

Defence Committee inquiry into the Armed Forces Covenant

Introduction:

Forces in Mind Trust (FiMT) was founded in 2011 with a £35 million endowment from the National Lottery Community Fund to support serving and former serving members of the Armed Forces with particular regard to improving the transition to civilian life for Service leavers and their families. We do this by funding evidence generation to understand issues and identify what works, and by convening stakeholders and decision-makers to equip them with the knowledge and understanding required to improve the experiences of Service leavers and families. We also fund the independent [FiMT Research Centre](#), a free to access research repository on ex-Service personnel and their families, delivered by King's College London and RAND Europe.

Executive Summary:

The Armed Forces Covenant provides a commitment to the Armed Forces community that no one should face disadvantage as a result of service. Since its introduction, significant progress has been made. Whilst it is noted within our inquiry response below that there are still improvements that could be made to reduce disadvantage, FiMT is supportive of the work undertaken to implement the Covenant and to provide the wider ecosystem of support to the Armed Forces community. Continued consistent application and delivery of the Armed Forces Covenant will strengthen awareness and understanding of the services available to support the Armed Forces community and improve outcomes.

We acknowledge there may be benefits in extending the legal duty of the Armed Forces Covenant to central government and devolved administrations. However, consideration should be taken of the potential unintended consequences of a two-tiered approach if the duty is not extended to other policy areas.

We would be more than happy to assist the Defence Committee further with their inquiry. Should you wish to discuss any matter in wider detail with us please do not hesitate to contact policy@fim-trust.org

We would also draw your attention to the submission by RAND Europe and Shared Intelligence to this inquiry for further detail on the challenges of evaluating the impact of the Armed Forces Covenant, how it works in practice and examples of good progress in Covenant delivery.

Question 1: In what areas is the Armed Forces Covenant working well?

There are a number of areas where the Covenant is working well. Since 2016, FiMT has funded the *Our Community, Our Covenant* project to examine the delivery and impact of the Covenant and the project is now on its fourth iteration, *Our Community, Our Covenant and Beyond*. Previous reports have identified the steps that have been put in place to reduce disadvantage including the relaxation of the local connection requirement for social housing, the School Admissions Code, the introduction of veterans' commissioners and the increased awareness and commitment by local authorities to reduce disadvantage across public services. As also highlighted in the [2024 Armed Forces Covenant Annual Report](#) significant progress has been made in increasing awareness of the Armed Forces community by civilian healthcare services, which is in part a result of almost all Primary Care Networks and NHS Trusts in England being part of veteran-friendly schemes.

Many of the areas of good practice identified in our [A Decade of Covenant](#) report were aided by the implementation of the Armed Forces Covenant toolkit which was developed as part of the original [Our Community Our Covenant](#) report. The toolkit is designed to help local authorities and other public bodies to think constructively about their local Armed Forces community and the implementation of the Covenant. The toolkit consists of three parts; a core infrastructure and self-assessment tool, scenarios, and top tips. To provide an example of what good practice can look like we have detailed some in [appendix 1](#) below.

We have also recently awarded a grant to update the toolkit to take account of the external changes and challenges that impact local authorities and public bodies, as well as the impact of the legal duty of due regard. We are hopeful that the enhancement of the toolkit will provide additional support to local authorities to deliver the Covenant.

Initial findings from the current *Our Community, Our Covenant and Beyond* project, which is due to be published later this year, have provided insights on the impact of the new Covenant duty covering housing, education, and healthcare. Early indications suggest that the duty has, in some cases, generated a renewed and greater awareness of the Armed Forces community and the Covenant, providing a tool to highlight the needs of the Armed Forces community both internally and externally. However, despite the guidance available, challenges remain in communicating the practical implications of the duty to both service users and providers.

Question 2: Where is the Armed Forces Covenant failing the Armed Forces Community? What are the main causes for these failings?

Turnover and training of frontline staff

Whilst significant progress has been made, our research has shown that disadvantage remains in several areas and this is often due to the high turnover of frontline staff who deliver services and the continued need to raise awareness of and train staff about the potential disadvantage that members of the Armed Forces community can face.

Limited resources and external pressures

Research conducted during the [A Decade of the Covenant](#) project showed that several local authorities did not have action plans for the Armed Forces Covenant and fewer councils are able to afford a dedicated Covenant officer, with many posts dependent on external funding. A consistent theme from the research is the external pressures and constraints faced by statutory and non-statutory services, which impact on their ability to deliver the Covenant. Sharing best practices and building delivery models that optimise available resources is, therefore, important.

