

THE ROYAL BRITISH
LEGION



Manifesto 2015

Building a better future for our
Armed Forces community

The Royal British Legion

an introduction

The Royal British Legion was created as a unifying force for the military charity sector at the end of the First World War and still remains one of the UK's largest membership organisations. We are the largest welfare provider in the Armed Forces charity sector, providing financial, social, and emotional support, information, advice, advocacy and comradeship to hundreds of thousands of Service personnel, veterans and their dependants every year. In 2013, we provided services and grants to over 200,000 beneficiaries – more than ever before – and spent £10k per hour on welfare support.

For further information, please visit:
www.britishlegion.org.uk



An open letter to British politicians

from Chris Simpkins, Director General



The treatment of serving men and women, veterans and their families has come a long way since the establishment of the Royal British Legion in 1921. Then, many were neglected by the society they had returned to after serving in the trenches of

the First World War. Today, the vast majority are happy, healthy and in gainful employment.

Recent years have seen an acceleration of welcome changes under Governments of all political hues. The principles of the Armed Forces Covenant - which the Legion successfully campaigned to have enshrined into law - now help to guide future reforms:

“Those who serve in the Armed Forces, whether regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services.”

“Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.”

Nevertheless, as the Legion’s 2014 household survey of veterans and their families reveals, significant challenges remain. Veterans and their spouses are more likely than other citizens to be unemployed, to suffer from hearing loss, and experience back pain and limb problems. A significant minority of the working age community are struggling financially, and we are particularly concerned that those with a Service related illness or injury receive the special consideration they deserve.

This ‘manifesto’ is the product of an extensive grass-roots consultation exercise with our members, volunteers and staff - those who are in closest contact with our beneficiaries. For example, our proposals to improve mental health care, offer high quality hearing aids for veterans with Service-induced hearing loss, and work towards better employment opportunities, originated with the Two Gates and Wilnecote branch in Warwickshire. We are grateful to all who took part.

At the last election many politicians, including all three main party leaders, pledged to “Do their bit” for the Armed Forces community. Since then, politicians representing every local authority in Great Britain have signed a Community Covenant, which is a statement of intent to honour the principles of the Armed Forces Covenant locally. However, we now need you to turn these theoretical commitments into tangible measures that improve the health, finances and well-being of our community. In this manifesto we provide a shortlist of practical measures that will help.

We know that the will to improve matters is out there; we thank you for what you’ve done in the past and we urge you to do more.

Yours sincerely,

CHRIS SIMPKINS DMA, HON.DUNIV, FIOB, DL
DIRECTOR GENERAL
THE ROYAL BRITISH LEGION

Summary of Policy Recommendations

For *veterans and their families* the Legion believes that the next Government should:

- Enable all Armed Forces widows to retain their pension should they decide to later cohabit or remarry;
- Ensure that all veterans with Service-induced hearing problems can have their MOD-issued hearing aids serviced and replaced at no cost, and that working-age veterans can access higher grade hearing aids, including 'in-the-ear' aids;
- Protect the lifetime income of injured veterans by uprating their military compensation by the higher of earnings, inflation or 2.5% (the 'triple lock');
- Offer veterans evidence-based treatment for mental health problems within a maximum of 18 weeks from referral, provided by practitioners with an understanding of veterans' needs, in line with the Government's commitment to parity of esteem between physical and mental health;
- Offer veterans with mesothelioma the option to receive a lump sum in compensation, broadly comparable to payments awarded under the new Mesothelioma Scheme, instead of a War Disablement Pension/War Widow's Pension;
- Provide a full disregard of military compensation payments when means testing to determine how much an individual has to pay towards their care costs;
- Award all lower limb amputees receiving a War Pension at 40% disablement or higher the War Pension Mobility Supplement, to ensure parity with recipients of the Armed Forces Independence Payment (AFIP);
- Invest in research on 'what works' in treating veterans with Gulf War illnesses and set up formal communication channels to convey the results of US research developments to these individuals.



For *serving personnel and their families* the Legion believes that the next Government should:

- Include spouses and Early Service Leavers in the resettlement support provided by the Career Transition Partnership;
- Facilitate the creation of an Armed Forces Credit Union by permitting payroll deductions for regular savings and loan repayments;
- Publish a cross-departmental alcohol-dependency strategy, with the aim of bringing levels of alcohol dependency among Service personnel and recent veterans down to those found among civilians of the same age;
- Improve the system for transferring the medical records of Service personnel, so that when a transitioning veteran registers with an NHS GP surgery and provides a Defence Medical Services practice as their last GP practice, the patient's Service medical records, along with their pre-enlistment NHS records, are automatically sent to their new GP surgery.

Policies for veterans and their families

The Legion believes that the next Government should:



Enable all Armed Forces widows to retain their pension should they decide to later cohabit or remarry.

Many military spouses spend years following their partners from base to base, often to the detriment of their own careers. This could be one reason why our household survey has found that working age (16-64) dependents of UK veterans (who are mostly female, and include spouses and widows) are:

- Less likely to be in employment (56%) than women of working age in the general population (67%);
- More likely (41%) to be economically inactive (not seeking work) than women of working age in the general population (28%); and
- Less likely to be in full time employment (28%) than women of working age in the general population (39%).

The fact that spouses are often unable to build up their own independent pension pot means that many widows and widowers find themselves reliant on occupational and attributable pensions linked to their partner's military service. Under current rules, however, some Armed Forces widows and widowers are able to retain their pension for life whilst others are forced to surrender their pension if they decide to later cohabit or remarry.

