Seriously Injured Leavers Protocol

The Aftercare Protocol in respect of a referral to Veterans Welfare Service from Service Welfare via a Welfare 11. Addressing the Welfare needs of Severely Injured Leavers affecting all Veterans after Discharge.

Introduction

• This protocol aims to ensure the identification and ongoing support for those Service Leavers (SL) deemed likely to be medically discharged due to severe physical/mental disablement. The identification is based upon defined major disabling medical criteria, whilst the support is achieved through the closer working of MoD in-Service and post Service welfare groups.

• Whilst 'DResettlement' furthers the provision for links to ex-Service charities, this protocol complements that potential support by ensuring the MoD formally helps the severely disabled SL engage with all internal and external available services. This is achieved through closer working arrangements, without any break in the continuity of support.

• The protocol outlines the support available to SLs throughout their life, as a result of injury through service. It does not replace or diminish any alternative support provision available, like that from Regimental Associations etc. Indeed closer contact with these groups should be encouraged so as to facilitate the best possible outcome for the disabled SL. It also has the added benefit of identifying discharged personnel whose condition has deteriorated or developed since leaving Service, facilitating a referral to Veterans Welfare Service Welfare Manager (VWS WM). Resulting in benefit from the protocol, albeit post the usual trigger dates.

The Protocol

1. Early identification by Key Case Worker of individuals deemed likely to be medically discharged due to severe physical/mental disablement.

Levels of disability are to be measured in accordance with the following status of eligibility:

• Major disablement arising in medical discharge for Regular and Reservists, in the categories set out below:
• Severe complex multiple injuries;
• Head injuries requiring extended hospitalisation;
• Spinal cord injuries;
• PTSD and similar traumatic psychological injuries;
• Amputations;
• Loss of sight/hearing;
• Severe Burns;

There are particular issues with respect to Reservists and efforts will be required to ensure that their needs are identified and addressed. The protocol includes injury whilst on Man Training Days.

Commonwealth personnel who are subject to immigration control without recourse to public funds on discharge may be ineligible for statutory support from UK local authorities or OGDs, specialist support and additional arrangements may be required.

2. Three months prior to discharge or immediately discharge is decided, if that date is later Key Case Workers are to contact the appointed VWS WM using the approved Welfare 11 tri-Service proforma, which is available on the internet via:

https://www.gov.uk/government/publications/notification-of-a-seriously-injured-leaverwelfare-11

It is imperative the person referring the Welfare 11 receives signed authorisation from the Service Leaver, prior to releasing information to the Veterans Welfare Service.

All pages of the Welfare 11 should be fully completed, omitting the SL's signature and referred electronically. In addition, a copy of page 1 only, signed by the Service Leaver should be sent to the Veterans Welfare Service, via fax as evidence of consent.

With regards to the signature of the person who has completed the form, as mentioned above, with reference to the Welfare 11, the inclusion of the words next to the signature box, 'if proforma Emailed, typed name will suffice' is sufficient.

The Welfare 11 should be *E-mailed to the central Veterans Welfare Service point (Email addresses are detailed below and on the Welfare11), to notify the impending medical discharge and provide case details identifying potential requirements for aftercare support to include as appropriate:

a. Post discharge living arrangements
b. Finances
c. Employment
d. Potential benefit entitlements
e. Alcohol/drug dependencies
f. Engagement with other welfare support services/charities
g. For those subject to immigration control there may be a requirement to apply to the Home Office (HO) for 'Indefinite Leave to Remain'
h. Any other identified welfare support requirements

*If E-mail is not available, the Welfare 11 should be referred by post using the details below:
Veterans UK Veterans Welfare Service Contact/alternative referral point:
Veterans Welfare Service
Room 6303
Norcross
Thornton Cleveleys
FY5 3WP
E-mail: Veterans-UK-VWS-Support@mod.uk
Telephone: 01253 333641
Fax: 01253 332235

3. One month prior to discharge or immediately discharge is decided, if that date is later, the VWS WM should contact the person who made the Welfare 11 referral to arrange an initial meeting with the Key Case Worker (i.e. in-Service personnel) and the SL, involving the post discharge carer if necessary. They are to discuss mutually, proposals for a post discharge support package to include, as appropriate, those areas outlined at Para 2 and to record the identified requirements and responsibilities.

British Forces Germany

For SL's continuing to serve in British Forces Germany, but intending to return to the UK on discharge, the allocated point of contact for this support will be a VWS WM case worker local to their intended place of residence.
SL's leaving the Service and choosing to settle in Germany will not routinely be allocated a VWS WM case worker to provide assistance with their transition to civilian life. However welfare assistance can be requested from Vets UK VWS and in appropriate cases a VWS WM case worker may be identified as a point of contact to provide advice and guidance on Vets UK related issues either pre or post –discharge.

Welfare support in respect of all other issues remains the responsibility of BFG in– Service Welfare providers. Any Veteran requiring assistance whilst residing in Germany should access support through the RBL District Welfare Coordination Germany network based in Hone Garrison. If necessary an RBL case worker may be allocated and will identify a SL's requirement and signpost them to the relevant agencies who may be able to assist. Much of this work is done in conjunction with SSAFA Forces Help.

4. Post Discharge

Weeks 1 –11

The VWS WM and the Key Case Worker are to proceed with the agreed post discharge care plan, in line with responsibilities determined at paras 2 and 3, which will include determined levels and frequency of contact.
Contact between the Key Case Worker and VWS WM is to be continued throughout Weeks 1 – 11 (if appropriate, a longer period can be agreed between all parties) in order to discuss outcomes and determine areas of individual or mutual engagement to resolve casework issues. The level of contact is dependant on the case and if there is any in-Service need. Throughout this period overall case responsibility remains with the Key Case Worker until in-Service withdrawal is jointly agreed, involving the SL and family (scheduled at week 12), although the delivery of agreed front line practical support will be jointly addressed with VWS WM.

5. Week 12 – Transfer of responsibility
The Key Case Worker and VWS WM are to undertake a home visit, involving the Veteran and immediate family in a case conference. This will affect an agreed transfer of welfare responsibility from, in-Service to VWS WM or a deferment to a future specified date to attain optimum transition arrangements. The full details of areas discussed at this visit must be recorded, and responsibility for taking forward further work to assist the Veteran must be clearly identified against realistic timeframes.

6. Post Transfer of Responsibility
a) 4 to 6 months:
VWS WM are to conduct two further home visits in months 4 and 6 (from the date of discharge), to assess progress under the agreed support package for the veteran and their immediate family, supplemented by a telephone contact in month 5.
b) 7 to 12 months:
VWS WM are to conduct visits in months 9 and 12 (from the date of discharge), supplemented by monthly telephone contact in other months.
c) 13 to 18 months:
VWS WM are to conduct 3 monthly telephone contacts during months 15 and 18 (from the date of discharge).
d) 19 to 24 months:
VWS WM are to conduct 6 month telephone contact during month 24 (from the date of discharge).
e) Post 24 months:
Annual contact to be facilitated where needed via visit or telephone as agreed between all parties and in accordance with presenting welfare needs.
Throughout all stages support and intervention will be provided in a manner that aims not to create dependency but to promote positive and workable solutions to achieving independent living and employment opportunities outside of the Services. It should recognise that as part of the Military Covenant the Services and the nation owe much to these medically discharged veterans and they should be offered as much assistance as possible to live as good a quality of life as possible, irrespective of any disabilities they may have.