

# Northern Ireland Veterans Health and Well-being Study

Principal Investigator  
Professor Cherie Armour  
School of Psychology

Stakeholder Consultation Event

31 January 2019

Hilton Hotel Belfast

## Making Evidence work for you.



# CONTENTS

<b>Attendance List.....</b>	<b>2</b>
<b>Introduction .....</b>	<b>3</b>
<b>Section One: Supporting and Serving Military Veterans in Northern Ireland .....</b>	<b>5</b>
<b>Section Two: Current and Future Needs of Veterans in Northern Ireland .....</b>	<b>11</b>
<b>Section Three: Public Attitudes to the UK Armed forces in NI .....</b>	<b>16</b>
<b>Section Four: Exploring the Need for a Veterans’ Centre in Northern Ireland.....</b>	<b>20</b>
<b>Taking things forward.....</b>	<b>25</b>

## Acknowledgements

The Evaluation event that took place on 31 January 2019 was funded by Forces in Mind Trust.

With grateful thanks to Dr Jana Ross, Mr Martin Robinson, Dr Maria O’Kane and Dr Bethany Waterhouse-Bradley for their contributions, and the representatives from all the organisations who gave up their time to attend the event, and provided valuable input during the discussions.

Also, Dr Joseph Morning and Dr Carol Rhonda Burns , for their contributions to the report and for providing his technical expertise in the creation of the report format.

**Professor Cherie Armour & Dr Deborah Roy**

**August 2019**

# Attendees<sup>1</sup>

FiMT.

UDR & R Irish Aftercare Service.

BLESMA.

Royal British Legion NI.

King's College London.

Ulster University.

Beyond The Battlefield.

Mental Health Outreach.

Decorum NI.

Action Mental Health.

Reserve Forces and Cadets Association.

Inspire Wellbeing.

Veterans Champion Mid and East Antrim.

Veterans Champion Fermanagh and Omagh.

Veterans Champion Ards and North Down.

Health and Social Care NI.

Department of Health NI.

38 Irish Brigade.

The Ely Centre.

DUP Party Policy Unit.

Blind Veterans UK - Rebuilding lives after sight loss.

Belfast Health & Social Care Trust.

---

<sup>1</sup> This list details the affiliations of all attendees' organisations, however some attendees represented their organisation whereas some were not in attendance as official organisation representatives.

# Introduction

## Overview

Since 2015, four research reports have been published by the Northern Ireland Veterans Health and Well-being Study (NIVHWS). These reports were written by university researchers with the aim to improve the health and wellbeing of military veterans living in Northern Ireland (NI). Good research creates impact and impact “is the demonstrable contribution that excellent research makes to society and the economy”<sup>2</sup>. Academic impact advances knowledge, societal and economic impact benefits individuals, groups or the whole society. Without impact, research is meaningless. The research underlying the four reports published by the NIVHWS was designed to create impact by influencing policy within the veteran sector in NI. To evaluate the ongoing success of the NIVHWS in creating impact, an event took place on 31 January 2019; the aim of which was to discuss the changes that have happened within the veteran sector as a result of these four reports.

The research reports were dense and contained over 50 recommendations to address the issues identified within each of the bespoke areas upon which the reports focused. The event was ambitious in that it attempted to review 22 of the most comprehensive recommendations, and this task was given to representatives from various NI voluntary and community sector organisations, academic institutions, Department of Health, Health and Social Care Trusts and Forces in Mind Trust (FiMT). The event offered an opportunity to take stock of the original research findings and recommendations, and where necessary, re-frame any recommendations which did not seem feasible or still relevant in the light of ongoing developments within the sector. This current report is the product of the analysis of all the recorded discussions<sup>3</sup> that took place in the group sessions on the day. The attendees dedicated the afternoon to identifying where

---

<sup>2</sup> <https://www.ukri.org/innovation/excellence-with-impact/>

<sup>3</sup> It is pertinent to highlight that the material contained within this report reflects the opinions and perspectives of only those individuals in the room; many of whom were representing particular organisations. However, given the nature of the event and the group based work, a full consensus may not always have been reached on all of the points that were made and thus reported on herein. In addition, it was not the remit of the NIVHWS to fact check the opinion and perspectives of the attendees, rather the aim was to collect their views on the research conducted by the team and its impact within the sector.

progress had been made, any barriers that remained, who would be instrumental in making things happen, and any associated resources needed (e.g. financial, political, motivation).



While some progress was identified in relation to many of the recommendations, it was evident that the real value of such an event was also to allow a group of experts to take a step back, re-assess, and offer pragmatic and realistic suggestions for taking the recommendations further. The key focus remained on improving the health and well-being of NI veterans and their families, in a context where political inertia continues, and security threats remain real. This report is divided into four sections, mirroring discussions relevant to each of the research reports that were produced by the NIVHWS.

# Section One:

## Report One: Supporting and Serving Military Veterans in Northern Ireland

### Key messages and recommendations

The first research report “Supporting and Serving Military Veterans in Northern Ireland”<sup>4</sup> had recommended structures or mechanisms be developed across all statutory services, similar to that of the Armed Forces Liaison Forum in the Department of Health, with a focus on housing, employment and education.