There are two military pension schemes affected by these surrender rules; the occupational Armed Forces Pension Scheme 1975 (AFPS 75) and the attributable post-March 1973 War Pension scheme. This means that over half of those currently married to retired or serving

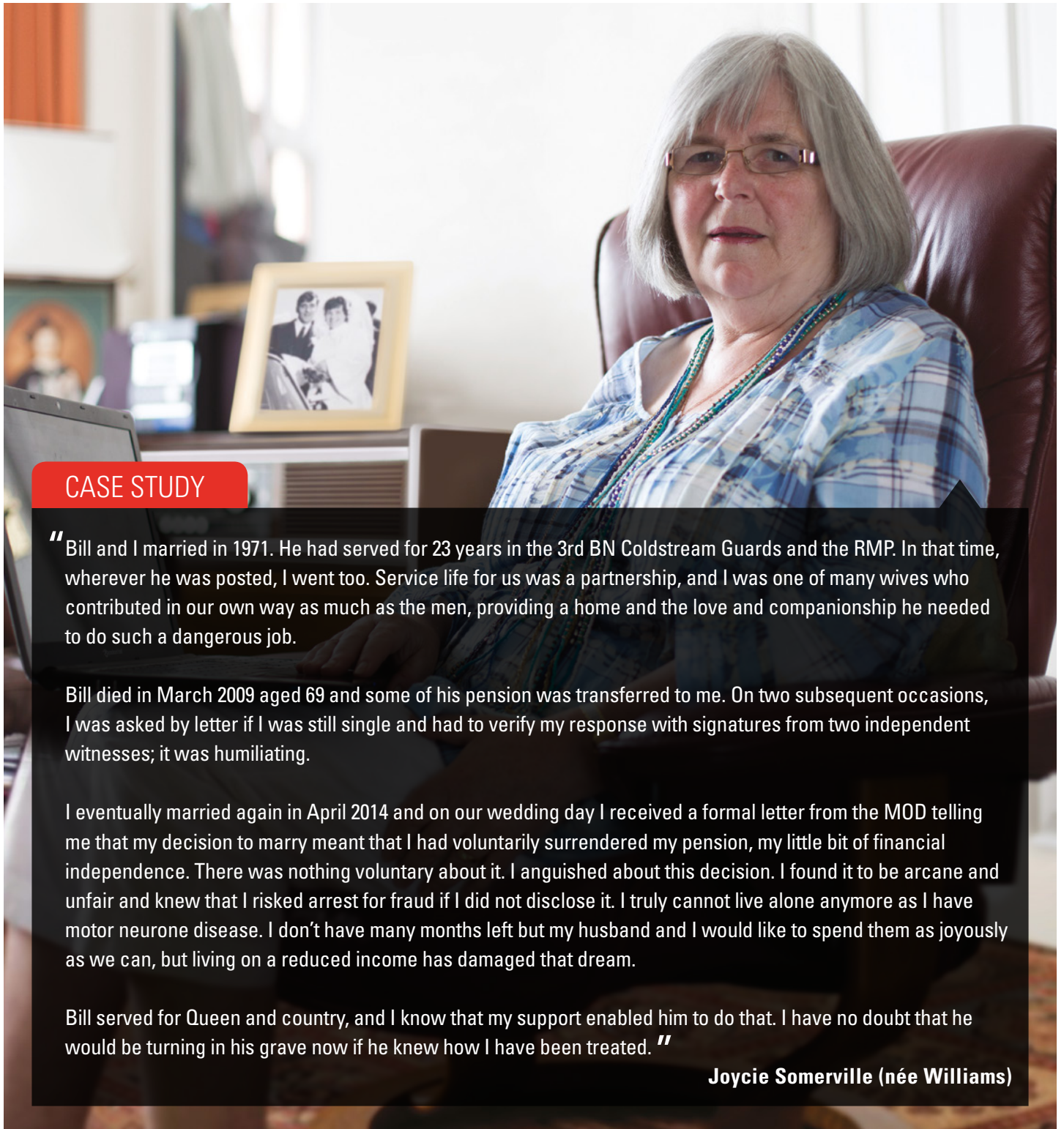
personnel could find themselves subject to these rules should they be left widowed and wish to enter a new relationship, along with some four thousand War Widows whose partners have died while on active duty.

The Legion maintains that this arrangement is overly complex, out-dated and unfair in modern society. It also causes unnecessary hardship and unhappiness for those widows and widowers affected, as well as their families. What's more, because many of these widows and widowers would have moved around frequently as a result of their partner's Service, the policy is in clear breach of the Armed Forces Covenant, which states that there should be no disadvantage due to Service and that "pension schemes should be fair and appropriate to the particular circumstances of Service personnel".

Many Armed Forces widows and widowers never had an option to transfer over to other, more appropriate schemes, as their partners would have retired before 2005. Others would not have been consulted by their partner, or would not have understood the full and complex implications of changing from one pension scheme to another. There will also be those who were not even married at the time. In any case, the cost of amending the pension entitlement rules for these Armed Forces widows and widowers is tiny – particularly when taking into account the annual cost of administration, verification, investigation and prosecution.



The Legion calls on the Government to end the practice of stripping Armed Forces widows and widowers of their pensions when they cohabit or remarry, and urges Ministers to use the implementation of the new Armed Forces Pension Scheme 2015 to align pension entitlement rules for all widows and widowers from that point forward.



CASE STUDY

“ Bill and I married in 1971. He had served for 23 years in the 3rd BN Coldstream Guards and the RMP. In that time, wherever he was posted, I went too. Service life for us was a partnership, and I was one of many wives who contributed in our own way as much as the men, providing a home and the love and companionship he needed to do such a dangerous job.

Bill died in March 2009 aged 69 and some of his pension was transferred to me. On two subsequent occasions, I was asked by letter if I was still single and had to verify my response with signatures from two independent witnesses; it was humiliating.

I eventually married again in April 2014 and on our wedding day I received a formal letter from the MOD telling me that my decision to marry meant that I had voluntarily surrendered my pension, my little bit of financial independence. There was nothing voluntary about it. I anguished about this decision. I found it to be arcane and unfair and knew that I risked arrest for fraud if I did not disclose it. I truly cannot live alone anymore as I have motor neurone disease. I don't have many months left but my husband and I would like to spend them as joyously as we can, but living on a reduced income has damaged that dream.

