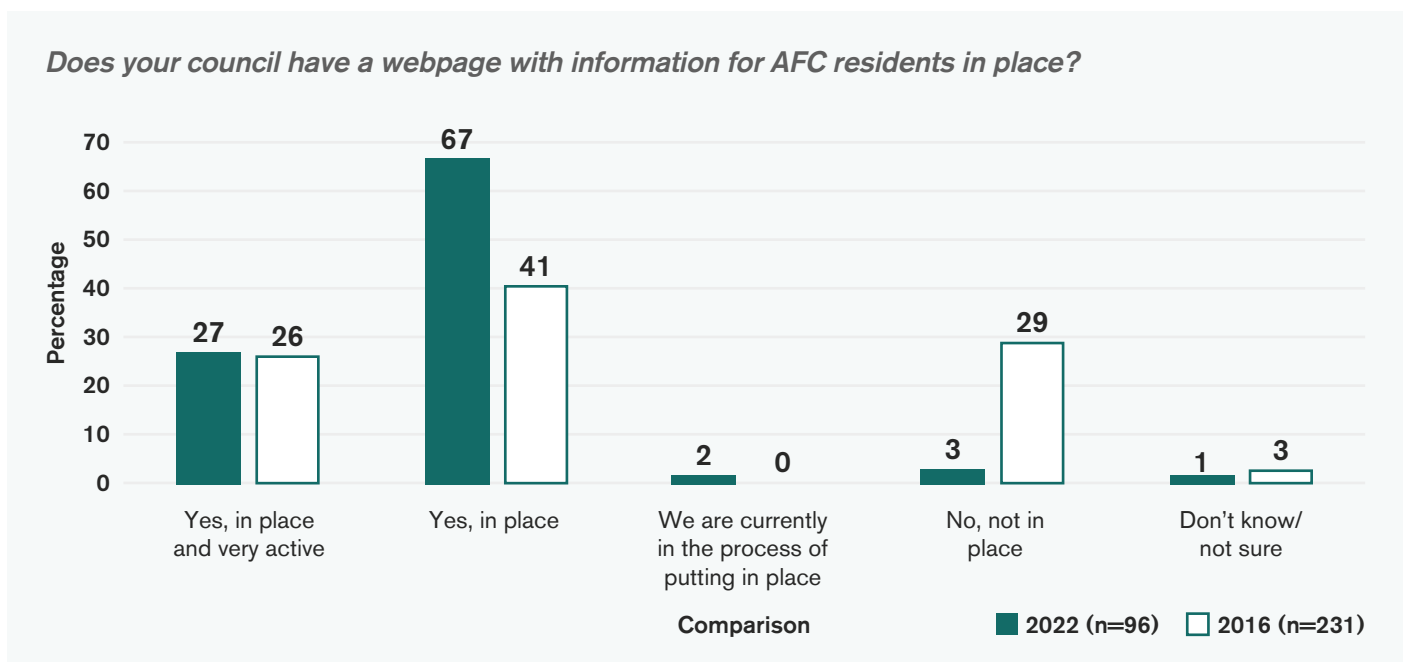
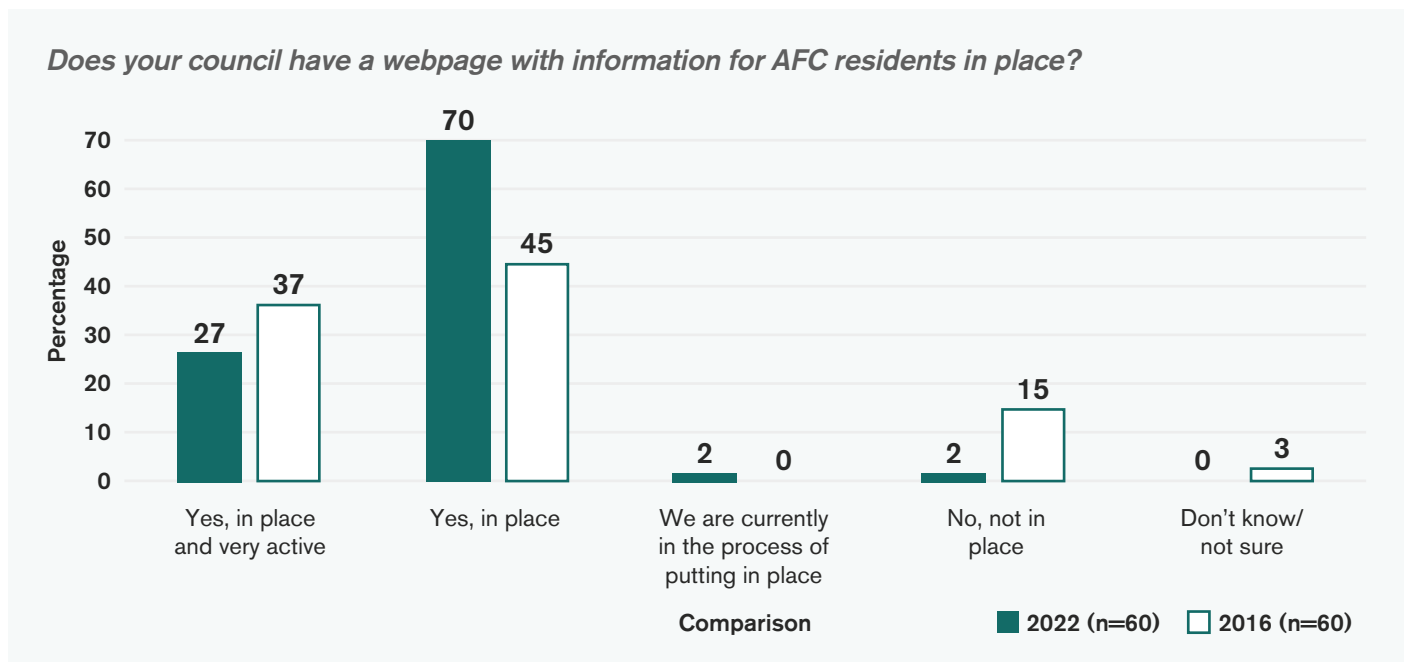


Figure 14 Comparison of responses from local authorities who responded to both 2022 and 2016 surveys on whether a webpage is in place



Action plan

4.119 The existence of an action plan which is regularly monitored and reviewed was an important part of the core infrastructure recommended in *OCOC*. It was an aspect of the core infrastructure that at the time was less widely adopted than other elements. The comparison of the responses to our

two surveys (see Figure 16) suggests that overall, only slow progress has been made since 2016, with over a quarter of councils not having an action in place and only around 40 per cent of councils having an action plan which is regularly monitored and reviewed. Among those councils which responded to both surveys the proportion with an action plan in place has reduced from 66 per cent to 57 per cent.

Figure 15 Comparison of all responses from 2022 and 2016 local authority surveys on whether an action plan is in place

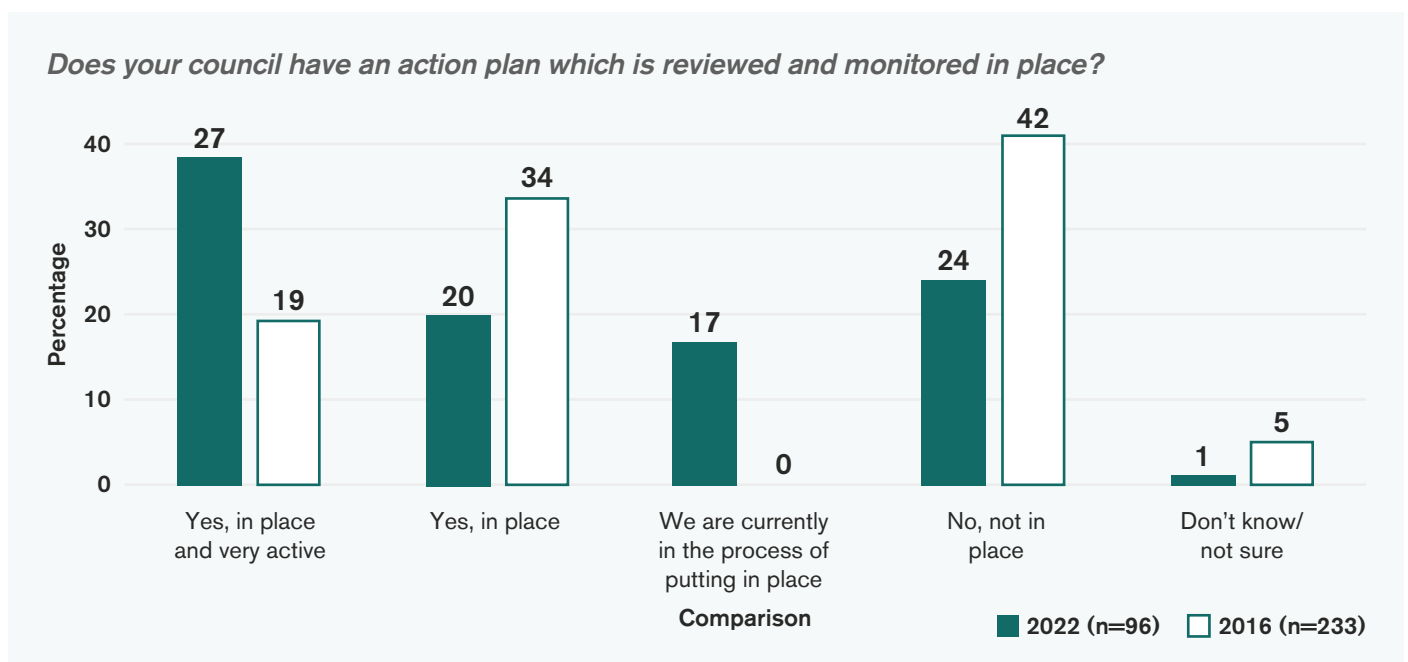
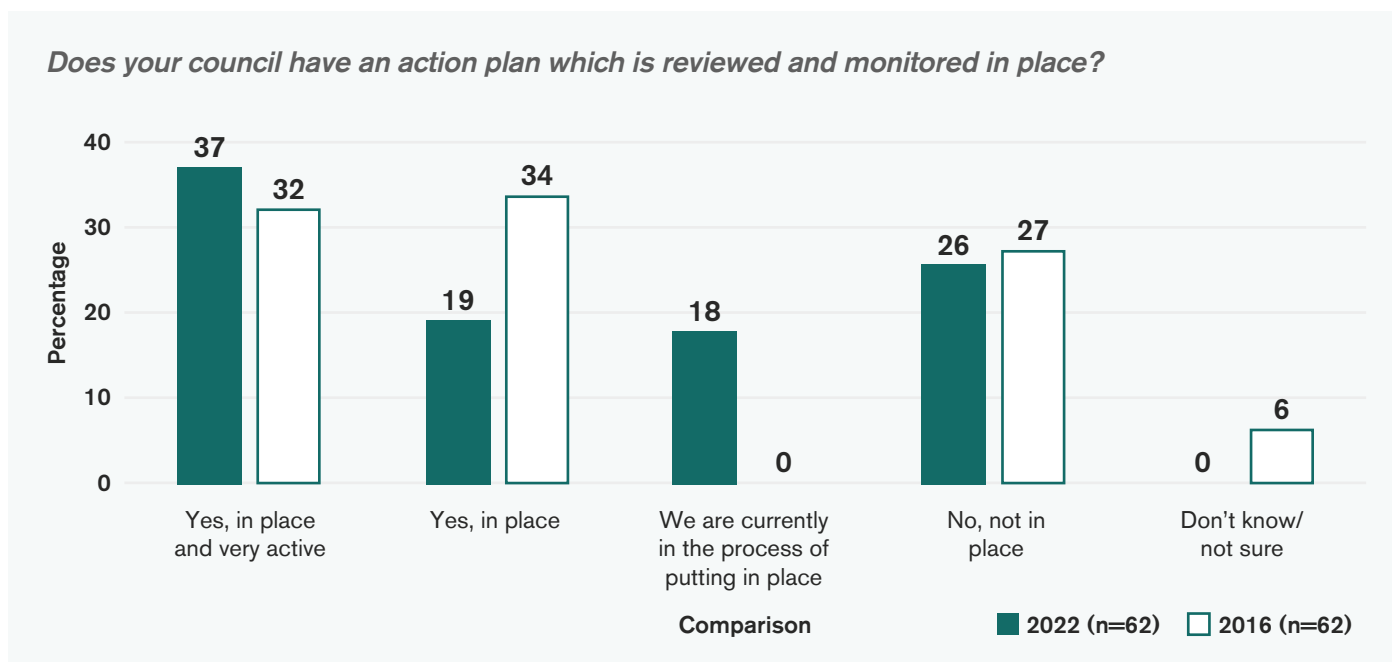


Figure 16 Comparison of responses from local authorities who responded to both 2022 and 2016 surveys on whether an action plan is in place



Effectiveness of the core infrastructure

4.120 We asked local authorities to indicate the relative effectiveness of different components of the core infrastructure in reducing disadvantage. The results are shown in [Figure 17](#).

4.121 This provides an indication of how local authorities are prioritising use of resources. The components that score most highly in “very active” take up, notably officer point of contact and mechanism for collaboration, are also those that are seen as doing most to reduce disadvantage to a great extent. When the contribution to reducing disadvantage to a “some extent” is taken into account, there is, however, a tension between the perceived value of action plans and the relatively slow progress in putting “active” action plans in place.