### Progress

In the short term, some progress has been made in relation to one key original report recommendation which was to develop a Strategic Board. In effect, “*what exists is a coalition of the willing*” supported by an informal network of trusted contacts. More formal arrangements are taking shape, as (Ret) Col. Johnny Rollins, Chief Executive of the Reserve Forces and Cadets Association, is now affiliated with the UK wide Armed Forces Covenant Reference Group, the ultimate Armed Forces Covenant (AFC) Strategic Board. The coalition is building its capacity, and the co-ordinating role has been undertaken by the Northern Ireland Veterans’ Support Office (VSO) and COBSEO Programme manager, Liz Brown. One of the main recommendations of the report was to set up a centralised

---

<sup>4</sup> <https://www.fim-trust.org/wp-content/uploads/2017/06/VETERANS-REPORT-NIVHWS.pdf>

coordinating body for veteran support services and the VSO was launched in response to this. The VSO promotes the implementation of the AFC in NI and assists the NI Veteran community. Further resources are needed as the VSO is expanding its responsibilities. As an early response to this, funding through the NIVHWS was made available for a full-time temporary post-doctoral researcher post. This researcher acted as a liaison point between the NIVHWS research team, the VSO, the Veterans' Gateway, and the Map of Need team based at Northumbria University. The Veterans' Gateway is a programme set up to help veterans to access support services. Through its website and phone line, Veterans' Gateway provides a first point of contact for veterans and their families to connect with the help, advice and support they need from a network of organisations. The Map of Need is a research project based in Northumbria University, which is currently producing a map of veterans' and their families' welfare needs across the whole of the UK. They have created a geographical directory of services, which can help veterans living in the UK to find support in their local area. Veterans' Gateway and Map of Need will play a role in veteran support service provision in NI going forward. By fostering close links with both, the VSO will greatly enhance its ability to uphold the Covenant in NI. The VSO is also being assisted by the NIVHWS team to develop a website and a leaflet which can be delivered to all GP centres in NI. Leaflets will identify the veterans' champions in each Local Authority. The VSO is continuing to build its function as a much-needed lynch pin supporting the coalition and various parts of the network; and is fulfilling the recommendation made by the NIVHWS for a centralised body coordinating veteran support.

There is now a point of contact in each Health Trust who liaises with Frances Martin from the Department of Health. In London, an NI representative now sits on the NHS Ministry of Defence (MoD) Liaison Board. A Forum such as the AFLF could also work in other government departments such as the Department for Communities, but any formal arrangements cannot be taken forward while there is no NI devolved Government. Informal arrangements are taking shape however, and a lead figure, Monica Fitzpatrick in employment services, is building a network of trusted contacts in employment offices.

Due to the informal nature of these connections, success will depend on the personality of the contacts and location of job centres, as there is animosity towards ex-Service veterans in some parts of the province.

The role of the veteran champion (previously termed Armed Forces Champions and renamed on the recommendation of the report) is being developed and clarified, and the VSO is playing a pivotal role in this regard, having already brought the 11 veteran champions together for training events. Some council websites now contain details of their veteran champions and a description of their role and responsibilities. A few councils, including Mid and East Antrim, have already been involved in public engagement events, and openly support initiatives such as the Armed Forces Day and commemorative events. Since the liaison role has been created to support the VSO, all 11 veteran champions have been added to the Directory of Services. This means that they can now be found through the Veterans' Gateway website, which is a much-needed boost to their visibility. Additionally, the veteran champions will be featured on the VSO website once it is launched which will improve their visibility further. Collectively, there has been agreement that veteran champions Terms of Reference are needed and longer tenure, so that veteran champions have the time to develop and consolidate their role within Local Authorities. Councilors run the risk of being voted out at a time of local elections and because of this the issue of tenure is to be raised by the Chief Executive of the RFCA at the Council of Chief Executives.

Plans are underway to set up a Regional Trauma Network for all NI residents including those previously serving in the military. SSAFA, an Armed Forces charity, is now connected to A & E substance misuse teams through Frances Martin, and the teams will phone SSAFA if they have someone in the A & E department needing help. In GB, GP practices make a point of advertising that they support veterans and while NI GPs cannot do this because of concerns around threats from paramilitaries, there is a growing network of trusted GPs who are known to the veteran support organisations.



In the medium term, several issues remain. First is the scope of the remit of veteran champions, and degree to which they can take up issues on behalf of veterans, as Local Authorities do not have responsibility for social services, housing, public health, or education in NI. Also, local councillors are volunteers, often with day jobs, which limits the time they can dedicate to veteran issues.

Additionally, employment services could benefit from a dedicated veteran employment committee, as the only Boards that deal with veteran employment are the Resettlement Boards (Regular Forces Employment Association and Career Transition Partnership) and several third sector organisations.

The recommendation that mechanisms be created to facilitate regular interaction between larger and smaller organisations is being progressed through the Northern Ireland Veterans Support Committee, although views were expressed that more regular meetings would be valuable, as the committee attempts to cover too much in one meeting now. More frequent meetings would mean more opportunities for service providers to engage with the Committee and making a contribution.

### **Taking Stock and New Insights**

It is a common position in the sector that NI veterans remain disadvantaged when compared to their GB counterparts. An example of disadvantage is in the area of housing; released prisoners are offered more help and support than ex-Service veterans. When a prisoner is released, they are classified as unintentionally homeless. However, if someone leaves the Armed Forces, they are classified as people who have made themselves intentionally homeless and as a result, they are refused social housing. Innovative ways are needed to get around legislative barriers, including Section 75 of the NI Act (1998).