Bill served for Queen and country, and I know that my support enabled him to do that. I have no doubt that he would be turning in his grave now if he knew how I have been treated. ”

Joycie Somerville (née Williams)

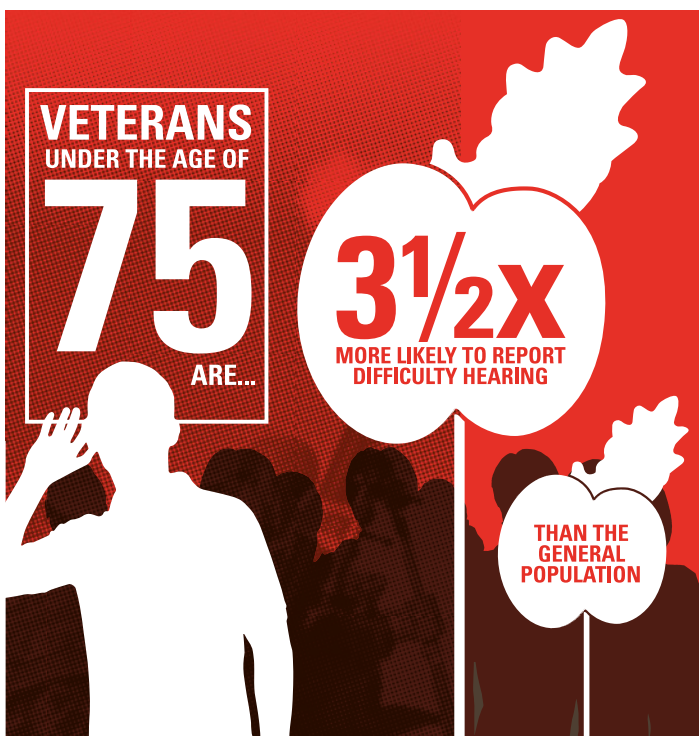
Ensure that all veterans with Service-induced hearing problems can have their MOD-issued hearing aids serviced and replaced at no cost, and that working-age veterans can access higher grade hearing aids, including 'in-the-ear' aids

Legion research has shown that veterans under the age of 75 are three and half times more likely to report difficulty hearing than their peers in the general population (7% compared to 2%).


When a Service person's hearing loss can be attributed to their military Service, the Defence Medical Services will provide some of these individuals with high-grade 'in-the-ear' (ITE) hearing aids, when clinically appropriate. When they leave the Armed Forces, some veterans have reported that they are unable get these hearing aids serviced or

replaced on the NHS. They are instead being offered a lower grade hearing aid, or face the expense of replacing the hearing aid themselves, at a cost of several thousand pounds.

In contrast, if an individual loses a limb in Service, the Government will pay for advanced prostheses under the Covenant principle of 'special consideration' for the injured. The Legion believes that the same principle should apply for those veterans with less visible injuries; in this case, hearing problems caused by military Service.



The Legion calls on the Government to make available specific funding for veterans with Service-related hearing problems, so that their military-issue hearing aids can be serviced and replaced on the NHS. The Government should also ensure that working age veterans can access ITE aids, in order to reduce some of the stigma associated with hearing loss and to encourage the use of aids.



“ My digital hearing aids, provided in-Service by the MOD, were excellent when brand new. Their quality has degraded over time - hence the quality of my hearing. Now I have left the Service I need to budget over £300 per pair for servicing. ”

“ As soon as most employers see you have an aid, it's usually goodbye. ”

Source: Legion survey of beneficiaries with hearing problems, 2014

Protect the lifetime income of injured veterans by uprating their military compensation by the higher of earnings, inflation or 2.5% (the 'triple lock')

War Disablement Pensions and Armed Forces Compensation Scheme Guaranteed Income Payments are awarded partly as recompense for loss of earnings due to injuries or conditions sustained during Service.

Minister of State for Defence, Mark Francois MP, said in December 2012: "A service person who sustains an injury is compensated, under the Armed Forces Compensation Scheme, for loss of earnings that would otherwise have been earned through post-service civilian employment. This takes the form of a regular Guaranteed Income Payment (GIP) on leaving service. Where a service person dies in service, an eligible surviving adult dependant receives a Survivor's Guaranteed Income Payment (SGIP) in recognition of the loss of the deceased person's earnings." War Disablement Pensions also contain allowances (unemployability supplement, allowance for lowered standard of occupation) directly related to the ability to work.

However, these regular payments are currently uprated annually in line with price inflation, as opposed to

average earnings. As earnings typically increase faster than prices, the real value of these payments is continually being eroded and they are failing to keep up with military and civilian salaries. This situation was worsened in 2011 when, alongside other benefits, compensation payments were indexed to CPI rather than the RPI measure of inflation – an expected reduction of around a percentage point each year. The CPI does not include certain housing costs such as council tax and mortgage interest payments. The rationale given for the shift from RPI, was that CPI "... provides a more appropriate measure of benefit and pension recipients inflation experiences than RPI, because it excludes the majority of housing costs faced by homeowners (low income households are subsidised separately through Housing Benefit, and the majority of pensioners own their home outright)..." This rationale does not necessarily apply to those injured through Service, and may in particular underestimate the real cost of living increases faced by those who have a mortgage.

LEFT BEHIND: THE REAL VALUE OF INJURED VETERANS' COMPENSATION PAYMENTS IS BEING ERODED

because payments are currently linked to price inflation not average earnings

An annual payment of

£5,000

1982

would today be worth

£22,000

if linked to
average earnings

but only

£15,000

if linked to
price inflation

2014



With long term future average earnings predicted to be at 4% and CPI price inflation targeted at 2%, we can expect the real term value of AFCS GIP and War Pensions to steadily erode over time relative to the average earnings their recipients may have expected from civilian employment.

The cumulative effect is dramatic. Take the hypothetical case of someone in 1982 being awarded an annual compensation payment of £5,000. If this had been uprated using a measure of inflation this would now be worth around £15,000 per annum; if uprated using an earnings index, the annual payment would now be around £22,000.

In uprating compensation payments by price inflation alone, the original objectives of the compensation scheme have been undermined. Applying the 'triple

lock' to regular military compensation payments would ensure that the value of such payments is protected, by uprating them annually by the higher of the Consumer Price Index (CPI), average earnings growth or 2.5% - as is already the case with the Basic State Pension.

The Legion calculates that the total benefit for injured veterans, over their working lifetime and expressed in present value terms, of applying the 'triple lock' to all War Pensions payable below the State Pension Age for 5 years is £408m. Of this, around £69m relates to increased payments in the 5 year fixed period. The lifetime benefit to AFCS recipients of applying the 'triple lock' to the AFCS for 5 years is £61m, of which £6m relates to the additional payments made during the 5 year period itself. The cost to the public purse over the next Parliament (i.e. from 2016) is therefore £75 million.