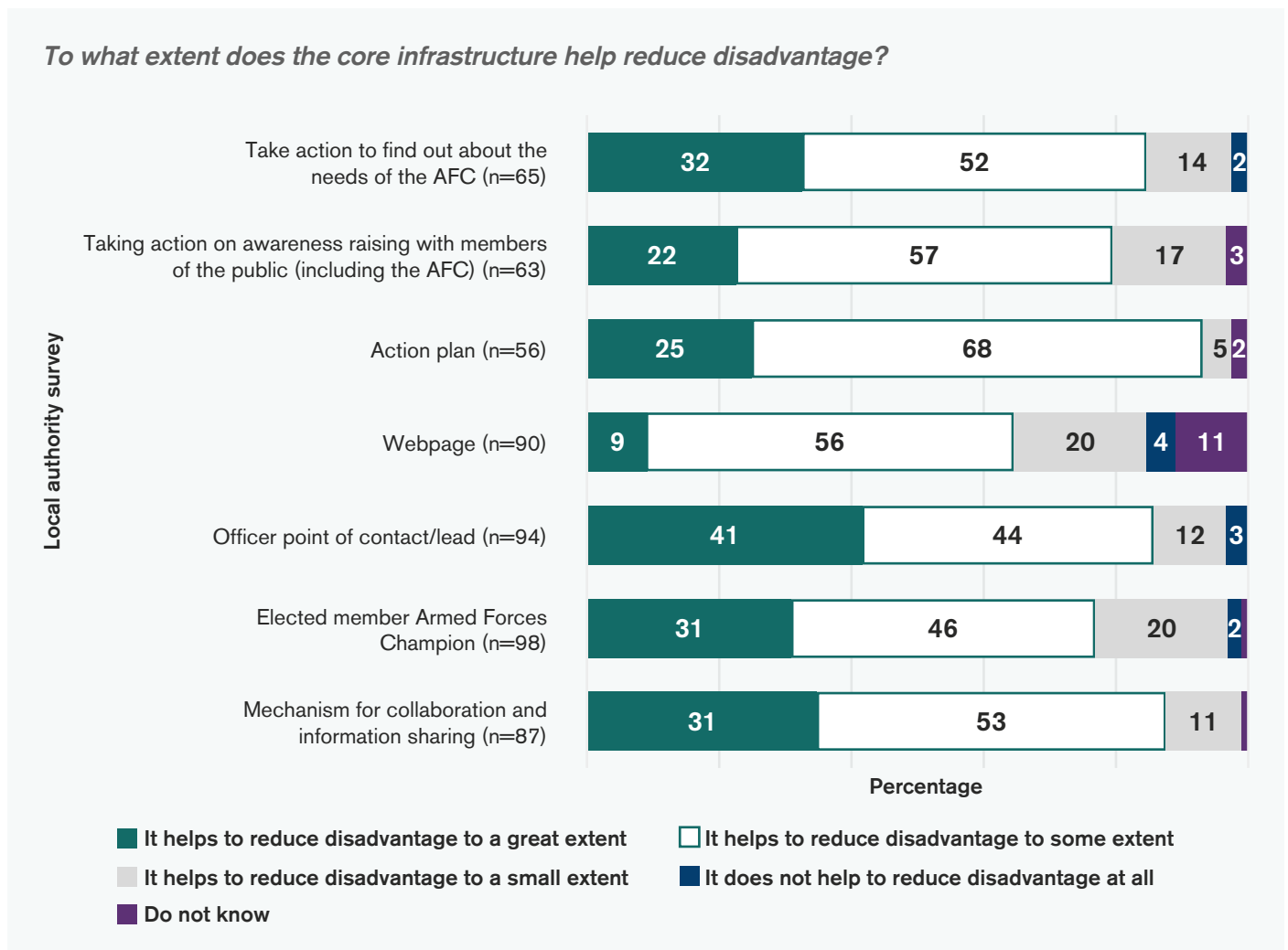
4.122 Thirty-three per cent of local authorities said that they had not used the toolkit published in the *OCOC* report, which contains the description of the core infrastructure. Take up among these authorities was at similar levels to those who had used the toolkit in the areas of: having an elected member Champion; officer point of contact; mechanism for sub-regional collaboration; and webpage. However, take up levels among the non-toolkit using authorities was lower in the areas of: having an action planning process; awareness raising with members of the

public about the needs of the AFC; and action to find out about the needs of AFC. This suggests that there is an ongoing need for the toolkit and core infrastructure to be promoted to support Covenant delivery. We describe how the toolkit can be updated to reflect this need in [Annex III](#).

4.123 Overall Figure 17 also suggests that there is an opportunity to share the positive experience some authorities have of aspects of the core infrastructure with those who have found elements to be least helpful.

4.124 Our comparison of our 2016 and 2022 surveys suggests that although most councils have identified member Champions and officer points of contact, and many have relevant webpages and action plans in place, there is a question over the extent to which these assets are being actively used to deliver the Covenant and reduce the risk of disadvantage facing members of the AFC. The evidence for this includes our finding that most action plans are not regularly reviewed and less than a third of webpages are “active”. This may reflect resource constraints but is significant in the context of a consistent finding in our research that, while the basic mechanisms to deliver the Covenant are in place, more needs to be done to increase awareness of it and to promote the commitment of service providers to delivering it and responding to members of the AFC in the spirit of the Covenant.

Figure 17 Graph showing local authority responses on whether the core infrastructure helps to reduce disadvantage



The national framework

4.125 There is an extensive framework in place nationally to support the delivery of the Covenant. As we noted earlier, this has been reinforced by the statutory duty introduced by the Armed Forces Act 2021. It will require relevant public bodies to pay due regard to the Covenant when dealing in the areas of housing, healthcare, and education. There are three principles of the Covenant that must be considered by these public bodies²⁶:

- The unique obligations of, and sacrifices made by, the Armed Forces.
- The principle that it is desirable to remove disadvantages arising for Service people from membership, or former membership, of the Armed Forces.
- The principle that special provision for Service people may be justified by the effect on such people of membership, or former membership, of the Armed Forces.

4.126 In addition to the Armed Forces Act, there are multiple national agencies invested in improving and maintaining delivery of the Covenant across the UK. These include:

- MoD's Covenant team is responsible for representing the Ministry of Defence in matters relating the Covenant. It supports organisations in delivering the Covenant.
- Office for Veterans' Affairs (OVA) was launched in 2019 and is part of the Cabinet Office. It is responsible for co-ordinating all functions of the UK Government to ensure the best support for veterans and their families and collaborating with devolved administrations, local government and organisations throughout the veterans sector to help create positive transitions from Armed Forces service.

- Defence Relationship Management seeks to help organisations understand the value of signing the Covenant and build mutually beneficial partnerships with Defence. They provide support on employing all members of the AFC, such as reservists, military spouses, veterans and the Cadet Force.
- The Armed Forces Covenant Fund Trust is a Non-Departmental Public Body responsible for managing and distributing the Covenant Fund in order to support and create real change to Armed Forces communities across the UK.

4.127 For the last ten years, the Government has published an annual report on Covenant activity across the UK. The *Armed Forces Covenant and Veterans Annual Report 2021* sets out the major achievements of the Covenant and the *Strategy for our Veterans*. It also highlights remaining challenges faced in delivering the Covenant and new commitments to deliver support that are due to take place in the near future. The report sets out the major activities that have taken place in relation to the Government and the Armed Forces Covenant Fund Trust as well as across some of the policy areas we cover in this report, including healthcare, education, housing, business, and employment. The report also sets out some differences in delivery between the devolved nations across policy and delivery areas.

4.128 There is a significant amount of support at the national level to deliver the Covenant across the UK. Despite this, it represents a complex web of related organisations with subtly different priority areas of focus. It can be difficult for part-time officer leads and member Champions to navigate from the local level and to connect with the right support and to understand fully what the objectives are at the national level. One local authority chief executive in an area with a very significant AFC presence suggested that, in order for the legislation to have a significant impact, it should be accompanied by a concerted drive to communicate the national organisations, initiatives and support in an integrated way that will help local organisations to access it.

26 [Strengthening the Covenant in Legislation - Armed Forces Covenant](#)

5 Impact

5.1 A significant element of the brief for this research, compared with the previous *Our Community – Our Covenant (OCOC)* research, is that we were asked to explore the impact of the Covenant as well as the action taken to deliver it. This has proved to be a challenging task and our overall conclusion is that there is little substantive independently verified evidence on the impact of the Covenant. This is a significant conclusion, given the importance of the Covenant to members of the AFC and the effort that councils, the NHS and other organisations put into delivering it. The introduction of the new statutory duty relating to the Covenant, and the need to evaluate its impact, highlights the significance of the evidence gap. In this section we summarise the impact evidence we have collected. We also explore why the evidence gap exists and make some recommendations about how that gap could be filled in the future. This section draws on the discussion of a sense-making event we facilitated on the impact question.

The impact of the Covenant

5.2 The respondents to our survey of local authorities are confident that the adoption of the core infrastructure recommended in *OCOC* ([see section 4](#)) does help to reduce the risk of disadvantage faced by members of the AFC. Over 95 per cent of respondents felt that this was the case in relation to having an elected member Champion and an officer point of contact, collaboration and information sharing, carrying out awareness-raising activity, assessing the needs of the AFC and having an action plan in place. Over 80 per cent felt that having a dedicated webpage was impactful.

5.3 Perceptions of impact in relation to each of the service areas varied from area to area, but the vast majority of local authority respondents said they either did not know or did not measure the impact of the Covenant in their service area. The most positive response was in relation to housing, where although 41 per cent of respondents did not know or did not measure impact, 19 per cent felt that there were fewer veterans in housing crisis and seven per cent felt that waiting times for members of the AFC for social housing had been reduced.

5.4 The findings on the impact of the Covenant in relation to the other service areas are as follows:

- Education: 59 per cent of respondents did not know - or did not measure – the impact. 16 per cent reported that children had an easier transition between schools.
- Employment: 74 per cent did not know – or did not measure – the impact.
- Adult social care: 65 per cent did not know – or did not measure – impact.
- Children's services: 77 per cent did not know – or did not measure – impact.
- Health: this was not covered in the local authority survey. Where respondents said that they had changed policies and/or service delivery to address potential disadvantage for members of the AFC, 42 per cent did not know – or did not measure – impact.

5.5 More information on the results of our surveys is set out in Annex V.

The impact challenge

5.6 The limited evidence we have been able to collect on the impact of the Covenant reflects three significant challenges involved in evaluating the impact of the Covenant in reducing disadvantage.

5.7 First, defining the nature of the risk of disadvantage that is being addressed can be difficult. While some aspects of disadvantage can be articulated relatively easily (such as not having medical treatment disrupted for a Service family member due to a service-related relocation),

others are harder to define. This is partly because disadvantage may be quite individual, or the comparison with the general population does not refer to the other cohorts within this who are competing for scarce resources, such as in relation to access to social housing. The draft statutory guidance on the Armed Forces Covenant Duty has some definitions of disadvantage relating to the three policy areas included in the Act which demonstrate the complexity involved in measuring impact. [Table 5](#) below explores some of the issues involved in measuring impact in four of the policy areas.

Table 5 Issues in measuring impact across education, employment, housing, and health

Education	<ul style="list-style-type: none"> • The Covenant cannot automatically secure a child a place at their first-choice school, but it should help ensure that they have been treated fairly and without disadvantage in comparison to civilian families. • The Service Pupil Premium payments may have a positive impact for some children but there may be different levels of impact depending on the number of Service children in a school and the way in which the money is used.
Employment	<ul style="list-style-type: none"> • The Covenant gives a reason to engage employers and this can lead on to discussion of the Employer Recognition Scheme (ERS) and associated actions. Attributing anything arising from these actions to the Covenant can be problematic.
Housing	<ul style="list-style-type: none"> • As covered above, some local authorities reported fewer members of the AFC in housing crisis or homeless, and also that the waiting time for access to social housing has been reduced. Although these reports relate to perceptions of reduced disadvantage, they are not linked directly to specific activities so are hard to attribute to the Covenant.
Health	<ul style="list-style-type: none"> • The veteran friendly GP practice accreditation and “Veteran Aware” accreditation mark²⁷ have resulted in anecdotal evidence of improved access and treatment in healthcare. Data is currently being collected for the “Veteran Aware” scheme but impact will only be measured and visible in the next couple of years.

27 [Manifesto Aug 20 \(veteranaware.nhs.uk\)](https://www.veteranaware.nhs.uk)

5.8 Second, in many cases only small numbers of people are involved. Most people leave the Armed Forces and make a successful transition to civilian life. If an estimated five per cent of veterans face difficulties, then this cohort is a small number (a few hundred people each year spread across the UK and beyond), making it difficult to obtain meaningful data. The reducing size of the Armed Forces serving community will also compound this difficulty over time. An associated challenge is that the quality of data will depend on identifying members of the AFC. It is known that some cohorts may be reluctant to identify as such (potentially those more at risk of disadvantage such as female veterans or LGBTQ+ veterans) which will also impact the quality of data available.

5.9 Finally, the discussion above has focused on action taken to reduce the disadvantage faced by members of the AFC. In order to assess the impact of the Covenant it is necessary to understand the part, if any, the Covenant, and an organisation's decision to sign it, played in the action taken by the organisation. This attribution challenge will be compounded by the introduction of the new statutory duty with researchers seeking to understand the role the legislation – as opposed the Covenant alone – has played in a decision to act.

Impact: a new direction

5.10 Two factors have influenced our thinking about how best to collect evidence on the impact of the Covenant in the future.

5.11 First, public sector organisations already collect a massive amount of information. Data on the AFC is also available from sources such as the Armed Forces Continuous Attitude Survey (AFCAS) and the Families Continuous Attitude Survey (FAMCAS). It is essential to ensure that best use is being made of existing data sources and explore ways of improving or better co-ordinating those sources before recommending additional data collection.

5.12 Second, it might never be feasible to measure the causal “impact” of the Covenant on the lives of members of the AFC. Indeed, the mechanisms through which instruments such as the Covenant are more likely to work are through raising awareness, providing ideas and models of practice. Further, it will always be extremely challenging to say definitively whether members of the AFC are “more” disadvantaged than others in society.

5.13 Therefore, it might be useful to apply a different lens. Rather than trying to “prove” causation or contribution, instead it may be useful to monitor trends which, over time, could indicate whether the direction of travel in policy and practice is, broadly, in the direction which aligns with the Covenant's objectives. The aim of such monitoring would be to understand where to focus improvement efforts.

5.14 A “basket of indicators” could be selected to monitor over time. Ideally, such indicators would comprise data which is already captured and could be easily shared (without creating burdens or data protection issues, for example), and which taken together could provide a picture of progress and/ or indicate where further attention is needed.

5.15 If this approach is to be effective four things must be in place:

- Trends should be measured using a consistent measurement approach over time, with some regularity. When monitoring trends, consistency over time is often more important than (for example) whether every local authority measures in the same way. If they measure in different ways, but those differences are consistent over time, the trends are still meaningful.
- Which indicators are included in the “basket” should be defined in advance together with a shared understanding of which direction of change would indicate “good” progress, and whose responsibility it is to collect data.
- Ideally, an organisation that is somewhat independent would take responsibility for collating the indicators and produce a “state of the nation” report on a regular basis.
- Reporting on trends should follow a clear format that is consistent over time, so that trends can be clearly understood.

5.16 It is important to recognise that the trend monitoring will never be perfect. There will be data gaps and different areas may use different measurement techniques. Trend data can, however, be a valuable starting point for assessment and discussion about possible areas for improvement.

5.17 Some of the indicators in the basket could relate to the adoption of the core infrastructure by local authorities and their partners. This could include, for example:

- The existence of formalised Armed Forces strategies/ policies / delivery plans within organisations such as Jobcentre Plus and different parts of the NHS.
- The existence of formalised procedures for consultation with members of the AFC (or organisations representing their views).
- The existence of roles such as Armed Forces Champions and lead officers.

5.18 Other measures could relate to the delivery and impact of the Covenant in each of the key service areas and could include:

Education

- Recording the number of school applications linked to relocation.

Health

- The number of veterans flags in health records versus the expected number.
- Recording the number of family members losing a place on an NHS waiting list due to relocation.
- Mental health links to deployment related separation.

Employment

- The number of members of the AFC employed by local authorities and the NHS.

Housing

- Recording and monitoring the number of veterans identified among those found to be rough sleeping.

Children's social care

- Recording and monitoring the number of complaints made to the MoD or Families Federations relating to unfair treatment.

Adult social care

- Recording the number of veterans receiving adult social care who are signposted to veteran charity support.

5.19 The theory of change developed at the start of this research and described in [section 3](#), provided a clear view of the expected causal chain from inputs to outcomes and impacts. It sets out for each policy area a number of changes in local public service action and AFC member experience that taken together would mark out progress towards reducing disadvantage. The theory of change should provide an important asset in consideration of how to create a realistic basket of indicators and to build consensus around it.

Conclusion

5.20 In this section we have explored the challenges we faced in addressing the impact element of our brief. Our sense-making workshop on impact confirmed the difficulty involved in collecting evidence on the impact of the Covenant. Our work has also confirmed the importance of collecting better evidence on impact in order to ensure that the needs of the AFC are being met and to understand the relative contribution of the Covenant, the new legislation and the actions taken by councils and other service providers. We have floated a new approach to the collection of better evidence on the impact of the Covenant using a basket of indicators and recommend that relevant parties such as the MoD, FiMT, the OVA²⁸, and the LGA and NHS England (and their Scottish and Welsh counterparts), should work together to consider how best to take this forward.

