The Royal British Legion
The Royal British Legion is at the heart of a national network that supports serving members of the Armed Forces, ex-serving personnel and their families, ensuring their unique contribution is never forgotten.

We are the country’s largest Armed Forces charity, with 217,000 members, 120,000 volunteers and a network of partners and charities who help us give support wherever and whenever it’s needed. We’ve been here since 1921 and we’ll be here as long as they need us.

We provide lifelong support to our serving and ex-serving personnel and their families. We support them with:
• Physical and Mental Wellbeing
• Financial and Employment Support
• Care and Independent Living
• Local Community Connections
• Expert Guidance

The Legion also works with politicians and officials at all levels to bring the principles of the Armed Forces Covenant to life, and to further the interests of the Armed Forces community.

Through our research and campaigning, we seek to inform welfare service providers and challenge myths about the Armed Forces community. We also raise the profile of issues affecting serving and ex-serving personnel and their families and seek to improve government policy.

For more information contact us at:
www.britishlegion.org.uk
or call 0808 802 8080

Poppyscotland
Poppyscotland provides life-changing support to our Armed Forces community. We are best known for running the iconic Scottish Poppy Appeal but we work all year round to reach out to those who have served, those still serving, and their families at times of crisis and need by offering vital, practical advice, assistance and funding.

Poppyscotland welfare support provision is based on seven areas of need:
• Tailored support and funding
• Advice
• Employment
• Mobility
• Respite and breaks
• Housing
• Mental health

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

Further information
For information on this document please email: Publicaffairs@britishlegion.org.uk
A larger print version of this document is available on request.
The Royal British Legion is at the heart of a national network that supports our Armed Forces community through thick and thin – ensuring their unique contribution is never forgotten. Working together with our sister charity, Poppyscotland, we seek to ensure that no member of the Armed Forces community is disadvantaged by virtue of their Service.

The Legion is proud to have played a leading role in the development of the Armed Forces Covenant which contains the following two principles:

- 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 the most such as the injured and the bereaved.

We have welcomed the opportunity to work with governments and parties of all persuasions to help turn these commitments into practical measures that improve the lives of the Armed Forces community.

However, as we approach in 2021 both the Legion’s own centenary and the tenth anniversary of the Armed Forces Covenant being outlined in legislation, there is still more to do.

This manifesto sets out five recommendations that we believe should be priorities during the next Parliament. Whether it is ensuring that for the first time we know how many veterans there are in the UK, ending a situation where injured veterans have to sacrifice their compensation to access benefits, or providing a new deal for the non-UK personnel who choose to serve in our Armed Forces, we are confident these practical steps will help deliver the support needed.

We hope that our recommendations will be considered, and we look forward to working in partnership with the next government over the coming years. It is the responsibility of all of us to ensure that the unique contribution of the whole Armed Forces community is given the recognition it requires, both now and in the future.

Charles Byrne
Director General, The Royal British Legion
THE LEGION AND POPPYSCOTLAND BELIEVE THE NEXT GOVERNMENT SHOULD:

Provide a new deal for personnel recruited from overseas and their families

Ensure the future of the Veterans Medical Funds

Ensure a question concerning military service and membership of the Armed Forces community features in the next national census in 2021

Safeguard compensation for injured veterans within statutory means tests

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 over a century, the UK Armed Forces have relied on the skills and contribution of personnel recruited from overseas, including from the Commonwealth.

Personnel from nations that now form part of the Commonwealth contributed to the British war effort during the First and Second World Wars, and recruitment from Commonwealth nations has continued since. In 2018 the UK Government committed to a target of recruiting 1,350 personnel from Commonwealth countries each year and there are currently over 4,500 such citizens serving the UK Armed Forces. However, in recent years, this cohort have been poorly thanked for their Service by a system which poses challenges to family life and can leave them facing bills of thousands of pounds to stay in the country they have served.

After being recruited, non-UK personnel leave their homes and families behind to take up basic training in the UK. Within current Armed Forces pay structures, a recruit initially earns just £15,672, before becoming a private who can expect to be paid £20,000. However, it will be at least four years before a recruit earns the £24,800 required to enable their spouse and two children to live with them in the UK.