The Legion calls on the Government to protect the lifetime income of wounded, injured and sick veterans by uprating their military compensation by the higher of earnings, inflation or 2.5% (the 'triple lock').



Offer veterans evidence-based treatment for mental health problems within a maximum of 18 weeks from referral, provided by practitioners with an understanding of veterans' needs, in line with the Government's commitment to parity of esteem between physical and mental health

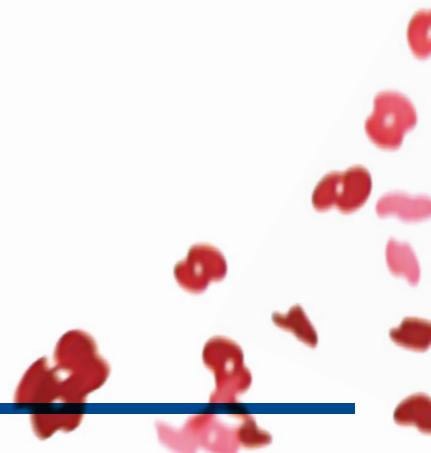
Research indicates that Service personnel are not at a significantly higher risk of developing mental health problems than the general population, although some sub-groups are more vulnerable, such as those with combat experience, medics and Reservists. Research by the Legion has found that working-age veterans are more likely than the general population to report depression, and veterans who seek help from specialist providers (such as Combat Stress) tend to be 'atypical' mental health clients, with much higher rates of PTSD than mental health help-seekers in general; often with accompanying depression and alcohol problems. This indicates that veterans with Service-related mental health problems have specific needs that may not always be properly met through mainstream NHS services.

The ten NHS National Veterans Mental Health Networks now operating in England, alongside the clinical service provided by Veterans NHS Wales, are undoubtedly a positive step towards improving provision in this area and achieving cohesion, with the NHS, military charities and other agencies working together to improve outcomes for veterans and Reservists with mental health problems. There has been significant additional investment by local commissioners in some parts of the country, which enables the Networks to employ their own clinical staff and ensure a smooth and rapid patient journey from assessment to treatment. For some areas, however, funding remains limited to the £150k per annum provided by central Government, and waiting lists for specialist psychological treatment

in mainstream NHS services can be up to two years long. Put simply, £150k per year is insufficient to provide anything more than a signposting service in these areas, which leads to a postcode lottery for veterans with mental health problems.

The Handbook to the NHS Constitution, which sets out all NHS patients' rights, includes a right for patients to start consultant-led, non-emergency treatment within a maximum of 18 weeks from a GP referral. This does not yet apply to mental health treatment which is not consultant-led, although the Government recently committed to introducing waiting time targets across NHS mental health services.

It is vital that veterans are not just sign-posted to the fastest available treatment within an allocated time frame, but that they receive the treatment with the best evidence base for their particular condition. Ideally, this should also be provided by a clinician with an understanding of veterans' specific needs, which will require appropriate training and continuing professional development for mental health practitioners.

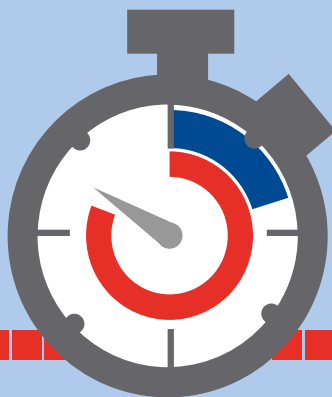


IN LINCOLNSHIRE, THE AVERAGE NHS WAITING TIME FOR...

hip replacements is

veterans needing Step 4
Psychology services* is

**13
WEEKS**



**27-42
WEEKS**

*At the 1st August 2014, the average wait for psychodynamic psychotherapy services in Lincolnshire was 27 weeks. The average wait for other mainstream Step 4 IAPT services was 42 weeks

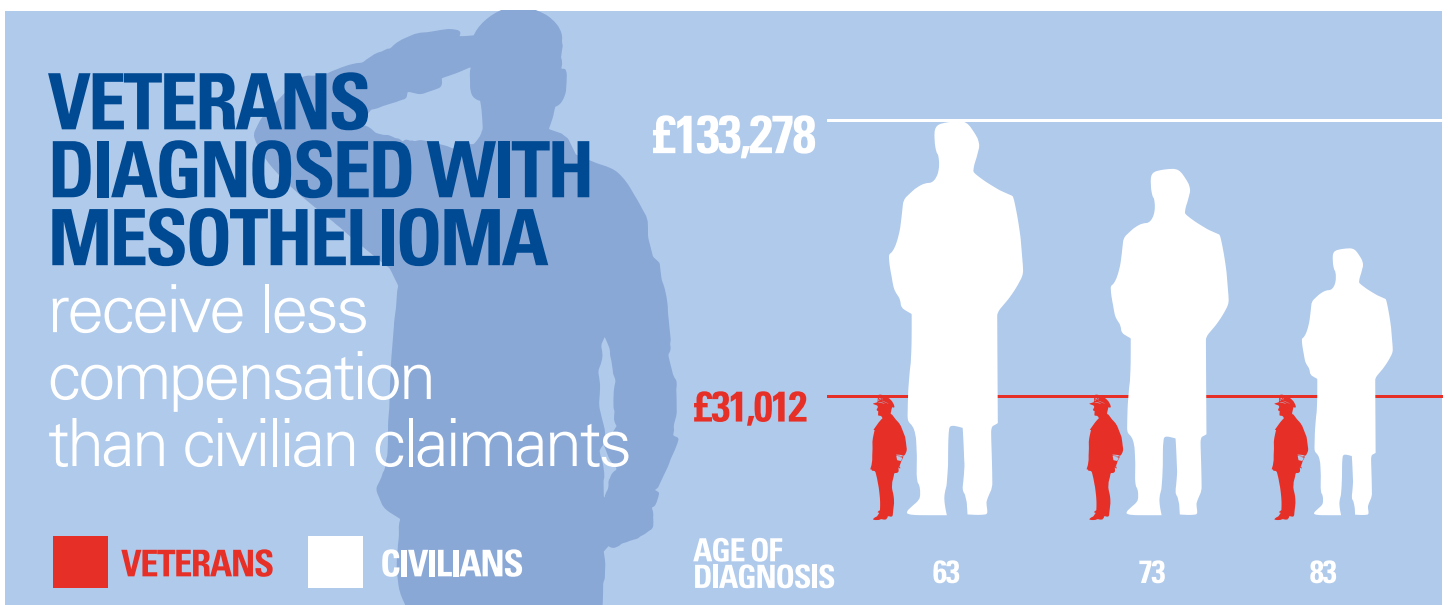
The Legion calls on the Government to offer veterans evidence-based treatment for mental health problems within a maximum of 18 weeks from referral, provided by practitioners with an understanding of veterans' needs, in line with the Government's commitment to parity of esteem between physical and mental health.