28 Whilst the OVA does not have responsibility for the Covenant, it does have a core role in setting and co-ordinating the Government's policy towards veterans and their families (<https://www.gov.uk/government/organisations/office-for-veterans-affairs/about>). As such, and in future, it may take a role in data collection and the impact of government and statutory organisations' actions to deliver on the Covenant.

6 The Covenant in Northern Ireland

6.1 The original *Our Community – Our Covenant* was based on research into the delivery of the Covenant in England, Scotland and Wales. Our brief for this research, however, also included Northern Ireland. The context in Northern Ireland is very different from that in the rest of the UK so, as explained in [section 3](#), we have adopted a different approach to this aspect of our work. In this section, we set out the research we have carried out, the limited scope of that research and the conclusions we have reached.

6.2 It is important to note at the outset that in Northern Ireland the key public services relevant to the Covenant are the responsibility of the Northern Ireland Executive and its agencies. It was not possible to talk to anybody responsible for the delivery of those services or to serving members of the Armed Forces in Northern Ireland or members of their families during the course of this research and this has significantly limited the scope of our work and findings. It is important to note, however, that the coverage of Northern Ireland in the *Armed Forces Covenant and Veterans Annual Report* is somewhat restrained in its detail and almost all of the publicly available material on the Covenant in Northern Ireland relates to the support provided to veterans by charities.

The context

6.3 The context in which the Covenant is delivered in Northern Ireland is unique. This is the case in relation to political and community considerations including deep-seated views about the Armed Forces and their presence. It is also unique in relation to the delivery of the public services to which the Covenant relates. Local authorities in Northern Ireland have a very limited range of responsibilities and are not responsible for education, housing, health, adult social care, or children's services – all of which are the responsibility of the Northern Ireland Executive and its agencies including, for example, the Northern

Ireland Housing Executive. Whilst there is currently no legal requirement for signing the Covenant in any part of the UK, the wording of parts of the legislation that underpins the Good Friday Agreement means that the Northern Ireland Executive and its agencies have not adopted the Covenant.

Our research

6.4 It was not possible to speak to any of the providers of relevant public services in Northern Ireland or to engage with the serving community in the area, and several local authority chief executives and veterans' Champions declined the opportunity to take part in interviews with us. As a result, our findings are based on interviews and a group discussion with representatives from:

- MoD.
- Northern Ireland Office.
- Northern Ireland Veterans' Support Office (NIVSO)²⁹.
- Northern Ireland Veterans Commissioner's Office.

We also interviewed one council chief executive and one Armed Forces Veterans' Champion.

6.5 Twenty-nine Armed Forces charity survey responses were received from charities operating in Northern Ireland as part of their geographical coverage. Further to these survey responses, veterans' charities operating in Northern Ireland predominantly were identified by the NIVSO and a group discussion was used to explore the views of this cohort collectively. There were nine responses from individuals based in Northern Ireland to our Armed Forces families and veterans survey and these are covered below.

²⁹ [Northern Ireland Veterans' Support Office - Supporting Veterans in Northern Ireland \(nivso.org.uk\)](#)

6.6 These constraints mean that our research has, by default, focused on the veteran community and in particular the contribution of the charity sector to meeting their needs.

Our findings

The risk of disadvantage

6.7 We know from our limited survey work that some members of the AFC in Northern Ireland perceive that they suffer disadvantage as a result of their service. We received nine survey responses from members of the AFC in Northern Ireland. Five were working age veterans, three were veterans over the age of 65, and two were family members of a veteran. One respondent was female (a working age veteran), and the rest were male. In terms of the disadvantage, they identified by policy area:

Healthcare

- Two people felt they had been disadvantaged, and seven people felt they had not been disadvantaged. Their perceived disadvantage related to not being able to disclose veteran status to their GP and therefore not having needs fully met.

Social housing

- One person felt they had been disadvantaged, and eight people felt they had not.

Employment:

- Two people felt they had been disadvantaged, two did not know, and five felt they had not been disadvantaged. Perceived disadvantage related to being restricted for applying for positions in certain areas or with certain companies due to personal security concerns.

Adult social care:

- One person felt they had been disadvantaged, two did not know, and six felt they had not been disadvantaged.

6.8 No respondents felt they had been disadvantaged in relation to their children's education, but this must be seen in the context of a very limited number of relevant responses.

6.9 It is difficult to distinguish these perceptions of disadvantage from wider contextual factors such as the pressure on the health service in Northern Ireland. The challenge of identifying the circumstances in which members of the AFC in Northern Ireland may suffer disadvantage as a result of their service is exacerbated by the fact that they may be less likely than people elsewhere in the UK to declare their military connection because of personal security concerns.

6.10 We have not been able to establish whether service providers recognise this disadvantage or what steps, if any, they take to mitigate it.

Local councils and the Covenant

6.11 Five councils have signed the Covenant in Northern Ireland while five councils have not signed. One council has signed a document opposing the Covenant. Given the limited range of services that councils are responsible for, it is difficult to gauge the extent to which whether or not a council signs the Covenant has an impact on the extent to which members of the AFC living in that area suffer disadvantage.

6.12 Where a council has chosen not to sign the Covenant, it does not necessarily follow that there is a lack of support for the veteran community. Our research found support being offered by councils as part of the civic leadership aspect in a geographical area to serve and support members of the local community. For example, a council hosting a Royal British Legion reception, or grants being given to veterans' charities. In practice different members of a council work with and support different interests within the community reflecting their personal, political and community links and affiliations. While not explicitly aiming to address "disadvantage", these activities were considered to be serving the needs of a cohort in the local community.

6.13 We were struck by the fact that where councils have signed the Covenant, and refer to it on their website and elsewhere, all the material available focuses on support available to the AFC from the charity sector and some arts, culture, and sports organisations.

6.14 In 2019 every council in Northern Ireland was asked to nominate a Veterans' Champion and every council has done so. Understandably this is felt to be an easier role in some councils than others. As in England, Scotland, and Wales it seems to be the case that Champions have a personal connection with the AFC in some way. Every Veterans' Champion is an elected member, and the contact details for all 11 Veterans' Champions are included in the NIVSO website. Terms of reference (ToRs) have been produced by the NIVSO to provide a template that can be adapted to suit each council. These ToRs include Champions acting as an overt, well-publicised first point of contact for veterans in the district or borough for any veteran seeking information, signposting, or referral to the NIVSO, and also to promote the structure that underpins support to veterans in Northern Ireland. There seems to be some appetite for attempting to define the role of a Veterans' Champion more clearly for it to have greater consistency across councils of differing levels of support for the AFC.

Other support for veterans

6.15 The Northern Ireland Veterans' Support Office (NIVSO)³⁰ was established to develop the capacity to deliver the Armed Forces Covenant in Northern Ireland. This is achieved by developing strong working links between devolved government departments, local government Veterans' Champions and the voluntary and charitable sector. The aim is that veterans living in Northern Ireland do not experience disadvantage as a result of their service in the Armed Forces and have the same access to services and support as any other citizen.

30 The NIVSO sits within the Reserve Forces & Cadets Association Northern Ireland which, as an arms-length body underwritten by primary legislation, has the established relationships that help enable delivery of Covenant related outputs.

6.16 The NIVSO has five main tasks:

- To be a trusted point of contact for veterans whose needs are not being met.
- To be a single point of contact for all organisations providing services for veterans.
- To develop a coherent and co-ordinated approach to support veterans.
- To increase the quantity and scope of services available by promoting and guiding access to Armed Forces Covenant Fund Trust Funding.
- To achieve and monitor outcomes in all the above and communicate these outcomes appropriately.

The NIVSO also facilitates the Northern Ireland Veterans Support Committee (NIVSC), a voluntary coalition of organisations which specialise in delivering support services to veterans and their families.

6.17 The veterans' charity sector in Northern Ireland engaged well with the fieldwork for this report, making this the biggest contributing cohort to our evaluation in Northern Ireland. This sector provides a wide range of support to the veteran community in Northern Ireland though, as explained above, reaching people to promote what is available is challenging. The support offered by charities is different from what statutory bodies provide and so comparing provision is not possible. Charities feel they are offering further support in Northern Ireland to mitigate the limitations in statutory provision, but without understanding public sector provision it was not possible to compare the support offered in serving the needs of the veteran community.

6.18 Other action to support the veteran community in Northern Ireland includes:

- The appointment, in 2020, of a Veterans Commissioner for Northern Ireland to consider and address the issues faced by veterans and their families.
- A series of veterans roadshows to help reach the veteran community and let them know about the support available.
- The establishment of veterans hubs by the Northern Ireland Veterans' Support Office.

6.19 Whilst these activities were felt to be very positive by those involved or connected to them, it was not possible to establish the impact of them on the risk of disadvantage.

6.20 The evaluation did hear about the existence of informal but trusted, effective and discreet relationships across Northern Ireland to enable support for the veteran community (and also probably the serving community). These are based on trust and an understanding that all parties are discreet and proactively avoid putting anyone in a difficult position. The desire to protect these people and relationships is felt to be the most likely factor in the lack of engagement with this research by those involved.

Employment

6.21 Some employers in Northern Ireland – those mainly based outside Northern Ireland – have signed the Covenant and apply this in their employment practices in Northern Ireland. It is understood that around 20 Northern Ireland-based organisations have signed the Covenant, but this was done discreetly. By law in Northern Ireland, all job vacancies must be advertised to everybody, and not just to select groups such as veterans, so employers cannot advertise jobs solely to members of the AFC. Some employers are more sympathetic to members of the AFC than others, presenting further compounding of the disadvantage that may be faced if some employers will not countenance employing veterans. To help mitigate this, Ministry of Defence policies and directives regarding employer engagement and employer support are adapted to suit this local context, and a list of supportive employers is held by Defence Relationship Management (DRM) who can help advise job applicants. Measurements of effect are recorded by DRM to ensure delivery and capture key metrics.

Conclusions and reflections

6.22 On the basis of the work that we have been able to do, it is simply not possible for us to conclude whether or not the Covenant is being delivered in Northern Ireland or what impact the Covenant is having on the risk of disadvantage facing members of the AFC there. We did find that because of the very different context from England, Scotland and Wales (including the barriers to adopting the Covenant), there is a different structure and different mechanisms in place to support members of the AFC in Northern Ireland. This includes the use of discreet, trusted and effective relationships to deliver support to the AFC, the nature of which of necessity varies from area to area. Those involved in this alternative system of support believe it works very well in ensuring that members of the AFC are supported effectively. However, an evaluation of this alternative system of support was out of scope, and we are unable to reach any evidence-based conclusions about its efficacy or the adequacy of resources that support it.

7 Strengthening the delivery of the Covenant

Introduction

7.1 Maintaining the momentum in ensuring that the core infrastructure is in place to deliver the Covenant in local government, schools, the health service and across local partnerships. Being louder and more confident about the role of the Covenant and the action being taken to deliver it, including a renewed effort to identify all members of the AFC. Greater collaboration between councils and exploiting the role of combined authorities, where they exist, to make the most of constrained resources. Clearer communication from government and its agencies and institutions. These are the key actions we are recommending in the light of our research to strengthen the delivery of the Covenant.

7.2 In *Our Community – Our Covenant (OCOC)* we emphasised the importance of a core infrastructure to enable the delivery of the Covenant and used our typology of places (see Annex II) to build an understanding of how and why the application of the core infrastructure is likely to vary depending on the nature and extent of the AFC in the area. This research has demonstrated the continuing importance of the core infrastructure. We are concerned, however, that the focus of the new legislation on three service areas (education, health, and housing) may have unintended consequences in terms of action to deliver the Covenant. In this research we have tested the idea of focussing action and discussion on the Covenant on three cohorts within the AFC: serving people and their families; people in transition from the Armed Forces to civilian life; and veterans. We have concluded that this person-centred focus is helpful, avoids a narrow service-led approach and complements our call for a clear articulation of the role and contribution of the Covenant.

7.3 In this section we draw on the findings of our research to recommend ways in which the delivery of the Covenant could be strengthened. The structure of the section reflects the main organisations responsible for delivering the Covenant: councils as convenors and service providers; the NHS; the government, including the devolved administrations, and the Armed Forces themselves; and charities.

Councils

7.4 Councils have three distinct roles in relation to the Covenant: as convenors of activity across their area, as employers, and in relation to the public services for which they have responsibility: education, housing, adult social care, and children's services. As we report in [section 4](#), councils continue to deploy the core infrastructure and act to reduce the risk of disadvantage to members of the Armed Forces in the public services for which they are responsible. The existence in each council of an officer with lead responsibility for the Covenant, working alongside an elected member Champion is seen as being particularly important. We have also heard about the role of the Armed Forces as an important local stakeholder and partner, particularly in places with a large serving presence. Another important development since the publication of *OCOC* is the availability of a range of material to support the training of frontline staff.

7.5 It is also clear from our research, however, that the least widely adopted element of the core infrastructure is the existence of an action plan which is regularly reviewed. We have found that while more councils have a section of their website devoted to the Covenant than in 2016, fewer of those sections were considered to be "active". We have also heard that increasingly acute financial pressures are making it difficult for individual authorities, particularly

those without a significant Armed Forces presence, to fund a dedicated resource. At the same time, however, there is evidence that local authorities are collaborating across wider geographies and jointly funding posts. The Greater Manchester Combined Authority has developed a conurbation-wide role in relation to the Covenant (see case study [paragraph 4.117](#)). This collaborative approach has been encouraged by the Armed Forces Covenant Fund Trust (AFCFT) in the allocation of grants to councils operating in clusters through programmes such as the Strengthening Delivery Programme.

7.6 Councils also play an important role in pulling together data and evidence on the presence and needs of the AFC in their area. Our research suggests that better use of data could both support the delivery of the Covenant and improve evidence on its impact ([see section 5](#)). A priority should be to consider whether better use could be made of the extensive data on public service delivery already collected by local authorities, the NHS and other public service providers. The publication of the results of the most recent census, which for the first time included a question on an AFC connection, provides an opportunity for councils to review the quality of evidence relating to their areas. Finally, we are aware that the councils which did not participate in this research may be less active than those which did.

7.7 We have reviewed the core infrastructure in the light of these findings and a revised version is included in the toolkit in Annex III. The revised toolkit:

- Highlights the potential for councils to collaborate across wider geographies to make best use of the limited resources available to support work on the Covenant, including the potential role of combined authorities where they exist.
- Reinforces the importance of a regularly updated and reviewed action plan being in place to focus work on the delivery of the Covenant.
- Encourages councils to think about the different needs of the three cohorts referred to in this report and how best to engage with each of them.
- Recommends that the publication of the census is used as an opportunity to review the evidence on the AFC locally.

- Refers to the material available to support the training of frontline staff.
- Reinforces the importance of asking people whether they have an Armed Forces Connection and being “louder and more confident” about the Covenant and the council’s commitment to delivering it, including the contribution that an active web presence can make to this awareness raising.

7.8 Councils should review their approach to the Covenant in the light of the revised core infrastructure and toolkit.

7.9 We are, however, aware that the core infrastructure and associated toolkit is one of a number of sources of advice for councils on the delivery of the Covenant. Other sources include the guidance the MoD is producing on the new statutory duty and the Knowledge Network developed by the AFCFT which pulls together material produced by councils through its Strengthening Delivery Programme. It would help councils to access and make best use of this material if organisations such as the LGA (and Scottish and Welsh counterparts), MoD, AFCFT and FiMT could develop an integrated set of good practice resources with a single access point.