Additionally, having completed at least four years’ Service, when non-UK personnel leave the Armed Forces and wish to apply to continue to live in the country they have served, they face a fee of £2,389 per person to apply for Indefinite Leave to Remain. This means that a Service leaver and their partner are presented with a bill of £4,778 to continue to live in the UK, before taking children into account. Without sufficient funds to secure Indefinite Leave to Remain, veterans are left without access to statutory support including housing, and employment.

**Recommendation**

The Legion and Poppyscotland call on the next Government to introduce a new deal for non-UK members of the Armed Forces, recognising the unique contribution of these personnel to the Service of our country by introducing waivers for personnel, veterans and their families from both the Minimum Income Threshold and Indefinite Leave to Remain fees.
CASE STUDY: Hannah Swart

Hannah’s family could be split apart. Her South African husband has served in the British Army for the past 12 years, but if they can’t find the funds to pay his visa fees he could be sent back to South Africa after leaving Service.

“We have been looking into him being able to remain in the UK for quite some time, but it costs over £2,000. Every time we get so far with saving up, something happens, as always.

This has a huge impact on my life, my husband’s life and our children’s lives. There’s a constant worry that if my husband was to get medically discharged or leaves the Army we would have to try and find the funds for him to remain, otherwise he has to go back to South Africa. It’s quite scary. I’ve been with my husband for 10 years, we’ve got two children together. We want to remain as a family.

This is a huge pressure and a constant worry to have. For people that have served in our military and defended our country, this needs to be changed.”

Hannah Swart
Following a campaign by The Royal British Legion, the Veterans Medical Funds programme was set up in 2015 to provide support for veterans with hearing loss or serious physical injury resulting from their Service. These funds can provide specialist equipment for eligible veterans, which is not usually available via the NHS. Administered by the Legion, the Veterans Hearing Fund and Veterans Mobility Fund were funded through a five-year £13 million commitment from HM Treasury LIBOR funds.

Under the Armed Forces Covenant, ‘special consideration’ is appropriate for those who have given the most, such as the injured. The Legion’s research has shown that working age veterans are 3.5 times more likely to suffer from hearing loss than the general population, with 11% of veterans having trouble hearing and 6% experiencing tinnitus. Veterans with hearing problems caused by Service should be able to access advanced hearing aids, treatment and hearing equipment, of at least equal quality to those provided in Service.

Mobility, meanwhile, is one of the most commonly reported problems experienced by the ex-Service community and has increased in recent years. Musculoskeletal disorders and injuries are the most common principal cause of medical discharges from the Armed Forces. The Veterans Mobility Fund provides specialist and high-specification mobility equipment.

These funds have so far supported over 2,500 veterans, providing life-changing positive impacts.

For both these funds, the original LIBOR funding will end in 2020, after which eligible veterans will no longer be able to access this specialist equipment and treatment. Through committing long-term funding, the next Government can ensure this provision is not removed from veterans injured serving their country.

**Recommendation**

The Legion and Poppyscotland call on the next Government to ensure the future of the Veterans Medical Funds, by committing long-term funding and guaranteeing that this support will not be removed from veterans injured in Service.
CASE STUDY: Harris Tataki

“The IED blast ruptured both ear drums, and the audio processing part of my frontal lobe was damaged in the blast as well.

Having both a head injury and a physical injury to both ears is so complicated because if it’s just hearing loss it’s quite easy to rectify, but when you’ve got an audio-processing injury as well it’s been hard. It’s physically draining and tiring.

Tinnitus is like having a dentist drill constantly in your ear. Just imagine walking around with that. You’re trying to work, trying to listen to people and all you can hear is a high-pitched whine, constantly – and that’s just during the day. Now try sleeping with it at night – you can’t.

Obviously then your sleep gets affected which means you start off the next day badly. You can’t relax because there is a constant high pitch whine there. It’s so intense that it’s actually physically painful as well.

You can never have peace and quiet again. You are always on edge. It’s exhausting and mentally tiring.

