

## Aims of the Armed Forces Networks

The Sussex and Kent and Medway Armed Forces Networks bring together organisations serving the public to help make sure people with a Forces background are able to get help. The Armed Forces Networks, which includes members from NHS organisations, the Ministry of Defence, police, local authorities, Armed Forces Reservists as well as charities and other local organisations, aims to raise awareness of the help that is available.

Members have named people within their organisations which champion the causes of those currently or formerly in the military. They provide training and education for staff and act as a first point of contact for people from the Forces and help them navigate the various systems.

All members have signed up to the Armed Forces Covenant, a national agreement with the principle no one should suffer a disadvantage as a result of their military experience.

The main aims for the Network are:

- To support individual vulnerable and complex members of the Armed Forces Community.
- To support faster appropriate care for the Armed Forces Community whether reservists/regulars to be deployable or those who have been impacted by serving or a member of their family.
- Holistic support for individuals, families and carers to ensure wellbeing, prevention and care.
- To support the quality and safety of the armed forces community.
- To support the transition and utilisation of this community as an asset to the wider population.

Resulting in:

- Improved quality of life for the individual and their families/carers.
- Quick access to a safe, quality service which has an understanding of the armed forces community hence enabling the care to be appropriate.
- Actively provided enhanced integrated care and support.
- A local population which understands the needs and assets of the Armed Forces Community.

Detailed examples and quotes are provided to explain this further.

Please access the [Armed Forces Network](#) for support or information

## **1. To support Individual vulnerable and complex members of the Armed Forces Community**

### **a. Outcomes**

- Saved lives and increased life expectancy
- Improved the quality of life
- Improved health and social position
- Improved experience of support provided

### **b. Complex Cases/Examples**

- Those with suicidal tendencies receive the care,
- Mental Health Dog provided which gives a reason to live, provides support to take medication and to leave the house.
- Mental health and physical health treatment provided, where not previously sought for help or it was not provided in an integrated way.
- Multiple illnesses and social needs.
- Accommodation and furniture/white goods provided or supported depending on requirements.
- Facilitating GP referral for specialist care
- Computer support to attend course to retrain.

“Sitting in front of me now is a nine month old trainee assistance dog. He is being trained to wake me up at night if I’m having my nightmares, to remind me to take my drugs, I’m terrible at taking my medication, but he will be able to bring my drug box to me to make me take it.”

“I didn’t have the confidence to go out. Having the dog has given me the confidence to go out the house and will be trained to know when I’m having a flashback out in public, if I zone out, and be able to get me to safety.”

### **c. Delivered Through**

The system working together in an integrated way, by identifying that the individual is from the Armed Forces Community and then using the Champion Network to access the specific support and advice the individual may need.

### **d. Facilitated by the Armed Forces Network:**

- Armed Forces Champions Training
- Refresher Sessions which include support and sharing experiences.
- Resources – folders, website, pathways, eLearning
- Network coordination including mental health experience.
- Active leadership management and support across the system.

## **2. To support faster appropriate care for the Armed Forces Community whether reservists/regulars to be deployable or those who have been impacted by serving or a member of their family.**

### **a. Outcomes**

- Improved access to enhanced care by those who understand the armed forces community.

- Faster access to assessments and treatment enabling quicker returning to active duty or possible reduction pain and symptoms.
- Advice provided on fitness to serve as a reservist

#### **b. Complex Cases/Examples**

- Chavasse Clinic – a monthly Muscular Skeletal (MSK) service has been established which is led by Regular Lt Colonel, Trauma and Orthopaedic Consultant
- Reservist – An individual needing treatment to be able to continue to lead his regiment thought the network has access the appropriate care quickly to enable faster return to duty.
- Mental Health Services whether a specialist PTSD service or IAPT service for i.e. for depression, anxiety and displacement or orders. One Consultant due to this enhanced care and understanding now all his patients are veterans. Individuals have been referred to a champion who ensures that the individuals are contacted quickly so that they are not lost to the system as this community often do not ask for help.
- General access – GPs have the wording and are starting to use this when referring in to hospitals for treatment.

By getting the help she needed it has started to turn her life around. Her advice for others in the same boat; “they’re not all a bunch of idiots, they do understand, they don’t want or need to hear all the gory details. They get it. They speak our language”

#### **c. Delivered Through**

- Identification of AFC by referrer i.e. GP
- Reserve Unit
- Charity using links
- Receiving organisation/champion having a specific clinic, access policy, or champions supporting them into the system

#### **d. Facilitated by Armed Forces Network**

- Awareness Raising by the Network to
  - GPs other professionals, - i.e. mail-out, events, training meetings, presentations, leaflets, posters
  - Armed Forces Community – Website, events, charities, MOD, Reserve units.
  - Ensuring all organisations ask the question as part of the equality and diversity/data collected. (now in many contracts and part of education)
  - Providers, ensuring in contracts and that staff are trained and understand why there is this need.
- Development of Enhanced Services – Through the training of staff in the understanding of the armed forces community and using those who are or have served as part of some of the services.

### **3. Holistic support for individuals, families and carers to ensure wellbeing, prevention and care.**

#### **a. Outcomes**

- Wider physical and mental health support for the whole family
- Statutory services are able to help more quickly due to the additional support from the armed forces charities. This could be specialist piece of equipment i.e. Computer for the Blind, adapted wheel chair, stair lift. Or providing befriending, white goods, rent, debt support.
- The family is better supported whether through physical support or through carers/families groups.