Offer veterans with mesothelioma the option to receive a lump sum in compensation, broadly comparable to those awarded under the new Mesothelioma Scheme, instead of a War Disablement Pension/War Widow's Pension

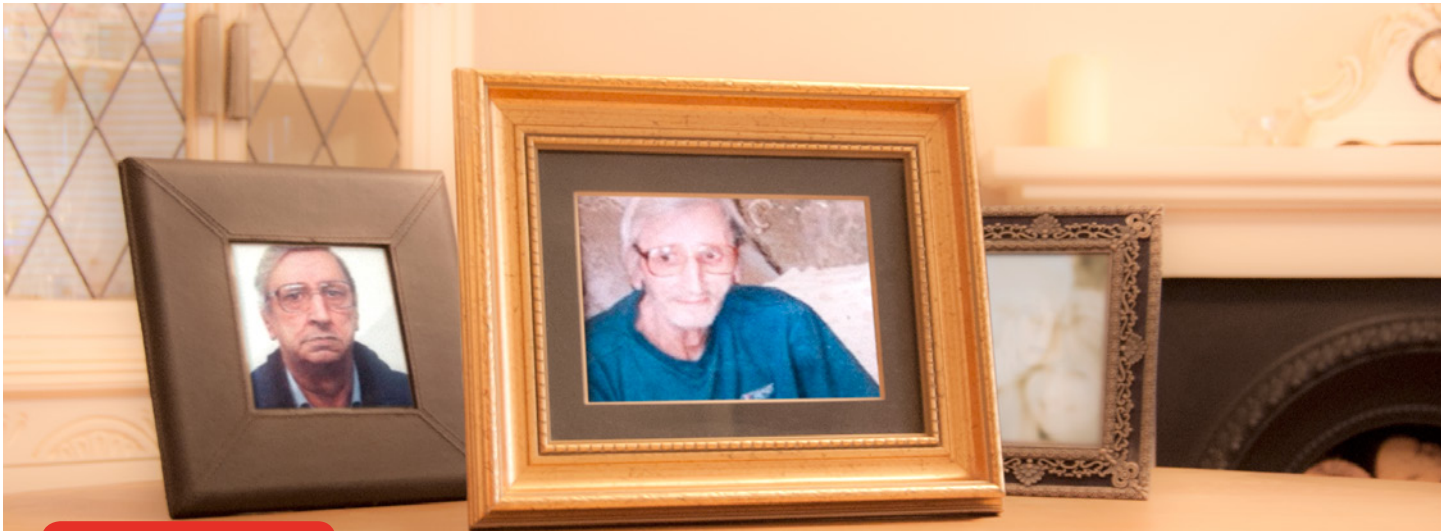
Mesothelioma is a particularly aggressive form of terminal cancer caused by exposure to asbestos, which affects the 'pleura' of the lungs. It typically affects individuals who worked in professions such as carpentry or construction but has also afflicted many veterans. Many ex-Service personnel with mesothelioma were exposed to asbestos when working in the boiler rooms of Naval ships, where the boilers were lagged with asbestos. Mesothelioma can take decades to materialise but, once diagnosed, most sufferers will die within one or two years. Scientists at the London School of Hygiene and Tropical Medicine have projected that just over two and half thousand British Naval veterans will die as a result of mesothelioma between 2013 and 2047.

In 2013, the Government set up a scheme to pay lump sum compensation to civilians who had contracted mesothelioma and are unable to trace their employer

or their insurance company. The introduction of this scheme exposed the fact that, because life expectancy is so short, unmarried or widowed military veterans stand to receive far less compensation than their civilian counterparts. This is because veterans who contracted mesothelioma before 1987 are unable to sue the MOD, and can instead only apply for a 100% War Disablement Pension. The scheme cannot award large lump sum payments to those recently diagnosed with terminal illnesses, meaning that when veterans have short life expectancies and no living spouse or partner to claim a War Widow(er)'s Pension, they can expect to receive very little in the way of compensation. For example, a 63 year old civilian claimant can expect to receive £133,278 in compensation, whereas an unmarried military veteran of the same age who lived for one year would receive just £31,012.



The Legion calls on the Government to address this breach of the Covenant principle of 'no disadvantage due to Service' and allow military veterans diagnosed with mesothelioma the choice between receiving a lump sum compensation payment and a traditional War Pension.



CASE STUDY

" My Dad joined the Royal Navy in 1955 and served as an Able Seaman until 1967. He married Mum in 1963 in Kent. Unfortunately, we lost Mum to cancer in 1972 - she was 30. In 2003, Dad was diagnosed with malignant mesothelioma. He underwent radiotherapy but lost his battle in June 2004, aged 64. Dad told me he remembers lagging the pipes on board ship with asbestos and then hanging their hammocks off those pipes.

At the time of Dad's death, I was living in Aldershot with my husband and children – my husband was a serving soldier. We were a year away from coming home, having lived away, mostly in Germany, since 1990. I had been looking forward to being able to spend more time with Dad and for him to get to spend more time with his grandchildren. I have to say I felt robbed of my Dad. To lose him to this disease was awful. I carry the memory of his last day with me minute by minute, even after 10 years. My children's reactions when I had to tell them Grampy had gone will stay with me forever.

