University of Central Lancashire
UCLan

CMVES
COLLEGE FOR MILITARY VETERANS AND EMERGENCY SERVICES

University of Salford MANCHESTER

SHUSU
SUSTAINABLE HOUSING & URBAN STUDIES UNIT

Lives in Transition: returning to civilian life with a physical injury or condition

Final report

Celia Hynes
Lisa Scullion
Cormac Lawler
Rebecca Steel
Paul Boland

April 2022

FiMT
forces in mind trust
SUCCESSFUL SUSTAINABLE TRANSITION

COMMUNITY FUND

Acknowledgements

Without the time, expertise and contributions of a number of individuals and organisations, this report could not have been completed.

We are grateful to the Forces in Mind Trust (FiMT) for commissioning this research.

We would also like to thank the following organisations for their assistance to date: Blesma; Blind Veterans UK; The Career Transition Partnership (CTP); EDs Homes; Greater Manchester Combined Authority (GMCA); Help for Heroes; The Ministry of Defence (MoD); The Naval Families Federation (NFF); The Poppy Factory; Project Nova; The Regular Forces Employment Association (RFEA); The Royal Air Force Families Federation; Royal Air Forces Association (RAFA); The Royal British Legion (RBL); Sir Oswald Stoll Foundation; and Walking With The Wounded.

We are grateful to our Project Advisory Group for their guidance: Dr Beverly Bergman (University of Glasgow); Dr Jonathan Leach OBE (NHS England Medical Director for Military and Veterans' Health); Professor Stuart Maitland-Knibb (Director, National Centre for Remote and Rural Medicine, UCLan); and Andy Pike (Head of Policy and Research, RBL).

We are also grateful to Lieutenant Colonel John Henry (Commanding Officer, Personnel Recovery Unit, North) for his ongoing advice and guidance.

Particular thanks go to all the Service leavers who found the time to talk to us and answer our questions in a full, honest and patient manner. It is hoped that this report is able to accurately reflect their experiences.

This report is based on research undertaken by the study team, and the analysis and comment thereafter do not necessarily reflect the views and opinions of Forces in Mind Trust (FiMT) or any participating stakeholders and agencies. The authors take responsibility for any inaccuracies or omissions in the report.

About the authors

Dr Celia Hynes is Senior Engagement and Outreach Officer at the College for Military Veterans and Emergency Services (CMVES), University of Central Lancashire (UCLan), UK.

Professor Lisa Scullion is Professor of Social Policy and Co-Director at the Sustainable Housing & Urban Studies Unit (SHUSU), University of Salford, UK.

Dr Cormac Lawler is a Research Fellow at SHUSU, University of Salford, UK.

Rebecca Steel is Engagement Officer at the CMVES, UCLan, UK.

Paul Boland is a Postgraduate Intern at UCLan, UK.

For more information about the project please contact Dr Celia Hynes: CHynes1@uclan.ac.uk

Photo credits: page 41 Anna Shvets at pexels.com.

Lives in Transition: Returning to civilian life with a physical injury or condition Final Report

April 2022

Executive summary

This report presents the final findings of a project funded by Forces in Mind Trust (FiMT) called *Understanding the transition to civilian life for ex-service personnel with physical conditions as a direct result of service or acquired whilst in service*. Running from April 2019 to October 2021, this project was the first substantive qualitative longitudinal research (QLR) to explore how service leavers experience the transition to civilian life when they have left the Armed Forces with a physical injury or condition. Despite the prevalence of physical conditions and injuries as a factor in leaving service, there is limited research that provides a holistic view of the experiences of this cohort. Our project was therefore structured to provide an exploration of the various stages of people's journeys from injury/condition within service through to accessing civilian systems, support and employment.

Methods and sample

The research involved two main methods: (1) QLR with service leavers; and (2) interviews with policy and practice stakeholders.

QLR with service leavers

Our service leaver participants were recruited from two distinct cohorts: (i) those who had already left the Armed Forces (i.e. having left within the previous eight years); and (ii) those who were in the process of leaving. For each cohort, interviews were conducted at two points, or 'waves': baseline (Wave A) and follow-up (Wave B). A combined total of 40 service leavers were interviewed at Wave A (between October 2019 and January 2021). A total of 28 service leavers took part in the follow-up Wave B interviews (between September 2020 and September 2021). The analysis and findings presented in this report are therefore based on 68 in-depth qualitative interviews.

Our sample included participants from all three services. The participants were aged between 21 and 65; 31 participants were male, and nine were female. The length of service ranged from three to 39 years, and the sample included a diversity of ranks. The sample was also diverse in relation to physical injuries/conditions, which included a range of musculoskeletal issues, limb amputation, chronic conditions (sometimes as a consequence of an injury), cancer, hearing loss and pregnancy.

Consultation with policy and practice stakeholders

The interviews with service leavers were supplemented with insights from a range of policy and practitioner stakeholders. This included 11 in-depth interviews with representatives from a diverse range of statutory and third-sector organisations and two roundtable events with selected key stakeholders to consult on the research findings.

Findings and recommendations

The majority of our participants had expected to have a long career in the Armed Forces (and indeed some had); however, the impact of a physical injury or condition took away their capability to fulfil their roles, requiring significant adjustments and adaptations to their lives. It should be noted that participants spoke about their time in the Armed Forces with a significant sense of pride, and many appreciated the support provided by both the MoD and the charitable sector. However, the accounts in this research provide important reflections on how participants' experiences of leaving the Armed Forces with a physical injury/condition could be improved, particularly in relation to providing clear communication and understanding about the discharge process, adequate time for recovery and resettlement, personalised support during transitions, financial security and greater support in relation to navigating civilian systems. Despite evidence of good practice, the overall picture was one of inconsistency and variability. Here we summarise our main findings and recommendations across the transition journey.

Medical Board, recovery and resettlement

It was evident that people's experience of the medical discharge, recovery and resettlement processes shaped their subsequent experience in civilian life. These processes were central in determining what support people accessed and also in determining how service leavers reflected on their time in the Armed Forces once discharged. Although significant support was available and good practice in the provision of this support was evident, a key message across our interviews related to variability, inconsistency and uncertainty in relation to participants' experiences of these processes. A number of participants described aspects of these processes as confusing, frustrating or even chaotic, and it was evident that such experiences were more likely in those cases where there appeared to have been poor communication with the service leaver or where they perceived there were discrepancies in the information that was relayed to them by the various staff involved in the processes. It is this *variability* of experience that we feel needs to be addressed to improve the experiences of those

who leave service with a physical injury/condition. With specific reference to experiences of the Medical Board, participants' accounts demonstrated examples of confusion about decision making and – at times – a sense of 'shock' at receiving a recommendation for medical discharge.

Recommendation 1: for the MoD to provide guidance and/or training for senior staff and line managers relating to: (i) the challenges that those who are either downgraded or facing medical discharge may experience; and (ii) how to appropriately support staff who are going through these processes.

Recommendation 2: for the MoD to review and monitor the medical discharge process to ensure consistent and transparent communication to wounded, injured and sick (WIS) service personnel, which must include how and why decisions around medical discharge have been made.

Identifying opportunities for families, spouses and partners to access and provide support during the medical discharge process may offer another means of improving people's experiences.

Another of the most significant challenges for service leavers related to whether sufficient time had been recommended during the Medical Board. Insufficient time for resettlement impacted on people's ability to prepare for life post service, particularly as people were leaving because of an injury or condition and not necessarily through choice. In some of the more extreme examples within our study, limited time to prepare appeared to have had some more devastating consequences in civilian life (for example, mental health impacts and experiences of homelessness). However, even for those whose discharge process appeared to have occurred in a more structured and supported manner, the issue of time was still raised.

Recommendation 3: for the MoD to ensure that sufficient time is consistently allocated those leaving service with a physical injury/condition to enable them to access all relevant support and to support them to plan appropriately for their discharge and the management of their condition post discharge.

Specific recovery and resettlement centres were often praised for their support, as well as specific resettlement courses. However, the degree to which this support was consistently offered to people was uncertain. Significant differences were also highlighted between the support provided at a Personnel Recovery Unit (or equivalent centre) as compared with Unit-based support, with the latter often described more negatively.

Recommendation 4: for the MoD to review how and when recovery and resettlement centres are accessed by those with a physical injury/condition as part of their rehabilitation requirements to ensure consistency in referral to this support.

Recommendation 5: for the MoD to address the disparity between the support provided at Recovery Centres and that provided within Units.

There were many positive reflections relating to the support provided by the Career Transition Partnership, the financial packages available for training courses and the vocational nature of courses, which had enabled some participants to make a relatively seamless transition to the civilian labour market. However, for others the support was described as not being personalised, and some were uncertain about the timescales of specific support.

Recommendation 6: for the CTP to review the delivery of courses to ensure that they are tailored to the diverse needs, experiences and backgrounds of those leaving service with a physical injury/condition.

Recommendation 7: for further guidance/clarity to be provided in relation to the financial support for training (for example, ELCs) and the length of time permitted for using these resources post-service.

It is important to acknowledge the role of individual agency here, i.e. how, or whether, an individual service leaver engages with the support that is offered. It was evident that some participants had not always been in the right frame of mind to engage with the training and courses on offer or did not – at that time – fully understand the expectations for them to be proactive in the pursuit of appropriate training and support. However, those who had not engaged with support represented a small proportion of our sample. Overall, it was evident that many participants had struggled with what they perceived as, at times, a confusing landscape of organisations, where they had experienced difficulties in understanding which organisation was most suited to their needs or their eligibility to access support from particular organisations. Participants therefore requested greater clarity in relation to the post-service support they could access to avoid confusion in navigating the multiple organisations. Mentoring programmes[1] can play a significant role here and should be widely publicised to ensure that service leavers are aware of this form of support.

Additionally, given the nature of the challenges faced by service leavers with a physical injury/condition, it was felt that support was needed on a longer-term basis to ensure that people hadn't 'fallen through the cracks' or to support those who may not experience serious challenges immediately upon leaving but may encounter difficulties a number of years post discharge. A clear message from our participants was therefore the need for consistent follow-on support. As well as identifying any longer-term issues, the provision of follow-on support would also address some of the concerns raised relating to feelings of abandonment post service.

1 See, for example, SSAFA's Transitional Mentoring Programme: https://www.ssafa.org.uk/get-help/joining-civvy-street/transitional-mentoring-for-service-leavers

Navigating civilian employment

A successful military-to-civilian transition is often measured by (short-term) employment outcomes. Our interviews have added further weight to acknowledged concerns around the challenges associated with transferring military skills and qualifications to civilian employment and the need to be prepared for the contemporary civilian labour market in terms of both its characteristics and its culture, as well as the need to understand longer-term employment outcomes. Our interviews with those who had left service a few years previously and also our Wave B interviews with those who were discharged over the period of our study demonstrated that, although some people move relatively quickly into employment post service, there are subsequent challenges in sustaining employment.

Recommendation 8: for Recovery Officers (and other relevant staff) to ensure that employment support is personalised and realistic in terms of the employment opportunities that are suitable for those leaving service with a physical injury/condition.

The transfer of qualifications has been a long-debated area, and we are aware of work being undertaken by MoD Training, Education, Skills, Recruitment and Resettlement (TESRR) in producing a tri-service matrix (at the time of writing it was suggested that this would be available from Spring 2022). Our understanding is that this matrix will not only aid employment opportunities but will also assist in applications for further and higher education courses.

Recommendation 9: for all relevant stakeholders (for example, the CTP, education officers and employers) to utilise the matrix created by TESRR once it becomes available.

Additionally, there were those for whom being able to enter the paid labour market would present a significant challenge due to the debilitating nature of their health conditions or injuries. For those who found themselves unable to work (whether temporarily or in the longer term), adequate financial support was therefore vital (see below).

Financial security post service

It was evident that the financial support available to those who had left service with a physical injury/condition was often viewed positively; however, the interviews identified key concerns relating to the complexity of the various schemes and payments; the waiting period and uncertainty in relation to the award amount; and, on occasion, the amount that was awarded. Many participants described these processes as stressful and often needed the support of stakeholder organisations to understand the technicalities of their compensation/pension.

Recommendation 10: for the MoD to review the pension and compensation schemes to ensure that awards are determined in a timely manner and that decision making is transparent and communicated clearly.

The next Armed Forces Compensation Scheme (AFCS) Quinquennial Review provides an opportunity to consider the issues and concerns raised in this report.

In addition to service-related compensation/pensions, those leaving the Armed Forces may also be eligible for mainstream social security benefits. Although there was relatively low take-up of benefits among our participants, several participants had experienced difficulties in understanding their eligibility and how to navigate aspects of the benefits system. The support provided by the Department for Work and Pensions (DWP) Armed Forces Champions network and new Armed Forces Leads will be vital in addressing these issues.

Recommendation 11: for the MoD, in collaboration with the DWP, to ensure that information on eligibility and how to access benefits is routinely and consistently provided to those leaving service with a physical injury/condition.

Recommendation 12: for the MoD, in collaboration with the DWP, to ensure that service leavers and those organisations supporting service leavers know how to access the support of their local DWP Armed Forces Champion and Armed Forces Lead.

Additionally, it was evident that there was confusion and uncertainty (for service leavers and some stakeholder organisations) as to whether Armed Forces payments impacted on eligibility for social security benefits. More specifically, there was uncertainty in relation whether or not Armed Forces payments were disregarded in means tests, and which payments and benefits the disregards related to.

Recommendation 13: for the DWP to produce clear guidance on how Armed Forces compensation and pensions are treated within Universal Credit and legacy benefits. This guidance needs disseminating across all relevant stakeholder networks.

Health and medical support

Participants often spoke positively about the medical treatment they received when they sustained their injury and also more broadly about the healthcare provision that was available within the Armed Forces. This was sometimes compared with the inconsistencies in how people experienced the transition from military to civilian healthcare. Although there were many who experienced a 'seamless' process as their care transferred over to the NHS, there were equal numbers who had experienced difficulties with this process. These difficulties related to the speed at which medical information was transferred, uncertainties about who was responsible for their care (and the cost of that care) and, at times, a lack of preparedness for the reality of accessing civilian healthcare. Accessing service medical records was

highlighted as a key challenge, and it was evident from our interviews that this process was not well understood and that there were often delays when service leavers requested that their medical records were made available to the NHS, their GPs or dentists. Programme Cortisone[2] is being developed to improve information sharing with the NHS; however, at the time of writing it was unclear as to when the system would be implemented.

Recommendation 14: for the MoD to ensure that service leavers are consistently communicated with in relation to the process of transferring care to the NHS and what this transfer will mean in relation to the level of support that they will be able to access.

Recommendation 15: for the MoD to address delays in the process of sharing medical records through the implementation of Programme Cortisone at the earliest opportunity.

Housing

Across the accounts of our participants, housing concerns appeared to feature much less than other aspects of transition. However, the interviews highlighted the importance of communicating as early as possible the likelihood of recovery from an injury or condition or whether the individual needs to consider the longer-term nature of their condition and plan accordingly in relation to their future accommodation requirements. It was also evident that service leavers would benefit from clearer housing advice and guidance, particularly in relation to expectations around leaving military accommodation, eligibility for Armed Forces-specific housing schemes, such as the Forces Help to Buy (FHTB) scheme, and eligibility for social housing.

Recommendation 16: for the MoD to ensure that adequate housing advice and guidance are provided during the recovery and resettlement period, focusing on the importance of planning for future accommodation needs but also clarifying eligibility for specific schemes or accommodation.

Recognising intersections between physical and mental health

Although the focus of the research was on leaving service with a physical injury or condition, it is vital to recognise the intersection between physical and mental health. Participants' accounts demonstrated a need to provide greater mental health support to those discharged with a physical injury/condition to help them to adjust to their (often sudden) change of circumstances. Although the mental health of service personnel is recognised within the Armed Forces, and new initiatives such as Op COURAGE[3] are welcome for those who have left service, our interviews demonstrated that there are still improvements that could be made through appropriate connections between physical and mental health support.

Recommendation 17: for the MoD to ensure that mental health support is consistently and routinely offered alongside physical health support to those who acquire a physical injury/condition whilst in service. When striving for a seamless handover to the NHS, this should include a handover to relevant mental health support.

It was also evident that people's mental health could be significantly impacted by how they felt they were treated by colleagues, senior staff and the MoD more broadly during their discharge and resettlement. A number of participants had felt 'devalued' after giving a substantial proportion of their life (and their health) to their service career, and many had experienced the end of their career as 'abrupt' and lacking in recognition of their contribution.

Recommendation 18: for the MoD to consider how best to mark each service leaver's end of service.

We hope that the evidence presented in this report will be given serious consideration and lead to changes in policy and practice so that the inconsistencies and variations in support for those who leave service with a physical injury or condition can be addressed and the good practice identified can be built upon.

2 www.gov.uk/government/publications/programme-cortisone

3 https://www.nhs.uk/nhs-services/armed-forces-community/mental-health/veterans-reservists/

1.Introduction

Each year approximately 14,000 personnel leave the Armed Forces, of whom around 2,000 are wounded, injured and sick (WIS). Although much research has focused on the important issue of mental health, data show that the percentages for physical injuries or conditions leading to discharge are much higher than those for mental health and behavioural health issues[4]. Over the period from April 2016 to March 2021, musculoskeletal disorders (MSDs), for example, accounted for 55% of discharges from the Naval Service, 55% of discharges from the Army and 42% of discharges from the RAF[5]. Indeed, it is recognised that military personnel can experience an additional likelihood of the development of MSDs attributed to the intensive physical training, physical exertion and physical trauma associated with military activities[6], with the greatest proportions of discharges across the three services attributed to MSDs and injuries to the leg (below and including the knee) and back[7].

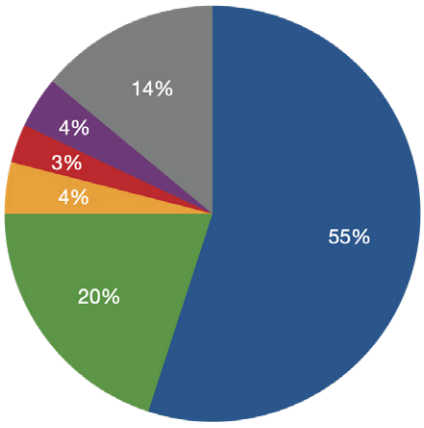

Figure 1 Naval Service discharges 2016–2021 (%)

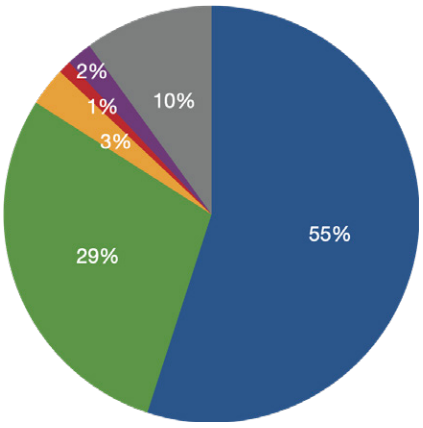

Figure 2 Army discharges 2016–2021 (%)

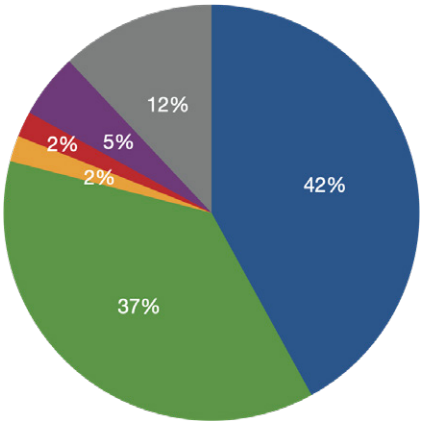

Figure 3 RAF discharges 2016–2021 (%)

- Musculoskeletal disorders
- Mental and behavioural disorders
- Ear and mastoid process diseases
- Digestive system disorders
- Nervous system disorders
- Others

4 MoD (2021) Annual medical discharges in the UK Regular Armed Forces, 1 April 2016 to 31 March 2021. July 2021. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001267/UK_service_personnel_medical_discharges__financial_year_2020_21.pdf

5 Ibid.

6 Allcock, P. (2008) Synopsis of causation: soft tissue injury of the lower limb. Available at: https://www.gov.uk/government/publications/synopsis-of-causation-soft-tissue-injury-of-the-lower-limb

7 MoD (2021) op. cit.

However, in addition to MSDs, there are a diverse and complex range of other physical injuries or conditions that can be acquired as a result of, or during, service. For example, between October 2001 and March 2018, 297 UK service personnel sustained an amputation, of whom 75% were medically discharged[8]. Other reported forms of injury that can be received while serving are traumatic brain injuries (TBIs) and mild traumatic brain injuries (mTBIs), which may be caused by a variety of exposures, such as blasts, shrapnel and road traffic accidents. Of the 2,440 casualties from Afghanistan and Iraq, for instance, 19% (464) were TBI casualties, of whom 402 (87%) had moderate to severe brain injuries[9]. Such injuries can also lead to dysfunctions in other areas of the body, for example, photosensitivity, problems with hearing and balance, neuropsychiatric symptoms[10], stroke[11] and chronic pain syndrome[12]. Acoustic trauma (noise exposure) is also reported within the literature on service-related physical conditions and can give rise to temporary hearing loss, tinnitus, permanent hearing loss, vertigo, dizziness, loss of balance and spatial disorientation. Data also suggest that military veterans are over three times more likely to have hearing loss in comparison with the civilian population[13]. Additionally, there are other physical conditions that can occur while people are in service that are the same as those faced by the civilian population[14], for example, circulatory issues, diabetes, respiratory problems, cancers and obesity.