#### **b. Complex Cases/Examples**

- Blind Veterans – referral from the eye hospital routine
- Alcohol and substance misuse review of all armed forces cases to see what other support and services were required.
- Pre and post treatment support –group and individual work
- Young carer needs support while a parent was deployed.

“By talking to Sussex Partnership it has given me the conviction that I was quite unwell and I do deserve to access the service. Because they had experience of the military I did not have to explain everything to someone who didn’t understand. I was thinking ‘you have done this in the past and it hasn’t broken you’, as a health professional I was gutted I did break and wasn’t immune from having mental health problems. They are there at the end of the phone if I need them. They have checked back with me to see how I am doing and if they can help with anything else.”

“.....You have fully understood the need for not just supporting me, but for supporting my wife and two children also. Treating us as a whole “single” unit, rather than just me as an individual and helping to provide them with access to their own support networks has been a major part of how me, and my family, have learnt to work together.....”

#### **c. Delivered Through the:**

- Integration of care and support. Champions working together and knowledge of where access can be to self-help/support groups, drop centres, carers centres and on line facilities
- The services provided by the local organisations.
- Champions Network

#### **d. Facilitated by the Armed Forces Network;**

- Have developed over 13 Pathways which provide the information to enable this community to be supported and further pathways continue to be developed i.e. MSK, Sight Loss and Hearing Loss (these are a further development of the physical pathway),
- Has developed eLearning modules i.e. carers, mental health and others are in development.
- Information for Charity Case Workers and champions, to enable them to have quick access to referral processes and other useful information.

- General availability of resources, advice and services to support this community.

#### **4. To support the quality and safety of the armed forces community.**

##### **a. Outcomes**

- Safeguarding concerns are raised and acted upon by statutory organisations, thereby ensuring the safety of the individual.
- Cases of either clinical or social concern are raised through the system quickly to access the required support, enabling the individual to receive quality and safe care.
- The quality of the support and care is of high evidence based standard.
- The Armed Forces Charities are part of COPSEO
- Individuals or their families are safe and can be assured of good quality of care if accessing the network office or wider members.
- Individuals receiving the PIPs they were entitled to
- Safe and productive Drop in Meetings

##### **b. Complex Cases/Examples**

- Complex case hits the press, individuals are known to the COPSEO charities. Concern is raised and with the press as they were supporting a charity which was not genuine.
- Individuals with Dementia were having flashbacks and other needs due to serving in the Armed Forces. Advice was provided to the individuals.
- Individuals were not getting PIPs though they had severe mental health disorders due to the way they completed and answered the assessments. Through support by a mental health nurse the forms were correctly filled in and the benefits given.
- Drop in Groups/Meetings are being established and there was not standards or quality checks for these.

##### **c. Delivered Through**

- Through the Network working together on cases.
- A Network member raising any safeguarding concerns and being support to raise it with the statutory organisations.
- Champions working together to get the required support.
- Working with the Key Charities Standards have been developed these include, mental health first aid, undertaking champions training and no clinical treatments undertaken.

##### **d. Facilitated by the Armed Forces Network**

Due to a number of requests to the Network for advice and support a working group is developing clinical standards and pathways for care for dementia and brain injury patients.

Network members have developed and provide training for drop in groups and meetings i.e. armed forces mental health training, champions training and the pathways with referral systems to enable quick access to appropriate care and treatment rather than accessing it within the drop in.

## 5. To support the transition and utilisation of this community as an asset to the wider population.

It is recognised that it is only a small proportion of this community which needs the dedicated support. A majority of those who have served have had significant training and experience which is an asset to the wider community.

The network has been supporting individuals with this area; there is further requirements that have been identified.

- To scope potential and assets of the AFC, including as a workforce.
- To scope how ex-service personnel can maximise their skills as a workforce with particular interest in Health and social care.
- To enable implementation of the transferability and support that is required by providers in all health and social sectors.

The overall outcomes would result in an increase in:

- the local population understanding the assets of the AFC,
- AFC/Network which has tools to be integrated back into the local civilian population,
- the network is helped in developing roles across the whole system to support the wellbeing of individuals and their families.

## FACTs

The model for the AFN, its members and the support team:

- **Leadership and advocacy of the armed forces community:** champion network
- **Reporting:** ensuring all organisations collect data and provide evidence that this hard to reach community's requirements and needs are being met.
- **Commissioning and contracting:** that in all strategic planning, commissioning that the specific needs are met and that impact assessments are undertaken to ensure that they are not disadvantaged and encourages an integrated system.
- **Work Programmes:** there is a detailed work programme to deliver all the areas identified for 2017/18.
- **Training and Development:** To raise awareness and provide the skills
- **Pathways:** To date 13 pathways have been developed and adapted to meet Kent and Medway's organisations this will increase by a further 8 are nearing completion (Alcohol, families/carers, dementia and brain injury, offenders, MSK, sight loss, hearing loss and benefits).
- **Engagement:** Continue with the professionals and develop the AFC engagement
- **Reservist:** linking with NHS Employers and the local barracks,
- **Research:** As a leading network, areas of research have been identified
- **Key actions:** Access to services, integration of system, prevention