If Dad had worked for a civilian company, there would have been a good compensation package available to him but because he worked for the Crown, this was denied to him. Even the knowledge that he was entitled to claim a War Pension was unknown to him.

Any help, whether financial, physical or emotional, that can be offered to families of people diagnosed with this disease in future should be available to them. Losing a loved one is never easy but I have experienced first-hand how awful mesothelioma can be and I wouldn't wish it on anyone. "

Wendy Wilkinson, Legion beneficiary

The photo on the left was taken around 2002 and the photo in the centre in April 2004, 2 months before Wendy's father passed away.

Provide a full disregard of military compensation payments when means testing to determine how much an individual has to pay towards their care costs

After a long Legion campaign, the Government announced that both types of military compensation – the War Pension (for injuries or conditions sustained before 6 April 2005) and the Armed Forces Compensation Scheme (AFCS) Guaranteed Income Payment (GIP) (for injuries or conditions sustained on or after 6 April 2005) – would be excluded from the income assessment for Universal Credit.

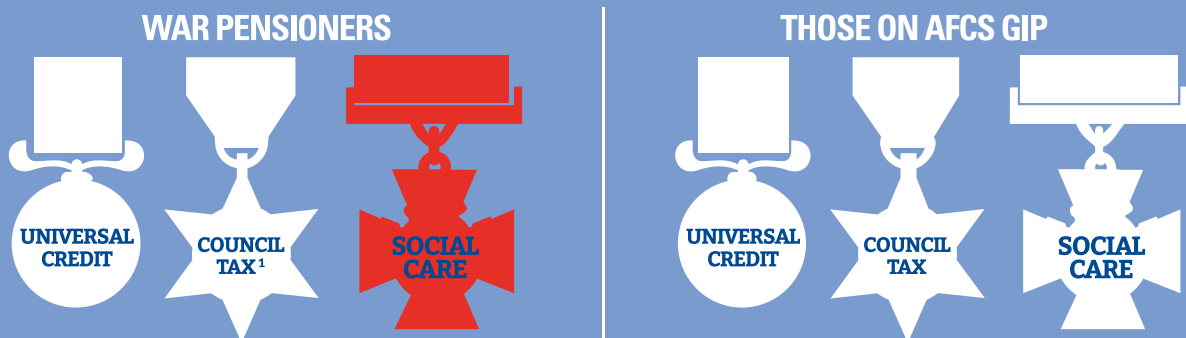
Legion research has also found that most local councils use their discretion to fully disregard the War Pension and the AFCS GIP from income assessments for council tax support and housing benefit.

When it comes to determining how much veterans should pay towards the cost of their social care, however, local authorities are only required to fully disregard AFCS GIP income. In contrast, when War Pensioners undergo a means test to establish how much they should pay towards their social care, only the first £10 is disregarded. Broadly speaking then, a veteran who sustained their injury before 6 April 2005 will see their compensation treated less favourably than a veteran who sustained their injury on or after 6 April 2005. This disparity is unfair and unjustifiable, particularly as the Government recognises that War Pensions and AFCS GIPs should be exempt within other means testing processes.

WAR PENSIONS ARE INCLUDED IN MEANS TESTS FOR SOCIAL CARE CONTRIBUTIONS

unlike means tests for Universal Credit and Council Tax.

Other forms of compensation are disregarded from all three means tests.



¹whilst the decision to disregard compensation payments in the means test for council tax support is at the discretion of the local authority, Legion research has found that, in practice, the vast majority do.

The Legion calls on the Government to harmonise the treatment of War Pension and AFCS GIP income in means tests for social care by instructing local authorities to fully disregard War Pensions from income assessments. The UK Government should work with the devolved administrations to ensure consistency across the UK.



CASE STUDY

Frederick Cannon enlisted in the 2nd Battalion of The Essex Regiment during WWII, and was 19 when he landed on Gold Beach in Normandy on D-Day. About three weeks into the Allied Forces' assault on occupied France, Fred's company came under attack. Fred sustained a serious bullet wound to his leg and lay where he was hit for around two days, unable to move. He was eventually picked up by a passing truck. Fred was the only survivor of that attack, and the only member of his company to return home alive.

As a result of his injury, Fred was left with one leg shorter than the other, which affected his mobility. Twenty years ago, he was assessed as being 50% disabled as a result of his Service and was awarded a War Pension as compensation for his injuries, which is now worth £159 per week. After a number of falls, one of which caused a broken hip, Fred eventually moved into a nursing home in Kent in January 2014. When carrying out his means test, the council only disregarded the first £10 per week of his War Pension. The rest was taken away to contribute towards his care costs.

As a result, Fred retains only £43.90 per week, plus his mobility supplement, to pay for everything other than his nursing home costs. It costs his family £50 per week – plus the £80 per week they contribute towards his nursing home costs – to get him home for Sunday lunch. If Fred had received a lump sum in compensation through the courts, he could have placed this in trust, and it would have been fully disregarded from the means testing process.

Fred Cannon with his son, Barry, in the grounds of his nursing home in Kent

Award all lower limb amputees receiving a War Pension at 40% disablement or higher the War Pension Mobility Supplement, to ensure parity with recipients of the Armed Forces Independence Payment (AFIP)

The Armed Forces Independence Payment (AFIP) was introduced in April 2013 alongside the new Personal Independence Payment (PIP), which replaced Disability Living Allowance.

AFIP simplifies the financial support available to Service personnel and veterans who have been left seriously injured as a result of military service since 6 April 2005. It provides eligible recipients with on-going payments to help with the additional costs associated with their injuries. To be eligible for AFIP, Service personnel and veterans must be awarded a Guaranteed Income Payment (GIP) at tariffs 1-8 under the Armed Forces Compensation Scheme (AFCS). War Pensioners, whose injuries were sustained before 6 April 2005, are not eligible for the AFIP.

While War Pensioners are able to apply for additional allowances to help with their mobility and care needs, Blesma The Limbless Veterans has identified that some are at a material disadvantage compared to individuals compensated for the same or less disabling injury under the AFCS. This is because the eligibility criteria for the War Pension Mobility Supplement (WPMS) are stricter than those for the AFIP, i.e. the severity of injury required to receive the WPMS is set higher than that for the AFCS.