One person suggested having veterans classified as a minority, which would attribute protective characteristics to them (travelers were cited as one example of such a minority, as well as those who are diagnosed with a mental health problem). Currently, veterans cannot be given priority over other NI residents. It is different, however, if a veteran has a mental illness. Section 189 of the NI Homelessness Act states that anyone with a mental health problem has priority status when seeking housing. Beyond the Battlefield articulated that they helped house ex-Armed Forces veterans by making use of this Act.

There was also a consensus that efforts are needed to reduce the inequalities that exist in respect of funding provided by MoD for veteran support services, and level the playing field because Section 75 of the NI Act (1998) continues to prevent statutory bodies from funding veteran specific services. One solution suggested during the discussions, was for the MoD to bypass the government departments that make up the NI devolved government, and award funds directly to non-statutory bodies who have a responsibility for supporting NI veterans. The MoD is clear that its remit is defense, and not welfare, but this position is no longer holding, as it appears that there is a shift in thinking, and some attendees reported that Transition services will soon be available indefinitely, where before veterans could only be supported for two years after discharge. Also service providers and planners would benefit greatly from funders taking a more strategic approach, offering longer term commitments to projects and a chance to deliver results.

Political support at NI Assembly level is unlikely in the foreseeable future, as there is no working Assembly and the Assembly itself does not have a Veteran Champion. Ex-Service veteran issues continue to be politicised, which makes it very difficult for any NI politician to champion veteran issues and challenge funding disparities with those in central Government. Making a case for more money will depend upon the ability of veteran support services to accurately quantify the level of need that exists. It is unlikely that any baseline will include the hard to reach veteran population, as current numbers of veterans are unknown

There also needs to be clarity about the function of the evolving coalition, accompanied by greater visibility and clear lines of accountability. Someone to assume the overall strategic coordinating role is more important than ever, as many veteran support organisations have their own strategic boards, each with their own opinions as to how to go forward, making collaborative working difficult in some cases. As long as organisations have to compete for the same pot of money, there will be little incentive to collaborate.

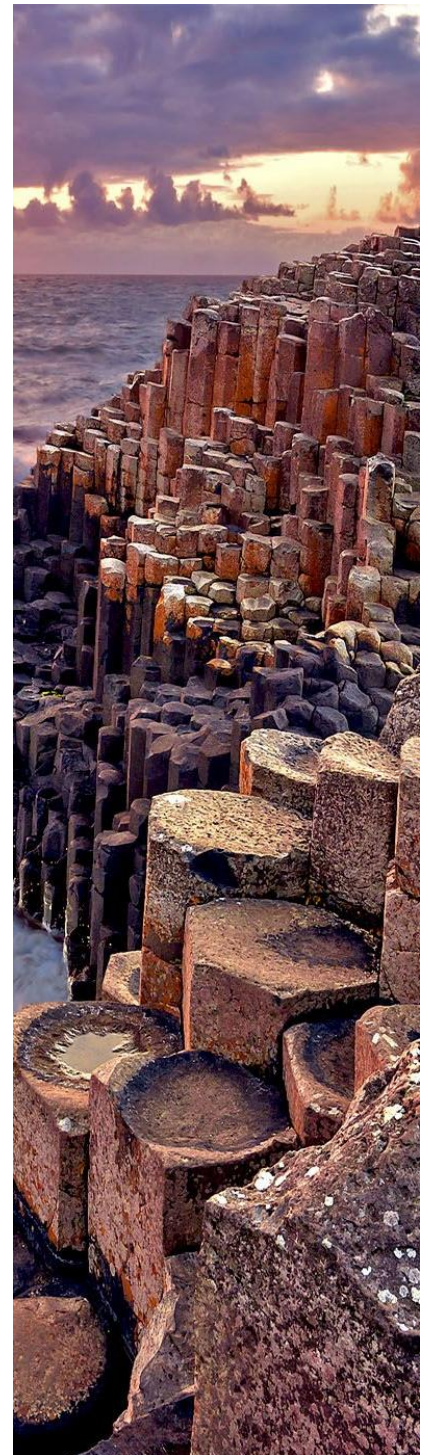
# Section Two:

## Report Two: Current and Future Needs of Veterans in Northern Ireland

### Key Messages and Recommendations

The second report, “Current and Future Needs of Veterans in Northern Ireland”<sup>5</sup> contained findings of the first ever qualitative assessment of NI veteran health and support needs in the province. Key findings revealed barriers faced by veterans accessing help, including living far away from centres of support, with worries about public transport costs; and fears for their safety and of being perceived as weak if they admitted to having a mental health problem. There were also concerns that there is little understanding of military culture among the NI public and mainstream service providers. As a result, NI veterans lacked confidence and trust in the mental health care services currently on offer to them. The findings also revealed that veterans in NI are a group with complex needs, and some of their conditions will most likely worsen with age.