For service personnel who acquire a physical injury or illness, there may be a requirement for medical discharge, whereas for others there may be an initial downgrading of their role, with them subsequently medically discharged or choosing to leave service. Regardless of the type of injury/condition or the process through which people leave, it is important to recognise the challenges that service personnel with physical injuries and conditions may face as they transition to civilian life. Despite the prevalence of physical conditions and injuries as a factor in leaving service, there is limited research that provides a holistic view of this cohort[15]. We recognise that behind the statistics outlined above are the lived experiences of those with a variety of conditions who are navigating various aspects of the discharge and resettlement process and are making the transition to civilian life.

1.1 Project and report summary

This report presents the final findings of a project funded by Forces in Mind Trust (FiMT) called *Understanding the transition to civilian life for ex-service personnel with physical conditions as a direct result of service or acquired whilst in service*. Running from April 2019 to October 2021, this project was the first substantive qualitative longitudinal research (QLR) to explore how service leavers experience the transition to civilian life when they have left the Armed Forces with a physical injury or condition. Central to the project was the aim of establishing an original evidence base to support future policy and practice. As such, the project was developed to help address the following objectives, as identified by FiMT:

- Provide an understanding of the support and provisions that are available during the transition into civilian life for those with service-related physical conditions or physical conditions acquired whilst serving (including, but not limited to, employment, housing, benefits/finance and support networks);
- Provide an analysis of the support provided to ex-service personnel as compared with relevant cohorts within the general population where similar physical conditions and circumstances are faced;

8 MoD (2018) Afghanistan and Iraq amputation statistics: 1 April 2013 to 31 March 2018. Available at: https://www.gov.uk/government/statistics/uk-service-personnel-amputations-financial-year-201718

9 Hawley, C.A., De Burgh, H.T., Russell, R.J. and Mead, A. (2015) 'Traumatic brain injury recorded in the UK Joint Theatre Trauma Registry among the UK Armed Forces', Journal of Head Trauma Rehabilitation, 30(1): E47–E56.

10 See, for example: Scherer, M.R., Burrows, H., Pinto, R., Littlefield, P., French, L.M., Tarbett, A.K. and Schubert, M.C. (2011) 'Evidence of central and peripheral vestibular pathology in blast-related traumatic brain injury', Otology & Neurotology, 32(4): 571–580; Capó-Aponte, J.E., Urosevich, T.G., Temme, L.A., Tarbett, A.K. and Sanghera, N.K. (2012) 'Visual dysfunctions and symptoms during the subacute stage of blast-induced mild traumatic brain injury', Military Medicine, 177(7): 804–813; Akin, F.W. and Murnane, O.D. (2011) 'Head injury and blast exposure: Vestibular consequences', Otolaryngologic Clinics of North America, 44(2): 323–334; Fausti, S.A., Wilmington, D.J., Gallun, F.J., Myers, P.J. and Henry, J.A. (2009) 'Auditory and vestibular dysfunction associated with blast-related traumatic brain injury', Journal of Rehabilitation Research and Development, 46(6): 797–810.

11 Burke, J.F., Stulc, J.L., Skolarus, L.E., Sears, E.D., Zahuranec, D.B. and Morgenstern, L.B. (2013) 'Traumatic brain injury may be an independent risk factor for stroke', Neurology, 81(1): 33–39.

12 Meyer, K.S., Marion, D.W., Coronel, H. and Jaffee, M.S. (2010) 'Combat-related traumatic brain injury and its implications to military healthcare', Psychiatric Clinics of North America, 33(4): 783–796.

13 The Royal British Legion (2014) Lost voices: A Royal British Legion report on hearing problems among service personnel and veterans. London: The Royal British Legion.

14 See, for example: Bergman, B.P., Mackay, D.F. and Pell, J.P. (2015) 'Motor neurone disease and military service: evidence from the Scottish Veterans Health Study', Occupational and Environmental Medicine, 72(12): 877–879; Bergman, B.P., Mackay, D.F. and Pell, J.P. (2017) 'Lymphohaematopoietic malignancies in Scottish military veterans: Retrospective cohort study of 57,000 veterans and 173,000 non-veterans', Cancer Epidemiology, 47: 100–105; Bergman, B.P. and Miller, S.A.St J. (2000) 'Unfit for further service: Trends in medical discharge from the British Army 1861-1998', Journal of the Royal Army Medical Corps, 146(3): 204–211.

15 There are two ongoing studies focusing on the transition of service leavers with physical injuries: the ADVANCE study, focusing on physical and psycho-social outcomes of battlefield casualties in the long-term (see: https://www.advancestudydmrc.org.uk), and the UNITS study focusing on the development of psychosocial support for appearance-altering injuries (see: https://defenceresnet.org/blog-4/).

- Provide an exploration of experiences of the financial compensation and support offered in terms of entitlement or eligibility, accessing financial support and gaps in terms of what people are entitled to and what is being claimed; and
- Make recommendations for further or better support that could be offered to this cohort during transition from the UK Armed Forces[16].

The project was delivered through two rounds of qualitative longitudinal interviews with ex-service personnel who had left or were leaving the Armed Forces with a physical injury or condition, together with consultations with key stakeholders.

In order to fully understand how people with physical injuries/conditions may experience the transition to civilian life, it is vital to explore their experiences prior to leaving service (for example, Medical Board, discharge process and resettlement support), as these can often shape subsequent transitions to civilian life. Our report is therefore structured to provide an exploration of the various stages of people's journeys from injury/condition within service through to accessing civilian systems, support and employment.

It is also important to acknowledge the timing of the research. The project was commissioned and commenced prior to Covid-19. As in many other research projects delivered during this time, we had to adapt our methods and also recognise how the pandemic had impacted on the issues and processes central to the study. We have therefore included a chapter within the report that provides some reflections from participants on the impact of Covid-19.

The report is structured as follows:

- **Chapter 1** briefly outlines the background and context for the research.
- **Chapter 2** provides a brief description of the research methods.
- **Chapter 3** provides the background to our participants, focusing on the physical injuries/conditions they were experiencing and the impacts of these injuries/conditions.
- **Chapter 4** explores how participants experienced the Medical Board and subsequent discharge process, including experiences of recovery and resettlement support.
- **Chapter 5** focuses on participants' experiences as they navigated the transition to civilian employment.
- **Chapter 6** explores the compensation, benefits and pensions that participants were entitled to and their experiences of accessing these.
- **Chapter 7** focuses on experiences of the transition from military health and medical care to the civilian healthcare system.
- **Chapter 8** explores housing experiences as part of the transition to civilian life.
- **Chapter 9** focuses on the importance of familial and social networks in supporting participants with their physical injuries/conditions.
- **Chapter 10** provides some reflections on the impact of Covid-19 on our participants and their transition journeys.
- **Chapter 11** provides our conclusions and recommendations.

16 Please note that this study is not providing a review of those experiencing very serious injuries or of battlefield casualties requiring lifelong medical support from a clinical perspective, as this is being undertaken elsewhere (see, for example, the ADVANCE study referred to above).

2. Methods

As highlighted in Chapter 1, this project represents the first substantive qualitative longitudinal research (QLR) to explore how service leavers experience the transition to civilian life when they have left the Armed Forces with a physical injury or condition. The research involved two main methods: (1) QLR with service leavers; and (2) interviews with policy and practice stakeholders. A brief overview of each is provided below, before we present information about our sample and reflections on the research process (including the impact of Covid-19).

2.1 Qualitative longitudinal research with service leavers

QLR is a valuable approach that moves away from presenting a 'snapshot' to exploring experiences over time. The project was undertaken between April 2019 and October 2021, which enabled us to complete two waves of interviews with service leavers. Purposive non-random sampling techniques[17] were used to recruit our participants, with the support of a range of organisations. The service leaver participants were recruited from two cohorts: those who at the time of recruitment had already left the Armed Forces since 2012 (i.e. the 'OUT' cohort); and those who were in the process of leaving service at the time of recruitment (i.e. the 'IN' cohort).

For each cohort, interviews were conducted at two points, or 'waves': baseline (Wave A) and follow-up (Wave B). A combined total of **40 service leavers** were interviewed at **Wave A** (between October 2019 and January 2021), 23 of whom were in the OUT cohort and 17 in the IN cohort.[18] A total of **28 service leavers** took part in the follow-up **Wave B** interviews, which were conducted between September 2020 and September 2021. The analysis and findings presented in this report are therefore based on a total of **68 in-depth qualitative interviews**. Table 1 shows the date ranges of both interview waves for each cohort, including the attrition numbers for each cohort (i.e. those for whom a follow-up interview was not completed). Just over two thirds of the total Wave A participants were reinterviewed, which we believe is a good retention rate, particularly given the onset of the pandemic during the project.

For each cohort, the baseline (Wave A) interviews established a comprehensive picture of participants' health conditions and how they had affected people's lives to date and also provided important reflections on experiences of the discharge and resettlement process. Follow-up (Wave B) interviews were conducted 8–14 months after the baseline interviews, tracking any changes that participants had experienced in their lives and transition processes based on detailed notes from the baseline interviews. This approach enabled a rich and longitudinal picture of a diverse range of service leavers' experiences.

The interviews lasted approximately 60–90 minutes. Initially, the interviews took place face to face. However, with the onset of the pandemic the project moved to remote methods; for example, telephone and Microsoft Teams (see the section below on the impact of Covid-19). Each participant received a £20 shopping voucher as a thank you for their time after each wave of interviews. Chapter 3 provides a detailed overview of our service leaver sample.

The impact of Covid-19 on the research

The Covid-19 pandemic had an impact on the delivery and timescale of the project. Against a fast-moving and turbulent situation, it was decided shortly after the announcement of the first national lockdown and with agreement from FiMT to temporarily suspend project activity for a three-month period. This was due to our preference for conducting the service leaver interviews face to face. However, when it became evident that Covid-19 restrictions would be in place for a significant length of time, recognising our duty to protect the health and wellbeing of our participants, we recommenced the project using remote research methods, i.e. via videoconferencing software (Microsoft Teams) or

Table 1 Numbers and dates of interviews for both participant cohorts

Cohort	Wave A	Wave A dates	Wave B	Wave B dates
OUT	23	Oct 2019 – May 2020	16	Sep 2020 – Apr 2021
IN	17	Sep 2020 – Jan 2021	12	Jul 2021 – Sep 2021
Total	**40**		**28**	

17 Mason, J. (2002) Qualitative researching. London: Sage.

18 Note on participant numbering: Each participant was given a unique identifier (for example, WIS 1 or WIS 2) at the point of initial recruitment; however, not all of those initially recruited were subsequently interviewed (because they were outside the eligibility criteria or because they subsequently withdrew). This explains why some participant identifiers (for example, WIS 56) are higher than the total number of participants (n=40).

telephone (with reapproval from the relevant ethics panels: see below). As with many other researchers delivering projects during this time, there were both advantages and disadvantages to this changing method. For example, remote methods offered greater flexibility for participants and team members but sometimes lost the rapport and visual cues associated with face-to-face interviewing. The pandemic also impacted on recruitment as organisations understandably experienced their own challenges, with more limited capacity to support the research. Overall, we believe that, despite this difficult and changing landscape, we were still able to obtain a significant sample and a rich dataset for exploring experiences of those leaving service with physical injuries/conditions.

2.2 Consultation with policy and practice stakeholders

In addition to the QLR with service leavers, we also consulted with a range of policy and practice stakeholders. This consultation involved three main methods. First, we carried out 11 interviews with stakeholders representing a range of statutory and third-sector organisations providing support to the Armed Forces community. These interviews lasted approximately one hour and included a mix of face-to-face and telephone interviews.

Second, we facilitated a stakeholder roundtable event in August 2020, sharing emerging findings from an interim report[19] produced in 2020. Event attendees included representatives from FiMT and MoD, transition support organisations and service-related charities, who gave feedback on the findings, as well as suggesting further issues to explore (including Personnel Recovery Unit [PRU]-based versus Unit-based resettlement and transition support). The event was attended by 16 key policy and practice stakeholders, and the discussion focused on providing feedback on our emerging findings and reflecting on how the experiences of those leaving with a medical discharge due to a physical injury or illness could be improved in the future.

Finally, we carried out an end-of-project stakeholder roundtable event. Similar to the interim roundtable event, this included selected key policy and practice stakeholders. At this event we presented our findings and consulted on the recommendations and how to take them forward.

2.3 Analysis and report writing

The interviews (with both service leavers and policy/practice stakeholders) were audio recorded with permission from the participants and transcribed verbatim. All interviews were analysed using thematic analysis. For the service leaver interviews we used framework analysis[20] to enable a mix of both cross-sectional and longitudinal analysis[21]. Through repeated cross-sectional analysis of the second-wave interviews, we were able to explore what had occurred over the period of time between the interviews. Within this report we have included a number of case studies to illustrate diverse experiences and outcomes over time.

Following the completion of a significant proportion of first-wave interviews with the OUT cohort (i.e. those who had already left service at the start of the project), an interim report was produced in July 2020 (see above), which provided an overview of emerging findings up to that date and also formed the basis of discussion in the stakeholder roundtable (see above). We have incorporated the findings from the interim report into this final report.

2.4 Note on ethics

The research received ethical approval from the University of Central Lancashire Ethics Panel and complies with the ethical governance procedures at both the University of Central Lancashire and the University of Salford. Ethical approval was also granted by the Ministry of Defence Research Ethics Committee (MoDREC). Both University and MoDREC ethics procedures were updated at the time of moving to remote methods due to the pandemic. To ensure anonymity with regard to the service leavers and stakeholder participants, all identifying information (for example, names and geographical locations) has been removed and each respondent has been given an identifier (for example, WIS 1 or S1).

19 Hynes, C., Scullion, L., Lawler, C., Boland, P. and Steel, R. (2020) Lives in Transition: Returning to civilian life with a physical injury or condition. Preston: College for Military Veterans and Emergency Services, online at: https://www.vfrhub.com/article/lives-in-transition-returning-to-civilian-life-with-a-physical-injury-or-condition-interim-report/

20 Ritchie, J. and Spencer, L. (1994) 'Qualitative data analysis for applied policy research', in A. Bryman and R. G. Burgess (eds) Analyzing qualitative data. London: Routledge, pp. 173–194.

21 Corden, A. and Nice, K. (2007) 'Qualitative longitudinal analysis for policy: incapacity benefits recipients taking part in Pathways to Work', Social Policy and Society, 6(4), 557–569.

3. Background to our participants

Physical injuries/conditions and their consequences

As highlighted in the introduction, this report is structured to provide an exploration of people's journeys from injury/condition within service to discharge from the Armed Forces and subsequent experiences with various aspects of the transition to civilian life. In this chapter we begin the journey by providing an overview of our sample and their physical injuries/conditions. Here we provide a brief exploration of how these injuries/conditions were initially responded to within the Armed Forces and also their consequences more broadly in relation to day-to-day life. Although our focus is on physical injuries/conditions, when considering the impact of people's injuries, we also reflect on the intersections between physical and mental health.

3.1 Overview of our sample

Tables 2 and 3 (pages 8-11) provide an overview of our sample. Our research engaged participants from all three services (including the Army Reserves), with some having spent time in more than one service, broken down as: 12 in the RAF, 21 in the Army (including Reserves) and nine in the Naval Service. The participants were aged between 21 and 65; 31 participants were male, and nine were female. The length of service of our participants ranged from three to 39 years, with a diversity of ranks within the sample ranging from Private to Lieutenant Colonel. The participants lived in various locations across the UK[22].

The 'Injury summary' sections of the tables list the conditions that participants stated were attributed to, or had been acquired during, service[23]. As can be seen, participants faced a diverse range of physical injuries, illnesses and conditions. As expected, some were experiencing a range of musculoskeletal issues; however, some had sustained complicated injuries involving the need for limb amputation, some had developed chronic conditions (sometimes as a consequence of an injury) and others had been medically discharged following cancer care or had been downgraded due to pregnancy.

3.2 The impact of a physical injury/condition

In all of the interviews, participants described having to learn to adapt to their condition/injury and having to make significant adjustments in their everyday lives. In some instances, people had experienced moving from identifying as an able-bodied individual to being 'disabled' almost overnight. Having been an able-bodied member of the Armed Forces, with the physical (and mental) demands of the job and the need to fulfil regular fitness requirements, to then move to a situation of being no longer fully 'able-bodied' left many feeling inadequate and frustrated and forced them to make significant adjustments to their daily lives. Indeed, the enormous impact of physical injury/illness on everyday life cannot be underestimated, with participants describing a range of issues from reduced mobility to acute and chronic pain:

> *I've lost a lot of strength in my left side because it is my left hip. So, yes, I can't walk for too long. I can't run. I can't sit for too long. I have to have chair wedges, and I have to drive an automatic; I can't drive a manual. I've even had to put a downstairs toilet in at home. It's severe weather as well that can cause problems. [WIS 41, IN, Wave A]*

> *Instead of taking ten minutes, it takes me half an hour, then I have to stop, sit down, get my breath back. To get dressed, it's not just five minutes, it's 15 minutes. Everything just takes longer. [WIS 42, IN, Wave A]*

Across the sample, a specific consequence of physical injury or illness was frequently the level of pain that was endured on an ongoing basis. Having to manage pain was therefore often the primary focus of daily living for some, with knock-on effects on family life and relationships (see

22 The majority of respondents were living in England; however, our sample included participants from Wales and Scotland.

23 Although our inclusion criteria for the research included leaving service with a physical injury/condition (i.e. as the primary issue), there were two participants (WIS 57 and WIS 59) in our sample for whom PTSD was the primary reason for discharge. However, we have chosen to include their accounts within our study as it was not until part way through the interview that they established that PTSD was their primary reason for medical discharge. We therefore felt that, as they had given substantial time to take part in an interview, we had a duty to give voice to their experiences. Additionally, their accounts provided interesting comparative points in relation to their experiences of discharge, resettlement support and transitions to civilian life. Furthermore, the roles they undertook (nurse and welfare role) provided significant insights into the impact of injury and ill health more broadly on service personnel.

Chapter 9) and ability to work (see Chapter 5). At the extreme end, some participants described their pain in an all-consuming way, as these service leavers stated:

> *[The] pain is filling my head, so there is no room for any sort of normal thinking. [WIS 54, IN, Wave A]*

> *The only way you can describe this pain is, imagine 1,000 spiders that are on fire are crawling up your leg… pain is consistent, it never goes, and no medication takes it away, ever… every time you put your foot down you're putting it into a bucket of fire… but the fire never goes, it just gets hotter. [WIS 11, OUT, Wave A]*

Overall, there appeared to be an acceptance by participants that pain and physical limitations would be an integral part of their future lives. Indeed, the accounts were seldom complaints about their circumstances; rather, participants wanted to raise awareness of the ongoing and sometimes debilitating impact these could have on their lives:

> *I don't even like going into shops or anything like that. We do the bare minimum. We went last night while it was quiet. I let my wife go in to do the shopping because it hurts my back walking round. It's not good, but it's never going to get any better. The surgeon said he'd never do any more surgery on me because it would probably make it worse, so I've just got to grin and bear it… I see things flash up now – pain management through Help for Heroes and stuff – and I think, well, maybe I should go to that, but I think I'm managing it the best I can, and I don't think anything anybody else will say will make a difference to it. I find the best positioning for my back when I'm sitting, when I'm walking, if I take a stick out with me. Even doing stretches and exercises, I try all those, but I can't lie on my back, but we just carry on, just carry on. [WIS 13, OUT, Wave B]*

> *I've got chronic pain anyway from the actual physical surgery that I've had in my ankle joints, so they're all really still quite stiff and sore and things like that. They're talking about doing further procedures with regards to that as well. So, along with that, when you couple in quite intense nerve pain, mentally it's quite hard sometimes because it just wears you down. I think you learn to live with it, and I think you need to not allow it to defeat you and just go out and do whatever you can. [WIS 7, OUT, Wave B]*

In the accounts above, it is also noteworthy that participants described the mental health impacts of experiencing a physical injury/condition. The section that follows explores this issue in greater detail.

3.3 Intersections between physical and mental health

Previous studies have shown that some service leavers can experience frustration, confusion and poor psychosocial integration as a result of discharge following a physical injury. These experiences can arise for a number of reasons relating to people's ability to come to terms with a shift in ability – with a corresponding shift in identity – from being 'able-bodied' to becoming disabled[24] (see above), the disruption of an 'enforced' career change and also where there is a discontinuity in healthcare support when moving from military to civilian health services[25] (Chapter 7 explores this in further detail). Additional impacts on mental health related to transition (but not necessarily related to injury), such as a loss of identity when leaving the Armed Forces, are also well documented[26]. Here we reflect on some of these issues and highlight the importance of considering the intersection between physical and mental health, which routinely featured within the accounts of our participants.

A common theme across many of our interviews was the deterioration in mental health that accompanied a physical health issue. As with previous research, this often related to adjusting to a changed identity (i.e. being 'disabled'), as one participant illustrated:

> *I'm now officially disabled as well, so I've got my blue badge, and I get government PIP [Personal Independence Payment] and stuff, which is fine, but it's a kick in the teeth, bearing in mind three years ago I was kicking about the desert doing soldier stuff, being a very active person, running marathons, doing everything I love doing. [WIS 7, OUT, Wave A]*

In some cases, particularly where people had tried to continue their normal duties for a period of time while injured, the deterioration in mental health had begun while they were still in service. One participant, for example, described having a 'breakdown' during his recovery period. His account illustrated how the pressure of his role had combined with his loss of ability and had been the catalyst for his breakdown:

> *In one year I did two operational tours and I was put into four different jobs to try and sort stuff out, and I just broke. I just couldn't cope any more. I'd been for rehab after surgery, and I broke down in that. I was broken. I was absolutely broken. My mental capacity had just gone… My anxiety, I can't deal with people… I get panic attacks around people; my temper goes up… I look in the mirror, and I don't know who I am. I hate myself every day for what I've become. [WIS 2, OUT, Wave A]*

24 Caddick, N. and Smith, B. (2017) 'Exercise is medicine for mental health in military veterans: a qualitative commentary', Qualitative Research in Sport, Exercise and Health, 10(4): 429–440.