Complex support systems

During a recent workshop conducted by FiMT to discuss the extension of the legal duty with Gold Award holders of the Defence Employer Recognition Scheme (ERS), it was raised that a lack of awareness and understanding of the Armed Forces community by public services can result in service user disadvantage. Disadvantage can also be seen when the Armed Forces community try to navigate public services and the bureaucracy in place, in particular, three-tier councils were provided as an example. There therefore needs to be clearer guidance and expectation management for Service personnel, leavers and families on where to access support and what they are entitled (or not) to. There is some

good work being conducted, supported by MOD Guidance and the Covenant e-learning programme funded by Warwickshire Council and the Armed Force Covenant Fund Trust, but it needs to go further. The current English Devolution White Paper could further impact the delivery, awareness and understanding of local authorities and public services and the impact on the Covenant should be taken into consideration once more is known regarding the Government's intended policy direction.

Data collection issues

Improvements in data collection, including via the Census 2021 and Scotland's Census, are a beneficial step forward in being able to identify and improve understanding of and support the Armed Forces community. However, issues remain with data gathering at a local level. This can stem from either the Armed Forces community not being asked to identify within data collection methods or not understanding the importance and consequences of identification. This leads to inconsistent data available causing obstacles when identifying policy issues and resolving them.

Challenges in health

Health continues to be a key area of disadvantage for the Armed Forces community. Whilst improvements have been made in veteran-friendly health schemes and the introduction of Op COURAGE and Op RESTORE by NHS England, there are still areas where improvements are needed and there remains a lack of consistency in approach across different health networks, areas and devolved nations. Our [A Decade of the Covenant](#) report highlighted concerns that some NHS frontline staff did not have a good understanding of the Covenant, or of the health issues associated with having served or being a member of the Armed Forces community. There were also instances where some members of the Armed Forces community were not asked by their GP if they were a veteran, or were not confident that their veteran status was taken into account. [The Armed Forces Covenant Annual Report 2024](#) referenced the recent MOD survey findings, outlining that while most Primary Care Networks and NHS(E) trusts are part of veteran-friendly schemes, at the grassroots level not all healthcare organisations are veteran-aware and inconsistencies remain across England and the rest of the UK, with some members of the Armed Forces community still experiencing challenges when trying to access healthcare or continue treatment when they move in service. The [A Decade of our Covenant](#) also highlighted access to orthodontic care, for children in particular, as an area of disadvantage faced during relocation.

The Covenant's promise of special consideration for those who have given the most, such as the injured, is also an important area which is not always reflected in practice. Our [research](#) showed that bereaved partners can feel detached from the community they once were a part of and felt more support could be available during these difficult times. For personnel who are medically discharged, some can encounter significant challenges with our [research](#) suggesting there is a significant disconnect between policy, which assumes adequate time and support for successful resettlement and medical discharge, and practice, where there is often not enough time to guarantee the delivery of necessary support prior to discharge, and that there are inconsistencies in the support and communications provided during the medical discharge, resettlement and wider transition process. Issues also remain in the transfer of medical records from the MOD to the NHS, with some ex-Service personnel waiting over a year for their records to be transferred. This can delay treatment and healthcare as well as impact on benefit assessments as highlighted in our [recent report](#). The delay in Programme Cortisone therefore needs to be urgently addressed.

Challenges in education

Whilst there has been a reduction in disadvantage seen in education, some challenges remain and the Armed Forces community can face disadvantage when trying to navigate and gain school places when relocating during service which is often exacerbated when trying to find a place during term time. Access to and maintaining SEND support and education, health and care plans (EHCP) have also been identified as difficult.

Challenges in Employment

Whilst there are services and systems in place to support Service personnel with employment when they transition into civilian life, personnel can face disadvantage due to a lack of understanding, by both personnel and employers, of how military experience translates to civilian employment. The [A Decade of our Covenant](#) report also showed that Armed Forces spouses and partners often experienced disadvantage when trying to find and secure employment during relocation. Our [research](#) showed high mobility levels can make it challenging for military partners to secure employment and develop their careers.

Differences across the devolved nations

As highlighted in our response to question 5 below, extending the legal duty to central government and devolved administrations may ensure more equal access across the devolved nations. Currently mobility, as a result of service, across different devolved administrations where there are significant differing approaches can be problematic. We heard in the workshops we conducted with stakeholders that there could be specific issues in mobility to Northern Ireland, in particular when accessing education or self-identification of veterans due to security concerns. The context in which the Covenant is delivered in Northern Ireland is unique and, alongside political and community considerations, the delivery of the Armed Forces Covenant is limited. In addition, local authorities in Northern Ireland have a limited range of responsibilities and are not responsible for education, housing, health, adult social care, or children's services – all of which are the responsibility of the Northern Ireland Executive and its agencies which could lead to exacerbated experiences of disadvantage. In the research conducted in the [A Decade of the Covenant](#) study, a number of interviewees stated that they felt they had experienced disadvantage through the public services they accessed in Northern Ireland. This was highlighted most in the areas of healthcare and employment.

Question 3: Are there areas which the Armed Forces Covenant ought to be extended to and why? If so, which are the priority areas?