The NHS

7.10 As we report in [section 4](#), there are several initiatives and programmes designed to ensure that members of the AFC do not suffer disadvantage in relation to healthcare. These include: Op COURAGE: the Veterans’ Mental Health and Wellbeing Service; the Veteran Covenant Healthcare Alliance; and the “veteran friendly” GP Accreditation. Participation in these initiatives is steadily increasing, but there is not yet full coverage. It is also important to note that new Integrated Care Systems (ICS) have now been introduced in England. They bring together NHS providers and commissioners and local authorities to work in partnership to improve health and care in their area. NHS England is committed to having a single point of contact for the Armed Forces in each ICS.

7.11 We have decided not to recommend that the core infrastructure and toolkit should be extended to cover the NHS. This is primarily because there is already a significant amount of guidance available in relation to the initiatives referred to above. There are, however, a number of actions that could be taken to strengthen the delivery of the Covenant in relation to health services. They are:

- In England, the establishment of the ICSs and their partnership and locality bodies, should be used as an opportunity to reboot the action taken by health commissioners and providers to meet the needs of members of the AFC.
- That reboot should include increasing participation in initiatives such as those referred to above and, where and when appropriate, explicitly extending them to apply to all members of the AFC, rather than being branded as focussing exclusively on veterans – this should include, for example, accrediting Armed Forces friendly GPs not just veteran friendly GPs.
- In Scotland and Wales consideration should be given to creating equivalents to “Armed Forces friendly GPs” in those countries.
- In England, Scotland and Wales including health providers and commissioners in the partnership arrangements recommended in the core infrastructure. In England, the ICS arrangements should provide a mechanism for doing this. In Scotland and Wales, the Covenant Annexes *A Guide to Local Authorities: How to deliver the Covenant in your area*³¹ for those countries recommend liaison with the local Integrated Joint Boards (Scotland) and Health Boards (Wales).

The Government and the Armed Forces

7.12 The Government and the Armed Forces have an important part to play in creating the conditions for local authorities and other public service providers to deliver the Covenant and reduce the risk that members of the AFC will face disadvantage in accessing public services. In the light of our findings, we have identified five ways in which they could strengthen the delivery of the Covenant by local councils and other public service providers.

7.13 First, the way in which the Government implements the new legal framework for the Covenant introduced by the Armed Forces Act 2021. It should provide an opportunity for councils and others to build on the work that has already been done to deliver the Covenant. The danger is that it is seen as an additional burden with a narrow focus on education, health and housing putting at risk the more person-centred focus on the three cohorts that we are calling for. We hope that the Government will use the opportunity to promote the approach recommended in this report which builds on the experience of councils and their partners since the publication of *OCOC* in 2016. It should be noted that although there is no new government funding attached to the Act, the MoD has committed to review potential new burdens and costs for councils one year after the commencement of the duty.

7.14 Second, it is important that the Government ensures that the roles of the various national bodies with an interest in the delivery of the Covenant are communicated as clearly and in as integrated a way as possible. This includes the MoD Covenant team, the Office for Veterans' Affairs, Defence Relationship Management, and the Defence Transition Services. The chief executive of a council with a significant Armed Forces presence told us that he found it hard to know who to speak to about what. Given the pressures facing councils and other service providers it is essential that the national system is as easy to navigate as possible.

31 Armed Forces Covenant – Annex to *A Guide for Local Authorities: How to deliver the Covenant in your area*. [Scotland annex](#) published jointly with the Scottish Government and [Wales annex](#) published jointly with the Welsh Government and Welsh Local Government Association.

7.15 Third, there are some significant differences in the arrangements in place in England, Scotland, and Wales. This includes the appointment of Veterans Commissioners in Scotland and Wales and the role of the Armed Forces Liaison Officers and Regional Schools Engagement Officers in Wales. The people we have spoken to in Scotland and Wales consider that these arrangements add value and support the delivery of the Covenant, but we do not have sufficient evidence to reach any conclusion about whether they should be replicated elsewhere. There is a strong case for work to be commissioned to evaluate the impact of these posts on the delivery of the Covenant.

7.16 Fourth, while serving members of the AFC can be distanced from some of the realities of the pressures on civilian public services, it is important for the Armed Forces themselves to continue to help members of the AFC understand the Covenant and what it can and cannot do to address the potential disadvantage they may find that they face in relation to public services.

7.17 Finally, while we recognise that the Armed Forces are putting more effort into the transition process, including the valuable work of the Defence Transition Services, it remains a difficult period for a significant minority of people including many of those who leave early or with short notice. It is important that the effectiveness of the DTS and its impact on those who are at risk of experiencing a difficult transition is evaluated. This will help to make sure that the needs of people likely to experience problems later are addressed as early as possible.

Armed Forces charities

7.18 As they are not directly responsible for commissioning or delivering public services, charities do not have any specific responsibilities in relation to the delivery of the Covenant. We fully recognise, however, that they have good links with members of the AFC and understand their needs and their experience of disadvantage. There are at least three ways in which they can contribute to the effective delivery of the Covenant: first, by participating in the partnership arrangements recommended in the core infrastructure and using their intelligence about the AFC to inform the work of those partnerships; second, by holding councils and other service providers to account for the delivery of the Covenant and acting as a critical friend when necessary; and finally, by helping to promote awareness of the Covenant and the action being taken to deliver it within their beneficiaries and the wider AFC.

8 Recommendations

8.1 This section summarises the recommendations made throughout the report.

General

- Service providers should continue to work at identifying members of AFC, by encouraging them to identify themselves and then use the information to inform policy and case work.
- Service providers should continue to focus on training frontline staff so that they understand the unique disadvantages that members of the AFC may face.
- Further work is needed on the risk of disadvantage in relation to adult social care and how that risk could be mitigated (in the context of the massive pressures facing this service).
- Relevant organisations, such as the MoD, FiMT, the OVA and the LGA and NHS England (and their Scottish and Welsh counterparts) should work together to consider how best to take a new approach to gathering evidence of the delivery and impact of the Covenant, based on a basket of indicators.

For specific sectors

Councils

- Councils should review their approach to the Covenant in the light of the revised core infrastructure and associated toolkit in this report. We draw particular attention to the benefits of working in clusters in order to make best use of resources and promote consistency.
- FiMT should work with MoD, AFCFT and the LGA (and its Scottish and Welsh counterparts) to develop an integrated set of good practice resources, for example building on the AFCFT Knowledge Network, for councils to help them deliver the Covenant.

The NHS

- We recommend that in England the establishment of Integrated Care Systems should be used as an opportunity to re-boot the action being taken by health providers and commissioners to strengthen the delivery of the Covenant. That reboot should include:
 - Action to increase participation in the various health initiatives referred to in this report.
 - An extension of the veteran friendly GP programme as an Armed Forces friendly scheme, and in Scotland and Wales consideration to creating equivalents to “Armed Forces friendly GPs” in those countries.
 - The involvement of health providers and commissioners in the partnership arrangements recommended in the core infrastructure.

The Government and the Armed Forces

- Ensure that the way in which the new duty is implemented builds on the work that is already being done to deliver the Covenant. This is to avoid it being seen as an additional burden or having unintended consequences in relation to service areas that are not covered by the new duty. It should be noted that although there is no new government funding attached to the Act, the MoD has committed to review potential new burdens and costs for councils one year after the commencement of the duty.
- Ensure that the national bodies involved in the Covenant engage with localities in as integrated and navigable a way as possible.
- Commission work on the impact on the delivery of the Covenant of the AFC focused posts, such as Veterans Commissioners (Scotland, Wales and Northern Ireland) and Armed Forces Liaison Officers (Wales), to assess the potential value of extending them to other parts of the UK.
- Strengthen work to help members of the AFC understand the Covenant and what it can and cannot do to address the potential disadvantage they may face in relation to public services.
- Evaluate the impact of the Defence Transition Services in order to make sure that the needs of people likely to experience problems later are addressed as early as possible.

Armed Forces charities

- Participate in the local partnership arrangements recommended in the updated core infrastructure.
- Act as a critical friend, holding councils and other service providers accountable locally for the delivery of the Covenant.
- Help to promote awareness of the Covenant and the action being taken to deliver it within their beneficiaries and more widely.

Toolkit

- We recommend that FiMT considers the creation of an online version of the self-assessment with the option for areas to give consent to share their answers with the Trust.
- Create a free-standing version of the toolkit and promote it through websites including, the Armed Forces Covenant Fund Trust's Knowledge Network; the Government's Armed Forces Covenant website, charities and the LGA.

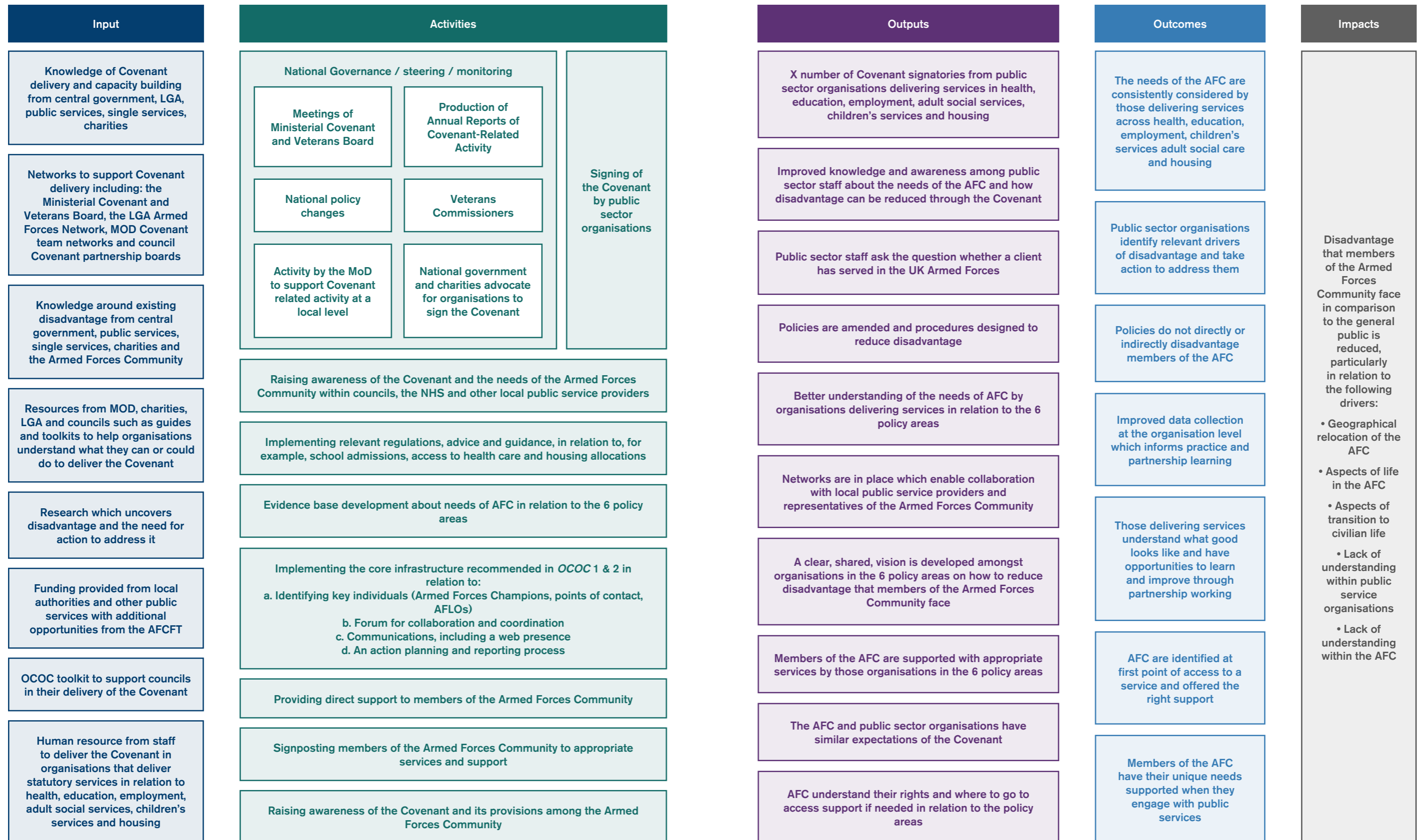
Annex I Theory of change

The theory of change for this research is shown on the next 15 pages.

Rationale: why the Covenant is needed?

- Members of the AFC (serving personnel, reservists, ex-Service personnel and their family members) face disadvantages in relation to accessing public services in comparison to civilians.
- This disadvantage could include, for example, Service children repeating parts of the school curriculum because of having to move during the school year, the particular skills of veterans and spouses not being recognised by employers, or difficulties in accessing social housing because of mobility due to service.
- This includes, but is not limited to disadvantage relating to education, children's services, housing, health, adult social services and employment. It also relates to the access of commercial services.
- For some members of the AFC, in particular those who have given the most such as the injured or bereaved, receiving special considerations may be appropriate to meet their unique needs.

Figure 18 Overarching theory of change



Context

The Armed Forces Covenant was developed under the Armed Forces Act 2011 and is a pledge that acknowledges that those who served or have served in the Armed Forces, and their families, should be treated fairly in the community, economy and society they serve. It aims to ensure that members of the AFC have the same access to government and commercial services as any other citizen.

Members of the AFC include Service personnel (and reservists) and their families, and ex-Service personnel and their families.

Different groups have committed to acting on the Armed Forces Covenant and these include, central government, single services, local government, charities, other public sector organisations and businesses.

In 2022, commencement of the Armed Forces Act 2021 will enshrine the Armed Forces Covenant in law in relation to housing, education and healthcare. This will mean that relevant public bodies in the UK will have a legal duty to have due regard to the principles of the Covenant.

Assumptions

There are a number of assumptions that underpin the Covenant:

- When an organisation signs the Covenant then that will lead to action to deliver it.
- The Covenant is one of many change mechanisms which may result in reduced disadvantage.
- Many organisations might be acting in the spirit of the Covenant without having signed it.

Enablers

There are a number of contextual factors which present as an enabler to delivering and embedding the Covenant:

- The opportunity for the Covenant to be embedded into new structures, such as the establishment of Integrated Care Systems.
- Taking part in the Employer Recognition Scheme is a driver for Covenant activity.
- The forthcoming legislation could act as a facilitator to delivery.
- The windows of opportunity around partnership working and digital services that Covid has opened up.