25 Christensen, J., Langberg, H., Doherty, P. and Egerod, I. (2018) 'Ambivalence in rehabilitation: thematic analysis of the experiences of lower limb amputated veterans', Disability and Rehabilitation, 40(21): 2553–2560.

26 Brunger, H., Serrato, J. and Ogden, J. (2013) '"No man's land": the transition to civilian life', Journal of Aggression, Conflict and Peace Research, 5(2): 86–100; Christensen et al. (2018) op. cit.

Table 2 Out Cohort

Code	Gender	Age	Armed Forces Service	Service length (yrs)	Time since leaving Service	Injury summary	Wave
WIS 1	Male	39	RAF	8	8 years	Foot injury	A & B
WIS 2	Male	58	Army	38	4 years	Osteoarthritis in legs and thighs, hip degeneration, spinal degenerative disease of the neck, PTSD	A & B
WIS 3	Male	31	Army	5.5	4.5 years	Complications after leg surgery for a suspected varicose vein, PTSD	A & B
WIS 5	Female	Not given	RAF	12	4 years	Downgrading due to pregnancy, voluntary discharge	A
WIS 6	Male	40	Army	16	7 years	Hearing loss	A
WIS 7	Male	40	Army	18	Discharge imminent at Wave A interview	Ankle injuries, hip fracture, quad damage, nerve damage, hernia	A & B
WIS 8	Male	34	Army	15	Discharge imminent at Wave A interview	Back injury	A & B
WIS 10	Female	37	RAF	10	1 month	Breast cancer, chronic fatigue syndrome	A & B
WIS 11	Female	32	Naval Service	3	8 years	Complex regional pain syndrome	A & B
WIS 12	Male	42	Army	17	4 years	Back injury, PTSD	A & B
WIS 13	Male	44	Army	20	2 years	Back injury	A & B

Table 2 Out Cohort (continued)

Code	Gender	Age	Armed Forces Service	Service length (yrs)	Time since leaving Service	Injury summary	Wave
WIS 14	Male	38	RAF	18	1 year	Back injury, slipped discs, Achilles injury, knee injury	A
WIS 15	Female	42	RAF and Army	22	1 year	Hip problems, tendonitis, mental health	A & B
WIS 18	Male	47	Army	21	4 years	Knee injury, heel injury, back pain, mental health, PTSD	A & B
WIS 19	Male	56	Army	39	4 months	Knee injury, mental health	A & B
WIS 21	Male	47	Naval Service	7	19 years[1]	Double knee injury, spine damage, slight loss of hearing and sight, PTSD	A & B
WIS 22	Male	Not given	Army	10	Discharge imminent at Wave A interview	Dislocation of shoulder	A & B
WIS 26	Male	36	Army	13	7 years	Back and leg injury, PTSD	A
WIS 27	Female	44	Army (Reserves)	4	1 year	Knee injury	A & B
WIS 31	Male	65	RAF	30+	10 years	Knee and ankle injuries, PTSD	A
WIS 32	Male	Not given	Army	37	1 year	Heart condition, PTSD	A
WIS 37	Male	41	Army	16	7 years	Chronic bowel condition (ulcerative colitis)	A & B
WIS 49	Male	35	Naval Service	10	1 year	Shoulder, back, hip and leg injuries	A

1 Note on WIS 21: Although our inclusion criteria required that people had left service within the last eight years, this individual came forward to participate, and it was not known until the interview took place that he was outside the criteria. We chose to include his account, however, as he provided useful insights in relation to managing a service-related physical injury in the longer term.

Table 3 In Cohort

Participant code	Gender	Age	Armed Forces Service	Service length (yrs)	Injury summary	Wave(s)
WIS 40	Male	45	Army and RAF	25	Back, knee, hip and spine injuries, plus PTSD	A & B
WIS 41	Female	30	RAF	6	Hip injury	A
WIS 42	Female	32	RAF	6.5	Rheumatoid arthritis, blood vessel condition	A & B
WIS 43	Male	34	Army	Not given	Spinal injury, PTSD	A & B
WIS 47	Female	37	RAF	9	Chronic fatigue syndrome	A & B
WIS 50	Male	32	RAF	11	Back injury	A & B
WIS 52	Male	28	Army	8	Multiple injuries from vehicle crash including traumatic brain injury (diffuse axonal injury)	A & B
WIS 54	Female	47	RAF	24	Leg and ankle injury	A & B
WIS 55	Male	42	Army	20	Spinal condition	A & B

Table 3 In Cohort (continued)

Participant code	Gender	Age	Armed Forces Service	Service Length (yrs)	Injury Summary	Wave(s)
WIS 56	Male	37	Army	14	Spinal damage and mild traumatic brain injury from vehicle crash leading to amputation of lower leg	A & B
WIS 57	Male	48	Army	23	PTSD	A
WIS 58	Male	37	Naval Service	17	Injured in IED explosion, with long-term impacts on PTSD, heart condition, and weakness of left hand; also hearing impairment	A
WIS 59	Male	44	Naval Service	17	PTSD	A
WIS 60	Male	48	Naval Service	31	Nerve pain, chronic neck disc condition	A & B
WIS 61	Male	21	Naval Service	4	Ankle injury and nerve damage (unclear diagnosis)	A
WIS 62	Male	41	Naval Service	20	Back, shoulder, neck, spine and rib injuries, hearing impairment, PTSD	A & B
WIS 63	Male	29	Naval Service	11	Leg and ankle injuries from vehicle crash	A & B

It was evident that being physically and mentally strong and fit was seen as the 'mantra' for serving personnel and that being wounded, injured or sick (WIS) could be perceived as a 'weakness'. For example, a number of participants felt that once they were injured or had a physical condition they were treated differently within the Armed Forces, not just by senior personnel but also by their peers. Indeed, some participants described an environment that was not tolerant of injury:

> *For the first 13, 14 years of my career, I was volunteering to go everywhere, deploying on everything, all the tours, keen as mustard … Just loved it, loved deploying, and then, when my injury got bad and I was saying, 'Look…this is what I need to do now', just it becomes a different, nasty, horrible environment. Psychologically, that's bad. It makes you feel really low, you have low self-esteem … You're just stood there, and people are running past you going, 'Look at the biff'. It's just such a bad, negative environment if you're injured (WIS 8, OUT, Wave A).*

> *The bad thing I've found in the whole thing is that nobody wants you to retain. That's the biggest, worst thing I've probably noticed, because once you've described yourself to the medical chair to say, 'Look, my leg hurts, my back hurts, my head hurts' or whatever, and you're getting investigated, treatments, then they diagnose something. From that point, they just drop it all on you. It's like you're already under scrutiny, that this apple is not really a good quality apple. That gets to people, not just the physical aspect, mental as well. You start thinking that you're not good enough … When you parade outside, they say, 'Okay, all the biffo people this side, all the other people, this side.' [WIS55, IN Wave A]*

As a response to these fears of being seen as 'failing' by others but also as a response to their own inability to accept their health condition and limitations, there was sometimes an ongoing belief of the need to keep going, which in some instances made their injuries worse:

> *The doctor, judging from the time I was working full time and beasting myself, the rate at which it got worse kind of pointed towards the direction that I need to slow down to part time hours and go from there. My left leg's pretty smashed. Walking-wise I'm down to probably less than a mile cumulatively a day. If I do any more it flares up. [WIS 50, IN Wave A]*

As highlighted in previous research, a loss of identity when leaving the Armed Forces can affect people's mental health, as some people are left feeling in 'no man's land' and experience difficulties with constructing a new identity in civilian life[27]. This was evident for a number of our participants, who often described this sense of loss very vividly. As one participant stated:

> *I don't know what my identity is as a person now… I don't know who I am now… I'm on that transition to becoming a civilian, although in my mind I'm always going to be a veteran, because the process goes: civilian, military, veteran. It doesn't go: civilian, military, civilian. [WIS 18, OUT, Wave A]*

Some participants suggested that issues of 'loss of identity' needed addressing as part of the resettlement support that was provided (see Chapter 4 for a further discussion of resettlement support). Indeed, the experiences of a number of our participants reiterated the findings of other research that has highlighted the need to improve the mental health assessment of those who are being discharged for a physical injury[28]. However, it should be noted that, despite the deterioration in physical and mental health, participants demonstrated remarkable resilience in adjusting to the impact of their life-changing circumstances.

3.4 Summary

This chapter has provided a background to the injuries and conditions within our sample and the consequences of those injuries. The majority of our participants had expected to have a long career in the Armed Forces (and indeed some had); however, the impact of physical injury or illness took away their capability to fulfil their roles, requiring significant adjustments and adaptations to their lives. The need to feel 'worthy' and to remain respected by senior officers and peers was a significant issue, as was coming to terms with the loss of identity that accompanied moving from military to civilian life. These accounts signal that further training is needed for line managers and those involved in medical discharge processes to understand the impacts of a physical injury and that there is a need to ensure that appropriate mental health support is provided alongside physical health support.

27 Brunger et al. (2013) op. cit.; Christensen et al. (2018) op. cit.

28 Help for Heroes (2019) Improving the medical discharge process. Available at: https://www.helpforheroes.org.uk/media/yenp2mov/2019_0053-medical-discharge-policy-paper-v3.pdf

4. Medical Board, recovery and resettlement

In this chapter we continue the journey of our participants by focusing on the process of being discharged from the Armed Forces with a physical injury/condition. This includes exploring how our participants experienced the Medical Board and also any recovery and resettlement support that was provided. It highlights that, although there are clear processes to follow in cases of medical discharge and significant support is available for the resettlement of those who are WIS, there were significant variations and inconsistencies in how the process and support was experienced.

4.1 Experiences of the Medical Board

According to the Ministry of Defence (MoD) (2020), when a medical condition or fitness issue affects a member of the UK Armed Forces, their ability to perform their duties is assessed. If they are unable to perform their duties and alternative employment within the Armed Forces is not available, personnel can then be medically discharged. Medically discharged personnel leave the Armed Forces prior to the completion of their contract and may be entitled to additional payments (which are covered in Chapter 6). The medical reason for the discharge is recorded and categorised, and it is possible for service personnel to be medically discharged for multiple reasons[29].

A formal Medical Board typically takes place around 12 months after the initial medical downgrade, though it can happen sooner or later, and may take place following multiple less formal Medical Boards. Medical Boards have different names across the three services – Naval Service Medical Board of Survey (NSMBOS), Army Full Medical Board (FMB) and RAF Formal Medical Board (RAFMB) – and each service has its own rules relating to discharge. However, all services refer to a common framework of employability: the Joint Medical Employment Standard (JMES). Medical Boards are initiated by the Medical Chain and by the service person's original parent Unit, who make a judgement on the individual's ability to return to their previous role or be moved to a different role. The service person provides a written personal statement to the Medical Board panel, who review documentation from the service person, the Medical Chain, the Chain of Command and any other relevant personnel. On the basis of this review of documentation and a discussion with the individual, a decision is made recommending either discharge from service (and a recommended discharge date for subsequent approval) or return to service. If the individual is recommended for discharge, the focus shifts to resettlement activity and support (which is detailed in the second section of this chapter), and from this point on service personnel are referred to as service leavers. It is also worth noting that, though the Medical Board can recommend a discharge date, the actual date of discharge may be amended in consultation with the Medical Chain, for example, to allow surgeries or treatments to be completed.

Within a number of our participants' accounts there appeared to be confusion about what had happened at the Medical Board, which often related to a lack of understanding or transparency about how decisions had been made in relation to recommending their discharge. This often resulted in a sense of 'shock' at receiving a recommendation for medical discharge. For example, one service leaver had undergone a number of operations due to a breast cancer diagnosis. Although she had initially felt supported by her Commanding Officer, she expressed surprise at being subsequently diagnosed with chronic fatigue syndrome and discharged by the Medical Board:

> *I'd been downgraded for the breast cancer side of it, but then I could understand if they'd kicked me out or discharged me because of that. I wouldn't have agreed with it, because that's not something I can control, but I could have understood it more, but to then go to the Med Board, and they're saying, because you're tired all the time we're getting rid of you, and I was like, 'Yes, I know I've been tired, but is that not down to all the surgeries?', and then that was like, 'Well, no, it's this chronic fatigue syndrome. You can't work, certainly not in the short term, so you're not fit for purpose.' I was like, 'What does that mean? What is chronic fatigue?', because I hadn't really understood it... if I look at it from an employer's point of view, at what I was probably like at work, then, yes, I probably wasn't fit for the job, but I think there were better ways they could have dealt with it. [WIS 10, OUT, Wave A]*

The criticisms raised by participants did not relate to the behaviour of the Medical Board staff per se; rather, they were about the speed at which a decision could be made, the lack of transparency or communication, inconsistencies in the process across the different services and also the impact of perceived 'overnight'

29 MoD (2021) op. cit.

policy changes. For example, one participant, who was in the Naval Service and whose role was primarily around the training of personnel, described how a change in policy in relation to fitness to serve had led to his subsequent discharge:

> *Well, as a training manager, nearly all of the jobs are going to be shoreside in the UK. That wasn't a problem for the doctors, so they said, 'Tick, very good, off you go.' So, what happened is, a month later, six weeks later, the Medical Employability Board sat. They look at, given your current medical downgrades and what you are able to do, can we still employ you to do your job? Now, my career manager and the people that employ me within my branch of the Navy were all incredibly supportive, saying, 'You can absolutely still do your job.' What happened is the Second Sea Lord, who is in charge of Navy personnel, had brought in a new policy, which stated – again, I'm paraphrasing – 'If you're not fit to go to sea, you're not fit to serve.' So, because of my injuries precluding me from being able to go to sea, I was then, immediately, without question and with extreme prejudice, discharged from the Navy, which was a huge shock. [WIS 49, OUT, Wave A]*

The interviews revealed differences between the services in the medical discharge pathway. For one RAF participant, for example, it was decided that his medical care would be delivered by a different service (Naval Service) because it was closer than the nearest RAF medical care unit. Although he reflected positively on the medical care he had received following his injury, overall, he perceived that the different approach of the Naval Service process had affected the Medical Board decision:

> *It turns out that [Naval Service Unit] didn't actually look up any sort of paperwork. So, there were policy changes in August 2018. If I had gone to Med Board before then, I would have been kept on. Unfortunately, due to the policy changes, I walked into the Med Board having been told, 'Yes, you've got nothing to worry about. [RAF unit] want to keep you. It's not an issue', to be sat down and told, 'Yes, you're done.' I literally walked into that… So, in terms of actual healthcare, it was really good. Paperwork side of it was just horrific because the Navy don't know what the RAF do. All the Med Board processes are different, which is just ridiculous. [WIS 50, IN, Wave A]*

As highlighted above, the Medical Board makes a recommendation in relation to the discharge date of a WIS Service leaver. The issue of sufficient time being allocated before discharge was a concern for a number of participants and one that we cover in greater detail in our discussion of recovery and resettlement below. However, it was evident that in some cases participants were unhappy at the discharge date that was determined by the Medical Board. One participant, for example, described a disagreement at his Medical Board over his proposed discharge date. His account also illustrated his confusion when the decision contradicted the recommendation of his Medical Officer (MO):

> *My Med Board was a disaster, and I've got so many issues with it, and it's put me in a really bad position… She had this piece of paper, and she has options on the length of time that she can give you to be discharged… I think there's four boxes you can tick: four, six, nine or 12 months… So, she gave me six months. I said, 'That's not enough time.' I said, 'That's clearly not enough time.' She laughed at me, and she said, 'What do you want, an infinite amount of time?' I said, 'No, I want an appropriate amount of time.'… She goes, 'Well, why do you feel like that?' I went through everything. So, I said, 'Well, I've got a referral to Stanford Hall from my doctor, for a start.' I said, 'You need to wait to see what the outcome of that is.' She said, 'I don't care about Stanford Hall. They can't do anything for you. Your injuries won't get any better.' I said, 'Look, my MO doesn't agree with you. He's done a referral.' She said, 'I'm not going to take it into account.' [WIS 7, OUT, Wave A]*

Clarity about the medical discharge process was vital and could shape transition opportunities in significant ways. Here we provide a detailed case study of WIS 3, who had experienced a range of difficulties following his injury and provided an illustration of how cumulatively this had impacted negatively on his experience of leaving the Armed Forces. His case study illustrates the importance of ensuring that those who are recommended for medical discharge are communicated with fully at every stage in the process.

The difficulties experienced by WIS 3 had left him with a feeling of bitterness. Although not widespread across our sample, a sense of bitterness or sadness at how participants' careers had ended did feature in a significant number of the other accounts. For example, one service leaver described feeling '*completely abandoned*' (WIS 2), and another relayed a sense of sadness that difficulties during his medical discharge had 'tainted' the memories of his career:

> *Very disappointed and a sad way to end. I look back on, for the most of my career, I've loved it, brilliant, but I'll just, it will be tainted now by my memories of this last year-and-a-half period. [WIS 8, OUT, Wave A]*

The case study of WIS 3 and the sadness illustrated above can be contrasted with the experience of WIS 56 (page 16), who, despite having sustained a serious physical injury leading to the amputation of his lower leg, had a notably more positive experience.

Case study: WIS 3: A breakdown in communication

WIS 3 was aged 31 and had served in the Army for just over five years. He described his initial injury as being a suspected varicose vein sustained while on deployment in Afghanistan. Complications after surgery prolonged his recovery time, during which he was experiencing pain and receiving support from a physiotherapist and specialist. He was transferred shortly after the injury to a rehab platoon; however, his experience there was '*quite bad. I didn't feel welcome. I didn't feel at home. I felt segregated the whole time. At times I was being bullied.*' He was also receiving support from the Department of Community Mental Health (DCMH) and was later diagnosed with PTSD, which he attributed, in part, to the way he felt he was treated during this time. He described feeling largely 'in the dark' throughout his recovery and was unhappy with the lack of communication and support from his Unit:

> *I was calling them every time to find out what was going on with me, to make sure I know exactly what was… They were supposed to keep up with me every two weeks, which they weren't doing, so I was trying to keep in touch with them.*

During this period, he attended an event about physical injury and support within the Army, at which point he found out, purely accidentally, that he was due to be medically discharged:

> *Out of interest, I just wanted to find out how the whole resettlement thing goes about, so I approached [a woman at a stall], and I got put on the system. Then I found out that I was actually… leaving the Army the following month… I was like, 'No, that can't be true', so she had to print it out for me, print my discharge letters out for me, and I was like, 'Wow, this is news to me.'*

The decision to discharge '*came as a shock to me, because I didn't have anything planned*'. It was also a 'shock' because he didn't fully understand why his condition required a medical discharge rather than a focus on recovery:

> *The specialist suggested that I was given six months to come and see him again if the symptoms or the pain persist. That never happened. They didn't give me that time to recover… My injury itself is not an injury that actually [should have] made me leave the Army. It was just an injury that I needed time to heal. The specialist did say that as well; it's on paper, the specialist said I needed time to heal.*

After the discharge decision came to light, he indicated that his discharge period was extended by three months. However, he felt that this still wasn't sufficient to prepare himself:

> *To me, everything was rushed. I didn't really have the time to go through the… I think, out of all the resettlement courses I only did one mandatory one, and then I went straight from that into [civilian life]… I was panicking as well because… Five years, almost five and a half years in the Army and then, that's all I know, and I've not put any proper plans in place coming out. I don't know what's out there for me.*

He indicated that he felt '*scared*' during the discharge process and he left service in a very vulnerable state. The chaotic nature of his discharge prefaced similar chaos in his life after leaving service. For example, his employment situation was initially shaped by being in '*panic mode*', and he described experiencing a period of homelessness upon leaving service, sleeping on friends' couches or in his car. He experienced unstable employment and financial difficulties, which persisted until the Wave B interview, five years after leaving service. He had also struggled with alcohol dependency and was continuing to receive support with his mental health, as well as finances, from a number of services and charities. It was evident that how he experienced the discharge process also shaped how he felt about his Service career, with reflections on feeling '*aggrieved… very bitter*' about how his career ended.

Case study: WIS 56: Clarity of process and entitlements

WIS 56 was aged 37 and had served in the Army for 14 years. He was involved in a vehicle crash whilst on duty, which resulted in spinal injuries and an MTBI. He was diagnosed with spinal myelopathy, (i.e., severe damage to the nervous system), which significantly impacted on the right side of his body. After significant struggles with mobility and pain, he eventually personally requested that his right leg be amputated at the knee (a request that was supported by a surgeon and the DCMH). He had his Full Medical Board six months post injury (and prior to amputation), the date of which he had brought forward himself: '*I was like, "Right, I want to know. Let's get the elephant out of the room. What's happening in my career?"*' He was initially given 12 months by the Medical Board to complete medical rehabilitation and recovery, which was subsequently extended following the amputation and then further extended due to Covid-19. At the point of his Wave A interview, he was due for imminent departure from the Armed Forces, and it had been 2.5 years since his Medical Board. He indicated that he had also been given clarity during that time on his financial position post discharge, including information about his pension, Armed Forces Compensation Scheme payment and Armed Forces Independence Payment. He had also received clarification on his entitlements once he moved from the Armed Forces to civilian healthcare. For example, he understood that, because his injury was attributed to his service, he was entitled to the same standard of prosthetic leg for the rest of his life, which was a higher-grade prosthetic leg than if his injury had not been thus attributed or than would be available under 'normal' NHS provision. Furthermore, it had been made clear to him that all medication related to his attributable injury would be paid for by the MoD for life.