Key recommendations included; asking key officials to promote the AFC; improving communication and information sharing in the veteran sector (this could be facilitated by the VSO); obtaining more funding for initiatives to increase availability of social and peer support; a programme of training about military culture should be made available to public sector service providers, particularly mental health professionals; and voluntary and community services and Ministry of Defense organisations to use pro-active outreach to identify and engage hidden or hard to reach veterans



<sup>5</sup> <https://www.fim-trust.org/wp-content/uploads/2018/01/20171206-CURRENTANDFUTURENEEDSREPORT-FINAL.pdf>

## Progress

There is now a centralised resource developing an overview of all things veterans, which is improving communication systems, and supporting more information sharing between military charities, statutory services, and the wider voluntary and community sector. This resource is the Veteran Support Office (VSO) and Liz Brown of the Confederation of Service Charities (COBSEO). This unit supports the Northern Ireland Veterans Support Committee which is a formal Committee bringing different veteran organisations and charities together. Importantly, it is a trusted and respected resource.

Some councils now publish details of veteran champions on their website and the role of the Northern Ireland Veterans Support Committee and all veteran champions are now featured on the directory of services, which can be found on the Veterans' Gateway website. The VSO is in a prime position to play a pivotal role in supporting Veterans in NI, however work still needs to be done to build public awareness of its capacity. As a response to this, a VSO website has now been set up to address their current lack of an online presence and increase their visibility. There is a belief among veterans and the veterans' charity sector that the Veterans' Gateway is not working well for people in NI. It is important to acknowledge that this is anecdotal, and comprehensive data will be obtained from veterans and their families on their views of the Veterans' Gateway throughout an evaluation conducted by Professor Cherie Armour and colleagues. However, since the creation of the liaison role, the VSO has been working with Veterans' Gateway and Map of Need teams to make the Veterans' Gateway website more useful and relevant for veterans in NI. This collaboration is still developing and will continue to evolve over the coming months.

Certain public events, organized by local councils and attended by veteran champions, are also taking place. And while they do not claim to be veteran support events per se, they nevertheless attract veterans. These include commemorative events, such as the annual Holocaust Memorial Day in Belfast. This enables veterans to make contact but

remain anonymous and engage in public activities until they feel ready to contact support services. Trust can be slowly developed and then strengthened when veterans learn that the services they may eventually come in contact with will understand their needs, are accredited, and are members of professional bodies. Importantly, staff that are ex-Service personnel will have a good understanding of military culture.

A training handbook has been created by the Royal College of Psychiatrists for GPs to ensure they are able to support the needs of serving personnel. In the medium to longer term, the Department of Health could take a role initiating these training programmes and make them relevant to NI veterans.

### **Taking Stock and New Insights**

Efforts to reach and support veterans in NI continue, despite the NI legislative barriers, but it is important to recognise that **“the voice of the veteran is not one voice”**. Not all veterans need or want help and for some, an open public exercise would be alarming. Attempts to raise awareness of ex-Service veteran issues results frequently in an immediate challenge, because the issue quickly becomes politicised.

Report Two identified security concerns as a psychological barrier to veterans sharing information about themselves with services. This continues to be an important issue that needs to be addressed. Services and researchers will be unable to assess and determine the scale of need until a data collection process is in place that gains sufficient trust of veterans and an agreement is reached between services about the data that is needed to support assessment and how it would be used. Also, until there is a clear definition of the outcomes that the veterans services sector aspires to, any data specifications and systems cannot be effectively developed. While data protection regulations (GDPR) are a barrier, services could seek the consent of a veteran to allow them to share some information with other services when completing a comprehensive assessment at first contact. A working group needs to get together to take this forward.

Crucially there is a need to communicate information to veterans in a way that offers reassurances that services available can support their needs. The issue among existing services is one of fragmentation and funding constraints, with many services doing good things on a shoestring. Attendees reflected that building trust among hard-to-reach veterans is going to be a long process, and there is no silver bullet for doing this. Gaining a reputation of being a trusted outreach worker is often through word of mouth. Various veteran support organisations have their own methods, but often work in isolation and because of this the sharing of good practice is not common. Support workers are more successful in gaining trust if they have served in the Armed Forces.

The research conducted by Ulster University has helped by providing an evidence base and by raising awareness of veterans' issues through various dissemination events, including the Armed Forces Day. Getting the message out there will require continued energy and effort from all interested parties. Obtaining more resources and support for the VSO will help greatly in this regard.

Research interviews with veterans revealed a desire to feel safe and they wanted a space where they could meet peers, and a veteran centre could offer this. Around 80% of veterans consulted in the research gave their support for a veteran centre. Such a place could also provide outreach teams with a base to work out of, reaching veterans who could not come to a centre for assessment and treatment. Good practice would ideally involve, being able to offer each veteran a comprehensive assessment of their needs using triage making prioritization possible, ensuring those most in need will get the right care sooner. Attendees noted, that while this could begin to address one of the barriers to obtaining support, it was agreed that the function of a centre needs careful thought to prevent significant investment in a building which could lie empty, like Tidworth house (See Section 4).

Some service providers believed veterans who are socially isolated (70 -75%<sup>6</sup> of veterans may be out of reach or hard to reach) can only be encouraged to seek help if trust and confidence is built prior to seeking help from veteran service providers. In addition to having effective outreach workers, having a trusted point of contact in the statutory and the voluntary and community sectors is seen as one way to achieve this. Also, veterans believe that an increased awareness of military culture among health, housing, employment and social services would make them more accessible as veterans would feel more confident that appropriate help was available from these services.