Risks and barriers

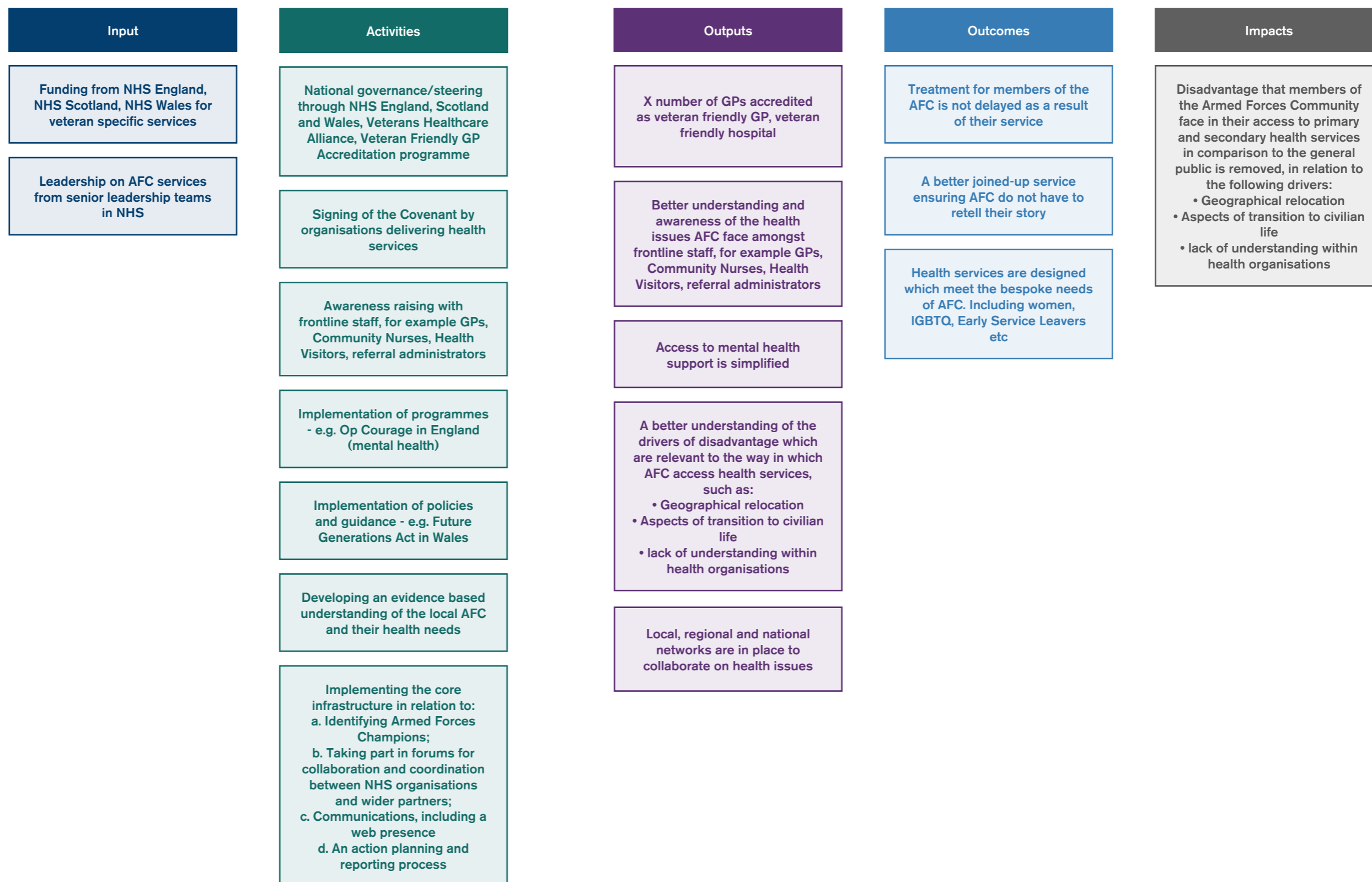
There are a number of risks to the Covenant working as expected. These include:

- Data - it is difficult to understand what is working or not due to the lack of data available, particularly about the number and location of veterans.
- Funding - without extra funding and given other funding pressures, it's difficult to persuade organisations to go further.
- The disconnect between high level policy statements/ objectives and how that's implemented on the ground.
- Lack of clarity around disadvantage.
- Less attention is paid to the Covenant as it becomes business as usual.
- The need to balance AFC and other members of the public who need support.
- The lack of capacity to deliver the Covenant due to Covid.
- Misunderstanding of what the Covenant is and what it can do for members of the AFC.
- Risk of stigmatising or problematising the AFC.

Health rationale

- There are a number of potential instances where members of the AFC might be disadvantaged in relation to access to healthcare.
- Lack of understanding about how the health system works amongst AFC, including those who transition out of the Armed Forces in England and settle in Scotland.
- Mobility of AFC can cause problems with disruption to continuing healthcare or places on waiting lists, especially when they have additional needs.
- Many members of the AFC find having to retell their story is problematic.
- Many members of the AFC have particular healthcare needs, including mental health, or injury, and these can often manifest themselves most severely later in life.
- Pressure on healthcare services affect the general population but the mobility in military service can exacerbate the association problems of access.
- There are also a number of opportunities for delivering the Covenant in relation to health:
 - Integrated Care Systems and associated opportunity to reset ways of working.
 - Thinking about population health.
 - The Health and Care Act 2022 in England could present further opportunities to strengthen place-based partnership working.

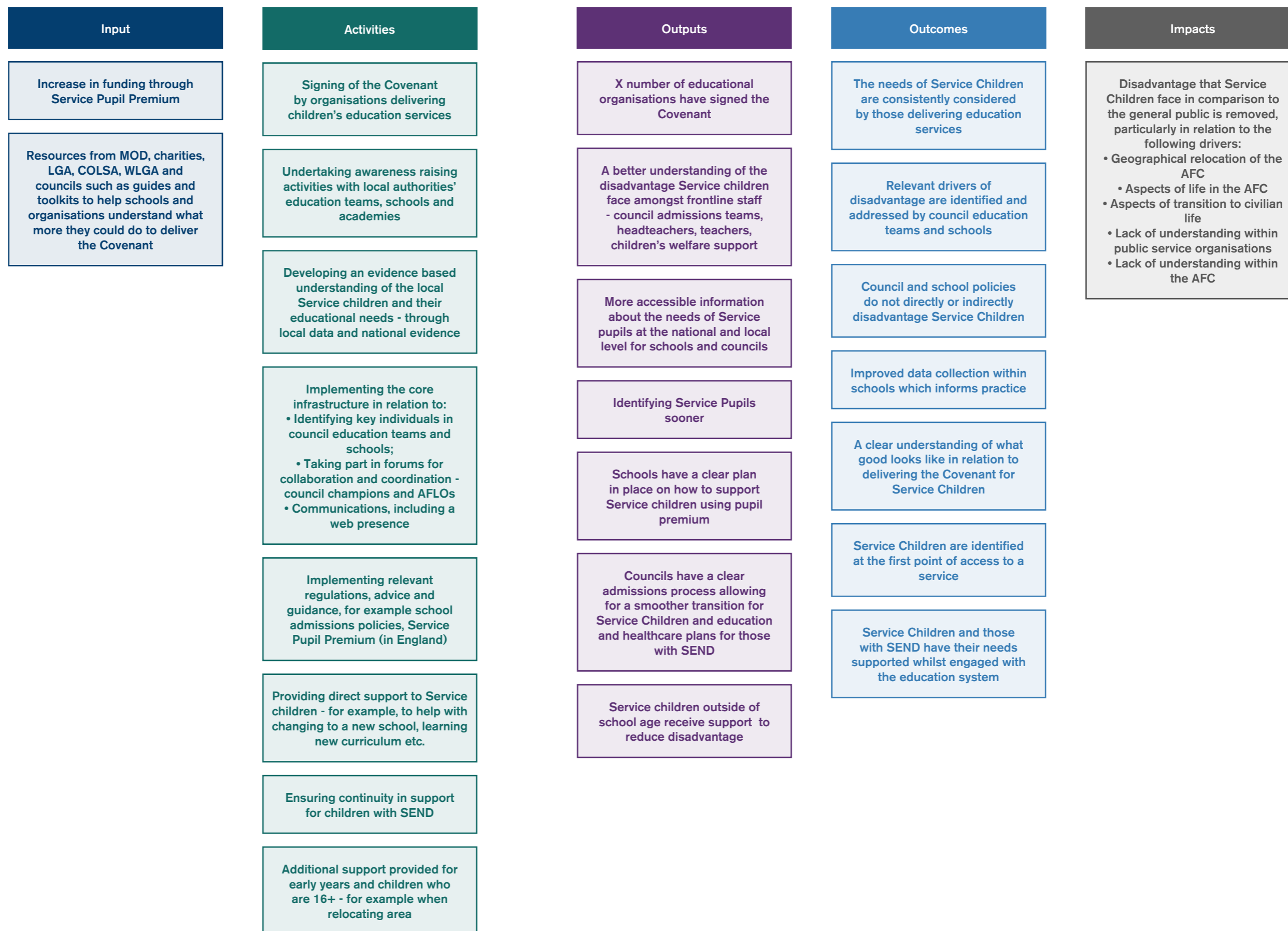
Figure 19 “nested” logic model for health



Education Rationale

- According to the Ministry of Defence there were 103,620 children of UK regular Service personnel as of 1 January 2019.
- Finding and securing a school place for a Service child comes with challenges that non-Service families do not routinely face. Furthermore, they often face more challenges throughout the year with high mobility disrupting continuity of education and stress surrounding the deployment of a parent.
- Because of this, Service children face particular disadvantage surrounding their education.

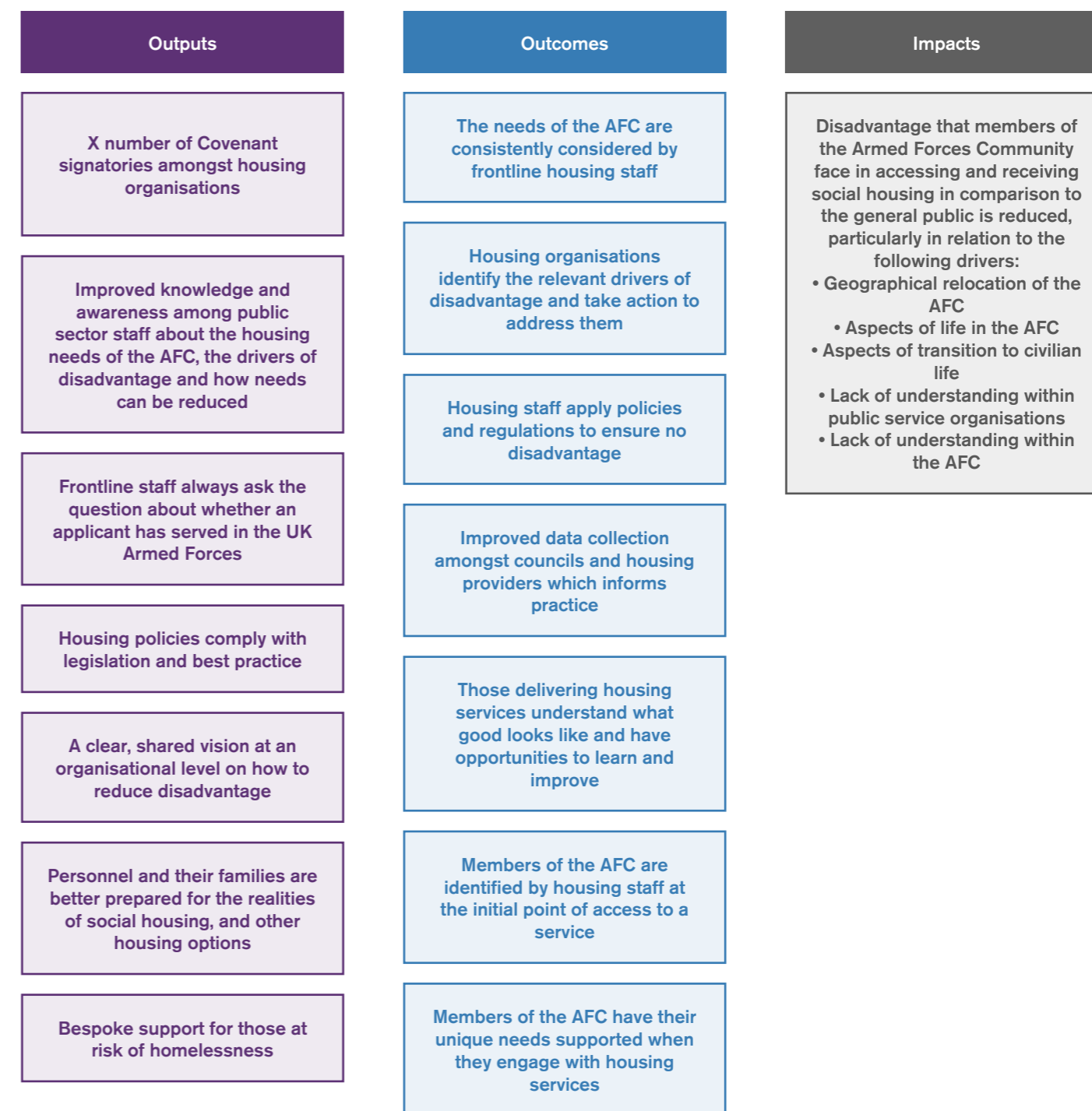
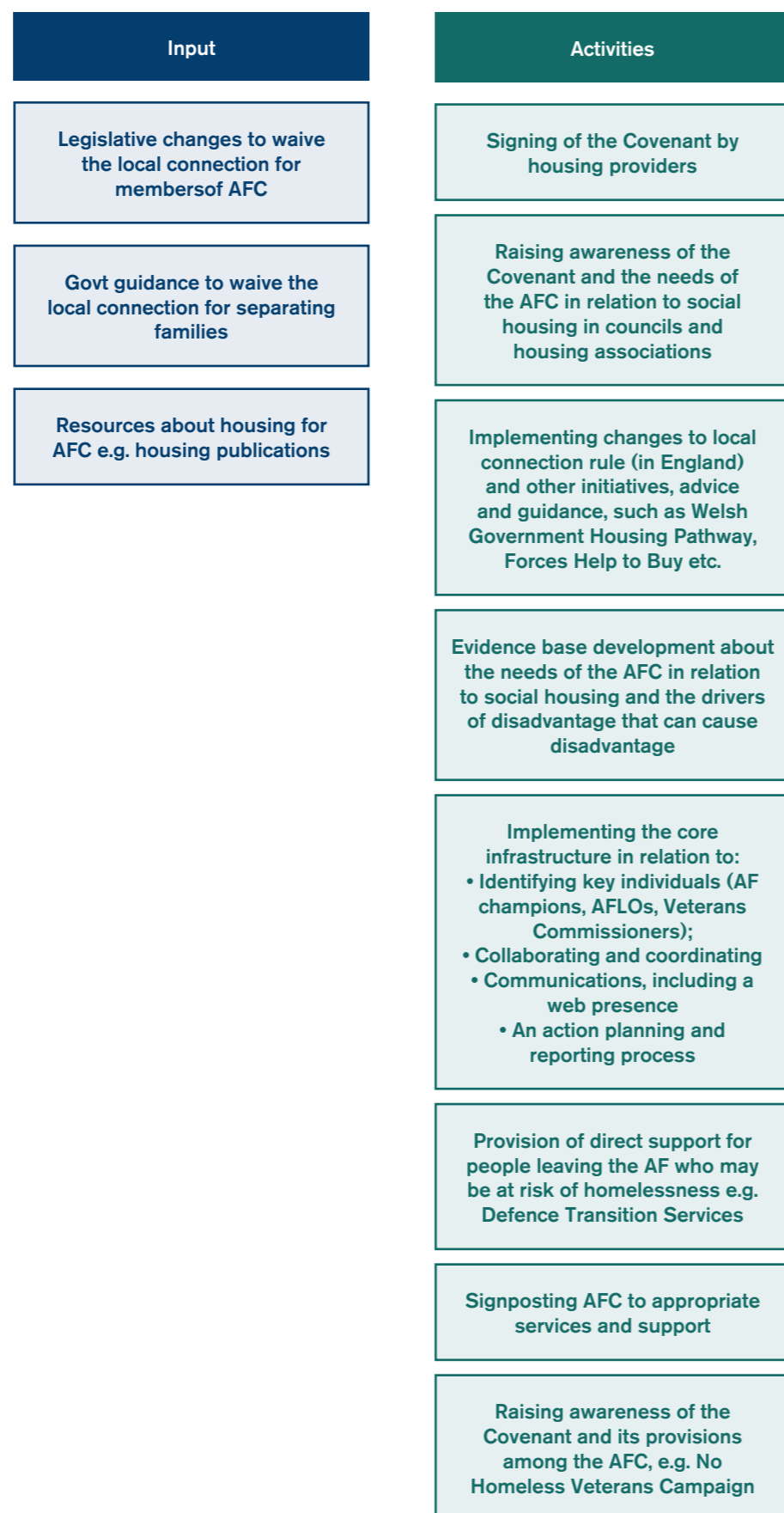
Figure 20 “nested” logic model for education



Housing rationale

- In 2018 there were estimated to be around 3,000 – 4,000 homeless veterans in Great Britain (three per cent of the homeless population).
- While access to social housing in the UK is a difficult issue affecting a huge number of people, it is felt that members of the AFC face particular disadvantage due to a lack of familiarity with the social housing system.
- Separating families (i.e. a family separating from a person still serving) can face particular difficulties as they need to vacate Service Families Accommodation and can fall outside the remit of the Armed Forces Covenant as they are no longer an Armed Forces family.

