

A Decade of the Covenant

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

Briefing Document



Shared Intelligence

FiMT
forces in mind trust



5 Key drivers of disadvantage



Geographical relocation



Aspects of life in the Armed Forces Community



Aspects of transition to civilian life



Lack of understanding within councils & public services



Lack of understanding within the Armed Forces Community

The key public services in which the Armed Forces Community is most at disadvantage are different for each cohort

Serving people & their families



Health



Education

Personnel & families in transition



Housing



Employment

Veterans



Health

Core infrastructure

In the original *Our Community – Our Covenant* a core infrastructure was developed that set out what councils needed to put in place in order to deliver the Covenant effectively.

Overall, there is a better uptake of the core infrastructure since 2016 amongst local authorities.

Since 2016, the slowest progress has been made on action plans. Over a quarter of councils do not have one in place and only around 40% of councils have an action plan which is regularly monitored and reviewed.

Only a quarter of the councils that responded consider that their website is active compared with over a third in 2016.

However, more councils have webpages now than in 2016 (97% vs 81%).

97%

of councils thought that having an **officer point of contact** helped reduce disadvantage.

98%

of councils thought that having a **mechanism for collaboration and information sharing** helped reduce disadvantage.

98%

of councils thought that **taking action to find out about the needs of the Armed Forces Community** helped reduce disadvantage.

Impact



Most local authorities do not know or do not measure the impact of the Covenant in their service area.

Charity survey respondents are more likely to think that members of the Armed Forces face **greater disadvantage** than local authority respondents.

Recommendations

The report's recommendations are structured to reflect the main organisations responsible for delivering the Covenant: councils as convenors and service providers; the the National Health Service (NHS); the Government; and charities. Key recommendations are shown below.

General



- Relevant organisations, such as the Ministry of Defence, Forces in Mind Trust, Office for Veterans' Affairs, and the Local Government Association 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 set out in the report.

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 to make best use of resources and promote consistency.

Armed Forces Charities



- Participate in the local partnership arrangements recommended in the updated core infrastructure by acting as a critical friend, holding councils and other service providers accountable locally for the delivery of the Covenant.

The NHS



- 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 various health initiatives referred to in this report and, where and when appropriate, explicitly extending them to apply to all members of the Armed Forces Community (AFC), not only veterans. This should include, for example, accrediting "Armed Forces friendly GPs" not just veteran friendly GPs and, in Scotland and Wales, consideration should be given to creating equivalents to "Armed Forces friendly GPs".

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.
- 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.

Background information about the report

Summary

This report provides an appraisal of activity undertaken by public services in the UK to reduce the potential disadvantage experienced by members of the Armed Forces Community (AFC) compared to other members of society. Ten years on from the introduction of the Armed Forces Covenant, it concludes that there is a wide range of evidence of a lot of activity at different levels aiming to reduce the risk of disadvantage.

This includes, for example, the relaxation of the local connection requirement for social housing, the schools admissions code and the veteran friendly GP accreditation. There are, however, other manifestations of disadvantage that require continuing attention: they include the impact of parental deployment on Service children, the impact on 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. Central to addressing 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 being louder and more confident about their Armed Forces connection and the action being taken to meet the needs of those who have served.

The research has also found that there is little systematic monitoring of the impact of this activity. In order to build on the work done to date, and to maintain momentum, there needs to be a renewed emphasis on sharing good practice and building a light touch mechanism to monitor the impact.

Introduction

The demands of life in the Armed Forces can produce circumstances that may disadvantage members of the AFC compared to other members of society. This includes the impact of frequent relocations on families and their access to public services and the transition from the Armed Forces into civilian life. To try and reduce the potential disadvantage faced by members of the AFC, the Armed Forces 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.

The publication of this research coincides with the introduction, under the Armed Forces Act 2021, of a statutory duty in relation to the Covenant in the areas of education, health, and housing. This research covers these areas, but also children’s services, employment, and adult social care.

Key findings

The research identifies 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.
- A lack of understanding of the Covenant and the associated support within the AFC.

¹ Armed Forces Covenant: guidance and support - GOV.UK (www.gov.uk)

It explores these drivers and the activities of public service providers and charities in relation to three cohorts within the AFC. Each cohort has different needs and faces different levels of risk in relation to different public services. It is important that these are understood, along with the drivers, in devising action plans to tackle disadvantage. This person-centred focus is helpful in avoiding a narrow service-led approach and complements a call for a clear articulation of the role and contribution of the Covenant across public services.

Cohort analysis

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 to become an Armed Forces Friendly GP scheme 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 the 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 new Defence Transition Services Team is important in addressing the challenges faced by some people including early Service leavers and those being dishonourably discharged. 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 out of the military 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.

Delivering the core support infrastructure

The original *Our Community – Our Covenant* report (2016) recommended a core infrastructure for councils and their partners 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.

This research has demonstrated the continuing importance of the core infrastructure and more councils have adopted its key elements than was the case in 2016. An annex to the report makes some updates to the core infrastructure, and associated toolkit, to reflect the needs of today.

This includes noting how an increased number of councils are 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. Collaboration is important especially in a context where fewer councils are able to afford a dedicated Covenant officer and that many of these posts depend on external funding.

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 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.

Challenges in assessing the impact of the Covenant

The report highlights the importance of collecting better data on impact, where possible making better use of existing data and/or data collected for other purposes. It has been 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 this 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.

The report therefore floats a new approach to the collection of better evidence of the impact of the Covenant using a basket of indicators and recommends that the Ministry of Defence, FiMT, the Local Government Association (and its counterparts in the rest of the UK), the Office for Veterans' Affairs (OVA), 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 coordinating data collection and impact measurement approaches across Government.

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