Attendees felt strongly that preferential treatment is given to GB veterans compared to NI veterans, because they can get priority treatment over GB civilians when it comes to health services if their condition relates to their service in the Armed Forces. Housing is another area where attendees stated that preferential treatment is given to veterans in GB, but not NI. Of note, the AFC is formally implemented in GB but not in NI and this undoubtedly underpins these viewpoints.

There is a perception that little progress has been made in NI promoting the AFC. Lack of implementation of the AFC continues to be hampered by Section 75 of the NI Act (1998). Nevertheless, for some **“Liz Brown in the VSO has become the embodiment of the Covenant”**.

---

<sup>6</sup> These figures were provided by delegates in the absence of reference to an official source of evidence.



## Section Three:

### Report three: Public attitudes to the UK armed forces in NI

#### Key messages and recommendations

Personal security concerns voiced in Report Two that stop many veterans coming forward for help, led to survey questions about attitudes towards the Armed Forces being added to the Northern Ireland Life and Times (NILT) survey and Report Three. The analysis of these questions resulted in the publication of the “Public Attitudes to the UK Armed Forces in Northern Ireland” report<sup>7</sup>. While political division exists in the province and will most likely continue for the foreseeable future, around 78% of the NI public reported support for the Armed Forces, which can be reassuring to an extent. However, the report also revealed that public attitudes differed notably, depending on one’s religious background, with a greater proportion of Protestants holding a high opinion of the Armed forces today compared to Catholics.



The research presented in the third report indicated that 80% of the public were unaware of the AFC.

The recommendations were to; build relationships between the wider community and veterans through public engagement activities organised by Local Authorities and charities; run campaigns to promote a better image of veterans; improved monitoring so more is known about the outcomes for veterans; and to raise awareness of AFC and re-frame the AFC principles so they are less politically contentious. The views of veteran support services expressed on the evaluation day were that while efforts continue to improve the public perception of NI veterans, the threat to life remains real.

---

<sup>7</sup> <https://www.fim-trust.org/wp-content/uploads/2018/06/20180613-NIVHWS-NILTS-Report-June-2018-FINAL.pdf>

## Progress

In the shorter term, good models for reaching and engaging the more needy and socially isolated veterans are emerging in the form of locally grown veteran led initiatives, such as the Breakfast Clubs. The Blossoms Project led by Liz Curtis was cited as an example of good practice. It is a therapeutic horticultural centre and is currently being evaluated by the Public Health Agency. The value of these projects is that they engage veterans in an informal way and build trust, encouraging them to accept offers of support if they need it. These locally grown initiatives are a platform to promote existence and scope of veteran support services. Many veterans do not need clinical therapy and these projects can give them space to re-stabilise, open their minds, and help them to get back on a level footing. Community groups run by ex-Service veterans are accepted more if their name is not associated with the Armed Forces, and something more anonymous is used, e.g. Pathways (Vic Strawbridge), which is active in youth work.

Another short term solution to improve the veteran profile is to create a more positive and perhaps a different image of a veteran which could help improve public perception, because **“the word Veteran evokes an image of an elderly person wearing medals on a Normandy beach, but for young people, it is their friend who served in Afghanistan and Iraq”**. Johnny Rollins via RFCA has done some work with Council and Public Services Organisations on this issue. Also, despite the lack of a working Assembly, five out of the eleven Local Authorities have signed up to the AFC and a few veteran champions have been actively supporting and promoting veteran issues for a number of years. In particular, the North Down Local Authority is very good at running supportive events, and is perceived to be successful and well organised.

In the medium term, good news stories will help with reputation management, as public perception, according to the report, is that many veterans have mental health problems and alcohol and drug problems.

Further recognition among employers is also needed that veterans have many skills to bring into the workplace, e.g. those who have managed teams of 120 men and millions of pounds worth of equipment during their service. While the Career Transition Partnership (CTP) are good at promoting the transferrable skills that veterans have, they are under resourced. There is now recognition of this, because the Defence Transition Service is being introduced, run by Veterans UK. What is also changing is that transition support services will not stop after two years, and instead will be available to veterans indefinitely. Many younger veterans need help with managing finances as they are often discharged with large amounts of cash in a lump sum. Some will spend this money on luxury items rather than investing their cash lump sum in a savings plan, a home or education. The reality is that help is only sought when all their money is gone and they are at rock bottom. Financial advice at discharge could make a significant difference to veterans' lives in terms of whether or not how they successfully manage their money.

Veterans services and centres need not be exclusively for use by NI veterans. There are veterans in every part of Ireland, and common things bind them all together. Beyond The Battlefield and SSAFA already provide support to all veterans living on the island of Ireland like the Connaught Rangers, an Irish Infantry Regiment of the British Army, some of whom live in NI as well as the Irish Republic.

In the longer term, the more challenging goal is improving the public perception of the ex-Armed Forces veterans. It may take a generation to create positive attitudes towards veterans within all communities in NI. Acceptance should therefore remain a long term aspiration and focus for marketing and engagement initiatives. Changing attitudes in the Catholic communities will be a particular challenge and even those who may support veterans may not be able to voice their support in their own community, as self-preservation will mean they have to remain silent.