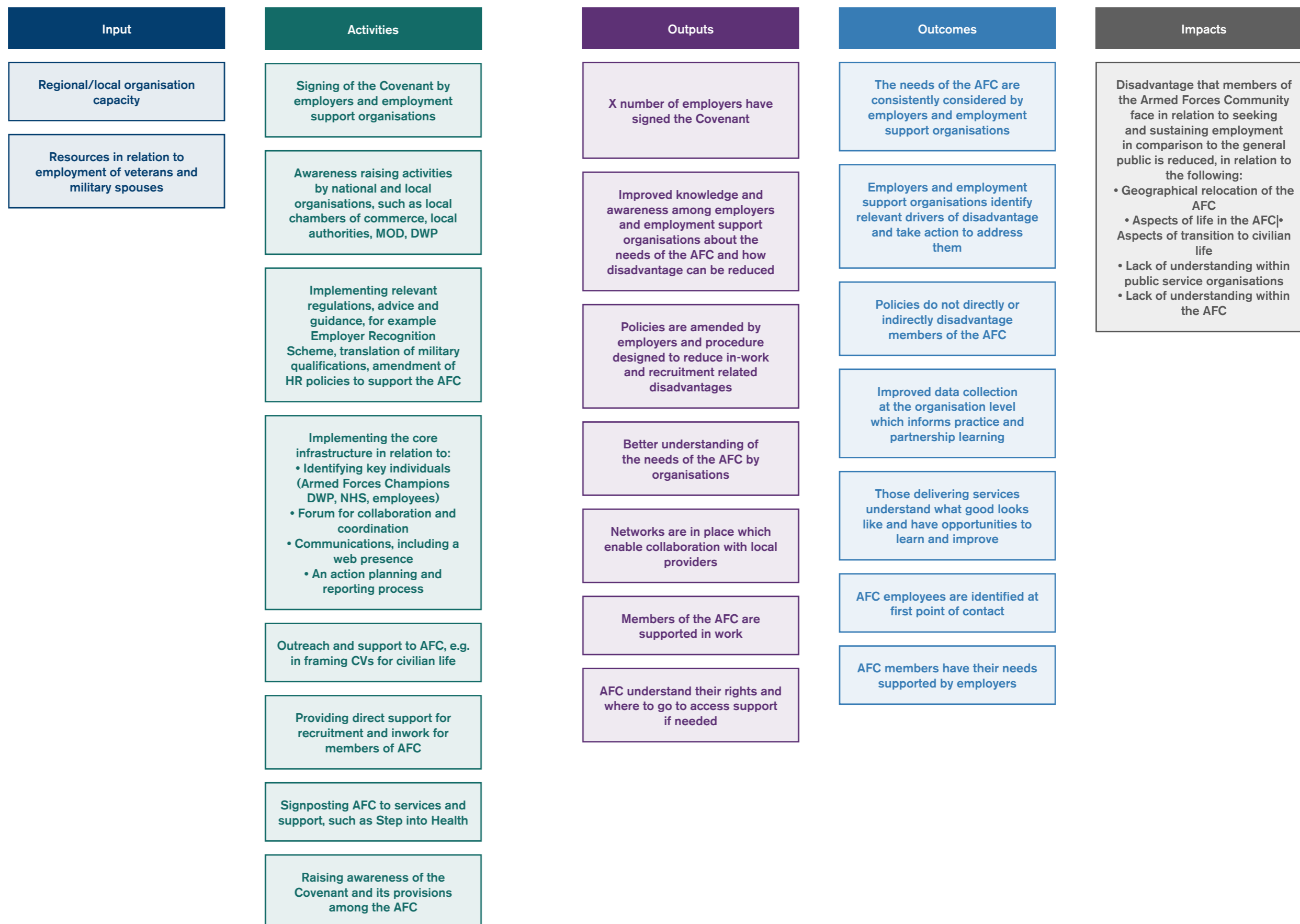
Figure 21 “nested” logic model for housing



Employment rationale

- Some people leave service with desirable skillsets but then struggle to find jobs.
- Research (AFF and University of Warwick) demonstrated that spouses had to change career path because of partner's military service but did not want to.
- Perception that employers do not understand the demands of military service in terms of mobility.
- Childcare is a difficulty as many military families are not close to an extended family community they can lean on for support. This results in many spouses having to pause employment to look after children, resulting in them not having wide work experience.
- Military spouses can be denied occupational maternity packages, as it is on the condition that they have to return to work 12 weeks after, which might not be possible for a spouse who may have had to move location. This is a particular issue in nursing and teaching (in academies).
- Some ex-Service personnel struggle with unfamiliar recruitment processes; transferability of qualifications; or how to frame a civilian CV.
- There is a lack of alignment between military salaries and many civilian salaries which results in ex-Service personnel pitching for the wrong level of job.
- There is a lack of understanding of potential careers post service.

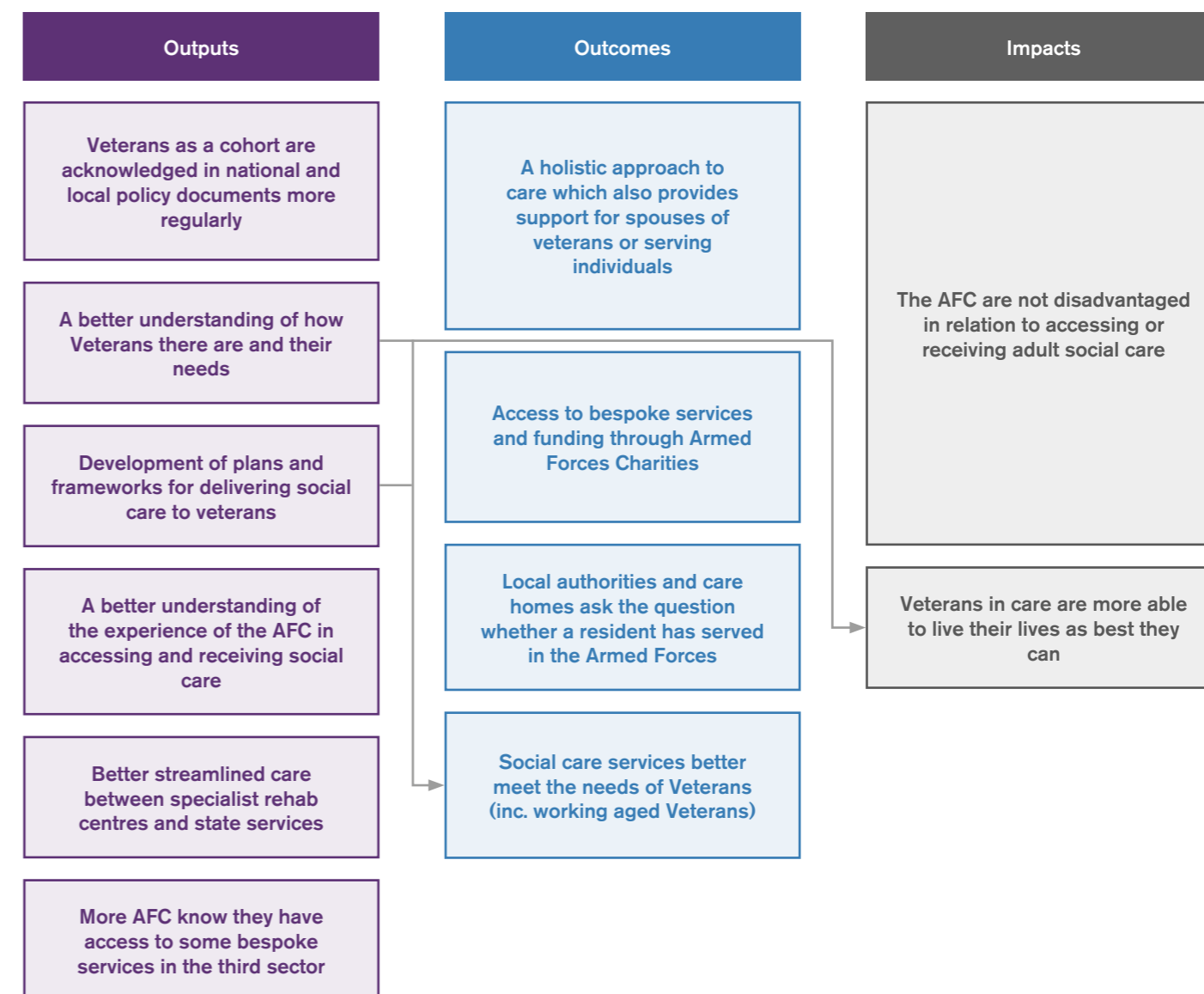
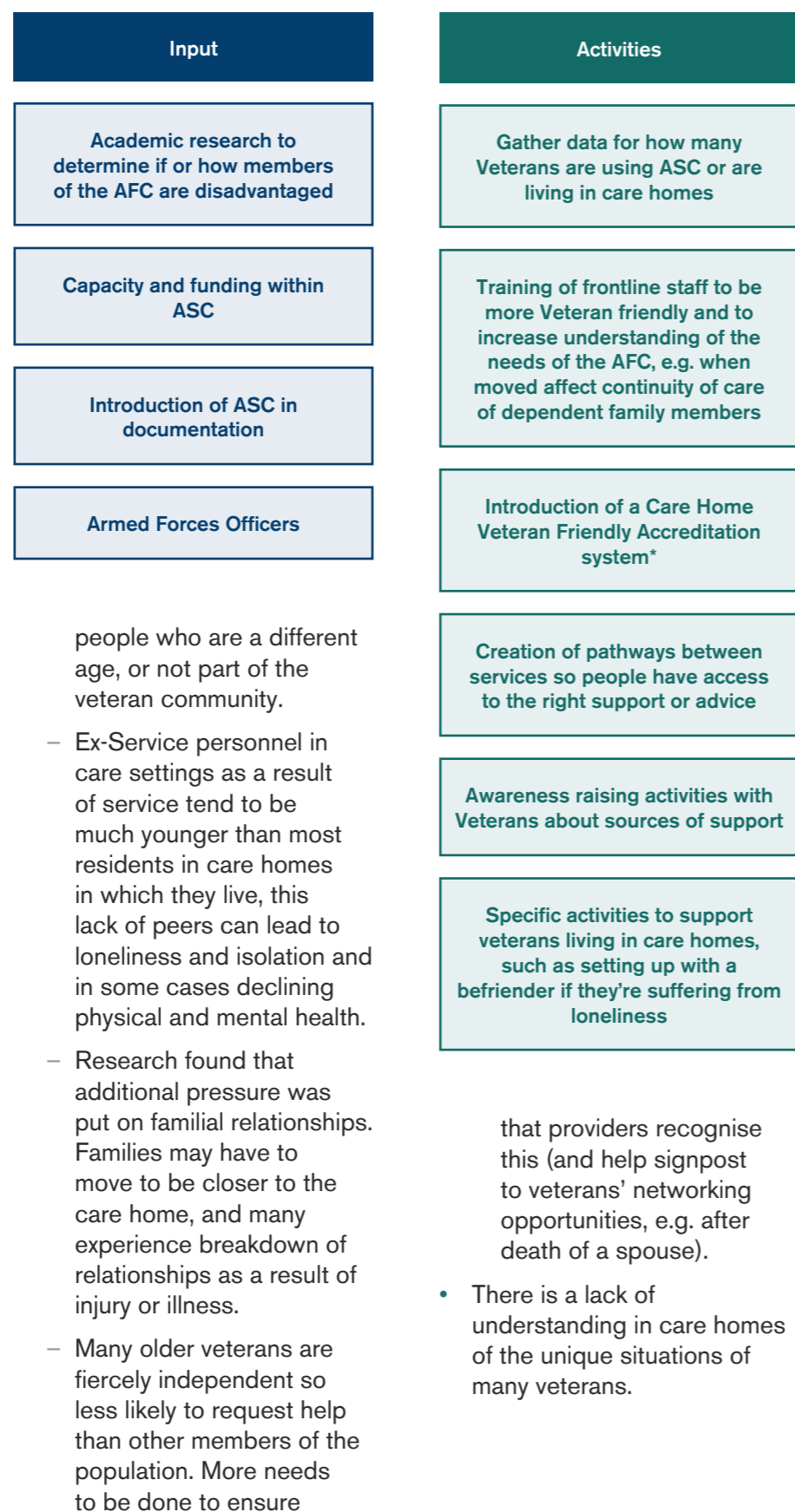
Figure 22 “nested” logic model for employment



Adult social care rationale

- There is a lack of research into whether members of the AFC face any additional disadvantage in relation to accessing adult social care in comparison to the civilian population.
- The number of veterans accessing social care is unknown. It is thought that there is a large proportion of veterans accessing social care when national service is taken into account. This means that it is hard to formulate policy when the cohort size is unknown.
- For many in social care settings, there may not be disadvantage as a result of service, as the cost of adult social care has risen and everyone faces issues in accessing the right services.
- But, many may be missing out on care or funding from veteran charities if their veteran status is unknown or connections are not made.
- The lack of research around adult social care, and lack of focus on it in government veteran documents.
- There are cases of disadvantage for serving families with adult children with care needs, whose provision is disrupted by mobility.
- Disadvantage could exist in the following ways:
 - For working age veterans, there is a mismatch in the quality of care received through Defence Medical Rehabilitation and local care.
 - Ex-Service personnel often require bespoke services and wraparound care is needed, but this might mean having to move away from family, be with