The account of WIS 56 highlights good practice in relation to the provision of clear information, sufficient time before discharge determined at the Medical Board and clarity about some of the other significant aspects of his transition (for example, financial compensation and civilian medical care). It was evident that recovery and resettlement were key aspects of his positive experience. In the next section, we explore experiences of the recovery and resettlement process in greater detail.

4.2 Recovery and resettlement: Overview of the process

Following a medical assessment of an injury or condition, if someone is deemed unfit to carry out their role they will be initially downgraded and will subsequently follow a process, shaped by the severity of their injury/condition, that will ultimately determine whether they will return to service or be medically discharged and hence transition to civilian life. This process is largely delineated by two main phases, which overlap to a varying extent:

- Recovery: with a focus on non-clinical activity, running alongside medical treatment and clinical rehabilitation; and
- Resettlement: with a focus on a (possible) transition to civilian life.

These processes run alongside other arms of the Armed Forces, notably the Medical Chain and the welfare service. For those considered as having the most complex health needs, support is provided through the Defence Recovery Capability (DRC)[30]. Founded in 2010, the DRC is an initiative led by the MoD and delivered in partnership with a number of Armed Forces charities and agencies to ensure that WIS personnel have access to the services and resources they need to help them to return to duty or make the transition into civilian life. The DRC comprises the Naval Service Recovery Pathway (NSRP), the Army Recovery Capability (ARC) and the RAF Recovery Capability (RRC). The three services all have their own definitions of WIS and differ in their criteria for who receives support. The DRC runs in parallel to the Defence Transition Service (launched in 2019). Table 4 below provides a brief overview of some of the support and resources available as part of the DRC.

Resettlement entitlements for all service leavers (i.e. not limited to those who are WIS) depend on length of service, categorised in three bands (over 6 years, 4–6 years and under 4 years). However, those who are WIS have access to the top tier of support – the Core Resettlement Programme (CRP) – regardless of time served. In terms of education, training and employment support, the CRP includes access to: one-to-one career consultant support; core and additional workshops; financial and housing briefs; online tools (MyPlan), including an online Personal Resettlement Plan; one-to-one employment and job finding support; employment fairs; company recruitment presentations; online live chats

30 Stakeholder consultation suggested that a DRC Review was completed in 2019. It was stated that the onset of Covid-19 and resource issues had delayed the implementation of the recommendations; however, it was indicated that (at the time of writing) this process has now restarted. Stakeholder consultation suggested that the DRC Review had highlighted a number of similar issues to those highlighted in our report.

with employers; RightJob (online job matching and jobs board); civilian work attachments; and vocational training to gain civilian-recognised qualifications.

All WIS service leavers (tri-service) attend a Resettlement Advisory Brief (RAB) run by a tri-service service Resettlement Adviser (SRA) and a Career Transition Workshop. In addition to the Career Transition Workshop, all WIS service leavers have access to the Career Transition Partnership's (CTP)'s programmes and support structures, which include the support of a CTP Career Consultant, as well as 'familiarisation visits, coaching and mentoring, training, apprenticeships and Recovery Placements (work attachments), as well as job offers'[31]. CTP courses can last from one day to several months and can be undertaken before and/or after a service leaver's discharge date. Additionally, some WIS service leavers may also be eligible for the Specialist Support Programme (SSP), which consists of the CTP Assist resettlement pathway. Access to this is based on the judgement of the SRA and/or the Chain of Command at the start of, or during, resettlement. CTP Assist includes a Vocational Assessment; referral to a specialist employment consultant; and access to a vocational opportunities portal.

It is the responsibility of the Chain of Command to initiate the service leaver's resettlement at the point when it is appropriate to do so (i.e. the service leaver is medically fit to undertake resettlement), to ensure the service leaver is on the Joint Personnel Administration (JPA) system, and to refer them to an SRA. There are five 'core' courses that all service leavers should attend; this is administered by the responsible Unit staff. It is then the individual service leaver's responsibility to book onto any other relevant resettlement courses. There are four PRCs and one NSRC, which provide a range of courses, usually residential, as well as a range of physical and fitness resources. In addition to resettlement courses, all of the Recovery Centres also work collaboratively with welfare agencies, charities and other organisations to provide advice and guidance on money, health, housing and other social issues.

In addition to the programmes and support outlined above, there are a number of other support mechanisms by which service leavers can access support for education and training, including:

Table 4: Key resources and support available within the Defence Recovery Capability (DRC)

Support/resource	Description
Individual Recovery Plan (IRP)	A working document 'owned' by each Service person, developed in conjunction with relevant support staff (for example, a Unit Recovery Officer/Personnel Recovery Officer) and based on a 'HARDFACTS' assessment template (Health, Accommodation and Relocation, Drugs and Alcohol, Finance and Benefits, Attitude, Thinking and Behaviour, Children and Family, Training, Education and Employment, Supporting Agencies)
Personnel Recovery Units (PRUs)	Specialist military units for the command and care of WIS personnel with the greatest needs.
Personnel Recovery Centres (PRCs)/Naval Service Recovery Centre (NSRC)	Offer recovery courses and activities but not medical facilities.
Recovery Courses or 'Core Recovery Events'	Foundation course (5 days) – covering, for example, management of a condition and making a recovery plan Development (3 days) – additional assistance with IRPs and increasing awareness of support and opportunities to aid recovery Transition (10 days) – how to get a job, run a household, etc. Career Transition Workshop (3 days) – including CV writing and interview skills Multi-activity course (5 days) – sports and adventure training
Career Transition Partnership (CTP)	Provides specialist employment support to those leaving the Armed Forces, with CTP Assist focusing specifically on those who are WIS

31 https://www.ctp.org.uk/getting-started-with-resettlement

- *Graduated Resettlement Time (GRT)*: This is an official duty allocation of time away from a service leaver's place of work for resettlement purposes. It is available to anyone who has served at least six years or who has been medically discharged, and it can start up to two years before leaving.
- *Individual Resettlement Training Costs (IRTC) grant*: All WIS service leavers are eligible for an IRTC grant, which is available for tuition fees up to a maximum of £534 on a range of courses at the Resettlement Training Centre (RTC) Aldershot. These courses are prepaid for by the MoD and only 'cost' the service leaver time and a proportion of the £534 allowance. No money changes hands for the training, but days and funding are deducted from the GRT allocation at a rate of £26.70 per day. The £534 gives access to up to 20 days of Contract Funded (CF) training. Any exam or registration fees are extra and payable; however, other allowances may be available to help with those costs[32].
- *Enhanced Learning Credits (ELCs)*: All service leavers are eligible for the ELC scheme, and (from April 2016) all service personnel have been automatically enrolled onto the scheme. This enables people to access any course offered by any approved provider from two years pre discharge until five years post discharge. Courses should be at Level 3 or higher (or the equivalent if overseas). This support covers the widest variety of courses on offer to service leavers, including university degrees.

Taken together, the above highlights the significant range of support available to WIS service leavers in relation to recovery, resettlement, training and employment support.

4.3 Experiences of recovery and resettlement support

Within our interviews, there appeared to be a relatively equal split between those who spoke *positively* about the support opportunities provided during recovery and resettlement and those who described some more *negative* experiences. Despite the various policies, processes and staff in place to support recovery and resettlement, a key recurring theme related to the variability of people's experiences of these processes. Some of this variability related to service leavers' personal qualities (for example, resilience or level of engagement with support) or support networks (for example, spouse or family). However, much of it appeared to relate to perceived variations in the support given through the recovery and resettlement processes.

With regard to recovery, one key issue related to whether service leavers spent their recovery time at a PRU (or equivalent Recovery Centre) or at their parent Unit. It appeared that many – though not all – of our interviewees reported more negative experiences of Unit-based support. Indeed, there were a number of occasions where recent service leavers made a '*chalk and cheese*' contrast between the two units. As one service leaver stated:

> *My regiment were absolutely diabolical with both care for myself and, more importantly, my family. I think because they were so bad I had absolutely no loyalty to them to want to stay or want to toe the path line. It was literally a case of, right, I'm out for myself now. This is what I need to get better. What's been completely chalk and cheese is how bad the cavalry was but how good the PRU have been. They can't do enough for both myself and for [my wife]. [WIS 56, IN, Wave A]*

Another participant, who had been a senior ranking officer in the Army before his discharge 12 months earlier, described undertaking recovery within his Unit, which had no welfare system for managing his condition and/or return to work, meaning he had to do his own welfare checks. Significantly, this participant described having to reach a crisis point before appropriate support was provided:

> *we have no welfare system in place at all in our headquarters… 'Who's going to manage me through my recovery and get all of this put onto WISMIS[33]? Who's going to do all of this?'… There was no welfare support or anything. It was all done basically off my own back… The best thing that happened was I had a breakdown. That unlocked all of the doors that I had been banging on, because other agencies opened the door and put their foot there and said, 'This needs doing. That needs sorting. This soldier needs X, Y and Z. Make it happen.' [WIS 32, OUT, Wave A]*

Another service leaver, who was in the process of being discharged when first interviewed, contrasted his experience of being in a Naval Service Personal Support Group (PSG) with his subsequent experience at Hasler Naval Service Recovery Centre (NSRC), stating:

> *[PSG is] set up to return people to service, and you get those people who, they hurt themselves on a weekend or they've got welfare issues, and it's something that can be dealt with quite quickly. It's not meant for people who have serious injuries… [Hasler is] fantastic; I can't sing its praises enough. It's doing everything that I need in supporting me in ways that the other grafting wasn't. [WIS 63, IN, Wave A]*

Although he had eventually received appropriate support, he felt that he had lost 4–5 months of critical recovery time by not having been transferred to Hasler earlier. As a result, he felt quite critical towards his Divisional Officer at the PSG, who, he suggested, could have done more to support him.

32 https://www.ctp.org.uk/allowances-grants

33 WISMIS (Wounded Injured and Sick Management Information System) is a database that logs all wounded, injured and sick service personnel in order to record and monitor their condition and progress.

Specific recovery and resettlement centres were consistently praised for their support (for example, Defence Medical Rehabilitation Centre [DMRC] Stanford Hall, Headley Court and Hasler NSRC), as well as courses that were singled out for their excellence (for example, the Pathfinder course run by Help for Heroes and the Warrior Programme). However, a question raised by several participants was why this support – or at least elements of this support – was not offered more widely and consistently. For example, one service leaver highlighted that he had had to 'push' for the support of Stanford Hall rather than it being offered to him as a matter of course:

> *I didn't even know of it. A friend had gone, and he said, 'You need to go. It's amazing', so I pushed the MO [Medical Officer], said, 'I want to go. I've heard it's good.' She said, 'Yes, I think it will be good for you.' I don't know why they weren't recommending it to me. I don't know why I had to ask the questions and say, 'Can I go?', rather than them saying, 'I think you should go.' [WIS 8, OUT, Wave B]*

However, this is not to suggest that everyone in PRUs or equivalent centres had uniformly positive experiences. Even within PRUs, interviewees highlighted variability, which was often attributed to the approaches of individual support staff. One service leaver, for example, argued that there should be standardised approaches to address this inconsistency:

> *There's a huge disparity between what PRO [Personnel Recovery Officer] X does in one location to what PRO Y does in another location, and it shouldn't be like that. It should be pretty standardised, and there should be a set process, and there should be protocols that they're sticking to, but they're not. Even the most basic processes aren't even being followed in my case anyway, which I find unbelievable. Bear in mind the Army is a massively process-driven organisation, and it should be second nature to all of these people because they're all senior NCOs, they're all Warrant Officers and whatever, so they should be well versed in process and procedure, but they're just not using them, and it's really sad to see, to be quite honest. [WIS 7, OUT, Wave B]*

Turning our attention from recovery to resettlement, many participants also discussed experiences of the various courses and training available as part of the resettlement programme. Positive reflections often related to the support provided by the CTP, the financial packages available for training courses and the vocational nature of courses (health and safety and electrical engineering being a couple of examples given), all of which had been vital in helping some individuals access post-service employment. One female service leaver, for example, described the CTP support she had received as '*invaluable*'. She had also undertaken a civilian work placement as part of her preparation (although unfortunately, at the time of the Wave A interview, her efforts had been halted by Covid-19):

> *I can't fault CTP. From day one of me being referred to them they've always met me where I felt comfortable, they've always engaged with me, they've helped me with CVs, they've helped me with jobs, so they've been invaluable… About a month ago I probably wasn't in a great headspace. I think lockdown has affected everyone in some sort of way, and I had put a lot in place myself to transition out, so I did a civilian work placement in February with an accountancy firm, and I think the week after I got back from that we ended up in lockdown. I had had meetings with [organisation], which is just up the road from me. I was going to start volunteering with them, which could have led to employment. I had my course that I was heading towards sitting exams, and lockdown hit, and then it was a, well, let's go back to sitting at home doing nothing all day. That probably really affected my mental health. [WIS 41, IN, Wave A]*

With regard to the financial packages available for training courses, a number of people made references to their ELCs and the flexibility applied to these, which had allowed some participants to defer because of their health conditions. It was indicated that this flexibility had provided additional time for some to consider the best use of these resources (for example, where people were considering using their ELCs for a degree in the future). Here we illustrate the positive impact of appropriate resettlement support through a case study of one of our female service leavers.

Although participants recognised the positive aspects of the support available, the interviews also highlighted a number of challenges in relation to accessing resettlement support. For example, it was evident that some participants were uncertain about the timescale allowed for using their ELCs; indeed, a couple of respondents asked the research interviewer if they could clarify the timescale. There was also uncertainty for a small number of participants about how to claim back the costs of courses. Another female service leaver had accessed an electrician course just prior to her Wave A interview with the support of the CTP. When we interviewed her at Wave B, she had managed to secure employment as an electrician and had been working for around three months. However, she had undertaken an additional course prior to securing this employment and indicated that she had had to pay for it herself and '*didn't know how to get the money back*' (WIS 42, Wave B). These were issues that could have been relatively easily resolved with the provision of clearer information.

There were other issues that were perhaps more challenging to resolve. The case study (page 21) of WIS 47 (as well as that of WIS 3 in the previous section), for example, demonstrates how being able to access appropriate support can impact immeasurably on transition outcomes. At the same time, it also demonstrates the importance of how, or whether, an individual service leaver engages with resettlement support. It was evident that some participants had not always been in the right frame of mind to fully engage

with the training and courses on offer or did not, at that time, fully understand the expectations for them to be proactive in the pursuit of appropriate training and support. One service leaver reflected on this when describing choosing not to engage with CTP support:

> *I really wasn't bothered. By then, I was at the stage of 'Stick it. I don't care' with everything… No, you need to look for it. You're not offered it… They didn't come to me and say, 'Oh, you're due to go out in six months' time. We need to come and speak to you about this.' You needed to actively go looking for it. [WIS 31, OUT, Wave A]*

Another service leaver was critical of what he felt was the 'tick box' nature of the courses that were offered, which he felt were not personalised and also did not address some fundamental issues relating to how people adapt to the challenge of becoming a civilian, particularly when you are WIS:

> *The Career Transition Partnership is just a tick box exercise. Go and do Career Transition Workshop – tick. Have you done the financial benefits course? No – tick. Have you done the housing course? Do you need that? No. Okay, tick. At no point do they turn round and help you understand your identity as a human, as a person… Those people who sit in the wounded, injured and sick medical discharge bracket, it's a shock to them, so they haven't had time to think about that identity. [WIS 18, OUT, Wave A]*

As discussed in Chapter 3, it was clear that mental health intersected with physical health, which impacted on decision making during the critical resettlement time period. One participant, for example, described how the combination of physical and mental deterioration had affected his ability to make decisions relating to his post-service career. This was compounded by receiving limited information about his options to defer resettlement:

> *I was in no fit state to start making career decisions, so I did no resettlement. Every time I went to a careers adviser they'd say, 'Did the MCM division not defer your resettlement?' I went, 'No one's even mentioned it to me. No one's ever spoke to me.' To this day, I am very angry with the whole thing. [WIS 2, OUT, Wave A]*

Overall, one of the most significant challenges raised in the interviews related to whether sufficient time had been given during resettlement, and it was evident that insufficient time could impact on the courses and other support that people accessed during this important period in their transition. For some participants, the perceived lack of time available for resettlement meant that they had simply chosen courses because of their availability at that given time, as one participant described:

> *There was no other course that you could do, because it's a rush as well… there's a workshop, CTP Workshop… where you have people talk to you about the possible employment or jobs that you can land yourself into. The easier option with the money available at the time was the CCTV. It's not something I desired to do, but because I didn't know what was out there for me. [WIS 3, OUT, Wave A]*

Another service leaver described having six months to do all his resettlement. He described feeling 'rushed' through the process, as well as 'overwhelmed' by the responsibility of ensuring you had chosen the 'right' course or civilian career path, with a perception that he only had one chance to make these decisions. He felt that being able to access peer support would have been invaluable during this process:

> *I was quite overwhelmed with the options, and I thought if I pick the wrong one, there's all sorts going through your mind. I am going to waste all that money doing something that, when I should have done something else. It's just a gamble really, you only get one shot… [there] should be [veterans] going to these transition partnerships and being the go-between civilian life and the military, saying, 'Right, I've been sat where you are now, and this is how it is.' [WIS 37, OUT, Wave A]*

Stakeholder consultation with a representative of a PRU reiterated the importance of sufficient time, suggesting that they would not want to take anyone within their care who had not been given an appropriate time frame for resettlement:

> *We don't take anyone on the PRU in assignment if they've got less than three or four months' service [left], because it's difficult to do anything with them, if that makes sense. They should have already done everything by then. Yes, that is a worry, if someone's done no resettlement and they go to a Med Board and got told, 'You're being discharged in four months', [it's] limited to what they can do, if we're honest. [S16]*

Case study: WIS 47: Positive resettlement leading to employment

WIS 47 was 37 and had served in the RAF for nine years in a physically demanding logistics role. She began to experience migraines and fatigue, resulting in sick leave, during which it was hoped her health would improve. Unfortunately, there was little improvement in her condition, and she was diagnosed with chronic fatigue syndrome (CFS). There was some uncertainty about this diagnosis, and it subsequently emerged that her fatigue was related to her migraines. However, she was deemed unable to fulfil her role and was downgraded for two years, before a decision to discharge was made; a decision that she was unhappy about because the reason for discharge remained CFS. In contrast to her negative experience in relation to the decision making around her medical discharge, she described resettlement in more positive terms. Having predicted that she might eventually be discharged, she had started resettlement early, including using her ELCs to take an access course and then starting a degree. Through the support of the CTP, she had also been able to access a charity that helped network her with prospective employers:

> *They're registered as a charity. So, they're part of, I would say, resettlement, so they do events. They were advertised on CTP; that's how I found them. They do fortnightly events on career chats online on different disciplines, so they do project managers, logistics, different things. I literally went to everything! I was like, I'm going to find something! [Wave A]*

She also spoke positively about the two-week core transition course:

> *We actually had Vodafone come and speak to us, or two people from Vodafone. One was a veteran, and they came and spoke to us and went through interview techniques. We went to Bank of America for the day. They went through so much with us. They went through how to pick up things on your CV... We went through all sorts of exercises. We went through housing stuff, all sorts of things.*

At the time of her Wave A interview, she was still within her resettlement period, which had been extended for three months due to Covid-19. She explained that it had sometimes been difficult to find the information needed; however, overall, she described her resettlement as excellent:

> *A lot of information I found out by myself by looking, by asking other people. Nothing's available; nothing's just easy to find... [However] I've had fantastic support from [my Unit]. I've been seeing [support officer] every month since I've been wounded, injured and sick, and basically, honestly, he's literally like my friend now [laughs], because we speak all the time. He's supported me through the whole thing, and so anything that I've needed to do, any courses, anything...*

When interviewed at Wave B, she had been discharged from the RAF and had found employment within her chosen field. She explained that she had initially taken some temporary work in a supermarket, partly as a means of income but also as a means of building her confidence at undertaking a job outside the military. In relation to her current employment, (and reflecting the significant competition within the civilian labour market), she described having made 55 applications before securing employment. However, it was evident that the skills gained during her military career had been a significant factor in her securing her current employment:

> *Even though I didn't have the experience of the software that they use, they were happy to train me... They said it was more the willing and the soft skills that you bring from the military that they were more interested in, rather than what they expect you to have.*

When describing her positive experience, it is important to consider some of the other aspects of her transition that had also worked well for her and had provided a sense of stability and security during this period. For example, her husband was in the Armed Forces, so they remained in military quarters. Her transfer from military to NHS care was described as 'seamless', and financially she was happy with the lump sum payment she had received after leaving service, which she had been able to use to pay off debts and then put the rest into a house deposit fund for the future. As we will explore in subsequent chapters (6, 7 and 8), these are all significant factors in how people experience the transition to civilian life, and not all service leavers had such positive outcomes in relation to these processes.

4.4 Summary

Although the central focus of this research is to explore experiences of the transition to civilian life with a physical injury/condition, as highlighted in Chapter 1, it is important to reflect on the entire journey of a service leaver (and the processes within that journey) when considering this transition. Indeed, how people experience the medical discharge, recovery and resettlement process shapes their experience in civilian life, given how central such processes are in determining what support they can access and also in determining how they reflect on their service post discharge. Although significant support was available, and good practice in the provision of this support was evident, our interviews indicated variability, inconsistency and uncertainty in relation to participants' experiences of the overall discharge process and the recovery and resettlement processes within this. This could be influenced by many factors, including the WIS classification, rank, time served, nature of illness or injury and the military service they were being discharged from. It was evident that uncertainty and inconsistency were more likely in those cases where there appeared to be poor communication with the service leaver or where they perceived there were discrepancies in the information that was relayed to them by the various staff involved in the processes. Our interviews with service leavers were filled with positive reflections on their time in the Armed Forces prior to their injury/condition, with many having hoped that they would be able to remain in that career for the long term. Consequently, when difficulties in the discharge and resettlement process occurred it was sometimes reflected on as a sad way to end a career that up until that point had been very rewarding and enjoyable.