### **Taking stock and new insights**

In terms of community integration, it is not about integration per se, it is more about acceptance and successful transition, both of which are linked to be better health outcomes in the longer term for veterans. Many NI veterans e.g. Ulster Defence Regiment (UDR) and Royal Irish are already part of society as living in the community. For them it is about acceptance and trust and while NI veterans may be welcomed in some parts of the province, in other areas they have to hide their military service, as they are despised. This is in sharp contrast to the experiences of GB veterans living in GB, who are not seen as the enemy within their own community.

The AFC is a commitment to ensure those who serve or have served in the Armed Forces will not experience disadvantage, and in some circumstances, special provision for Service personnel or veterans should be made when appropriate. But some attendees expressed the view that perhaps **“the reality is that the AFC principles will only ever be adopted in spirit in NI”**.

Nevertheless, should a campaign happen in NI to promote the AFC, the best way to get the message across in NI would be using the local radio stations, e.g. Cool FM, Q FM, Downtown Radio etc. Also, taking existing political tensions into consideration, the AFC could be promoted on the back of other public campaigns or initiatives. The new relationship which is being built between the VSO and the Map of Need team in Northumbria means that the support available to veterans in NI can be disseminated effectively through the directory of services. The fact that the directory is present on the Veterans' Gateway website and will be highlighted on the VSO website will maximise the amount of people reached.

The AFC website was perceived by as not user friendly, intimidating and hard to navigate. Some groups of attendees reflected on whether raising awareness of the AFC is actually needed at all and that it should remain an aspiration, because raising the profile of the AFC risks raising awareness further of the inequalities between GB and NI veterans in terms of priority treatment and special provisions made.

## Section Four:

### Exploring the need for a Veterans' Centre in Northern Ireland

#### Key messages and recommendations

The first two reports highlighted that a range of barriers existed to accessing veteran support services, such as security concerns, and lack of availability of services to meet veterans' complex needs. Having everything under one roof could potentially remove some of these barriers, as it could offer a safe, one stop shop. Qualitative and quantitative research already conducted by the NIVHWS had explored the option of having a veterans' centre. The findings were published in the "Exploring the Need for a Veterans' Centre in Northern Ireland" report <sup>8</sup>. It was found that veterans overwhelmingly supported the need for a centre and the public also stated they were supportive of a specialist mental health centre for veterans. Veterans want somewhere they could go for education, physical activities, peer support and to avail of support from mental health specialists.



The recommendations that came from the report were that; an exploratory committee should be set up to undertake a cost benefit analysis, consider evidence of best practice from centres in other parts of the UK, agree possible locations, and possible services that would best meet veterans' needs.

---

<sup>8</sup> <https://www.fim-trust.org/wp-content/uploads/2018/06/20180612-Veterans-Centre-Report-Final.pdf>

## **Progress**

In the short term, while an NHS veteran specific mental health service cannot be set up in NI, a regional NHS trauma network is forming, which will mean an increase in the number of psychiatrists available who specialise in trauma, thus decreasing waiting times for access to specialist mental health services for everyone, including veterans. It was flagged up that inappropriate referrals are wasting time and money, block NHS waiting lists, and suspected PTSD cases have been at times wrongly diagnosed. Attendees noted that for some veterans however, a PTSD diagnosis may be a preferred diagnosis to anxiety and depression, because it can be like a badge of honour.

While discussions about a veteran's centre have been underway for a number of years and plans progressed due mainly to individual, rather than collective efforts, a formally appointed committee to oversee the creation of a veterans centre is not yet in place. In the medium term, should the formation of such a committee become a reality, the committee should engage veterans in the process, as the veteran profile and veteran need is changing year on year. It was felt by some that more progress could be made by working with political parties rather than the military to progress the establishment of a veteran's centre.

## **Taking Stock and New Insights**

Subject to further exploration, existing physical sites could be enhanced and shared by a number of organisations. A number of the old fortified barracks have been dismantled, but some buildings remain. A few examples were put forward for possible sites, such as Newtownards and Ballymena. More support could be obtained if the centre serviced a broader range of veterans, including the police, fire brigade etc. It is important not to forget existing drop in centres (Decorum NI, Royal British Legion, Beyond the Battlefield), which can offer insights into what could work for such a centre.

When it comes to the provision of mental health services, differences of opinion remain as to whether a specialist mental health centre is needed. A previous review by the UDR & R Irish Aftercare Service could not find evidence of a demand for a specialist treatment centre for mental health. However, initial screening to ensure an appropriate referral could be provided by collaborations between veteran-specific charities and the NHS. A possible location for this could be a veterans centre.

One of the centre's functions could be the provision of information and advice about housing, jobs, legal help and social support. It could also offer comprehensive assessments and contain a hub with staff manning a helpline for phone enquiries. Any information service will need to sync with the Veterans' Gateway which was designed to act as a virtual one stop shop, signposting services on offer and contact points for people to ring and get information. While it has potential, the view of those attending the evaluation event was that in its current format, the Veterans' Gateway is not delivering for NI veterans. That being said, the links which are being formed between Veterans' Gateway and Map of Need teams and the VSO will help to make the Veterans' Gateway service more tailored to the needs of veterans in NI.

There was also a view that any online information hub will not deliver on one of the important needs voiced by veterans, and that is a safe physical space to gather and talk 'shoulder to shoulder', accessing social support, advice and treatment.