This means that lower limb amputee War Pensioners are not always treated equally in terms of mobility support – in particular with access to a Motability vehicle and a Blue Badge.

The Legion endorses Blesma The Limbless Veterans' recommendation that the Government amend the War Pension regulations so that all lower limb amputees receiving a War Pension at 40% disablement or higher are automatically awarded the additional mobility supplement, thus bringing War Pensioners in line with recipients of the AFIP, which is awarded to all those in receipt of an AFCS award at tariffs 1-8.



EXAMPLE

Jim was serving with 3 Para in Afghanistan when he stepped on an IED and sustained serious injuries to his left foot, resulting in a below-knee amputation in February 2005.*

He receives a 40% War Pension but was not deemed eligible for the additional mobility supplement. If he had been injured two months later, he would have been receiving an AFCS GIP and would be eligible to receive the Armed Forces Independence Payment, which is worth £134.40 per month.

*This is an illustrative example as opposed to a real life example

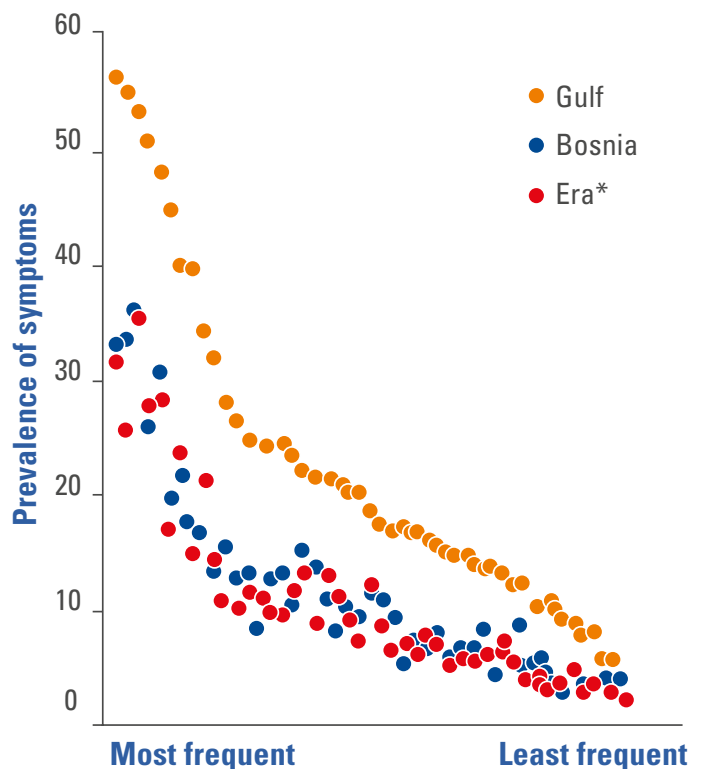
Invest in research on 'what works' in treating veterans with Gulf War illnesses and set up formal communication channels to convey the results of US research developments to these individuals

According to 2007 figures from the Service Personnel and Veterans Agency (SPVA), there are around 7,000 individuals receiving a War Pension for conditions relating to their Service in the Gulf War or their preparation to deploy to that theatre of conflict. This figure accounts for around 13% of all those who deployed.

Research by the King's Centre for Military Health Research has found that 62% of Gulf War respondents met the Centre for Disease Control and Prevention's (CDC) multi-symptom criteria for Gulf War illness, and that over a quarter reported 'severe symptoms'. Based on these figures, and the fact that around 53,500 British troops were deployed to the Gulf, we could expect over 33,000 individuals to meet the CDC criteria and over 13,000 to have experienced severe symptoms.

In general, research in the US, UK, Australia and Canada has found that veterans of the Gulf War report common health symptoms at about two to three times the rate of other veterans, with more negative health perceptions and a poorer quality of life. Veterans with Gulf War illnesses are treated for their individual symptoms rather than the 'condition' itself. To date, there has been no research published on effective treatment or 'best practice' for ameliorating symptoms in UK Gulf War veterans. The first phase of an MOD-commissioned study at Cardiff University, which examined potential interventions to

rehabilitate ill Gulf War veterans, commenced in January 2009. For reasons unknown to us, the MOD chose not to fund the second phase of research, and the results of Phase 1 were never published.



Symptoms are increased in UK Gulf veterans compared to Bosnia and Era veterans (Unwin et al 1999; King's Centre for Military Health Research)

*Service personnel who had been in the UK Armed Forces in 1991 but had not served in either the Gulf or Bosnia.

As we approach the 25th anniversary of the start of military operations in the Gulf War, the Legion calls on the Government to invest in research on how best to improve the general health and quality of life of veterans with Gulf War illnesses, and to set up formal communication channels to convey the results of US research developments to these individuals.

Policies for serving personnel and their families

The Legion believes that the next Government should:



Include spouses and Early Service Leavers in the resettlement support provided by the Career Transition Partnership

Legion research has found that more working age veterans and their partners are out of work than their civilian counterparts (37% compared to 27%). It is important that individuals who are leaving Service are properly supported in their transition into civilian life and that they are in the best possible position to compete in the civilian jobs market. This is particularly true for Early Service Leavers (ESL), who are especially likely to be out of work, with only 52% of ESLs in work six months after leaving the Armed Forces.

It is also true for the spouses of Service personnel, who are likely to have greater difficulty in accessing employment or training than their civilian counterparts as a result of their partner's military Service. For instance,

Service spouses are known to have difficulty finding employment because of frequent relocations, living in fairly isolated communities and effectively being a single parent during periods of deployment.

As recommended in Lord Ashcroft's Veterans' Transition Review, the Legion therefore believes that both spouses of Service personnel and ESLs should have access to the resettlement support provided by the Career Transition Partnership (CTP). The CTP provides assistance when searching for a job, as well as help with training, CV writing, and interview preparation and technique. Extending this type of practical support to the spouses of Service personnel and ESLs would prove valuable to these individuals' personal development and employment prospects.



The Legion calls on the Government to include spouses and ESLs in the resettlement support provided by the Career Transition Partnership.