5. Navigating the transition to civilian employment

As highlighted in the previous chapter, significant emphasis within the programme of resettlement support is placed upon preparing service leavers for the civilian labour market. Indeed, a relatively rapid move into employment is often one measure of 'success' when focusing on transitions from military to civilian life, with statistics regularly published demonstrating high levels of employment amongst service leavers[34]. However, recent research has questioned this measure of 'success', highlighting the need to consider the longevity of employment (for example, looking beyond the two-year period of CTP support) but also whether the job is fulfilling and sustainable[35]. For those who leave service with an injury or condition, engagement with the civilian labour market is likely to pose additional challenges. In this chapter, we explore the experiences of our participants as they navigated employment post service and how their health could sometimes impact on their ability to enter or sustain paid employment.

5.1 Experiences of the transition to civilian employment

Across our sample, at the last point of contact (i.e. Wave A, where people only took part in one interview or Wave B, where a follow-up interview was done), 19 participants were in paid employment (one of which was uncertain[36]) and 11 were not in employment (broken down as: five not in work, three officially declared unfit for work, two in full-time education and one retired). The types of employment varied and included the Civil Service, police service, health and safety, engineering, fitness and security. Some participants were in managerial positions across these different types of occupation. Of those not in work, the majority were in a stable financial position from a combination of pensions and/or benefits (which we cover in more detail in Chapter 6) and did not appear anxious about their employment status.

For those who were working, and reflecting the discussions in the previous chapter, it was evident that they had had to be proactive during resettlement in terms of identifying opportunities. As one participant stated:

> *You sit back and you think, 'What am I going to do? It's like I can't work on tools anymore, I can't work overhead, I've got to be careful with the weather when it's cold...' You're trying to mitigate all the problems that you're going to face... I can't do any of that ever again [referring to roles within the Armed Forces], and I'm now in office work. Luckily, I've gone into management, so it's similar things that are transferable... I was lucky that I started networking when I did. I was lucky I met the people that I did, ended up in the posting that I got and got this opportunity. [WIS 22, OUT, Wave A]*

A challenge raised for some participants in the transition to the civilian labour market, and an already widely recognised issue[37], was the degree to which service leavers were able to transfer the skills and qualifications acquired during service. One participant reflected on this issue, expressing frustration at undertaking a specific role and related courses within the Armed Forces but these not being recognised once he was a civilian due to the lack of formal qualifications. He described an interaction that took place when he was looking for work as a civilian:

> *'I'm already at that.' They said, 'But you haven't got the paper qualification.' I said, 'But that's what I do every single day of the week.' 'But you haven't done a course on it.'... I would have liked to have formalised all my courses at the end, so I could then go back to [employer] and say, 'I'm a certified engineer.' [WIS 31, OUT, Wave B]*

Navigating the contemporary civilian labour market was also perceived to be daunting for some of those who had spent a number of years in service. Again, more support was requested to help people identify where their skills could be matched to civilian jobs:

34 See, for example, MoD (2021) Career Transition Partnership ex-service personnel employment outcomes, online at: https://www.gov.uk/government/statistics/career-transition-partnership-ex-service-personnel-employment-outcomes-financial-year-201920

35 Fisher, N., Newell, K., Barnes, S.-A., Owen, D. and Lyonette, C. (2021) Longer-Term Employment Outcomes of Ex-Service Personnel, online at: https://s31949.pcdn.co/wp-content/uploads/Longer-Term-Employment-Outcomes_FINAL.pdf

36 At the time of the fieldwork, this participant indicated that he had been taken off the payroll for over a year and that he was taking the employer to a tribunal for discrimination. It was unclear in the interview as to the circumstances that had led to this situation.

37 Pike, A (2016) Deployment to employment: Exploring the veteran employment gap in the UK, online at: https://www.britishlegion.org.uk/docs/default-source/campaigns-policy-and-research/deployment-to-employment.pdf; Heaver, L., McCullough, K. and Briggs, L. (2018) Lifting the lid on transition: The families' experience and the support they need. Naval Families Federation, Army Families Federation and Royal Air Force Families Federation.

> *When you look at a job specification, and it says you must have this qualification, it's the essential and the desirable criteria, you almost have to discount that somehow and say, 'Well, I haven't got that. However, I've got this', and you can list this long list of stuff that you have, but it would put a lot of people off, especially if you've been in the Forces… and you've not had to do a job interview. It was intimidating for me even to do it after 12 years, but if that's all you've ever known, it's a very intimidating world, especially when you don't know what you want to do, what you're qualified to be able to do as well, and almost that you need, I don't know, in an ideal world, like a recruiter for the civilian side, to say, 'These are the qualifications to do this list of jobs. These are the people [employers] that would accept you.' [WIS 5, OUT, Wave A]*

These issues were reiterated in the stakeholder consultation, which suggested a need to further educate employers on the significant skills and qualifications that military personnel can bring to the workplace:

> *So, I think perhaps the Government could do a better job in helping the general public and businesses understand the massive transfer of skills that people in the Forces have, so man management, logistics, project management… A lot of them have huge skills that would cost a fortune to nurture in civilian life, so I think we could do a better job of advertising that. [S1]*

Initiatives such as the NHS Step into Health[38] programme provide examples of how organisations can support transitions into employment, and likewise, how those organisations can benefit from the significant skills and expertise that those leaving service can bring to an organisation.

Participants also reflected on their pathway towards employment as one that may require an acceptance of changing from one job to another. One participant, for example, indicated that she had taken a lower-skilled job in a supermarket as a means of gaining confidence before finding a job that was much more aligned with her intended career progression:

> *I hadn't actually worked for a year, and, I'll be honest with you, I was starting to go round the bend of seeing the four walls. I'm quite glad I did, because it actually gave me that little bit of confidence, I think, to then go out and start applying for those other jobs. [WIS 47, IN, Wave B]*

Another participant talked about the need to be prepared before leaving the Armed Forces for the reality that you wouldn't immediately find your 'place' within the civilian labour market. Supporting the findings of recent research on the longer-term employment outcomes of service leavers[39], it was evident that having follow-on support beyond the current two-year resettlement period was advocated:

> *I still need that contact, because I was quite clearly told when I went through transition that most people will take two or three jobs before they find their feet, find their role, their niche. [WIS 18, OUT, Wave A]*

There was also a noteworthy theme in our interviews relating to the need to manage the differences between the employment cultures in the military and in civilian life. On this point there were quite polarised views, with some seeing civilian employment as less stressful and more personable, while others found the change of pace frustrating:

> *In the military, for example, timescales are far shorter, so when someone is asking for something, it's almost done there and then, whereas in [current workplace] you ask someone to do something, and maybe a week or so later it might get thought about, and it's frustrating… [WIS 7, OUT, Wave B]*

We recognise that many of the issues raised above relate not just to those who are WIS but to *all* service leavers who are navigating the transition to civilian employment. A significant specific challenge for our participants therefore related to the ongoing impact of people's health conditions and their ability, rather than desire, to engage in paid employment. Our sample included a number of people who had been out of service for longer periods (the OUT cohort), which gave an insight into the impact of people's various health conditions in the longer term, particularly how this could lead to a change in their employment circumstances or required periods of recovery. Indeed, some stakeholders raised concerns that less was known about the needs of those who have been out of the Armed Forces for longer:

> *I think the provision in service and going out is pretty good, as long as people do their jobs, and they're identified properly. I think there is more of an unknown after people are outside the CTP period. [S9]*

> *90 per cent, 95 per cent of ours will discharge into employment or further education with a secure home to go to, and it's probably – I'm only guessing – it's probably six months down the line when the wheels start to fall off for a lot of people… when they're not used to being at home as much or they don't like their civilian job, and in probably 12 months you'll probably identify quite a lot of issues. [S16]*

Within our sample, some of those who had left service a number of years previously referred to having had to change their jobs as their health deteriorated.

38 https://www.militarystepintohealth.nhs.uk/

39 Fisher et al. (2021) op. cit.

For example, two participants with back injuries referred to previously having had driving jobs but having had to give these up as their condition had worsened over time. One had found a new job through an Armed Forces charity (after a short period of time claiming Jobseeker's Allowance); the other was unable to work and was claiming Employment and Support Allowance (ESA). Another participant, also with back problems, had changed to a lower-paid but more accessible job as they could no longer manage the commute to work, while another was working as a porter part-time and often spent his non-work days recovering from work:

> *All my days off I usually spend in recovery because my knees lock up, my thighs and my ankles are killing me. [WIS 19, OUT, Wave A]*

The participant above, however, talked very positively about the flexibility that his employer provided, which enabled him to take time off during periods of ill health:

> *I can work when I want to work. If I don't want to work for a month, I know I can take a month off. [My boss], he'd be quite happy with that, if you know what I mean. He keeps trying to offer me contracts to get me in there full-time, but I like the flexibility of, if I'm in pain I can just say, 'No, I'm having a day off', and just plan my life. [WIS 19, OUT, Wave B]*

For other participants, their employment prospects appeared to be less certain. One service leaver, for example, described feeling despondent about the different employment avenues that had been 'closed off' due to his deteriorating health. This made it difficult for him to even engage with employment-focused training, let alone move into employment. Although he had tried a couple of different courses, he had been unable to complete them, and he felt very negative about his future employment prospects:

> *I'm still aware of what I used to be interested in before, so property development, mechanics, hands-on jobs I can't do because of my back. I can't get into a car into funky positions… I went to college and did my electricians, so I could do some work on houses. I can't bend under places. I can't do plumbing. There's not a lot I can do. I've got a feeling, even though I've got all these avenues I can pursue, that I am just going to end up on a till somewhere, and that will be my life, and I'll just be miserable because I can't do anything else. [WIS 43, IN, Wave A]*

When reinterviewed at Wave B, WIS 43 was still uncertain about his future and found himself in limbo as he was currently awaiting surgery and the outcome of his operation. Indeed, it was evident that for some participants their health conditions would impact on their ability to secure and sustain work in the future. Concerns were raised in the interviews not only in relation to the impact of their injury or condition on the type of job they could do but also in relation to the willingness of employers to take them on if adjustments were required, whether relating to the physical environment within the workplace or the hours of work expected:

> *So, maybe I could go into logistic management again with a company that knows I've got a disability and will adapt around me… can I find an employer that will do that? Have I got the time to find an employer that will do that? Who's going to pay my bills? [WIS 13, OUT, Wave A]*

> *I'm on this – it's called CTP Assist, Career Transition Partnership – but I'm on the Assist side purely because it's going to take me more to get a job… you look on there, and it's all full-time jobs… I think it's a good idea, but again I don't think it's suitable for everybody… I know that I'm comfortable with three hours, whereas if I'm doing eight hours I know that will be too much and it will knock me out, probably for a day. [WIS 10, OUT, Wave A]*

Mindful of these issues, it was evident that some participants had explored opportunities for self-employment to enable them to have more control over their working environment and hours worked. However, again people's physical conditions posed challenges even with this greater autonomy. One participant, for example, was positive about the financial support provided to access courses that had enabled him to undertake a photography course and set up his own business. However, this had since been impacted by a combination of his deteriorating back condition and Covid-19:

> *I did a photography course, which was run in a studio. So, I did two weeks just before December last year and then a week at the beginning of the year. That was really good. That helped me massively with getting my studio up and running, how to do things properly, editing. That first two-week course was a major reason why I actually went ahead and did that. I had the confidence to run a studio, and I knew that I could provide a service that was good enough, that people would pay for. It's just coronavirus and a shitty back that ruined it. [WIS 50, IN, Wave A]*

This participant had tried self-employment; however, he subsequently acknowledged that it hadn't worked as well as he had hoped:

> *My thinking was, an employer's not going to want me going sick three, four times a month because my back goes. If I can work for myself, I can kind of work around that. It just didn't quite work as well as I'd hoped. It's just the amount of hours that I'm out of action for because I'm stuck in bed... The level of concentration, because I'm in constant pain, just isn't there. I decided in September to call that a day. [WIS 50, IN, Wave A]*

Although paid employment was important for people's transitions, it is also noteworthy that a small number of participants referred to pursuing voluntary opportunities. This was reiterated in the stakeholder consultation, which suggested that volunteering can offer a pathway back into employment, particularly for some of those who had sustained quite significant injuries, and in some cases had featured in the recovery plans of those whom they were supporting.

5.2 Summary

Our interviews with service leavers and veterans demonstrated a diversity of experiences of navigating the transition to the civilian labour market. The accounts have added further weight to broader existing concerns around the challenges associated with transferring military skills and qualifications to civilian employment and the need to be prepared for the contemporary civilian labour market in terms of both its characteristics and its culture. Our interviews also support recent research highlighting concerns that 'success' in employment outcomes needs to take a longer-term perspective[40]. Our interviews with those who had left service a few years previously and also our Wave B interviews with those who had left over the course of our study demonstrated that, although some people may have moved relatively quickly into employment post service, there were subsequent challenges in sustaining that employment due to their ongoing health conditions. Although our interviews suggested good practice in the adjustments made by some employers to support those with physical injuries/conditions to remain within the workplace, this did not appear commonplace. Additionally, there were those for whom being able to enter the paid labour market in the first place would present a significant challenge. For those who found themselves unable to work (whether temporarily or in the longer term), accessing other sources of financial support was therefore vital, as we will explore in the next chapter.

40 Fisher et al. (2021) op. cit.

6. Financial security post-service

Compensation, pensions and social security benefits

This chapter explores experiences of accessing the compensation, pensions and benefits available to those who have served in the Armed Forces and who leave with a physical injury/condition, focusing on both Armed Forces-specific financial support and also that which is available from the mainstream social security benefits system.

6.1 Overview of Armed Forces compensation, pensions and benefits

There is a complex landscape of compensation and pensions for members of the UK Armed Forces. All current and former members of the Armed Forces, including Reservists, may submit a claim for compensation for injury or illness that has been sustained as a result of service. The War Pension Scheme (WPS) compensates for injury, illness or death that occurred before 6 April 2005, while the Armed Forces Compensation Scheme (AFCS) provides compensation for injury, illness or death that is caused by service on or after 6 April 2005 (and replaced the WPS). Claims can range from relatively minor injuries (for example, fractures) through to amputations and other more serious conditions, including mental health conditions. The AFCS offers two main types of benefits: (i) a tax-free lump sum, the size of which reflects the severity of the injury or illness (ranging from £1,236 - £650,000)); and (ii) for those with the most serious injuries and illnesses, a tax-free index-linked monthly Guaranteed Income Payment (GIP), which is paid from the point of leaving service for life[41].

In addition, all members of the Armed Forces are automatically enrolled into the Armed Forces Pension Scheme (AFPS). There are a number of pension schemes: AFPS 75, AFPS 05 and AFPS 15 (which are determined by date of joining/leaving, whether a Regular or Reservist, etc.)[42]. Extra categories of pension support exist for some WIS service leavers, which are also dependent on the attributability and severity of the injury/condition. WIS service leavers may also be eligible for ill-health benefits, graded into Tiers 1–3 (3=most severe), which are calculated according to Tier, salary and length of service and which may consist of a monthly payment and/or a lump sum payment, either commencing on discharge or deferred to State Pension age. These ill-health payments may be modified if the claimant is in receipt of GIP under the AFCS.

With regard to additional Armed Forces-specific payments, in 2013 the MoD, in conjunction with the Department for Work and Pensions (DWP), also introduced the Armed Forces Independence Payment (AFIP). AFIP is designed to provide financial support to service personnel and veterans seriously injured as a result of service to contribute towards the extra costs they may have as a result of their injury. To be eligible, service personnel and veterans have to be entitled to a GIP of 50% or higher through the AFCS. Service personnel whose GIP entitlement is less than 50% can apply for Personal Independence Payment (PIP) (which we refer to in Section 6.3). In contrast to PIP, individuals eligible for AFIP are not required to undergo an initial, or any future, functional assessment, and payments continue throughout their life.

The DWP also offers additional support to members of the Armed Forces community through a network of DWP Armed Forces Champions (DWP AFCs). Introduced in early 2010, the DWP AFC role was not originally designed as a 'customer-facing' role; rather, the purpose was to provide advice and guidance to Jobcentre Plus (JCP) advisers on issues of relevance when working with the Armed Forces community and to facilitate 'joint working' between JCP and the Armed Forces community[43]. Elsewhere we have explored veterans' interactions with DWP AFCs, highlighting good practice but also variability

41 MoD (2021) JSP 765: Armed Forces Compensation Scheme Statement of Policy, online at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1005513/JSP_765.pdf

42 AFPS 75 is for those who left the Armed Forces before 6 April 2005; after that date all new Regulars and Full Time Reservists joined the AFPS 05 scheme. On 1 April 2015 AFPS 15 was introduced; Regulars and Reservists who were members of AFPS 75 or AFPS 05 were transferred over to that scheme (although contributions up to that point in the legacy schemes were a protected pension right).

43 DWP and MoD (2016) Guidance: Armed Forces access to Jobcentre Plus services and armed forces champions, online at: https://www.gov.uk/government/publications/jobcentre-plus-services-for-the-armed-forces-and-their-families/armed-forces-enhanced-access-to-jobcentre-plus-services-and-armed-forces-champions

and inconsistency in the support delivered by AFCs[44]. Since the publication of our earlier research (and as a result of that research[45]), the Government has increased its support of the DWP AFC network by introducing a new model for the AFC network, which includes the formalisation of the AFC role, with at least one AFC in each JCP district, and the introduction of a new Armed Forces Lead role at middle management level to oversee the work of the AFCs[46]. The new model also means that AFCs will work directly with service leavers and help resolve any issues that may arise in relation to their benefit claims.

6.2 Experiences of Armed Forces compensation, pensions and benefits

It was evident in our interviews that the financial support available to those who had left service with an injury/condition was often viewed positively; however, the interviews identified some key concerns relating to the complexity of the system; the waiting period and uncertainty in relation to the award amount; and, on occasion, the amount that was awarded. With regard to understanding the compensation and pensions systems, it was apparent that some found the system complex to navigate. One participant, for example, described 'trawling' the internet to try to understand the AFCS. Although he considered himself intelligent and able to navigate processes, he still struggled with the various schemes:

> *I'm a pretty bright person. There are cleverer people than me, but I'm pretty bright, and I found that really confusing. It would have been very easy for me to be overwhelmed by all of that, and I kind of was, to be honest, of, am I going to get a bit of that? Then there's the Armed Forces Compensation Scheme, then there's the War Pension Scheme... Jeez, this is a minefield. There's all these different tables of annual payments and GIPs, and honestly you just don't know what any of it is. I think I've mostly sorted through it with the help of the Armed Forces Pension Scheme; without it I wouldn't have had a chance. [WIS 60, IN, Wave A]*

The issue that was raised most commonly, however, was uncertainty about the level of payment that would be received and the point at which that information was available to service leavers. As one stakeholder highlighted:

> *The pensions forecast does cause us a lot of problems because they don't get them until probably a couple of months before discharge. So, there's a lot of uncertainty with not knowing what they're going to get. [S16]*

This issue of uncertainty was raised by a number of participants, both those who had left service and were reflecting back on their experience and also those who were experiencing that 'limbo' period at the time of the first interview. It was evident that this uncertainty could cause significant anxiety and could also make it difficult for people to plan for civilian life:

> *The first thing that I need to know is what money am I going to get off the Army, you know what I mean, because I don't [have] a clue if I need to get a job or whatever when I get out, especially with trying to get a mortgage. [WIS 40, IN, Wave A]*

Having sufficient financial resources to support deteriorations in health was also important, and it was evident that some participants had received compensation but had subsequently appealed against the 'pay-out' on the grounds that it was not sufficient to cover their injuries/conditions (see the case study of WIS 50, pages 30-31). For example, one participant when interviewed at Wave A had received an AFCS payment for a back injury but had lodged an appeal following further scans that had revealed he also had arthritis. However, when interviewed at Wave B (12 months later), he was still awaiting the outcome of his appeal (although he believed that Covid-19 had impacted on the length of the appeal process):

> *Still unresolved. I received a letter months ago, saying – I can't remember – about a tribunal date. I just had to fill out some forms and send them back, which I did and never heard anything back since. Obviously, I think Covid has probably had a big impact on that and slowed it down. Perhaps something will come of it next year, I don't know. [WIS 8, OUT, Wave B]*

Another participant, whose injury resulted in a complex and chronic pain condition, described appealing against her award but losing the appeal, which she described as a '*kick in the teeth*':

44 Scullion, L., Dwyer, P., Jones, K., Martin, P. and Hynes, C. (2019) Sanctions, support & service leavers: Social security benefits and transitions from military to civilian life. Available at: https://www.fim-trust.org/wp-content/uploads/2019/06/20190610-FiMT-Final-Report-WEB.pdf.