When it comes to examples of good practice elsewhere, it was noted that the existing Royal British Legion Personnel Recovery Centres in GB are not designed as social clubs, rather they are residential centres with a specific function around recovery and rehabilitation for injured serving and non-serving members of the Armed Forces. However, it is understandable that a sense of vulnerability has been created by the defense structures in NI being taken away, leaving nowhere for veterans to come together and share stories in a safe place. Conversely there was a view that creating a designated building and a safe place may hinder transition.

What may increase support for a veterans centre is if it could clearly demonstrate that it supported successful transition, rather than acting as a barrier to transition, that it did not duplicate existing statutory services, and that it created an opportunity for engagement with broader community activities. Outreach will still be needed for those too unwell or unwilling to travel to a centre. Evidence of good governance would also attract further support and evidence of best practice being used. One example given was Stanford Hall and fitting of prosthetics.

A coherent business plan developed would also inspire confidence that the initiative is sustainable over time, and this would make any funding requests more likely to succeed.

There was a view held by some attendees that those in most need will not use a centre because of security concerns, and they will not travel to a centre. But having a centre will not discount the need for outreach, rather the centre could provide a gathering place for service providers from which outreach could be planned and organised. Smaller hubs could then be positioned in other parts of the province.

There was little support for building a large, brand new facility, as funding is unlikely to ever materialize, and it is more feasible to make use of existing infrastructures and refurbish them. More work is needed to attract funding from the Covenant Reference Group as too little comes to NI.

Because of their complex needs, veterans are often misdiagnosed and medicated, which leads to its own problems. Wrong diagnosis also occurs as NHS staff often lack an understanding of military culture, and misinterpret what veterans are actually saying. It was noted that Combat Stress, the UK's leading charity for veterans' mental health, has the experience and understanding to help in this regard, but it needs more resources as it is currently under-resourced in NI.



While there cannot be an NHS veteran mental health unit set up in NI, a centre could be staffed by practitioners who understand military culture and are skilled in undertaking a comprehensive assessment of veterans' needs. Another non NHS service that is available is Inspire Wellbeing, which is a charity that can be commissioned to provide mental health support. The clients of SSAFA and UDR and R Irish Aftercare Service are currently sent there for psychotherapy or other types of care.

There is value in looking at veterans centre's assessment services as a first point of contact rather than a GP. Attendees felt that footfall can be assessed by talking to existing services like the Ely centre. More awareness is needed, in addition to further consideration being given to the relationship and function that any veterans centre would have to centres housing SSAFA and Combat Stress, which operate out of Cathedral Quarter in Belfast.

Gaining funds from the MoD has been a challenge and one charity mentioned that they have made five attempts already to obtain military grants to build a centre, but they were all rejected.

## Taking things forward

Equality legislation will remain an obstacle for delivering veteran specific services within the public sector. Good support services exist already, but some have little funding. Concerted efforts are needed to secure more funding for NI veterans and Section 75 of the NI Act (1998) should not impede this happening. More formalised structures are emerging which will help, and there is a growing expectation that the VSO will be the hub for overseeing and coordinating improvements to communications and information, however more resources are needed here also. Another intractable issue is that while the armed forces are accepted and welcomed in some parts of the province, in other areas they must hide their military service because of genuine security threats. It may take a generation to create positive attitudes towards veterans within all communities in NI. Acceptance will therefore remain an aspiration that can focus marketing and engagement initiatives.



NI has the highest levels of PTSD in Europe and many are still not coming forward for help. It is often only when the family breaks down that a veteran will finally seek help and so families are often in need of support as well<sup>9</sup>. Much work therefore remains to be done to gain the confidence of those living in social isolation and provide them with the services they need so badly. This can be achieved in part through building confidence

---

<sup>9</sup> To date, no research has been conducted on the support needs nor health and well-being of military veteran families in NI. Throughout the course of the NIVHWS the research team have been consistently informed by service providers and veterans that family is the bedrock of veteran support but that family also need support that is cognizant of military and post military life in NI and thus fit for purpose.

## Taking things forward

and trust in the mental health care services currently on offer to them. Unmet health needs will become more pressing overtime, as veterans in NI are a group with complex needs, and some of their conditions will worsen with age.

Employment status is a key element of health and well-being and affects spouses as well, because military life is a transient one and comes with inherent disadvantages for spouses wishing to build a career and a pension. A Committee with a broader remit for employment issues would be welcomed because while a forum exists for the serving community addressing the education of serving children, it does not consider needs of wives, and husbands.

There are plans to improve transition, as success in transition, like employment, is fundamental to having better quality of life for those leaving the Armed Forces. Earlier nudges are needed to better prepare those currently serving for civilian life. The issue of seamless transfer of medical records still needs to be addressed as it can take 18 months for records to come through.

Better veteran information will be helped by the digitisation of Veterans UK<sup>10</sup> and will mean pensions, pay and health are all in one place. This will improve data management for veterans in the UK. Funders can shape information requirements by being explicit about what activity information they require from service providers. A method for measuring need and supporting data specifications can then be added to a schedule of information requirements.