Figure 23 “nested” logic model for adult social care

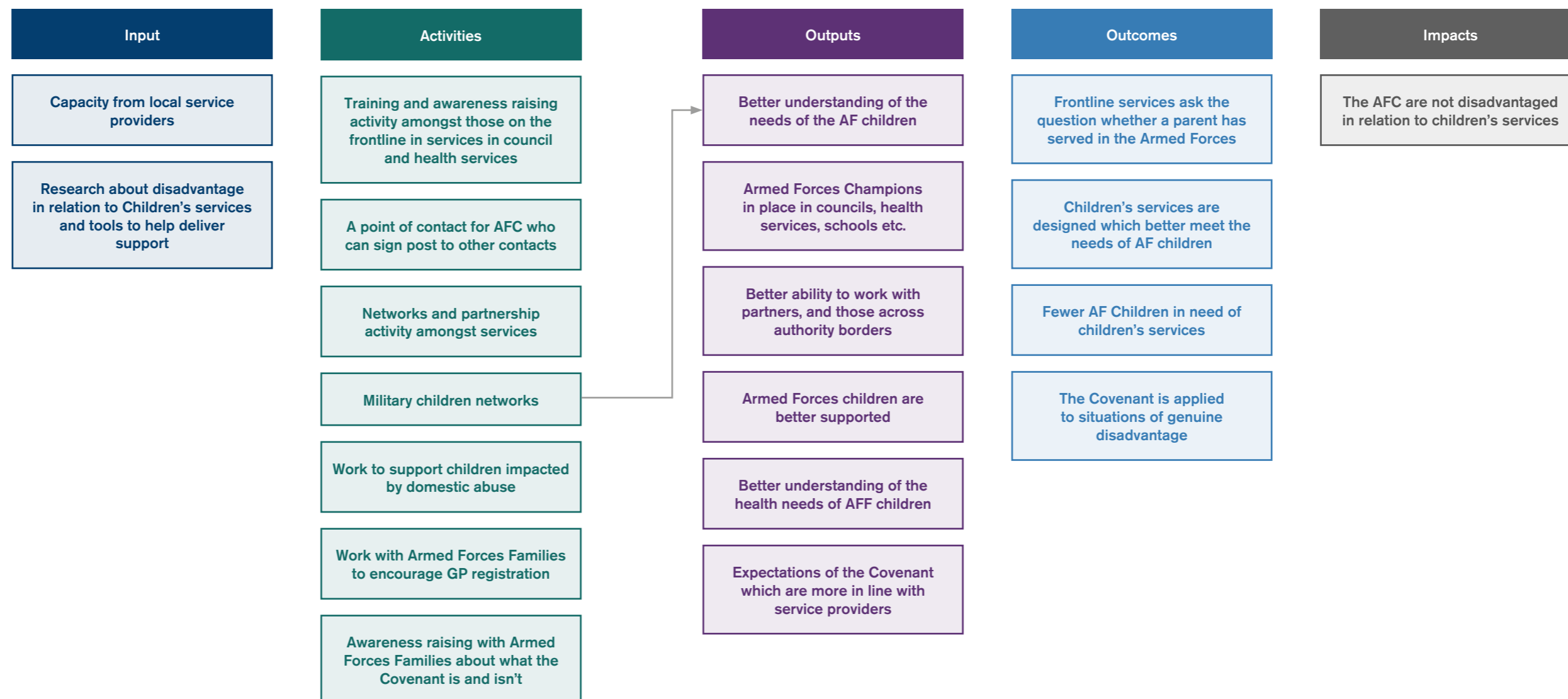


* A potential rather than implemented activity

Children's services rationale

- There is a misunderstanding by families around the commitments of the Covenant.
- Specific examples of disadvantage include:
 - Children's/babies' needs are sometimes not identified by professionals because of mobility of Armed Forces families.
 - Lack of knowledge around children's social care because public services do not ask the question whether a client is a member of the AFC.
 - Domestic abuse and the impact on children (more likely to display aggressive behaviour, experience anxiety, have reduced social skills, suffer depression and show emotional distress).
 - High anxiety due to a parent's trauma, mental health and coping mechanisms (for example alcohol dependence).
 - Inconsistency between local authorities and benefits packages can result in Armed Forces families with children with additional needs facing difficulties related to payments and personal health budgets and specialist equipment.

Figure 24 "nested" logic model for children's services



* A potential rather than implemented activity

Annex II Research methodology

The core research stage

In this section we explain our approach to the core research stage, including: our surveys, interviews and group discussions.

The core research questions are shown below:

Table 6 Core research questions

N°	Research question
1	To what extent do members of the UK AFC currently experience disadvantage in accessing and receiving public sector services in comparison to the general population?
2	What actions are local authorities and other public sector organisations doing to deliver the Covenant?
3	To what extent has the UK AFC experience of disadvantage in accessing and receiving public sector services changed since 2011?
4	To what extent and how has the Covenant contributed to reducing experience of disadvantage since 2011?
5	What could local authorities and public sector organisations do to improve the impact of the Covenant on reducing disadvantage in accessing and receiving public sector services amongst the UK AFC?

Literature review

As part of the initial phase of the research we undertook a review of material relating to the nature of Armed Forces disadvantage, the Covenant, and how it is being implemented across each of the six key policy areas. This included: policy documents such as the Government's *Veterans' Strategy Action Plan* and MoD's *UK Armed Forces Families Strategy*, academic articles, Covenant annual reports, local authority websites, good practice materials and other key reports from the sector.

The literature review was performed in two stages. During our first phase of research, we used it to refine our research questions, inform our interview design, and develop our drivers of disadvantage and wider survey questions. The second stage was used to provide additional depth to our findings, and ensure that we covered the most recent literature publications. We set a cut-off point of March 2022 and did not review material published after that point.

Surveys

A key data source for our research was the surveys we carried out of local authorities, health providers, charities and Armed Forces families and veterans. The surveys drew on our evaluation framework and theory of change and were conducted online. Surveys in Wales were circulated in Welsh as well as in English.

The local authority survey was sent to all local authorities in England (333), Scotland (32), and Wales (22) and received 103 usable responses. 77 per cent of the responses were from England, with 17 per cent coming from Scottish authorities and six per cent from Welsh authorities. Some of the responses came from groupings of local authorities, such as Bedford and Milton Keynes. Where consistent with the evaluation framework, we used many of the same questions from the original *Our Community – Our Covenant (OCOC)* survey in 2016 to allow for comparison.

In our first report we developed a typology of places to enable us to understand the context in which different councils and other service providers deliver the Covenant. It distinguished, for example, between areas with a high presence of serving families and those which have a high veteran population. We asked local authority respondents to place their area in one of the five categories in this typology, as shown in the table below and this provided a helpful contextual reference for analysing responses:

Table 7 Typology from *Our Community – Our Covenant*

1. Major Armed Forces Community presence	2. Significant Armed Forces Community presence	3. Modest Armed Forces Community presence	4. Significant known presence of veterans	5. Minimal known AFC presence
The AFC is a very important presence in the area. Many of these places have a major serving and veteran community. For example, Wiltshire, Moray, and Plymouth.	The AFC is a significant presence in the area. Many of these places have a significant serving and veteran community. For example, Cornwall, Gloucestershire and Oxfordshire.	There is a smaller but nonetheless important AFC presence. For example, Surrey.	Often important areas from which members of the Armed Forces	To what extent do members of the UK AFC currently experience disadvantage in accessing and receiving public sector services in comparison to the general population?

The aim of the health survey was to understand what health organisations are doing to deliver their Covenant pledges and to ensure that members of the AFC are not facing disadvantage in comparison to other citizens when receiving healthcare. The online survey was circulated to health organisations on our behalf by the Veterans Covenant Healthcare Alliance and an Armed Forces Health Champions Network in Wales. Of 23 respondents, 17 were from England, five from Scotland and one from Wales. More than half of the English responses were from the northwest region.

The charity survey asked stakeholders about their perception of disadvantage and the impact of the Covenant in the six policy areas. It was disseminated on our behalf through the Family Federations, the Confederation of Service Charities (Cobseo), RAF Association, Help for Heroes, Veterans Scotland and SSAFA, the Armed Forces Charity. Forty-seven charities/stakeholders replied. Of these, 39 covered England, 32 covered Scotland, 30 covered Wales and 29 covered Northern Ireland. Some were also active overseas. Responses came from policy managers, chief executive officers and chairs of associations.

We have also surveyed Armed Forces families and veterans. The aim of this survey was to understand their experience, views, and perceptions around disadvantage as a result of their service or a family member’s service. The survey was promoted through targeted marketing on Facebook and received 385 usable responses. 45 per cent of respondents were working age veterans, 27 per cent were non-working age veterans and 7 per cent were family members of a serving member of the Armed Forces. Other respondents included reservists and family members of veterans as well as 31 serving personnel³².

We draw on the findings from these surveys in section 4. More information on the results of the surveys is set out in Annex V.

The surveys were voluntary and only the local authority one was sent to a comprehensive stakeholder group. We have not made adjustments for this in our analysis, but the make up the sample is a caveat to interpretation of the findings.

³² We did not target serving personnel or reservists and did not have the required Ministry of Defence Research Ethics Committee (MoDREC) approval to do this. However, since these respondents had found the survey independently, we did take their responses into account in our analysis but excluded them from follow up interviews.

Group policy discussions

To understand the extent of disadvantage, the drivers of that disadvantage and the impact of action taken to address it, we held several group discussions bringing together practitioners with an interest in each of the relevant policy areas. In total we held 10 group discussions in five of the policy areas including representatives from local government, the NHS, housing providers and charities. As education and children's services are so closely linked, they were combined but we also undertook an extra four policy discussions with key individuals.

Interviews

Qualitative interviews

Fourteen further interviews were conducted to better understand the complexities of addressing disadvantage. Interviewees included representatives from housing associations, health and social care, MoD, and the Defence Transition Services. Interviews were also conducted with specialists of particular cohorts of the AFC to better understand nuances here, such as LGBTQ+, female veterans and non-UK veterans.

Interviews with members of the AFC

We also interviewed 18 respondents to the survey of Armed Forces families and veterans. Some of these were chosen as they may face a greater risk of compounding disadvantage because of certain characteristics such as their gender, sexuality, or ethnicity.

Ethical considerations

Many of these interviews covered difficult topics and were carried out in a highly sensitive manner in one-on-one conversations over video or phone call to ensure the interviewees were comfortable. All of our research with members of the AFC and representatives of public sector and stakeholder organisations was conducted to high ethical standards. All participation in the data collection stage was voluntary and participants provided informed consent. Furthermore, participants have been anonymised in the report and personal data has been handled in line with GDPR and is held securely.

Workshops

In order to make sense of our findings and to help formulate our recommendations, we held three sense-making workshops. These events were held at the end of our data collection phase to test conclusions that had emerged from the research data.

The first sense-making session focused on Northern Ireland. We felt that this area of the research required its own session due to its unique context.

The largest of the three sensemaking workshops was in the format of an all-day event. The aim of the event was to test our findings on the extent of disadvantage and activity with representatives from charities, local authorities, government departments and public service providers. The day was structured by cohort to examine which policy areas are most relevant among different members of the AFC.

We dedicated a final sensemaking event to examining impact and discussing how the impact of the covenant could be monitored in the future.

Annex III Updated Covenant toolkit

Introduction

In the original *Our Community – Our Covenant* report in 2016, we launched a “core infrastructure” and toolkit to support local authorities with the implementation of the Covenant. As our research shows, that core infrastructure continues to be of great importance to successful delivery.

In the five years since it was last updated in 2017, several factors in the overall context for local public services and in the wider support infrastructure for the Covenant, have changed, including.

- The Armed Forces Act 2021, which creates a duty of due regard to the principles of the Covenant in the focus areas of housing, education and healthcare. It is important to note that the accompanying statutory guidance details how disadvantage can arise.
- Declining resource which makes it increasingly difficult for small local authorities or those with a small AFC presence to sustain Covenant related action.
- The growth of collaborative arrangements between local authorities in how they organise and deliver Covenant related action.
- Training resources have been developed by some local areas and made available for others to use.
- Further development and promotion of good practice, notably through the Armed Forces Covenant Fund Trust’s Knowledge Network: <https://covenantfund.org.uk/resources/>

This section makes some updates to the components of the toolkit to reflect these changes and the findings of this report. It also sets out some recommendations for how the toolkit can be further developed to enhance its accessibility and usefulness.

The original toolkit was aimed at local authorities. We have decided not to create varied versions aimed at different sectors within local public services - this could be confusing and, without extensive consultation, could create misplaced distinctions about what is important for different sectors. We are also aware of other existing toolkits that were cited in the survey responses and provide useful resources. Rather we stress that the toolkit recognises the role of local authorities in convening local action and local partnerships and that it is designed as an enabler to effective local collaborative working.

The key changes to the core infrastructure and self-assessment cover:

- Creation of clusters of councils with a dedicated officer across the cluster.
- The importance of making best use of data to produce evidence of impact related to need.
- Making best use of the training material available.
- Reinforcing the importance of the action plan, which our research shows is currently the least adopted element of the core infrastructure.

Core infrastructure

The list of core infrastructure was developed in 2016 for the first *Our Community – Our Covenant* report and revised a year later. The version below has been updated but still has the same intention of being a checklist for councils and their partners to ensure that the basics are in place in their location.

Table 8 Covenant core infrastructure

Core infrastructure to deliver the Covenant	
<p>Individuals</p> <ul style="list-style-type: none"> • An elected member Champion. • An officer point of contact within the council, or acting across a cluster of authorities. • An officer Armed Forces lead within council departments as a liaison point with the central officer point of contact. 	<p>Vision and commitment</p> <ul style="list-style-type: none"> • An action planning process that is proportionate to local needs and circumstances. This should set out planned actions, success criteria, which organisation is responsible or needs to be engaged and target timings. It should link to annual reporting to record progress. The scale and scope of the action plan can reflect local collaborations and, providing there is clear accountability, does not need to be at an individual local authority or local partner level • Regular review of the action plan. • Policy reviews to ensure the commitment to the Covenant and associated legislation is reflected in all local public services. • Enthusiasm and commitment.
<p>Communication</p> <ul style="list-style-type: none"> • A webpage or presence to support delivery of the Covenant with key information and links for members of the AFC. This can be supported through use of web analytics to help focus refinement of content, and social media channels to highlight events and support offers. • Clear and accessible public statements of what members of the AFC can expect from the council and partners. • A route through which concerns can be raised. • Training. This should include awareness raising of the Covenant in induction programmes for all new staff and more detailed training for frontline staff tailored to scenarios they may face with different cohorts within the AFC. Training packages, such as that developed by the Coventry, Solihull and Warwickshire Armed Forces Covenant partnership are available for use at no charge by other areas. • A vehicle for reporting local action and achievements such as an annual report, newsletter or forum minutes. Ideally this should bring partnership action together into one place and be linked to the local action plan. If our recommendations for piloting impact measurement are adopted, the annual report should become a channel for reporting on this. 	<p>Collaboration</p> <ul style="list-style-type: none"> • A Covenant Forum or co-ordinating group that meets at least twice a year. It includes the following: military representatives; military charities; public sector representatives, including the NHS, via the Integrated Care System; effective council members (senior elected members on cabinet); and the lead officer. Each Forum should review its membership, agenda and frequency of meeting every three or four years. • In some places (for example where there are combined authorities) councils and their partners may wish to establish a mechanism for collaboration at a sub-regional level. This could include: joint forums and action plans, training packages and joint training co-ordination, across the local public sector, applications for the Covenant fund, and a shared web presence. • Generally, collaboration should be considered: clusters of local action offer economy of scale in areas with a low Armed Forces presence, or for effective co-ordination of action covering small local authority areas.