Facilitate the creation of an Armed Forces Credit Union by permitting payroll deductions for regular savings and loan repayments

Some Service personnel are known to be 'wonga-ed out' by the end of the month; that is to say, to have run out of money as a result of repaying loans made by payday lenders at very high rates of interest (the landing page of the Wonga website, for instance, currently offers a loan with a representative APR of 5853%). A 2012 survey by the Army Families Federation found that 14% of respondents reported that they'd used payday loans in the past year. A 2014 Legion survey also found that 7% of veterans (equivalent to 360,000 people) had been in arrears during the last twelve months, rising to over 20% among younger veterans (aged 45 or under). We estimate that around 20,000 veterans and their dependents aged 16-34 are using payday loans.

Credit Unions are not-for-profit savings and loans organisations based around individuals with a 'common bond', such as a shared occupation. Credit Unions have been successfully established in the United States military where they help to build a savings habit and offer a low cost alternative to the very high interest

CASE STUDY

John is a married soldier based in Germany, married to Sarah.* They have four children. They took out a log book loan in October 2013 for £550 but this ended up totalling £1158, despite paying seven monthly payments of £108. Interest was accruing at £2 per day.

They also took out a payday loan for £500 in March 2014, which, as of July 2014, stands at £800, despite paying £73 fortnightly.

*This is a real situation, in a case where the Legion's Benefits and Money Advice service have assisted. Fictitious names have been used to protect the family's identity.

rates associated with payday loans. The largest, Navy Federal Credit Union, has 4.78 million members and offers a personal, unsecured loan for 9.9% APR, as well as secured loans such as mortgages (3.44%) and car loans (1.49%).

Whilst it is not for the MOD itself to establish a credit union for Armed Forces personnel, its ability to enable payroll deductions for savings and loan repayments would drastically reduce the risk for any operator wishing to establish an Armed Forces Credit Union. This facility is not without precedent, as payroll deductions are already made by the Services for PAX life insurance contributions, and payroll deductions for credit union payments are common among local councils.

The Legion calls on the Government to facilitate the creation of an Armed Forces Credit Union by permitting payroll deductions for regular savings and loan repayments.

A CREDIT UNION WOULD GIVE CHEAPER LOANS TO SERVICE PERSONNEL

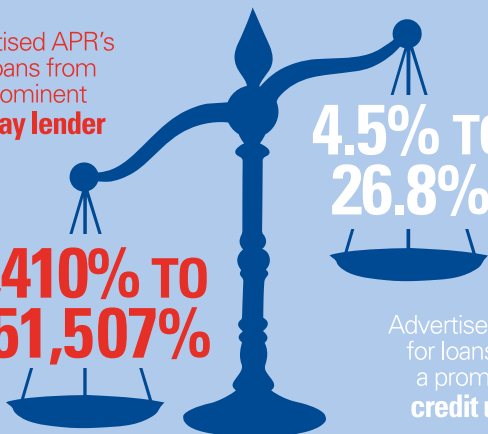
making them less vulnerable to payday lenders

Advertised APR's for loans from a prominent payday lender

1,410% TO 851,507%

4.5% TO 26.8%

Advertised APR's for loans from a prominent credit union



Publish a cross-departmental alcohol-dependency strategy, with the aim of bringing levels of alcohol dependency among Service personnel and recent veterans down to those found among civilians of the same age

Rates of alcohol misuse, including dependency, are higher across all age groups of the Armed Forces, with an increase in drinking after personnel return from deployment to Iraq or Afghanistan. The difference between civilian and military drinking is particularly stark amongst women, with female personnel reporting rates of alcohol dependence five times higher than the general population (5% compared to 1%). For men, the rate of alcohol dependence amongst Service personnel is double that of the general population (6% compared to 3%).

There is evidence that the MOD has made some moves to tackle this problem. However, a clear target is required, accompanied by a cross-departmental strategy to ensure that the Government takes a holistic approach to this issue.

"A drinking culture existed in the RAF; teetotalism was frowned upon. I didn't receive my Long Service & Good Conduct Medal (LSGCM) after 15 years service because every time I got into trouble, drink was the common denominator. Alcoholism removed every single thing that was important - essential even - except for life itself, and that had become unbearable."

Andy Davies, Ex-Corporal in the RAF

ALCOHOL DEPENDENCY IS MUCH HIGHER among members of the Armed Forces



The Legion calls on the Government to publish a cross-departmental alcohol-dependency strategy, with a target to bring down the high levels of alcohol dependency among Service personnel and recent veterans to those found among civilians of the same age.

Improve the system for transferring the medical records of Service personnel, so that when a transitioning veteran registers with an NHS GP surgery and provides a Defence Medical Services practice as their last GP practice, the patient's Service medical records, along with their pre-enlistment NHS records, are automatically sent to their new GP surgery

Whilst successive governments have taken steps to address the transfer of Service personnel's medical records once they leave Service and join a civilian GP practice, broadly speaking, the process remains excessively lengthy and bureaucratic. This can have a significant impact on a veteran's ability to access a number of targeted services and care pathways.

The Legion would, therefore, like to see a more streamlined process put in place, whereby someone's Service medical records and pre-enlistment NHS records are automatically sent to their civilian GP surgery upon them registering with the practice and providing a Defence Medical Services practice as their last GP surgery. This should then trigger a 'read code' on the individual's NHS records, so that every practice they transfer to thereafter is made aware of their status as a veteran. This will eventually enable

every GP practice to keep and collate data on how many veterans they have registered as patients, which in turn will enable them to plan and tailor their services and training accordingly.

In the longer term, the Government should seek to put in place a seamless, 'cradle-to-grave' electronic system of medical records, so that the same information follows a patient from childhood, through military Service, and back into civilian life. Defence Medical Services has for too long relied on paper records keeping, at the cost of efficient transfer of health records to the NHS. The Legion urges the Government to modernise this system without delay.

The Legion calls on the Government to improve the system for transferring the medical records of former Service personnel, so that when a transitioning veteran registers with an NHS GP surgery and provides a Defence Medical Services practice as their last GP practice, the patient's Service medical records, along with their pre-enlistment NHS records, are automatically sent to their new GP surgery. In the longer term, the Government should seek to establish a 'cradle-to-grave' electronic system of medical records.



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