45 FiMT (2020) Forces in Mind Trust (FiMT) 2019 Impact Report, online at: https://s31949.pcdn.co/wp-content/uploads/20200717-FiMT-Electronic-Impact-Report-2019.pdf

46 https://www.cobseo.org.uk/championing-support-for-our-armed-forces-community/

> *I applied for Armed Forces Compensation, and they only gave me compensation for the hairline fracture, because on their records they saw one day I would get a spinal cord stimulator and that would control my pain, even though I didn't have it fitted. I didn't have one at this time, this is the massive kick in the teeth… they gave me £6,000 for my injury and my discharge. That was all I got for losing everything… [After spinal surgery] I appealed my decision with the Armed Forces Compensation Scheme, where they said, 'No… we're only going to recognise that first injury.' [WIS 11, OUT, Wave A]*

A number of other participants also talked about what they felt was the inadequacy of their lump sum payment, particularly where they were then paying for their own ongoing medication or other required medical equipment. As one participant stated:

> *All I got for that claim was £3,000, and that's got to last me for the rest of my life. This year I've been to see a chiropractor six or seven times, and that's what, £30 a pop, £40 a pop?… [insoles for plantar fasciitis] cost about £199 a pop. I'm going through one set a year on top of all the physio. So, I reckon, to keep myself active… you're probably spending a couple of grand a year. [WIS 18, OUT, Wave A]*

6.3 Experiences of the social security benefits system

In addition to service-related compensation and pensions, those leaving the Armed Forces may also be eligible for mainstream social security benefits (for example, Employment and Support Allowance [ESA]; Universal Credit [UC]; and Personal Independence Payment [PIP]). Across the sample only four participants were, at the last point of contact (Wave B), claiming one of the main out-of-work benefits (two receiving UC and two receiving ESA), with one participant having been in receipt of UC for a short period between their Wave A and Wave B interviews. Eight participants were receiving PIP, with one further participant whose PIP application was in progress. The majority of participants in receipt of mainstream social security benefits were those who were still in service when we first recruited them for the study (the IN cohort). Only two participants in the cohort who had already left service when our study began were receiving any of these benefits (one receiving ESA and PIP and one receiving PIP). As has been found in other research[47], several participants had initially experienced difficulties with understanding their eligibility for benefits and also the processes involved in assessing eligibility. It was evident, however, that in some cases non-take-up was an issue, and, although some people were eligible to claim social security benefits, they had chosen not to. The stakeholder consultation attributed non-take-up to issues of stigma and pride (relating not just to benefits but to other forms of support as well[48]) and the culture of resilience within the Armed Forces:

> *I think their first barrier is the individual, because they're generally all too proud… that's the resilience that's been instilled in them, so I think we have to recognise that's the nature of the beast that we're dealing with, and so how do we overcome that? [S4]*

However, instilled resilience was not just an issue in terms of non-take-up of benefits; it could also pose problems for those who had applied and had to undergo benefits assessments. With reference to PIP, for example, the stakeholder consultation suggested that ex-service personnel could sometimes score low in assessments and find themselves not eligible:

> *The problem we've found with PIP is soldiers, in the majority of cases, have been instilled with a sense of discipline and a can-do attitude, so they tend to score quite badly on PIP assessments, because when they'll get asked a question, 'Can you walk 50 metres?', they'll say, 'Yes', but it might take them 20 minutes… We had one soldier who scored very low, and then when he had the reassessment, and they'd found out what he'd done, basically he'd said he could go up and down stairs no problems, but he'd been going up and down on his backside, and it was taking him 20 minutes. He was saying, 'Yes, of course I can do that', because there's almost a sense of pride. So, we need to try and tell them what it's for and there's no shame sometimes in giving different answers. [S16]*

The accounts of some of our WIS participants also suggested confusion around PIP decision-making processes, with a number of people referring to making a claim for PIP but not being eligible:

> *Not even anywhere near [being eligible]… So, yes, I don't know how you get that. You'd have to be pretty much dead to get it! [WIS 37, OUT, Wave B]*

47 Scullion et al. (2019) op. cit.

48 See, for example: Sharp, M.-L., Fear, N.T., Rona, R.J., Wessely, S., Greenberg, N., Jones, N. and Goodwin, L. (2015) 'Stigma as a barrier to seeking health care among military personnel with mental health problems', Epidemiologic Reviews, 37(1): 144–162.

Another participant who had applied unsuccessfully for PIP on a number of occasions described her confusion about eligibility in terms of a perception that you needed to demonstrate that you were at 'breaking point', but at the same time not being able to reach that point, as she had a child to care for:

> *I applied again. Still nothing. So, it's kind of like, what do you do?... you have to break. You have to be at that point of almost no return to get anything. I am not willing to make that journey. I've done that; I've been that person, and I didn't have a child back then. I could never afford to make that journey again just to get some sort of help. [WIS 11, OUT, Wave B]*

Finally, an important issue that was raised related to whether Armed Forces payments impacted on social security benefit claims. A recent report published by the Royal British Legion (RBL)[49] provides an overview of how compensation/payments are treated within different benefits and where disregards may apply. Importantly, the report also recommends that 'injured veterans are not forced to give up compensation payments in order to pay for support their civilian counterparts can access'[50].

Within our interviews, the case study of WIS 50 illustrates how uncertainty about the intersection between mainstream benefits and Armed Forces Pensions could lead to incorrect assumptions around eligibility on the part of both the veteran and some of the organisations that were supporting them.

6.4 Summary

Financial security was a significant concern for many participants, particularly when coming to terms with the impact of their physical injury/condition in the longer term. Employment obviously provided financial security for some (as discussed in the previous chapter), but the role of compensation, pensions and benefits was vital. It is acknowledged that the Armed Forces provide significant financial support (in terms of compensation and pensions) to WIS service leavers, and a number of our participants talked positively about the financial support that they were entitled to and had accessed. However, the interviews also revealed a number of challenges relating to the length of time taken for decisions around entitlements (and the anxiety that this uncertainty created) and perceptions of compensation not being appropriate for their conditions (which in some cases led to subsequent appeals). In addition to Armed Forces-specific payments, smaller numbers of participants were also accessing mainstream social security benefits. It was evident that understanding eligibility and how to navigate the system remained a challenge for some service leavers, as well as concerns around how or whether Armed Forces payments were factored into eligibility. Here we acknowledge the importance of the DWP AFC role, particularly the recent changes to this model, as highlighted earlier. However, it is vital that service leavers and those organisations supporting them are aware of the DWP AFC network and how to access this support.

Case study: WIS 50: Pensions, benefits and fitness to work

WIS 50 was aged 32 and had served in the RAF for 11 years. He had sustained an injury to his back during service, and, after further injuries and complications, this had resulted in significant damage to his leg with associated nerve pain. His injury had left him with mobility issues and also pain on a daily basis, which required periods of rest:

> *My left leg's pretty smashed. Walking-wise I'm down to probably less than a mile cumulatively a day. If I do any more it flares up. They're the big issues. So, three to four times a month my back will flare up and I get stuck in bed, as in I can't actually get out of bed without the missus's assistance. [Wave A]*

Our Wave A interview took place a week before he was due to leave service. One of the key issues that emerged from his account was the question of what pension he would receive, as this would impact upon whether he would be required to find work. In the interview he revealed that he was very nervous about the possibility of having to work full-time and had been told by medics that doing so would have a significant impact on his physical health. He spoke positively about the financial support available during resettlement, which had enabled him to access a range of training and courses (see Chapter 5, Section 5.1), and he had explored the possibility and flexibility of self-employment to the point of setting up a business; however, due to a combination of his physical health condition and Covid-related challenges, he had had to give up this venture.

49 RBL (2020) Making the benefits system fit for service: improving support for veterans with military compensation, online at: https://storage.rblcdn.co.uk/sitefinity/docs/default-source/campaigns-policy-and-research/rbl_-making-the-benefits-system-fit-for-service-report.pdf?sfvrsn=f5f29164_2

50 RBL (2020) op. cit., p. 41.

Case Study: WIS 50 continued

At Wave A he indicated that he had been told that he would be eligible for a Tier 1 pension (AFPS), which would consist of a lump sum on leaving. He was in the process of appealing against this decision and was hoping for a Tier 2 pension, which would consist of a (reduced) lump sum along with a monthly payment for life. He indicated that the outcome of this appeal would have major implications in relation to the need for paid employment, stating that '*everything kind of hinges on this appeal*'.

Furthermore, he expressed concern about the lump sum and how this might impact on the social security benefits that he might be entitled to. More specifically, he perceived that he would not be eligible for Universal Credit (UC) with 'savings' of above £16,000 and that his eligibility would be at a '*massively reduced*' rate until he had less than £6,000 in the bank. He indicated that he had done extensive research on his options. He was in receipt of PIP at Wave A and indicated that he had been positively supported by Veterans UK to apply for this.

The stakeholder consultation suggested that there is an option for service leavers to put their lump sum in trust within the first 12 months, which means that it would be excluded from the means test for benefits. However, it was evident that WIS 50 was not aware of this.

When we interviewed him again nine months later (Wave B), he confirmed that he had left service and that his appeal had been successful five months after leaving. He was therefore entitled to a Tier 2 pension. The pension appeal decision had had a temporarily negative financial implication for him, meaning that he needed to pay back the difference in the lump sum payments before his new monthly payments would begin. By this point, however, he had already spent a proportion of his lump sum payment.

At Wave B he indicated that he was now eligible for UC due to his lump sum payment being spent. He had undergone a Work Capability Assessment (WCA) and had been declared as 'unfit to work'. He indicated that the assessment process had been 'fine', although he indicated uncertainty about the medical qualifications of the person undertaking the assessment:

> *The telephone interview was a bit weird, because the bloke doing it was deliberately trying to trip me up, which I didn't take amazingly kindly to. We got off on a bad foot initially, because you're told that it will be a medical professional that chats to you about your condition and stuff like that. My first question to him was, 'Look, what type of medical professional are you?' [Wave B]*

He indicated that there had been an administrative error, which had temporarily stopped his UC due to his partner's earnings through self-employment being wrongly assessed, although this had subsequently been resolved. However, he remained unsure of how his UC and Armed Forces Pension would affect each other, the rules on which (he perceived) varied between local authorities

> *The whole pension side of it... How that is going to interfere with the Universal Credit when they start paying me my pension, I'm not too sure, because some councils have said it's not an income, some councils say it is an income and it'll affect the Universal Credit... Nobody seems to make an actual decision anywhere. It's all up to an individual's interpretation at the time. [Wave B]*

He felt that providing clarity to people in relation to their entitlements and eligibility was a shared responsibility between the DWP and MoD and stated that there should be more support provided to those leaving the Armed Forces: '*there definitely needs to be some sort of support once you've left to get through this initial benefits application and stuff like that*' (Wave B). WIS 50 had not accessed the support of a DWP AFC. Our research, focusing specifically on veterans' experiences within the benefits system, highlights how outcomes, (relating to a range of benefits issues), can be improved when an AFC engages with an individual or household to provide support[1].

1 Scullion et al. (2019) op. cit.

7. Health and medical support

There are Defence Medical Service (DMS) and NHS services that are dedicated to treating and supporting those who have physical health problems that relate to their time in the Armed Forces. The Veterans Trauma Network (VTN), for example, is an NHS service that provides specialist care and treatment to veterans with service-attributed physical health problems. The VTN does not provide mental health support, which is instead provided by Op COURAGE: The Veterans Mental Health and Wellbeing Service, with the two services purportedly working alongside each other. Op COURAGE is a new initiative that launched in March 2021 as a means of bringing together the three main mental health services for veterans: Veterans' Mental Health Transition, Intervention and Liaison Service (TILS); Veterans' Mental Health Complex Treatment Service (CTS); and Veterans' Mental Health High Intensity Service (HIS).

Although physical and mental health needs are addressed by these separate services, the NHS has published the *Integrated Personal Commissioning for Veterans Framework (IPC4V)*, which acts as a framework for planning and delivering personalised care in line with the health commitments of the Armed Forces Covenant. The IPC4V was developed to meet the specific needs of Armed Forces personnel who have particular, complex and enduring physical, neurological and mental health conditions resulting from a service-attributable injury and to ensure that they are effectively cared for and supported in their transition to civilian life and beyond. Stakeholder consultation suggests that the IPC4V represents a single offer that seeks to ensure that health and social care, together with the Ministry of Defence (MOD) and other organisations, are working collaboratively with the individual and their family and/or carer to ensure the provision of personalised care, support and treatment that meet their needs in ways that work for them. This has been in place since 2018 and was heavily influenced, in particular, by the learning from a number of individuals with complex and enduring injuries sustained whilst in service.

Additionally, the development of Programme Cortisone[51] aims to support effective healthcare delivery for the DMS. Cortisone is an integrated healthcare information system that will improve information sharing with the NHS, 'ensuring that information is available to the right people, in the right format, at the right time'[52].

In this study we are obviously concerned with exploring the experiences of those with physical injuries/conditions as they transition to civilian life, and consequently the transition to the civilian healthcare system is a significant part of this. Here we present the findings relating to participants' experiences of this aspect of their transition.

7.1 Experiences of the transition to civilian healthcare

Although the interviews demonstrated some negative views relating to their experiences of being downgraded, the Medical Board and discharge processes (see Chapter 4), participants often spoke positively about the medical treatment that they received when they sustained their injuries and within the specialist recovery units and also more broadly the healthcare provision that was available to a member of the Armed Forces (as compared with the civilian system). Indeed, it was seldom the medical treatment within service that was criticised, but rather the uncertainties and inconsistencies of the discharge process (as highlighted in Chapter 4). Healthcare provision within the Armed Forces was often described as being high quality and something that could be accessed quickly and as often as needed and also incurring no individual financial cost (for example, where medication was required).

As with other aspects of people's transitions and interactions with support and services, our interviews once again highlighted that experiences of the transition to civilian healthcare were variable. Accordingly, although there were many positive accounts of the transition to NHS care, an equal number of participants raised concerns that appeared to relate to two key issues: (i) the handover to the civilian system; and (ii) whether they would be required to pay for specific treatment.

With regard to the transfer of their healthcare to the NHS post discharge, there were those who described positive experiences of the transition. One participant, for example, had been involved in a vehicle crash during service and had sustained a number of physical injuries, involving the amputation of one leg at the knee (see the case study of WIS 56, Chapter 4). It was evident that for this participant there had been a gradual handover during his discharge period, alongside support from a specialist

51 www.gov.uk/government/publications/programme-cortisone

52 MoD (2021) Programme Cortisone – Vision animation transcript, online at: www.gov.uk/government/publications/programme-cortisone/programme-cortisone-vision-animation-transcript

Armed Forces charity, which enabled a 'seamless' transition to NHS care:

> *So far, everything has gone smoothly. I got the doctor's surgery to take my medication over. Blesma have been really good. They're on the ball regards to my prosthetic care… I've had no real issue with rolling over. I think, because for my hearing and things like that, my bladder, I was already being referred to the NHS, so it was already handed over bit by bit while I was serving, so I think, because of that, it was all in place quite well for when I left. [WIS 56, IN, Wave B]*

From the consultation with key stakeholders who were providing specialist health support, it was reiterated that it is vital to be able to be involved at an early stage of the discharge process and also that timely access to medical information is required as part of the transfer to civilian healthcare. Indeed, accessing service medical records was flagged up as a key challenge:

> *The earlier we can be involved in that rehab journey, so that from the beneficiary's perspective it's seamless and joined up, the better. What they don't need is a confusing picture, where they're having to repeat information all the time and where there are disconnects; that is damaging… The big challenge that we have is access to medical data, in-service medical data, and that remains a big challenge today… it's a hindrance not being able to get hold of that data. Now, the individuals will have their own medical notes and what have you, which will be passed across, but what they don't have is comprehensive notes that give the history or the story behind particular events. [S12]*

Transfer of medical records from the Armed Forces to the NHS is not done as standard practice but needs to be requested by the service leaver's GP, with the service leaver's consent. On discharge, service leavers are given a personal copy of their summary medical record, together with information on how to obtain their full Service Medical Record if they need it. However, it was evident from our interviews that this process was not well understood and also that there were often delays when service leavers requested that their medical records were made available to the NHS, their GPs or dentists. For example, one participant, who was in the process of being medically discharged when we interviewed him at Wave A, described being told that his NHS GP would be able to access his service medical records once he was formally discharged. However, when we interviewed him 12 months later at Wave B, despite having requested his full records, he indicated that they still hadn't been released to his GP:

> *The one biggest issue I've had is my medical records… I registered at a civvy doctor's and gave them the paperwork that the Army gave me, and I had to wait until after I'd been discharged for that date. I went in and gave it them, and they have to write to Glasgow and request my full medical history, and that's still not happened… my doctor's sent a couple of chasers, before Covid… but yes, as of now, my medical files are still, the Army hold them and haven't released them to my civilian GP. If I do start having flare-ups and go back to the doctor and say, 'Look…', they've got no history to refer to. I've been very disappointed with that… If I go back and just say, 'Look, I need this medication', the doctor will be like, 'Well, why?' Then I've got to go and give him four years' worth of history… He can't just refer to my notes on the screen and go, 'Yes, I can see you've had back trouble since 2014, and you've had this medication. [WIS 8, OUT, Wave B]*

Another participant referred to experiencing '*no handover*' and '*out-of-date*' service medical information:

> *There was no handover to the NHS, nothing. I was entitled for six months with DCMH post discharge. End of the six months, they went, 'Bye, off you go.' 'What do I do now?' They went, 'Right, just go to your GP and they'll refer you, and you'll just carry on.' [No written information], only what was on my medical documents at the time, which were well out of date. That was it, really. [WIS 2, OUT, Wave A]*

Not only having up-to-date medical records, but also the timely transfer of these records, was obviously critical in determining how people experienced post-service healthcare and points to the importance of an effective system for sharing data (see above in relation to Programme Cortisone).

However, beyond effective data sharing, for some stakeholders part of the handover to civilian healthcare was also about how to manage the expectations of service leavers in relation to potential differences between military and civilian healthcare:

> *You're used to being able to get time off in work to go to the physio who is on the station, and it's free, and you can go to the physio five days a week, and it's not a problem. When you go into the [civilian] world, you can't do that, you can't do that on the NHS, and you can't afford to do that privately, because that would be £500 a week. Again, it's understanding how you manage your condition, because you're not going to get the level of physical support that you got in the military, because that doesn't happen in the civilian world. [S4]*

This issue was raised in some of our WIS interviews, where it was evident that participants had been surprised at the length of time they had waited for appointments or had experienced a shift from multiple sources of support while still in service to more limited support upon discharge:

> *[Before I was medically discharged] I had a list of professionals that worked with me that was longer than my arm… Obviously, I was medically discharged as of July [2021]… I've pretty much got – this is not me being depressed, sad, lonely or suicidal, but I now – everybody has closed on me, so I have nobody professional. [WIS 52, IN, Wave B]*

> *The beauty of being in the military is your physio is there. You can see a doctor in the morning, and, if you're lucky, you're seeing a physio in the afternoon. If not, you're seeing a physio some point next day or that week, whereas NHS physio are like what?… Transitions, Intervention and Liaison Service [TILS] is good, but it took me seven months to get on, not seven weeks. [WIS 18, OUT, Wave A]*

WIS 18, as above, reiterated the point about missing being able to access immediate and dedicated healthcare support as a civilian, after having experienced a further major injury following his Wave A interview:

> *You know, the one thing I'm missing now, being a veteran, is the fact that I just can't go to Headley Court or Stanford Hall now to get myself fit physically. That would make such a difference. Just to have four weeks of dedicated, right… this is what you need to do. [WIS 18, OUT, Wave B]*

It was evident that some of those who were in the process of being discharged during the fieldwork period were also experiencing uncertainty about who was responsible for their medical care. One participant, for example, referred to feeling like he was in a game of 'tug of war' between the military and NHS, because at the time of his injuries he needed specialist care for his burns and was therefore cared for in an NHS hospital even though he was still serving, which had created uncertainty about when a required operation would take place:

> *There is this tug of war of I'm having the military saying, 'This is what you need to do', and the NHS saying, 'You need to do this, but we don't know when', and it's very much, you know. For me, it's all out of my hands. I'm reliant on other people, so I can't say, 'Right, I'm going to get my operation done at this date, and it's going to take me this long.' [WIS 58, IN, Wave A]*

The second key issue that was raised related to concerns about the costs of ongoing care. If a service leaver has an injury or condition that requires ongoing medication, and if the injury/condition is attributable to service, medication costs may be covered by the MoD. However, it was evident from some of our interviews that there was uncertainty about the circumstances under which participants were exempt from specific charges, most commonly prescription charges. For some participants, there was a sense of injustice at having to pay for their ongoing painkillers:

> *The Army has been paying for my prescriptions and everything, but now I'm expected to. They kicked me out, and now I'm expected to pay for it… I'm like, 'But I can't afford £30, £40 a month on painkillers…' If you're serving, you're covered, but surely you'd think if it was caused by service, they should be required to carry on that treatment for that injury. [WIS 22, OUT, Wave A]*

It was evident that where people experienced uncertainty about their AFCS payments, this created uncertainty about the affordability of ongoing medication. One service leaver, for example, wanted to ensure that his injury was recognised at the level that would enable exemption from prescription costs:

> *I'm not really fussed about the money, it's more… so I can get my free medication, because I don't know how long I'm going to be on them for. [WIS 26, OUT, Wave A]*

However, it wasn't just potential prescription charges that were a concern. One participant, who had also been involved in a vehicle crash and now required leg braces, indicated that he wanted to ensure that they were checked and replaced before he was discharged. He indicated that the leg braces he was using weren't supported by the NHS and can cost £10,000 each, so he was concerned that it would be difficult to access them once discharged (this appears to contrast with the experience of WIS 56, referred to in Chapter 4, who indicated that he would be eligible for a non-standard prosthesis for the rest of his life):

> *This is something while I'm here [going through the discharge process] I should get sorted, because these braces go from being fine one day, and then the next day a strap goes and then that's you out of action. [WIS 63, IN, Wave B]*

Finally, it was evident that Covid-19 had impacted on some participants' experiences of accessing healthcare services. This was reflected on as something that was affecting everyone who was trying to access the NHS during the pandemic and was not raised as a criticism. However, it was apparent that Covid-19 and the subsequent shift to virtual appointments had impacted particularly on those within our sample who were accessing mental health support and for whom face-to-face support was more appropriate.