Function, funding, and governance all need to be clarified for any veterans centre to go ahead. A stigma is attached to having mental health problems, and so it may not be

---

<sup>10</sup> The NIVHWS extensively engaged with Veterans UK concerning anonymised data sharing, but were in the end refused access – further details can be found in the forthcoming NIVHWS report on estimating the size of the NI veteran population

prudent for any veterans centre to be called a mental health service facility. Needs are changing and recognition is needed that ex-servicemen and women are now coming from different conflicts and will have different needs. Also, attendees noted that veterans across Ireland should be welcome at an NI veteran centre(s). A key indicator of success for a veterans centre would be evidence that time and money can be saved and that the centre would support transition, not impede it.

Correct PTSD diagnosis can prevent a waste of time and resources. An attendee noted that evidence of this comes from a pilot study undertaken five years ago involving 12 doctors who sent every military client to Beyond the Battlefield for one year. There they were assessed and, in some cases, treated. Importantly, a PTSD assessment took place, which reduced inappropriate referrals to the NHS of veterans with suspected PTSD. Prior to the pilot, most veterans had been referred by the GPs to a psychiatrist, but these were deemed to be wrong referrals and psychiatrists had been getting angry with the GPs. It was reported by Beyond the Battlefield that there had been an 87% treatment success rate and £750k was saved by Health Board, all of which has been documented<sup>11</sup>.

The issue of consent to share data across services needs to be prioritised. If nothing else, a shared information agreement would inform services if someone were currently being seen by another service, or has previously received support. A standardised annual return completed by all services would also help and enable simple aggregated information to be collected. Crucial to all of this will be governance arrangements and regulation, and what may work best is one main charity being accountable for amalgamating the data on behalf of the sector.

---

<sup>11</sup> The NIVHWS research team have not substantiated nor been made aware of any documentation on this matter as this was not the remit of this piece of work. Rather, this was an exercise to collate the information provided on the day by all delegates

The issue of developing information systems to compare outcomes for NI veterans with GB veterans requires an NI solution. What will come first will be an overall assessment of need.

## **Conclusion**

The event held on 31 January 2019 brought together representatives from the NI voluntary and community sector organisations, academic institutions, the Department of Health, Health and Social Care Trusts and Forces in Mind Trust (FiMT) in order to quantify the impact made by the research produced by the NIVHWS. The aim was to identify what progress has been made in the veteran sector to date, any barriers standing in the way of improving veterans' wellbeing and support services available to them, to identify who would be instrumental in progressing things and what resources might be needed to make things happen.

The NIVHWS research recommended the establishment of a centralized coordinating body for supporting veterans in NI. Soon after this, the VSO was established to develop the capacity to deliver the AFC in NI by serving as a trusted point of contact for individual veterans and veteran organizations, by developing a coordinated approach for supporting veterans, and by increasing the quantity and scope of services available in the region.

Following another recommendation, the role of veteran champions (previously named Armed Forces Champions) has been further developed and clarified, and several local councils now provide details of veteran champions on their websites. Community integration of veterans was also recommended and some local councils are now organizing events promoting this. Improving and promoting a positive image of a veteran was also recommended and some work is currently being done in this area by Johnny Rollins via the RFCA.

In terms of the main barriers preventing some of the recommendations from being fully implemented are Section 75 of the NI Act (1998), which is seen by many as standing in the way of full implementation of the AFC in NI. Additionally, lack of trust and security issues continue to stand in the way of some veterans seeking help and will need addressed.

When it comes to identifying the individuals/organisations/institutions that would be instrumental in progressing things in the veteran sector, many now rely on the newly established VSO as the hub for coordinating the communication and information sharing. It was, however, also acknowledged, that some areas, such as the establishment of a veterans centre, will need input from the political parties, rather than military organisations if they are to be progressed.

In terms of the resources needed to improve things in the veteran sector, these could be largely summed under financial and political headings. Any new substantial developments within the sector will require funding. Political support is hindered by the NI currently having no working Assembly. Additionally, the issues surrounding the Armed Forces personnel and veterans continue to be politicized in NI, which makes it difficult for any NI politicians to champion for veteran issues.

To summarize, the reports published by the NIVHWS to date have made an impact within the veteran sector in NI by creating an extensive evidence base in the area of the support services available to veterans in NI, veterans' current and future support needs, the public opinions of and attitudes to the NI veterans, and providing evidence of both service providers and veterans perspectives on whether or not a veterans centre is needed in NI; as a one stop shop for all things veterans. It also created an impetus for progressing things within the sector, such as the establishment of the VSO and the clarification of the role and responsibility of veterans champions.

To conclude, it is important to note that the current report is based on the perspectives and opinions of the stakeholders who attended the evaluation event on 31 January 2019. It does not always reflect the opinions of the NIVHWS research team.

## Taking things forward

As such, no checks were made regarding how factual any opinion expressed was, as this was not the remit of the research team on the day. Due to the nature of the event, full consensus may not have been reached on the day on all the points discussed by individuals and representatives of organisations. Having said that, great effort was made by the research team to write this report in a way that it is reflective of the opinions of most of the attendees.

Much progress has been made in the veteran sector in NI since the commencement of the NIVHWS, however given this was the first-time research had focused on creating an evidence base upon which others can refer to, much still remain to be done for both military veterans in NI and their families.

***The research team would like to thank all the attendees for taking the time out of their day to attend the event and contribute to the discussions.***