People can’t see it so they don’t understand why you’re in pain or why you can’t tolerate people speaking to you, and that’s the biggest frustration.

It’s fair to say that the treatment – and indeed the Legion – has given my life back to me.”

Harris Tataki
The Legion estimates that the Armed Forces community makes up around one in ten of the general population. However, it is surprising to many to learn that no one definitively knows the size or demographics of the Armed Forces community in the UK.

The last national census in 2011 contained just two questions related to the Armed Forces. It asked respondents whether a member of the Armed Forces usually lived at the address and whether respondents usually lived at an Armed Forces base for over 30 days a year. Whilst this helped build up a picture of where serving personnel are located, it did not collect information on veterans and their dependants.

National, devolved and local government, and many other organisations, have made commitments under the Armed Forces Covenant to address disadvantage and provide special consideration where appropriate for members of the Armed Forces community. Yet without accurate, uniform and localised data about that community, they are not able to plan their services in the most effective and efficient way possible and monitor progress.

Since the Legion and Poppyscotland first launched the Count Them In campaign to include an Armed Forces question in the 2021 census, the Office for National Statistics (ONS), National Records of Scotland and Government departments have agreed with our calls. The statistical agencies have suggested the wording for a question to be included and have been testing it. However, the next Government and Parliament will still need to ensure that this new question makes it into the 2021 census. This represents a clear opportunity to improve knowledge of the Armed Forces community and how they can best be supported in the years to come.

Recommendation

The Legion and Poppyscotland call on the next Government and Parliament to ensure that the next national census in 2021 includes questions that will provide vital information on the Armed Forces community.
CASE STUDY: Darren Fuller

“\nI joined the Army in 1994 as a Para. I completed two tours to Northern Ireland, took part in exercises in America, Canada and Botswana, and served in Afghanistan where in April 2008, I lost my lower right arm. I was eventually medically discharged and now work for the Royal British Legion as the Community Fundraiser for Essex.

Whilst receiving treatment in Selly Oak Hospital and for the first few months that I was back at home, the Legion’s welfare department visited me to ask if there was anything they could do to help make life a little easier for me around the house. A few small adaptions were made, which improved my day to day life and helped me regain my independence.

I was fortunate in that I was able to receive the support I needed at a difficult time, but I’m aware that this is not the case for all veterans because they’re hidden from official statistics, making it harder for service providers to identify and reach them. At present, most official records only capture veterans who are of pensionable age or who, like me, were injured and are now in receipt of military compensation. But younger veterans experience difficulties too and not everyone with an injury receives compensation, leaving them vulnerable to falling through the cracks.”

Darren Fuller

Darren was painted at the Houses of Parliament in London as part of our #CountThemIn campaign, showing how the Armed Forces community is effectively invisible in the national Census.
For injured veterans, the UK’s benefits system can provide vital support, enabling them to live independently or secure sustainable employment. Yet those who are entitled to military compensation for their injuries can find themselves having all but the first £10 of it treated as standard income within means tests for benefits such as Employment and Support Allowance, Council Tax Reduction and Pension Credit.

Depending on the date of their injury, personnel injured in Service can access one of two government compensation schemes. Although different in administration and delivery, both schemes exist to provide compensation for injury and loss of amenity as a result of Service. Additionally, for those medically discharged, further payments as a result of their injury can be gained via supplements to their Armed Forces Pension. Those who have lost their Service spouse as a result of Service may be eligible for a War Widow(er)s pension. None of these should be treated as anything other than compensation for their injury or loss as a result of Service.

Both the social care system in Great Britain and Universal Credit recognise to some degree that compensation is not income and should not be treated as such. However, it is a principle not universally applied for all benefits, leaving a confusing maze for injured veterans seeking support. Different benefits apply different means tests, with rules varying between compensation schemes, and in some cases this leaves veterans worse off than their civilian counterparts. For some, this treatment can cause an injured veteran to lose access to a benefit entirely. This is a potential breach of the Armed Forces Covenant principle of no disadvantage.