FiMT would support the extension of the Armed Forces Covenant duty. In our response to question one of this inquiry, we highlighted the positive impact of the duty of due regard. As such, it would be reasonable to suggest that further extension would also benefit areas not currently in scope such as social care and the justice systems. Where the legal duty is only applied to certain areas, as it is now, there is a risk that organisations only focus on those areas, resulting in a two-tiered approach. If additional areas were brought into scope, this would allow for a more consistent and well-rounded delivery of the Armed Forces Covenant.

Whilst there would be benefits to extending the areas of the duty, consideration should be taken of how this may affect delivery and what is practically needed. During a recent workshop with Gold Award holders of the Defence ERS, there was a sentiment that the current three policy areas cover most of the areas local authorities work within, and what is within the current scope is sufficient. In terms of practical day-to-day delivery of the Covenant by private businesses in particular, much of the work

undertaken is usually on a voluntary basis and often goes beyond the principles of the Covenant. Introducing further legislation and bureaucracy could be a burden on businesses and employers, particularly smaller organisations. Businesses tended to be more inclined toward voluntary compliance over mandatory legislation and, as such, consideration should be taken of how any extension would affect the ability of businesses to deliver the Armed Forces Covenant duties practically.

Question 4: What legislative changes should be made and why?

Whilst not opposed to legislative change in respect of the Armed Forces Covenant, we do not necessarily think any legislative changes are required at this point. However, we would highlight the need to ensure a consistent approach to the delivery of the Covenant across the UK, to prevent disadvantage for the Armed Forces Community. Further uptake and usage of the Armed Forces Covenant toolkit would assist local authorities and other public bodies to deliver the core infrastructure needed but this also needs to be supported with appropriate and sustainable funding. [A Decade of our Covenant](#) report provides further insight into where more disadvantage and inconsistencies were found in different areas.

Question 5: What impact would the extension of the Armed Forces Covenant legal duty to central government and devolved administrations have?

We are still at an early stage of understanding, measuring and evidencing the benefits and costs of introducing the duty of due regard as currently set out in statute. However, if the Covenant legal duty was to be extended to central government and devolved administrations, then we can see that this would bring benefit alongside any costs that it may generate.

There are likely two main benefits. It would ensure that all central government departments would be required to give consideration to the Armed Forces community when developing new or amending existing policy and be held to account by this. In addition, it would provide for level and equal access across devolved administrations reducing disadvantage to the Armed Forces community during mobility through different devolved administrations. Secondly, it would also help to increase awareness and understanding both of the Armed Forces Covenant itself and of the unique needs of serving and ex-Service personnel and their families.

However, were the legal duty to be extended to central government and devolved administrations without a widening of its scope, the existing potential unintended consequence would remain a risk. We are keen to avoid a situation whereby a two-tier Covenant develops due to the application solely to health, housing and education rather than to all public service authorities and statutory responsibilities. This could result in issues affecting the Armed Forces community not being considered holistically.

Appendix 1: Examples of Good Practice delivering the Armed Forces Covenant

Example 1: In Bradford, an area with a significant presence of veterans, the council is putting a new system into its assessments for adult social care whereby the public-facing member of staff will have to ask if the person has ever served. NHS partners also have questions in their surveys about people's service, and a council information officer is doing work to understand the size, need and location of the Armed Forces Community locally.

One of the difficulties with this approach is achieving the right approach to asking the question. The council is therefore working with Public Health to develop the best way to do this, taking into account that it might be a sensitive question to ask of people, particularly if it is the first thing they are asked.

Veterans have priority access to social care in Bradford if their social care needs relate to their service. Where they don't meet this criterion, the council will signpost them on to other services such as the Regimental Support Service.

Example 2: In Wiltshire, which has a large Armed Forces Community presence, there is an active relationship between the council and military bases which has enabled a more joined-up approach to the delivery of the Covenant. Bases make Wiltshire Council aware of possible future admissions so that schools can make sufficient preparation. This was vital in the Army rebasing programme where 4,000 Army personnel and their families (a further 3,200 people) were redeployed from Germany to Wiltshire by 2020. Wiltshire also had the intention to implement a pen pal programme for children in Germany who would be moving to Wiltshire with the aim to make their transition smoother.

Example 3: In Gloucestershire, which has a significant Armed Forces Community presence, community engagement officers have been working with Army families living in Forces accommodation. Often young spouses on base find it difficult to integrate into both the Armed Forces Community 'behind the line', as well as the wider civilian community. Some have little professional experience and may have left a social and family support network at home to move with their spouses who are serving. This social isolation and lack of meaningful work have the potential to lead to mental health difficulties.

Community officers set up a Look Good Feel Good course, with a free crèche funded through the former Community Covenant Grant Scheme, that enabled the women on base to socialise and build self-esteem. This proved popular and was critical in engaging them in further adult education courses in Maths and English. The activities provided a space for the women to improve their employment skills and to socialise with other women with similar experiences, helping them to avoid social isolation and the potential difficulties this causes. On redeployment, many of the women whom officers had worked with reported feeling more resilient and having the confidence to move on.