Self-assessment tool

We drafted a self-assessment tool for the first *Our Community – Our Covenant* report, intended for councils who want to assess the situation of their local Covenant pledges. We have updated it but with the same purpose of enabling local partners to have a meaningful discussion about their commitment to ensuring members of the AFC do not face disadvantage due to their service. It will identify any gaps in provision and focus future action for delivery.

The tool is split into four sections: vision and commitment; individuals; collaboration; and communication. It is designed for members of the Armed Forces Covenant Forum, or a range of stakeholders (including council officers, military representatives, and representatives from military charities) to have a conversation about their local area in relation to the prompts. It is not designed for every question to have an answer, but merely a way for a question to be considered if it is relevant in each local context.

Table 9 Self-assessment tool

Vision and Commitment
AFC presence
<ul style="list-style-type: none">• What is the extent and nature of AFC presence in your local area? As a starting point, this should be linked to the typology for this report, described in Table 7 in Annex II of this report.• What more could be done to fully understand the AFC footprint? Has local evidence been reviewed in the light of data published in the 2021 census (England and Wales) and 2022 census (Scotland)?• Is there potential for collaboration on the delivery of the Covenant with neighbouring councils or through a combined authority where it exists?
AFC needs and impact data
<ul style="list-style-type: none">• Is there a good understanding of the needs of the AFC in housing, health, adult social care, employment and schools and children’s services? How were those needs identified? Do they reflect the different needs of the three cohorts described in this report?• Do you have the key data that evidences those needs?• Which organisations would be able to help address those needs? (i.e. council, Armed Forces, charities).• What is currently being done to help address those needs?• What else can be done to address these needs?• Do local organisations’ policies reflect those needs or is there a need for review?• How is the impact of local Covenant delivery evidenced?• How is information about the impact of local Covenant delivery shared, locally and nationally?
Future direction
<ul style="list-style-type: none">• Is there a shared understanding of what successful implementation of the Covenant would look like?
Action planning process
<ul style="list-style-type: none">• Have the areas for action been defined?• Is there an agreed method to the action planning process?• Are actions published, with success criteria, a timeline and responsibility for delivery?• How is the action monitored and reviewed?

Individuals

Armed Forces Champion

- Is there a councillor Armed Forces Champion?
- What does the role involve? Is there a role description for it?
- Are there areas in which the role of the Armed Forces Champion can evolve?

Officers

- Who is the senior officer responsible for the delivery of the Covenant and who has day to day responsibility for it?
- Can this role be further supported, for example by having lead points of contact in key service areas and customer service teams for liaison on training or resolving difficult cases?

Collaboration

Forum/ co-ordinating group

- Is there a Covenant Forum in place? Does the membership reflect the most locally relevant drivers of disadvantage and ownership of the key levers to address them?
- How frequently does it meet?
- What are the key items covered at the forum?
- Does the Forum contribute to and monitor the local action plan?
- To what extent are the goals of the forum being achieved? What could be done to increase the impact the forum is having?
- How frequently is the Forum's membership, agenda and frequency of meeting reviewed?

Local authority collaboration

- Has the council considered working together with other local councils in a cluster arrangement? Would such an arrangement offer benefits (economy of scale, consistency; better sharing of good practice) in areas including?
 - Sharing resources to fund a co-ordinator post.
 - Consistency of offer / policy.
 - Data assembly and analysis.
 - Training co-ordination.
 - Delivery (for example of Armed Forces hubs).
 - Single voice to larger local stakeholders that span local authority boundaries – housing associations, charities, ICSs.
 - Shared web presence.
 - Joint action plan.
 - Joint Armed Forces Forum.
- If your area has a combined authority, have your or your neighbouring authorities approached it about supporting co-ordination across the area?

Relationships

- Are there mechanisms in place to maintain relationships between Armed Forces stakeholders?
- Could the council, the Armed Forces and charities work together more effectively?
- Would an increase sub-regional collaboration, including involvement of combined authorities where they exist, help with co-ordination or economy of scale in delivering local Covenant pledges?

Communication

Internal

- How are local public service and charity officers and front-line staff briefed and trained on the Covenant and the risks of disadvantage for the AFC?
- Are front-line staff trained about when and how to ask people whether they have an Armed Forces connection?
- Have training materials, such as e-learning modules, been included on local organisations' training platforms?
- How is knowledge and information gathered?
- How could knowledge sharing within organisations be improved?

External

- How is action on local Covenant pledges disseminated to the public?
- How could the dissemination of information be improved?
- Is there an up to date website which is easy to use and regularly updated? Who hosts the website (council, HIVE or equivalent or charity)?
- Are patterns of website use monitored and linked to updates and enhancements?
- How is the support which is on offer to the AFC communicated to hard-to-reach people, such as homeless veterans?

Scenarios

We have updated the scenarios published in the earlier *Our Community – Our Covenant* reports. They relate to the range of issues that we have found to occur and will not be relevant in all places.

We have linked them to the three cohorts described in this report and intend them to be a tool for councils and their partners to use to think about the delivery mechanisms that they have in place in order to address the main issues in the scenario. Councils and partners could use these by asking the question, “what would we be able to do if we were faced with a resident in this situation?”

Serving personnel and their families

The Nelsons

A Royal Navy family living in MoD Service Families Accommodation. The father is a submariner currently on patrol and can only be contacted in an extreme emergency. The mother does not have a job. They have two children aged six and 10. The deadline for applications for the older child for secondary schools is imminent. The parents have separated and are in the process of divorcing; the husband when onshore stays on base in MoD single living accommodation. The family has been served with notice to vacate their house in 93 days. The mother wishes to stay in the area (in which housing pressures are acute) and has approached the council for help.

The Darlings

An Army family. They are moving from Germany to a base in an English county. Service Families Accommodation is provided at three locations in the area and family has been told that they will not know precisely where in the county their accommodation will be until two weeks before they arrive. They have two children aged eight and 13. The youngest has dyslexia and has a special educational needs assessment, whilst the older child requires routine but specialist secondary medical monitoring.

Personnel and families in transition between serving and civilian life

The Trenchards

A Royal Air Force family. The mother is serving in the RAF and is due to leave in five months at the end of her engagement aged 44. Her husband has a part-time job locally. They have two children aged 16 and 17 at the local sixth form college and want to settle in the area. Having joined the RAF initially as an airwoman, the mother is now a junior officer with qualifications which are not fully recognised outside the Armed Forces. She is beginning to look for work and for ways of translating her qualifications to be recognised by civilian employers. They do not have enough money to place a deposit on a house. What help is available to them, in housing and employment, as well as any other areas?

Chris - Early Service Leaver

Chris joined the Armed Forces at the age of 18, but part way through basic training he realised that continuing in the Armed Forces was not the right choice. Having left a very difficult home life, he is not able to return there and so is now vulnerable without accommodation or employment.

Sarah – discharge as a result of misconduct

Sarah had served in the Armed Forces for 10 years, but is about to be discharged from the Armed Forces for failing a Compulsory Drug Test. Sarah is in a same-sex partnership (the partner does not work) and the couple have a young child. They do not have enough money to rent accommodation and so find themselves at risk of homelessness.

Veterans

Roger Jarvis

Roger left the Army in 2001 having served in the Royal Logistics Corps for 14 years and taken voluntary redundancy as a Senior NCO. He is in his early 50s and left his wife eight years ago amidst mutual allegations of domestic abuse. He has had a variety of low-skilled jobs since leaving the Army and was recently made redundant and was not able to pay the rent on his flat. He has now moved back, without work, to the area in which he went to school, but his family no longer lives in the area and he appears to have no social network there either.

Mavis Smith

Mavis was widowed five years ago and is now aged 87. She is a veteran who served in the Royal Air Force for 20 years. She lives in a three-bedroom house in East London and has a son who lives in Newcastle. She has been quite isolated since her husband died. She is fiercely independent, but on a recent visit, her son noticed his mother increasingly struggled with stairs and was erratic in her shopping. The house was unusually dusty. The son contacted the local authority who carried out an assessment. However, she is well above the financial threshold to qualify for local authority funded support.

Peter Lal

Peter is Fijian and served in the British Army for 12 years. He is married to a Fijian and they have two children who were born in the UK. Having left the Army three years ago, the family now find themselves in need of social housing.

Top Tips

Since the first *Our Community – Our Covenant* report, we have identified a number of Top Tips which we think may be helpful to councils and their partners who are thinking about ways of improving the local delivery of the Covenant. The following Top Tips build on these and have been updated to reflect the findings of the latest research.

Good relationships

Establish, maintain and regularly refresh contact with base commanders and other key people in Armed Forces bases (reflecting the regular churn in post holders).

Use ceremonies, such as Armed Forces Day, to build and maintain contacts with key people.

Invite senior representatives of the AFC to serve on relevant local partnership bodies, not just those concerned with the Covenant.

Build and maintain good contacts with Armed Forces charities and establish a shared understanding with them on issues such as at what stage people with housing or social care needs will be referred to them.

Nurture relationships with the publication of annual reports about Covenant related achievements.

Council organisation

Explore the potential for your councils to collaborate with neighbours to make best use of the limited resources available to support work on the Covenant, including the potential role of combined authorities where they exist.

If the core infrastructure is not yet in place, establish a dedicated, time-limited post to help get the it and contacts in place.

In addition to having an officer point of contact on the Covenant in the council, consider nominating officer armed forces leads within key council departments and customer service teams. This should be a conduit to the central officer point of contact on points such as training co-ordination and resolving difficult cases.

Encourage the council's overview and scrutiny function to carry out a regular review of the delivery of the Covenant.

Ensure that the Covenant features in council induction and training programmes and that there is suitable training for front-line officers. Use available material shared by other authorities to provide e-learning through the learning management system.

Involve the Royal British Legion or another similar charity in briefing public-facing council staff.

Employ veterans and Service spouses as key workers providing support for veterans.

Data

Develop a simple process for capturing data and success stories about Covenant delivery. The best way to sustain action is to show the value of it.

Link this to an annual reporting process to make success visible and to be show the AFC the pride the organisation takes in what it delivers.

Take the publication of 2021 census information (England and Wales) and 2022 (Scotland), which will include information about people who identify as veterans, as an opportunity to review the evidence on the AFC locally.

Engaging with the bases

Secure, enable, encourage shared used of facilities on or near Armed Forces bases, stations or units.

Identify a Champion for each base – usually the member in whose ward or division the base is located.

Engage with young people from Armed Forces families – they bring a different and honest perspective. This can be done through the Service Youth Forums.

And finally...

Recognise that Base Commanders have to juggle a number of priorities, some of which will always have more priority than the Covenant. They also change post every couple of years so new relationships will need to be made as this occurs.

Recommendations

Self-assessment

We consider that the self-assessment process has the potential to be a helpful tool to assist in measuring impact of the Covenant.

We recommend that FiMT considers creating an online version of the self-assessment with the option for areas to give consent to share their answers with the Trust. This will help to gather baseline information. We previously noted that it would be useful for councils to complete a self-assessment every year – doing this through an online process and sharing of results would provide a mechanism to track Covenant action and assist with measuring impact.

Consolidation of good practice resources

Since the publication of the previous *Our Community – Our Covenant* reports, the toolkit has existed only as an annex to the report. It would be more accessible if it were created as a free-standing resource and promoted through websites including, the Armed Forces Covenant Fund Trust's Knowledge Network; the Government's Armed Forces Covenant website, charities and the LGA.

We also recommend a consolidation of good practice and case study resources so either a common set is available on all websites the offer them, or there is signposting to one location, such as the Armed Forces Covenant Fund Trust's Knowledge Network. This will support consistent messaging and should make available resources more well known.

Annex IV Research participants

We are particularly grateful to the many individuals that took time to participate in interviews or group discussions and to those that completed one of the surveys that underpin this report.

We had participation from the following organisations at different stages of the research.

Table 10 List of organisations interviews in scoping conversations

Scoping conversations
Department for Education
Defence Relationship Management
FiMT
MoD Covenant team
Royal British Legion
Royal Star and Garter
LGA
Office for Veterans' Affairs
Veterans Scotland
Welsh Government Armed Forces team

Table 11 List of organisations involved in policy focused discussions

Policy focused discussions	
Education and children's services	Army Families Federation
	Department for Education
	Forces Children Scotland
	SCiP Alliance
	Durham County Council
	East Renfrewshire Council
	Manchester City Council
	Surrey County Council
Employment	Wakefield Council
	RAF Families Federation
	Royal British Legion
	RFEA
	Royal Navy & Royal Marines Charity
	West London Mission
	Aberdeenshire Council
	Fife Council
	London Borough of Hammersmith and Fulham
	The Highland Council
	Hull City Council
	Powys Council
	Shropshire Council
	South Norfolk and Broadland District Councils
	Health
Royal British Legion	
Royal Navy & Royal Marines Charity	
Veterans Covenant Healthcare Alliance	
Warrior Programme	
West London Mission	

Housing	Housing Options Scotland
	RNRMC
	Scottish Veterans' Residences
	Stoll
	The Riverside Group
	Veterans Housing Scotland
	West London Mission
	Caerphilly County Borough Council
	Dorset Council
	East Suffolk Council
	North Warwickshire Borough Council
	West Lancashire Borough Council
Adult social care	We did not hold policy group discussions for Adult Social Care; however, we covered this topic area in targeted qualitative interviews with council representatives.

Table 12 List of organisations involved in follow up interviews

Follow up qualitative interviews
Army Families Federation
believe housing
Defence Transition Services
Fighting with Pride
Goodwin Trust
Midlothian Council
MoD
Monmouthshire County Council
National Housing Federation
NHS Shropshire, Telford, Wrekin CCG
Poppy Factory
Portsmouth Council
Staffordshire County Council
Wakefield Council

Table 13 Description of interviews with military families and ex-serving personnel

Military families and veterans interviews
These interviews were with survey respondents. We interviewed 15 veterans, one family member and two individuals who were both veterans and family members, with representation across England, Scotland, Wales, and Northern Ireland.

Table 14 List of organisations involved in sensemaking workshops

Sensemaking workshop participants	
27 June	Armed Forces Covenant Fund Trust
	Army Families Federation
	Defence Relationship Management
	Department of Health and Social Care
	Fighting with Pride
	Forces in Mind Trust
	MoD
	Navy Families Federation
	NHS England
	OVA
	RAF Families Federation
	Royal British Legion
	RFEA The Forces Employment Charity
	Royal Navy & Royal Marines Charity
	Royal Star and Garter
	SCiP Alliance
	Scottish Government
	Stoll
	Veterans Covenant Healthcare Alliance
	West London Mission
	Cardiff Council
	Colchester Borough Council
	Hull City Council
	Norfolk County Council
	Suffolk County Council
Warwickshire County Council	
Wiltshire Council	
Impact session	Cardiff Council
	Dorset Council
	Gateshead Metropolitan Borough Council
	Greater Manchester Combined Authority
	FiMT
	Kings College London
	LGA
	MoD
	OVA
University of Glasgow	
Northern Ireland	Representatives from a number of organisations including charities, MoD, Reserve Forces and Cadets Association for Northern Ireland and the Veterans Commissioner's Office

Annex V Survey data and analysis

We have published the quantitative data findings from the four surveys in four separate Annex documents:

- Annex V – part A: local authority survey data.
- Annex V – part B: Armed Forces families and veterans survey data.
- Annex V – part C: Armed Forces charities and stakeholder survey data.
- Annex V – part D: health survey data.

Because of their large size, these four parts of Annex V have been published separately and are available on the FiMT website: www.fim-trust.org/reports/

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