Recommendation

The Legion and Poppyscotland call on the next Government to ensure that compensation and payments awarded for illness, injury or death as a result of Service should never be treated as normal income in statutory means tests.
CASE STUDY: Mark Jones*

Rifleman Mark Jones was injured when the convoy he was travelling in was attacked with an IED in Iraq in 2004. The injury resulted in Rfn Jones suffering ongoing severe damage to both his knee and his ankle of his right leg.

Through the War Disablement Pension Scheme Mark is provided with compensation of £56 per week in recognition of the pain and loss of amenity he suffered through Service.

Having been medically discharged from the Armed Forces, Mark has struggled to find work and now claims income-related Employment and Support Allowance to provide him with necessary support and funding.

Under current rules, all but the first £10 of Mark’s compensation payment is treated as if it was normal income, reducing his Employment Support Allowance award from the £73.10 a civilian can claim, to just £27 per week and forcing him to use his compensation to fill in the gap.

*The above case study is illustrative and not based on a real case
Research in the US, UK, Australia and Canada has found that veterans of the First Gulf War in 1990-91 report common health symptoms at two to three times the rate of other veterans, and at a greater intensity. Symptoms can include acute and chronic fatigue, hypertension, muscle pain, cognitive problems, reduced coordination, rashes, diarrhoea, and skin conditions associated with immune dysfunction. In addition, ill Gulf War veterans are twice as likely to report Post-Traumatic Stress Disorder (PTSD) and a poorer quality of life.

According to 2015 figures from the Ministry of Defence (MoD), some 1,300 veterans are in receipt of compensation for conditions and illnesses connected to their deployment to the First Gulf War, or their preparation to deploy to that theatre of conflict. These figures further reveal that a small but significant number of veterans who deployed to the First Gulf War have claimed for complex and medically unexplained conditions. Yet research by the King’s Centre for Military Health Research estimates that as many as 33,000 UK Gulf War veterans could potentially be living with illnesses linked to their service in that war, with over 13,000 experiencing severe symptoms.

Veterans with Gulf War illnesses are generally treated for their individual symptoms rather than the ‘condition’ itself. To date, there has been little meaningful research published in the UK concerning effective treatment or ‘best practice’ for ameliorating symptoms in ill Gulf War veterans. A first phase of an MoD-commissioned study at Cardiff University commenced in 2009 to examine potential interventions to rehabilitate ill Gulf War veterans, however the results were never published and the MoD chose not to fund the second phase of research. This lack of understanding about how best to treat ill Gulf War veterans has left many living with debilitating conditions almost 30 years after the end of combat operations, with a Legion survey revealing that 54% of ill Gulf War respondents currently report receiving no medical support for their condition.

**Recommendation**

The Legion and Poppyscotland call on the next Government to invest in research that focuses on how best to treat ill Gulf War veterans and improve their recovery outcomes, and to establish formal communication channels to convey the results of similar US research developments to Gulf War veterans in the UK.
CASE STUDY: Ian Ewers-Larose

"About six to nine months after serving in the First Gulf War I became unwell and what happened next is only what I have been told as I cannot remember myself. I collapsed at home and was rushed to hospital with a suspected brain haemorrhage. After several days in hospital and the loss of feeling in my legs, it was found that my myelin sheath, which coats your spinal column to protect the central nervous system in your spine, was destroyed.

I had to try to get on with my job without being able to walk properly, and I had an issue with vision in my left eye. As I was constantly falling ill, I was advised to take redundancy in 1996, rather than be medically discharged. At a medical board in London, they gave me the diagnosis of post-viral syndrome (better known today as chronic fatigue syndrome). I was given £1,500 compensation and a letter for free prescriptions as a War Pensioner.

I now take a cocktail of medications to keep me alive – without this I do not know where I would be. I continue to live with neuropathy pains in my legs and arms, excessive tiredness, forgetfulness and occasional loss of cognitive activity, as well as global pain and heart arrhythmia. No-one knows quite how best to treat my condition, so the Government needs to invest in research on ‘what works’ in treating ill Gulf War veterans like me.”

Ian Ewers-Larose