7.2 Summary

As this study focuses on the transitions of those with physical injuries/conditions, experiences of the transition to the civilian healthcare system are obviously a significant part of these journeys. Again, our interviews demonstrated significant inconsistencies in how people experienced the shift from military healthcare. Although there were many who had experienced a 'seamless' process as their care transferred over to the NHS, there were equally those who had experienced difficulties with this process. These difficulties related to the speed at which medical information was transferred, uncertainties about who was responsible for their care (and the cost of that care) and, at times, a lack of preparedness for the reality of accessing civilian healthcare (as compared with that available while serving). For those that had had a seamless transfer, involvement of the ongoing services in advance had proved to be invaluable, whereas for others a lack of such involvement had often resulted in a confused situation. There appears to be a lack of consistent messaging on what those leaving service should expect following transfer to the NHS, which may be due to the complexities surrounding each individual case. Regardless, this lack of understanding and uncertainty – for example, about payment for necessary 'aids' – did cause anxiety.

8. Housing

For members of the Armed Forces, Housing Briefings are undertaken by the Joint Service Housing Advice Office (JSHAO), and all service personnel (not just those in the resettlement window) and their spouses/civil partners are eligible to attend these briefings[53]. However, those in the final nine months of service are given priority, and all service leavers are encouraged to complete the JSHAO_01 (Housing Options) e-learning course, which is hosted on the Defence Learning Environment (DLE) via the Defence Gateway[54]. Within the accounts of our participants, housing concerns appeared to feature much less than discussions of the other issues within this report; however, the interviews still highlighted some important issues relating to the importance of clear housing advice and guidance, particularly in relation to expectations around leaving military accommodation and eligibility for Armed Forces-specific housing schemes.

8.1 Experiences of the transition to civilian housing

The participants were living in homes with a mix of tenures, both renting and owner-occupation. However, the majority were either currently owner-occupiers (from the OUT cohort) or were in the process of buying a house (those who were in the process of leaving/medical discharge). It was evident that for some participants buying a house was seen as a positive step that provided some security while they were still within service or in the process of being discharged. One participant, for example, described being advised to look at post-service housing options during a period of rehabilitation for a spine injury as one of the more positive aspects of his experience:

> *It's one of the only good bits of advice I got from my medical centre at the time... She said to me three years ago, 'This injury is probably going to make you leave the Service. You want to start looking at your options of housing and all of that. Get your affairs in order straight away.' That was helpful, because I got the first step on the [housing] ladder straight away. [WIS 43, IN, Wave A]*

However, there were a small number of instances where it was evident that people had experienced difficulties in sustaining or accessing housing. For a very small number of participants this appeared to relate to being 'evicted' from military quarters, with subsequent experiences of homelessness. It was not clear from their accounts whether they had breached the conditions required to retain military accommodation or had reached a stage where they were no longer eligible, but in these cases participants had most commonly moved into socially rented accommodation, often through the intervention of local authorities or other stakeholders.

There appears to be some confusion as to eligibility for social housing and whether Armed Forces Service leavers feature within the category of priority need. Guidance issued by the Ministry of Housing, Communities and Local Government (MHCLG) indicates that 'Former members of the Regular Armed Forces' are listed amongst the reasonable preference categories[55]. However, as JSP 534[56] states:

> *Many SLs are under the mistaken belief that they are automatically entitled to social housing (a council house). It is a fact that the vast majority of SLs are NOT entitled to social/ council housing upon discharge and this is why attendance at a housing briefing is of vital importance. (p.16, emphasis in original)*

Indeed, one of our service leaver participants was disappointed that there was no automatic entitlement, referring to long-standing debates about the contribution that has been made by those who serve and how that should be supported:

> *It actually said that being in the Armed Forces didn't give you any advantages when it came to housing... I've paid all through my life and get absolutely sweet FA in return. [WIS 31, OUT, Wave A]*

Some participants had managed to secure council housing, including one (WIS 52) who had separated from his wife during his recovery period and had had to leave his military accommodation during the discharge period, leaving both 'technically homeless' (the service leaver being currently based in the DMRC).

However, the consultation with PRU stakeholders suggested that in some instances they had been able to support service leavers to access housing by working collaboratively with local authority Armed Forces Champions:

53 MoD (2021) Joint Service Housing Advice Office (JSHAO): civilian housing briefs, online at: https://www.gov.uk/government/publications/joint-service-housing-advice-office-jshao-civilian-housing-briefs

54 MoD (2020) JSP 534: The Tri-Service Resettlement and Employment Support Manual. Part 1: Directive. Issue 19, Aug 20, p. 15.

55 www.gov.uk/government/publications/improving-access-to-social-housing-for-members-of-the-armed-forces/improving-access-to-social-housing-for-members-of-the-armed-forces

56 MoD (2020) JSP 534: The Tri-Service Resettlement and Employment Support Manual. Part 1: Directive. Issue 19, Aug 20

> *We've got some levers we can pull. We find, because of the demographic of a lot of the soldiers, and not to generalise, but if it's a single male soldier with no children, he's going to be quite low on the [priority need] list for social housing… So, we help tie in with local Armed Forces Champions to try and get them up, and we've had success on a couple of cases where we've got them right to the top of the list, because they've been quite vulnerable, but on paper they scored quite low [in terms of priority need]. [S16]*

A small number of participants referred to making use of the Forces Help to Buy (FHTB) scheme. FHTB was launched in April 2014 as a pilot scheme to help 'address the low rate of home ownership in the armed forces' and has since been extended to the end of December 2022[57]. It enables service personnel to borrow up to 50% of their salary (to a maximum of £25,000) interest-free to support the costs associated (i.e. deposit, solicitor fees) with buying their first home or moving to another property on assignment or as their needs change. There are a number of eligibility criteria, including: having completed 12 months' service from the date of enlistment and Phase One Training; having more than six months left to serve at the time of application; and also meeting the right medical criteria, i.e. their JMES grading 'is at, or above, the minimum standard where single service policy allows the SP to serve without medical retirement/discharge action being undertaken'[58]. One participant had made use of FHTB when they had relocated during service but had been unable to access military quarters, for example. Since then (by the Wave B interview), this participant had sold the property and was purchasing a larger property. Another participant felt that they had been 'wrongly rejected' from FHTB. Although he indicated that this had been corrected, he had lost his deposit by having to pay additional rent while trying to sort out the issue:

> *We're starting from scratch again, which we shouldn't have had to have done, because I sold my house up north to tie in with me getting my Forces Help to Buy to come down to buy a house, and it was all pulled from under our feet… we lost six months of income. [WIS 32, OUT, Wave A]*

When considering housing and transitions to civilian life with physical injuries or conditions, it is also important to consider whether adaptations to housing will be required (either immediately or in the longer term). One female participant referred to recently being discharged due to a hip injury that had occurred earlier in her career but had deteriorated and led to her eventual discharge. She described needing adaptations to various aspects of her daily life, including within the home:

> *I've lost a lot of strength in my left side because it is my left hip. So, yes, I can't walk for too long. I can't run. I can't sit for too long. I have to have chair wedges, and I have to drive an automatic… I've even had to put a downstairs toilet in at home. [WIS 41, IN, Wave A]*

The guidance states that if service personnel have reduced mobility *that is attributable to service*, the MoD will fund adaptations to people's homes in consultation with a local authority occupational therapist. However, this process must be initiated while still in service. Therefore, participants such as WIS 41 would not be eligible for such support (having initiated adaptations post service). Another service leaver described applying for adaptations to be made to his accommodation, but this work had never been completed:

> *I had an occupational therapist come round, because I had fallen down the stairs a few times. When my leg went, I just went flying down the stairs. So, she came round. They put a request in for [housing construction company] to modify the house… [they] never did it. They never bothered. That was eight months, I think, we spent chasing them, and they never bothered to make any of the adaptions that they were told to. [WIS 50, IN, Wave A]*

8.2 Summary

Although housing difficulties featured less within the participants' accounts, where housing was discussed the interviews highlighted the importance of communicating clearly to a service person as early as possible the likelihood of recovery from an injury or condition or whether that individual needs to begin considering the longer-term nature of their condition and plan accordingly in relation to their future accommodation requirements. It was also evident that further information on eligibility criteria is required when people are making use of specific schemes or easements, particularly where housing support is only available if initiated while people are still in service.

57 MoD (2021) Forces Help to Buy: Help to get on the property ladder, online at: https://www.gov.uk/guidance/forces-help-to-buy

58 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/975120/20210401-JSP_464_Vol_1_Part_1_Version_21-FINAL.pdf

9. Personal and social support networks

A recognised factor in determining the success, or lack thereof, of service leavers' transitions to civilian life is the degree to which the service leaver is supported by their familial and wider social and professional networks[59], with previous research highlighting that the experience of an injury and/or sudden discharge can increase vulnerability to feelings of loneliness and social isolation[60]. In this chapter we explore some of the key informal networks that were referred to by our participants and that were providing a range of support.

9.1 The importance of personal and social networks

The critical role of various personal and social networks was evident across our sample. With regard to familial support, it was clear how important the support of their spouse or partner had been for many of the participants that we spoke to, whether offering moral support, advice and guidance or, in several cases, being a primary carer for the participant:

> *You want to be very stubborn. I don't need help. I don't need help. To be fair, [my wife] is probably the one that deserves the credit on that front because she's quite stubborn. She was like, right, you need help. You've got to sort this out. [WIS 56, IN, Wave A]*

> *I am properly struggling now. There are times when my wife has to do everything for me. [WIS 60, IN, Wave B]*

However, it was also evident how much strain can be put upon people's relationships when dealing with the transition from military to civilian life, with a proportion of our participants experiencing a breakdown of their marriage or relationship. These were not directly attributed to being injured or acquiring a physical health condition during service; rather, having a physical condition or injury was an additional factor impacting on difficulties that were occurring within their relationships over the transition period.

With regard to wider family support, a number of participants had relocated or returned to areas that were nearer to their family networks. Several participants spoke of the help they had received from their extended families. One service leaver, for example, described his family living directly below him, who helped with taking his children to school if he was struggling to manage his pain on a particular day:

> *It's my wife's cousin downstairs, and their kids go to the same school. So, if we ever get stuck, we've got their support as well. [WIS 50, IN, Wave B]*

Outside familial support, the informal support provided by peer networks was also evident across the sample. As highlighted in Chapter 3, some participants had experienced difficulties in adjusting to the change in identity upon moving from military to civilian life. Part of that could sometimes relate to no longer feeling part of a group or unit. It was evident that some of our participants had remained in the area of their Unit when they left, which had enabled them to maintain friendships and common activities (exercise, socialising) with those who were still serving:

> *I now live less than three miles from my old Unit, so I'm still seeing my mates that are posted there, sort of thing... I go out walking with one of my mates when he's off and stuff like that. That's decent, but yes, you definitely feel a bit cut out and not part of the group anymore. [WIS 50, IN, Wave B]*

> *I've made very good friends in there, and there's one friend in particular; he lives 40 minutes down the road. We go down – so he's still serving; he's an officer now. We've got kids the same age, so there's always that connection. [WIS 13, OUT, Wave A]*

However, there was sometimes a sense that it was difficult to maintain those social networks once you had left service, as you were now on a different journey to that of your colleagues who remained in service. One participant, who had remained in the same area as her Unit, described how her social support network had diminished over the course of our fieldwork period:

59 Heaver et al. (2018) op. cit.

60 The Royal British Legion (2018) Loneliness and social isolation in the Armed Forces community, online at: https://storage.rblcdn.co.uk/sitefinity/docs/default-source/campaigns-policy-and-research/social_isolation_report_full.pdf?sfvrsn=1212fbbe_0

Through the last six months they've very much disappeared. I don't know whether it's just the journey that I've been through, but I found my support system has very much disappeared. I don't know whether it's lack of understanding or just the fact that they're on different journeys, but yes… the people that I thought were those ones that would stick by very much have gone. I've probably got one friend now that contacts me and that's it, and that's quite eye-opening, I think. [WIS 47, IN, Wave B]

A number of participants spoke of being part of 'virtual' peer networks – of varying degrees of closeness – which offered support in a variety of ways. For example, one participant gave the example of being a member of an Armed Forces-specific Facebook group, which included a diversity of service leavers and veterans:

Some people have obviously had a bad experience; some have had a very good experience. You can kind of pick up pretty useful bits of information with that. [WIS 50, IN, Wave B]

Another participant described being part of a WhatsApp group that had developed during a course he had completed during resettlement. This participant talked about this group in both his Wave A and Wave B interviews, reflecting on how peer support was particularly important for those who have left the Armed Forces:

we just message each other and say, 'Life is crap' or 'It's great'… Actually, that little WhatsApp page is really useful, and there's only five of us on it. One of them lost his job earlier, and we helped him out there and said, 'Have you thought of this?'… One of them has just been diagnosed with [cancer], but it's treatable, and so we're all giving him support. One of them has just got over cancer. That's the sort of stuff which is useful. [WIS 18, OUT, Wave A]… [reflecting at Wave B] Camaraderie is important, and everyone's going to say, 'Well, that's the same for everybody, personal contacts', and I'm going, 'No, you don't understand how critical it is to a veteran.' [WIS 18, OUT, Wave B]

9.2 Summary

For many for whom formal support had been lost and other in-service support systems had finished there was recognition of the invaluable support provided by partners, family and close friends, not only physical care but psychological support too. Participants recognised that their rehabilitation and everyday living were largely down to their spouse or family members, who offered not only physical care but also general support and motivation to carry on. However, close relationships had at times been stretched to breaking point, with some couples having separated; this was not solely due to the impact of the injury/illness but was a consequence of additional pressures on an already strained situation. Several participants had located closer to extended family members to take advantage of the support that could be offered, whereas others had remained close to where they had previously worked, which enabled a continued connection with old colleagues. Indeed, being able to connect with old colleagues virtually was considered valuable.

10. The impact of Covid-19

Covid-19 has had an immeasurable impact on society. As highlighted earlier, this project commenced before the pandemic, and we continued our fieldwork throughout the pandemic, albeit moving to remote methods. Delivering this research during this unprecedented period has therefore given us insights into some of the impacts of Covid-19. Although we fully appreciate that the pandemic has impacted on the *whole* population in significant ways, here we think it is important to reflect on the impact on our participants as they made their transitions to civilian life.

10.1 Reflections on Covid-19: A story of negatives and positives

Overall, the interviews highlighted two key issues in relation to the impact of Covid-19: (i) *delays* (whethewr to operations, discharge processes or the provision of required support); and (ii) *navigating remote methods* (i.e. telephone discharge, online support, etc.). The sample was mixed in terms of those who had experienced these delays and changes positively and those who had had more negative outcomes relating to these impacts.

A current service leaver (WIS 63) spoke of the impact of Covid on his resettlement: '*I think the main thing for me is I need Covid to do one! That's the real thing that's stopping a lot of things.*' Lockdown had affected his resettlement, with courses having been cancelled. He further observed that this had created a backlog of people trying to book onto courses, and he'd felt that other service leavers, who were leaving sooner, were being prioritised above him. He stated that once he has completed some current medical treatments he wants to '*hit the ground running*', prioritising courses and qualifications that will benefit him in transition and employment. Though he had worked his whole military career as a chef, he acknowledged that this probably won't be an option for him when he leaves service, as within civilian life he felt that this role would be unlikely to support his family and household costs. He therefore anticipated needing to do management courses to be a catering manager. He was nervous about the catering industry being affected by Covid-19 and the implications of this for him, including financial issues and the possible need to relocate his family.

For those participants who were in the process of resettlement when they first joined the study, it was evident that the pandemic had 'halted' much of their support, which not only affected the practical aspects of their transition but also impacted on mental health. As one participant stated:

> *About a month ago I probably wasn't in a great headspace. I think lockdown has affected everyone in some sort of way, and I had put a lot in place myself to transition out, so I did a civilian work placement in February with an accountancy firm, and I think the week after I got back from that we ended up in lockdown. I had had meetings with Stanford Hall, which is just up the road from me. I was going to start volunteering with them, which could have led to employment. I had my course that I was heading towards sitting exams, and lockdown hit, and then it was a, well, let's go back to sitting at home doing nothing all day. [WIS 41, IN, Wave A]*

Relating to discussions of mental health, another participant talked about the impact of Covid-19 on the mental health support that was available to him. More specifically, his counselling had moved from face-to-face to telephone support; however, this 'remote' method was not appropriate for addressing his needs:

> *...with the pandemic and that going on, I think I could have been given more, but they're like, 'You can't come in.' It's like, 'Well, it's not going to work over the phone, is it? This isn't treatment, is it? This is just the interview.' He's trying to treat me over the phone for the PTSD, and I said, 'This isn't working. I can't do it like this, because it's not face to face. I need to see you, to actually – so you can see my emotions and the way I'm feeling, because this isn't doing it.' [WIS 40, IN, Wave A]*

It was also evident that some participants were worried about Covid-19 and how it related to their physical health, particularly where their conditions placed them within the 'vulnerable' or 'high-risk' category. Accordingly, a number of participants described efforts to ensure that their current health condition didn't deteriorate and require subsequent hospitalisation (which they felt would increase their chance of contracting Covid-19). Additionally, a number of others had been required to 'shield' during the pandemic to minimise their risk of contracting the virus. Although protecting their health, 'shielding' was sometimes associated with feelings of isolation. As referred to in Chapter 6, Covid-19 also appeared to have impacted on the speed at which decisions were being made around compensation (WIS 8, for example, referred to delays in his appeal).

However, the lockdowns and restrictions that were in place during Covid-19 were seen by some as having some beneficial impacts; for example, reducing commuting time for those in work or having more opportunity for exercising locally (for example, going for walks). For a couple of participants, the enforced isolation and social

distancing were described positively because their ongoing mental health issues made interactions with other people, particularly in crowds, difficult for them:

> *If anything, I actually fit better into a Covid environment because I can actually tell people to p**s off and move away from me, and it's now socially acceptable. [WIS 21, OUT, Wave B]*

> *I find it easier because I don't have to go out. I've got an excuse now not to go out. I've got an excuse now to isolate. I've given myself an excuse not to do things. Rather than forcing myself and going out and doing things and trying to get on with stuff, I now have an excuse not to do that, which is bad, which is the wrong thing to be. [WIS 2, OUT, Wave B]*

However, as WIS 2 suggested, we need to reflect on this self-isolation within the context of having mental health conditions that need addressing. Indeed, it could be a regressive step if people use the pandemic to avoid engagement with others.

It was evident that a couple of participants had also been 'furloughed' through the Coronavirus Job Retention Scheme, and, although this was positive in terms of the financial support they were receiving, it created uncertainty, particularly as they had not been employed for very long, with concern about whether they would subsequently be made redundant (i.e. when the furlough scheme ended):

> *Obviously Covid happened, and I went onto furlough after my first interview. I was on furlough for over four months, went back to work and then just before Christmas went back onto furlough, and I've been on furlough since but hopefully go back soon. My wife, she lost her job. [WIS 13, OUT, Wave B]*

> *If they are going to start making redundancies, am I one to keep, or are you going to keep somebody that's been in the company for 12 years and knows everything that they know? It's a really difficult one. My boss has said, 'It's not how it works. We look at what is required and people's future capabilities and blah blah blah.' There's always that worry, isn't there? There's a logic that says – also, I have no employment rights. I've been there less than two years. They'll just get rid of me, and I won't cost them anything, whereas if they get rid of somebody that's been in the company for 20, 30 years, it is going to cost them a wheelbarrow of cash. [WIS 49, OUT, Wave A]*

10.2 Summary

In many ways, the impacts of Covid-19 are still ongoing and will be felt for many years to come. Our participants have experienced the same issues as many people across the UK (and the globe), as they have had to come to terms with new ways of living and working. However, as this study focuses on transitions and the support required to facilitate those transitions, it is important to reflect on the challenges faced by those leaving service during this unprecedented time. More specifically, we need to recognise how Covid-19 has interrupted resettlement and transition support, impacted on decision making around financial compensation and impacted on access to physical and mental health services. We also need to understand that, although the move to the remote delivery of services has provided some continuity, there are those for whom remote methods of support will not be appropriate.

11. Conclusions and recommendations

This report has presented the findings of a qualitative longitudinal project focusing on the experiences of those leaving service with a physical injury or condition. The project was undertaken over a two-year period, which enabled us to track the experiences of a sample of service leavers over time. As highlighted in our introductory chapter, by using qualitative methods our aim was to provide an in-depth understanding of the journey that our participants made, starting with their injuries/conditions and the impacts of these injuries through their experiences of recovery, resettlement and transition support to their subsequent interactions with various aspects of the civilian systems.

Our service leaver participants were recruited from two distinct cohorts: (i) those who had already left the Armed Forces (i.e. having left within the previous eight years); and (ii) those who were in the process of leaving. For each cohort, interviews were conducted at two points, or 'waves': baseline (Wave A) and follow-up (Wave B). A combined total of 40 service leavers were interviewed at Wave A (between October 2019 and January 2021). A total of 28 service leavers took part in the follow-up Wave B interviews (between September 2020 and September 2021). The analysis and findings presented in this report are therefore based on 68 in-depth qualitative interviews.

Our research does not claim to be representative of the service leaver population who have physical injuries/conditions, and we recognise that our analysis presents the lived experiences and perceptions of a small cohort of this wider population. Although we have worked with a diverse range of organisations to support the recruitment of our sample, we recognise that there may be a higher proportion of people who have had more negative experiences. However, this does not diminish the importance of their experiences or the lessons that may be learnt from hearing their accounts. It should be noted that participants spoke about their time in the Armed Forces with a significant sense of pride, and many appreciated the support provided by both the MoD and the charitable sector. At the same time, the accounts in this research provide important reflections on how participants' experiences of leaving the Armed Forces with a physical injury/condition could have been improved, particularly in relation to ensuring there are clear communication and understanding about the discharge process, adequate time for recovery and resettlement, personalised support during transitions, financial security and greater support in relation to navigating civilian systems. The overall picture was one of inconsistency and variability. The interviews with service leavers were supplemented with stakeholder consultations, which provided useful additional insights that reiterate and contextualise some of the key concerns raised by our participants. This chapter provides some concluding comments from our research and our policy and practice recommendations.

11.1 Medical Board, recovery and resettlement

Many of our participants had anticipated that they would have long careers in the Armed Forces (and indeed some had). However, it was evident that, regardless of the stage in people's careers, experiencing a physical injury or condition required significant adjustments and adaptations to their lives. A number of participants described a noticeable shift in how they were treated by colleagues in service once injured or once a condition had been diagnosed, and the need to remain respected by senior officers and peers was a significant issue. The accounts suggested that there were inconsistencies in responses, signalling the need for further training for line managers and those involved in medical discharge processes to ensure appropriate processes are followed and the necessary and available support is put in place.

> **Recommendation 1:** for the MoD to provide guidance and/or training for senior staff and line managers relating to: (i) the challenges that those who are either downgraded or facing medical discharge may experience; and (ii) how to appropriately support staff who are going through these processes.

It was evident that people's experience of the medical discharge, recovery and resettlement processes shaped their subsequent experience in civilian life. These processes are central in determining what support people can access as they transition to civilian life and are also important in determining how service leavers reflect on their time in the Armed Forces once discharged. Although significant support was available and good practice in the provision of this support was evident, a key message across our interviews related to variability, inconsistency and uncertainty in relation to participants' experiences of these processes. A number of participants described aspects of these processes as confusing, frustrating or even chaotic, and it was evident that such experiences were more likely in those cases where there appeared to have been poor communication with the service leaver or where they perceived there were discrepancies in

the information that was relayed to them by the various staff involved in the processes. It is this *variability* of experience that we feel needs to be understood and addressed to improve the experiences of future WIS service leavers.

With specific reference to experiences of the Medical Board, participants' accounts demonstrated examples of confusion about decision making and – at times – a sense of 'shock' at receiving a recommendation for medical discharge.

Recommendation 2: for the MoD to review and monitor the medical discharge process to ensure consistent and transparent communication to WIS service personnel, which must include how and why decisions around medical discharge have been made.

As highlighted in Chapter 9, familial and spousal support was vital for many of our participants across both their service life and their transition to civilian life. Identifying opportunities for families, spouses and partners to access and provide support during the medical discharge process may offer another means of improving people's experiences.

Additionally, one of the most significant challenges related to whether sufficient time had been recommended during the Medical Board. It was evident that insufficient time could impact on the courses and other support that people accessed during an important period in their transition, and there were a number of examples where people had experienced a reduction in what was perceived to be the appropriate resettlement period. Some participants attributed this to their requirements to continue fulfilling particular duties, while others related it to their experience of a perceived 'chaotic' discharge period, with lack of communication or transparency being key to this (as above). Insufficient time for resettlement impacted on people's ability to prepare for life post service, particularly as people were leaving because of an injury or condition and not necessarily through choice. In some of the more extreme examples within our study, limited time to prepare appeared to have had some more devastating consequences in civilian life (for example, mental health impacts and experiences of homelessness). However, even for those whose discharge process appeared to have occurred in a more structured and supported manner, the issue of time was still raised. Hence, it was suggested that an appropriate period of time was required to enable people to appropriately prepare for leaving the Armed Forces.

Recommendation 3: for the MoD to ensure that sufficient time is consistently allocated those leaving service with a physical injury/condition to enable them to access all relevant support and to support them to plan appropriately for their discharge and the management of their condition post discharge.

Specific recovery and resettlement centres were often praised for their support (for example, DMRC Stanford Hall, Headley Court and Hasler NSRC), as well as courses that were singled out for their excellence (for example, the Pathfinder course run by Help for Heroes and the Warrior Programme). However, the degree to which this support was consistently offered to people was uncertain. Significant differences were also highlighted between the support provided at a PRU (or equivalent centre) as compared with Unit-based support, with the latter often described more negatively.

Recommendation 4: for the MoD to review how and when recovery and resettlement centres are accessed by those with a physical injury/condition as part of their rehabilitation requirements to ensure consistency in referral to this support.

Recommendation 5: for the MoD to address the disparity between the support provided at Recovery Centres and that provided within Units.

Turning our attention from recovery to resettlement, there were many positive reflections relating to the support provided by the CTP, the financial packages available for training courses (for example, ELCs) and the vocational nature of courses, all of which had enabled some participants to make a relatively seamless transition to the civilian labour market. However, for others the support was described as not being personalised (i.e. 'tick box' or 'generic'), and some were uncertain about the timescales of specific support such as ELCs.

Recommendation 6: for the CTP to review the delivery of courses to ensure that they are tailored to the diverse needs, experiences and backgrounds of those leaving service with a physical injury/condition.

Recommendation 7: for further guidance/clarity to be provided in relation to the financial support for training (for example, ELCs) and the length of time permitted for using these resources post-service.

It was evident through our desk review, our interviews with service leavers and consultation with stakeholders that much excellent support is being delivered by myriad organisations and charities to support service leavers, and many of the organisations we consulted with expressed a desire for greater involvement in resettlement briefs and support during discharge. However, it is important to acknowledge the role of individual agency here, i.e. how, or whether, an individual service leaver engages with the resettlement support that is offered. It was evident that some participants had not always been in the right frame of mind to engage with the training and courses on offer or did not – at that time – fully understand the expectations for them to be proactive in the pursuit of appropriate training and support. Previous reports[61] have highlighted the importance of Personal Development Plans (PDPs) during service as part of the ongoing preparation for a transition to civilian life. It is therefore important for the MoD to emphasise to serving personnel

61 See, for example: Lord Ashcroft (2014) The Veterans' Transition Review, online at: http://www.veteranstransition.co.uk/vtrreport.pdf

through the annual career briefings that advance planning for the transition to civilian life is imperative.

Those who had not engaged with support represented a small proportion of our sample. Overall, it was evident that many participants had struggled with what they perceived as, at times, a confusing landscape of organisations, where they had experienced difficulties in understanding which organisation was most suited to their needs or their eligibility to access support from particular organisations. Additionally, the emphasis on employment within many of the programmes was sometimes perceived to overlook other important aspects of transition that require support, i.e. understanding civilian life and systems more broadly. Participants therefore requested greater clarity in relation to the post-service support they could access to avoid confusion in navigating the multiple organisations. Mentoring programmes[62] can play a significant role here and should be widely publicised to ensure that service leavers are aware of this form of support.

At the time of our research, the Veterans Gateway was operating as a single point of contact; however, this had not been widely used by our participants (although some were aware of this service). There was also sometimes a perception that charities were providing the support that service leavers felt should be the responsibility of the MoD. Additionally, given the nature of the challenges faced by service leavers with a physical injury/condition, it was felt that support was needed on a longer-term basis to ensure that people hadn't 'fallen through the cracks' or to support those who may not experience serious challenges immediately upon leaving but may encounter difficulties a number of years post discharge. A clear message from our participants was therefore the need for consistent follow-on support. As well as identifying longer-term issues, the provision of follow-on support would also address some of the concerns raised relating to feelings of abandonment post service.

11.2 Navigating civilian employment

As highlighted above, a significant emphasis of resettlement support relates to entry into civilian employment, with successful military-to-civilian transitions often measured by (short-term) employment outcomes. Our interviews demonstrated a diversity of experiences of navigating the transition to the civilian labour market. The accounts have added further weight to acknowledged concerns around the challenges associated with transferring military skills and qualifications to civilian employment and the need to be prepared for the contemporary civilian labour market in terms of both its characteristics and its culture. Existing concerns have also been raised about the need to understand longer-term employment outcomes[63]. Our interviews with those who had left service a few years previously and also our Wave B interviews with those who were discharged over the period of our study demonstrated that, although some people move relatively quickly into employment post service, there are subsequent challenges in sustaining employment. Additionally, there were those for whom being able to enter the paid labour market in the first place would present a significant challenge.

> **Recommendation 8:** for Recovery Officers (and other relevant staff) to ensure that employment support is personalised and realistic in terms of the employment opportunities that are suitable for those leaving service with a physical injury/condition.

Although some participants spoke positively about civilian employers, others had struggled with the fact that the skills and qualifications that they had acquired within the Armed Forces were not recognised or valued by civilian employers. The transfer of qualifications has been a long-debated area, and we are aware of work being undertaken by MoD Training, Education, Skills, Recruitment and Resettlement (TESRR) in producing a tri-service matrix (at the time of writing it was suggested that this would be available from Spring 2022). This matrix will not only aid employment opportunities but will also assist in applications for further and higher education courses.

> **Recommendation 9:** for all relevant stakeholders (for example, the CTP, education officers and employers) to utilise the matrix created by TESRR once it becomes available.

A final point to make is that there are those for whom being able to enter the paid labour market would present a significant challenge due to the debilitating nature of their health conditions or injuries. For those who found themselves unable to work (whether temporarily or in the longer term), appropriate financial support was therefore vital (see below).

11.3 Financial security post-service

It was evident in our interviews that the financial support available to those who had left service with an injury/condition was often viewed positively; however, the interviews identified some key concerns relating to the complexity of the various schemes and payments; the waiting period and uncertainty in relation to the award amount; and, on occasion, the amount that was awarded. Many participants spoke of how confusing and stressful it was to get clear information about the outcome of their pension or any financial compensation in a timely manner, and some were also pursuing tribunal claims a number of years after discharge. Many participants described needing to rely on the support of stakeholder

62 See, for example, SSAFA's Transitional Mentoring Programme: https://www.ssafa.org.uk/get-help/joining-civvy-street/transitional-mentoring-for-service-leavers

63 Fisher et al. (2021) op. cit.

organisations to understand the technicalities of their compensation/pension, which raises concerns about those who were not aware of such support.

Recommendation 10: for the MoD to review the pension and compensation schemes to ensure that awards are determined in a timely manner and that decision making is transparent and communicated clearly.

The next AFCS Quinquennial Review[64] provides an opportunity to consider a number of the issues and concerns raised in this report.

In addition to service-related compensation and pensions, those leaving the Armed Forces may also be eligible for mainstream social security benefits. Although there was relatively low take-up of mainstream benefits among our participants, as was found in our previous research[65], several participants had experienced difficulties in understanding their eligibility for benefits and how to navigate aspects of the benefits system. The support provided by the DWP AFC network and new Armed Forces Leads will be vital in addressing these issues.

Recommendation 11: for the MoD, in collaboration with the DWP, to ensure that information on eligibility and how to access benefits is routinely and consistently provided to those leaving service with a physical injury/condition[66].

Recommendation 12: for the MoD, in collaboration with the DWP, to ensure that service leavers and those organisations supporting service leavers know how to access the support of their local DWP Armed Forces Champion and Armed Forces Lead.

A further important issue that was raised related to the confusion and uncertainty (on the part of service leavers and some stakeholder organisations) as to whether Armed Forces compensation and pensions impacted on eligibility for social security benefits (see, for example, the case study of WIS 50). More specifically, there was uncertainty in relation whether or not Armed Forces payments were disregarded in means tests, and which payments and benefits the disregards related to.

Recommendation 13: for the DWP to produce clear guidance on how Armed Forces compensation and pensions are treated within Universal Credit and legacy benefits. This guidance needs disseminating across all relevant stakeholder networks.

11.4 Health and medical support

Our participants often spoke positively about the medical treatment that they received when they sustained their injury and within specialist recovery units and also more broadly about the healthcare provision that was available within the Armed Forces. This provision was compared with that experienced within civilian life, where the interviews demonstrated inconsistencies in how people experienced the transition from military to civilian healthcare. Although there were many who experienced a 'seamless' process as their care transferred over to the NHS, there were equal numbers who had experienced difficulties with this process. These difficulties related to the speed at which medical information was transferred, uncertainties about who was responsible for their care (and the cost of that care) and, at times, a lack of preparedness for the reality of accessing civilian healthcare.

Recommendation 14: for the MoD to ensure that service leavers are consistently communicated with in relation to the process of transferring care to the NHS and what this transfer will mean in relation to the level of support that they will be able to access.

Accessing service medical records was highlighted as a key challenge. On discharge, service leavers are given a personal copy of their summary medical record, together with information on how to obtain their full Service Medical Record if they need it. However, it was evident from our interviews that this process was not well understood and that there were often delays when service leavers requested that their medical records were made available to the NHS, their GPs or dentists. As highlighted in Chapter 7, Programme Cortisone[67] is being developed to improve information sharing with the NHS. However, at the time of writing it was unclear as to when the system would be implemented.

Recommendation 15: for the MoD to address delays in the process of sharing medical records through the implementation of Programme Cortisone at the earliest opportunity.

11.5 Housing

The majority of participants were owner-occupiers or were in the process of buying a house, with smaller numbers referring to renting (either privately or in social housing). Across the accounts of our participants, housing concerns appeared to feature much less than the other issues raised within this report. However, where housing was discussed, the interviews highlighted the importance of communicating as early as possible the likelihood of recovery from an injury or condition or whether the individual needs to consider the longer-term nature of their condition and plan accordingly in relation to their future accommodation requirements. It was also evident that service leavers would benefit from clearer housing advice and guidance, particularly in relation to

64 The AFCS Quinquennial Review is an independent review that is carried out to determine whether the AFCS remains 'fit for purpose' (for further information see https://www.gov.uk/government/publications/the-armed-forces-compensation-scheme-quinquennial-review).

65 Scullion et al. (2019) op. cit.

66 Note: this was also recommended in our earlier work on the benefits system and remains relevant here.

67 www.gov.uk/government/publications/programme-cortisone

expectations around leaving military accommodation, eligibility for Armed Forces-specific housing schemes, such as the Forces Help to Buy (FHTB) scheme, and other housing options that might be available to them (for example, eligibility for social housing).

Recommendation 16: for the MoD to ensure that adequate housing advice and guidance are provided during the recovery and resettlement period, focusing on the importance of planning for future accommodation needs but also clarifying eligibility for specific schemes or accommodation.

11.6 Recognising intersections between physical and mental health

Although the focus of the research was on leaving service with a physical injury or condition, in this final section we highlight the importance of recognising the intersection between physical and mental health. Existing studies show that some service leavers may experience frustration, confusion and poor psychosocial integration as a result of discharge following a physical injury. These experiences can relate to a number of factors, including the discontinuity between military and civilian health services[68], a shift in ability – with a corresponding shift in identity – from being 'able-bodied' to being 'disabled'[69] and the disruption of an enforced career change for health reasons, all of which were evident in our interviews. Participants' accounts demonstrated a need to provide greater mental health support to those discharged with a physical injury/condition to help them to adjust to their (often sudden) change of circumstances. Although the mental health of service personnel is recognised within the Armed Forces, and new initiatives such as Op COURAGE are welcome for those who have left service, the accounts of our participants demonstrated that there are still improvements that could be made through appropriate connections between physical and mental health support.

Recommendation 17: for the MoD to ensure that mental health support is consistently and routinely offered alongside physical health support to those who acquire a physical injury/condition whilst in service. When striving for a seamless handover to the NHS, this should include a handover to relevant mental health support.

It was also evident that service leavers' mental health, as well as how they reflected on their service in the Armed Forces, could be significantly impacted by how they felt they were treated by colleagues, senior staff and the MoD more broadly during their discharge. A number of participants had felt 'devalued' after giving a substantial proportion of their life (and their health) to their service career. The passing-out parade is a celebration at the beginning of people's careers; however, many had experienced the end of their career as 'abrupt' and lacking in recognition of their contribution.

Recommendation 18: for the MoD to consider how best to mark each service leaver's end of service.

Consideration of how to mark the end of service could include giving recognition to service leavers through the provision of an annual end-of-service celebration (for those who wish to attend[70]).

We hope that the evidence presented in this report will be given serious consideration and lead to changes in policy and practice so that the inconsistencies and variations in support for those who leave service with a physical injury or condition can be addressed and the good practice identified can be built upon.

68 Christensen et al. (2018) op. cit.

69 Caddick and Smith (2017) op. cit.

70 We recognise that not all service leavers would welcome this type of event. However, within our sample there were a number of participants who had experienced the end of their career as abrupt and lacking in recognition of their contribution.

Glossary

Armed Forces Compensation Scheme (AFCS)	Provides compensation for any injury, illness or death that is caused by service on or after 6 April 2005.
Armed Forces Independence Payment (AFIP)	Introduced in 2013 by the Ministry of Defence (MoD) in conjunction with the Department for Work and Pensions (DWP), AFIP is designed to provide financial support to service personnel and veterans seriously injured as a result of service to contribute towards the extra costs they may have as a result of their injury. To be eligible, service personnel and veterans have to be entitled to a Guaranteed Income Payment (GIP) of 50% or higher through the Armed Forces Compensation Scheme. Service personnel whose GIP entitlement is less than 50% can apply for Personal Independence Payment (PIP: see below). In contrast to PIP, individuals eligible for AFIP are not required to undergo an initial, or any future, functional assessment, and payments continue throughout their life.
Armed Forces Pension Scheme (AFPS)	All members of the Armed Forces are automatically enrolled into the Armed Forces Pension Scheme. Various schemes exist, depending on when the service personnel entered service, and extra categories of pension support exist for some WIS service leavers, which are also dependent on the attributability and severity of their injury/condition.
Career Transition Partnership (CTP)	The CTP is the resettlement support service that assists the transition of those leaving the Armed Forces into the civilian labour market, with support including advice and guidance, vocational training and a range of employer brokerage activities.
Commanding Officer (CO)	The officer in command of a major military Unit.
Employment and Support Allowance (ESA)	Introduced in 2008, ESA replaced Incapacity Benefit and Income Support for those who are ill or disabled. Entitlement is determined by a Work Capability Assessment (WCA: see below). Income-based ESA is currently being phased out and replaced by Universal Credit (UC: see below).
Enhanced Learning Credits (ELCs)	An initiative to promote lifelong learning amongst members of the Armed Forces. It provides financial support in each of a maximum of three separate financial years for higher-level learning towards nationally recognised qualifications (i.e. Level 3 or above).
Guaranteed Income Payment (GIP)	A tax-free monthly payment made after termination of service to ex-service personnel for injury or illness caused by service.

Jobseeker's Allowance (JSA)	JSA can be paid to claimants who are unemployed and looking for work. It is available to men and women aged 18 or older but below State Pension age. JSA is currently being phased out and replaced by Universal Credit (UC: see below).
Medical Board	A Medical Board is a panel of military medical staff that assesses medical restrictions on employability (including physical and mental capacity) and can make a recommendation regarding discharge. It commonly includes an occupational health specialist.
Military Career Management (MCM) Division	Responsible for career development and the staffing of military units.
Ministry of Defence Research Ethics Committee (MoDREC)	Ensures all research involving human participants either undertaken, funded or sponsored by the MoD meets nationally and internationally accepted ethical standards.
Musculoskeletal disorders (MSDs)	Conditions that affect muscles, bones and joints.
Naval Service	Refers to the Royal Navy and Royal Marines.
Personal Independence Payment (PIP)	PIP replaced Disability Living Allowance for people with a disability who are aged 16–64. PIP is designed to contribute towards some of the extra costs associated with living with a long-term health condition or disability.
Personnel Recovery Officer (PRO)	Provides non-clinical support for the recovery of wounded, injured and sick personnel.
Personnel Recovery Unit (PRU)	Non-clinical facility providing dedicated command and care for service personnel with the most complex recovery needs.
Resettlement	The process of leaving the Armed Forces and entering the civilian job market. Resettlement programmes are available to assist with making a successful transition to employment or another desired outcome.

Traumatic brain injury (TBI)	An injury to the brain from an external force, possibly leading to permanent or temporary impairment of cognitive, physical and psychological functions.
Universal Credit (UC)	UC replaces four of the existing means-tested social security benefits and the two tax credits for working-age people (Income Support, income-based JSA, income-related ESA, Housing Benefit, Child Tax Credit and Working Tax Credit). Claimants on UC with health conditions or disabilities may be subject to a WCA (see below) to determine their required level of support and engagement.
War Pension Scheme (WPS)	The WPS compensates for injury, illness or death that was caused by service or worsened by service before 6 April 2005.
Work Capability Assessment (WCA)	The WCA is the test used to determine eligibility for ESA and UC. The WCA assesses how a person's health condition or disability affects their ability to complete a range of functional activities and has three potential outcomes. Claimants are classified as either 'fit for work', having 'limited capability for work' but deemed likely to become capable of work in the future or having 'limited capability for work and limited capability for work-related activity'. These classifications determine both the amount of benefits received and the conditions attached to them.
Wounded, injured and sick (WIS)	Those who have received battle injuries (wounded) or other injuries or have become sick during military service.

This report has been funded by the Forces in Mind Trust, a Charitable Trust founded by a £35 million endowment from the Big Lottery Fund (now The National Lottery Community Fund). It is the final report of the project 'Understanding the transition to civilian life for ex-service personnel with physical conditions as a direct result of Service or acquired whilst in Service

ISBN 978-1-912337-62-0

FiMT
forces in mind trust
SUCCESSFUL SUSTAINABLE TRANSITION

COMMUNITY FUND