HOUSE OF COMMONS

Scottish Affairs Committee

Oral evidence: Support for veterans in Scotland, HC 1003

Wednesday 2 July 2025

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Watch the meeting

Members present: Patricia Ferguson (Chair); Maureen Burke; Dave Doogan; Lillian Jones; Douglas McAllister; Mr Angus MacDonald; Elaine Stewart; Kirsteen Sullivan.

Questions 1 - 38

Witnesses

I: Lieutenant Commander (retired) Susie Hamilton, Scottish Veterans Commissioner; Emma Watson Mack, Executive Chair, Veterans Scotland.

Examination of witnesses

Witnesses: Lieutenant Commander (retired) Susie Hamilton and Emma Watson Mack.

[This evidence was taken by video conference]

Q1 **Chair:** Welcome to this meeting of the Scottish Affairs Committee where we are looking at support for veterans in Scotland. We have with us the Scottish Veterans Commissioner and the Executive Chair of Veterans Scotland. Good morning, both. Could you introduce yourselves, please? I will start with Lieutenant Commander Hamilton.

Lieutenant Commander Hamilton: Good morning. I am Susie Hamilton, and I am the Scottish Veterans Commissioner. The Scottish Government employ me to hold them to account for devolved public services for veterans in Scotland and to be a voice for veterans in Scotland.

Emma Watson Mack: Hello and good morning. My name is Emma Watson Mack, and I am the Executive Chair of Veterans Scotland. Veterans Scotland is the collective voice of the armed forces and veterans community in Scotland. We exist as the backbone organisation to represent, promote and advance the interests of the veterans in Scotland. I am a veteran myself and I served 10 years in the Royal Artillery as an officer.

Q2 **Chair:** Thank you both very much. Questions are going to begin now, and I will kick those off. What are the challenges that military veterans might face when transitioning to civilian life in Scotland today?

Lieutenant Commander Hamilton: There are several factors that veterans need to have a successful civilian life. That starts with a safe, stable place to live. Housing and accessing housing can be a challenge in Scotland. Many local authorities have declared a housing emergency and certainly genuinely affordable housing is challenging. Having good physical and mental health is also key, and there are challenges there.

There are still issues with moving medical records between systems, from MOD to NHS Scotland systems; that is being worked on. In terms of mental health, the support in Scotland is still not a clear and easily accessible system for veterans. Obtaining meaningful work is also one of the key factors. There is a more positive picture here, but there can be challenges for people, particularly linked to housing. If they decide to move to somewhere where there is more affordable housing, often the employment opportunities are not there to match it.

There is a more psychosocial challenge of adjusting to the cultural change from military life to the civilian community. That happens to everybody who leaves the armed forces. There are mitigations that can help with that, but finding a place in the community is also one of the challenges that they face.

Emma Watson Mack: To build on Susie's point, a big challenge is around understanding the civilian landscape. It is a busy network of services, and it is just how you navigate those support mechanisms when you leave and transition out of the services. The timing of that support and the timing of that engagement is key.

There is confusion and that can apply to a range of services: how do I get a GP appointment? How do I get dental health? In the military invariably you can see a dentist the next day; that does not apply in the NHS. What is my route into mental health services and so on? Veterans do not necessarily have that clear path, and the challenge to us is to make that clear for them. There are over 140 military charities in Scotland and many other charities offering support, so it is how they navigate those statutory services and then where charities need to step in to support.

There are also systemic pressures on public services and that does have a knock-on effect in terms of how veterans then access services. If the dental practice is oversubscribed, that is challenging for a veteran in terms of how they then get dental care for themselves and their family.

In terms of looking more closely at the military charities there is rising demand in terms of their services. They are running hard to ensure that they meet the gap, but we are seeing an increase in service demand for those services in Scotland. That is a challenge for any veteran as they are leaving.

Q3 **Chair:** How do the experiences of service leavers today compare with those of previous generations?

Lieutenant Commander Hamilton: It is an interesting question. I think there have definitely been improvements. Over the last 20 years things have got better in certain areas. The earlier generations, first, experienced a community that understood the armed forces and veterans better because so many more people had served, just because of the nature of demographics. They often relied on more informal networks—the regimental networks, for example, were very strong then. Today's service leavers expect more structured support. They have better and greater awareness of their own mental health and things such as employment rights. That reveals that there is quite a lot of fragmentation in the services available.

We now have social media, of course, and online platforms; it can be positive in sharing information and improving connectivity, but it also shares misinformation. It can be both a benefit and a disadvantage. There is probably more expectation and more awareness of what may be available and what is available for service leavers now, and we should not overemphasise the difficulties for service leavers.

Most people do leave and transition well and, if they take ownership of their own transition and plan and prepare to leave, they can leave well. It is harder for people who leave unexpectedly from the armed forces,

particularly people who are medically discharged, and in those cases there does need to be more wraparound support provided. Because the Armed Forces Covenant has been brought in, Governments are more aware of providing support for veterans and there are commissioners in three of the four UK nations, there is more available for veterans than there had been previously.

Emma Watson Mack: I agree with Susie. Speaking on behalf of our members, there is a general consensus that there has been considerable progress in helping veterans transition from service life in Scotland. That progress has really been seen over the last 10 years. That is a positive trend, and we need to continue that. There are cases where that does not work and that is sometimes dependent on the individual and their specific needs.

We have a slightly unique problem in Scotland in those who transition from service, for example, overseas or serving down south then transiting back to Scotland, if that is where they want to set up home, we have different services, and they must be able to navigate that. It is understanding that housing is not necessarily the same as what it is like down south or where they have come back from overseas. It is not necessarily a uniquely Scottish problem, but I think anyone who is coming back must understand and navigate a slightly different offer.

Also, just the fragmentation of support—that piece we have already said—is the piece that we can continue to work hard at to ensure that it is joined up. My main message is it has improved; it is getting better and with continued focus we can improve that further.

Q4 **Chair:** Do factors such as a service leaver's age or gender influence how well they transition?

Emma Watson Mack: That is an interesting question. If you look at the population in Scotland we have 176,000 veterans, which represents 3.9% of our population aged over 16, and 30% of our veterans are 65 and over. That is a different demographic. I think 88% of our veterans are male and the requirements for those leaving at different stages in their career are different.

If you are a young service leaver and you are looking to get your first job in civilian street, get on the housing ladder and access support services, if you have a young family and children who need schooling, your needs and your requirements are very different from those of someone who perhaps is leaving after a longer career in the military. Also, the employment that you are looking for or the statutory services that you may need will be different. I do see that there are differences depending on when you leave and what you may require.

Lieutenant Commander Hamilton: I absolutely agree with Emma. The statistics tell us that the longer somebody serves, generally the better the transition will be, because they will have had the opportunity to gain

more qualifications and to gain all the incredible benefits that service life provides in terms of people's skills. The data tells us that early service leavers, people who leave with three years and under of service or four years and under of service, do less well—and they tend to be younger, of course. That can be because of the reasons that they left, but it can also be because they have not had the chance to gain all those qualifications and pick up those skills.

There is now some bespoke transition support for early service leavers that there did not used to be, and that is helpful. There is the ability to provide continuing support from the statutory services, from veterans' services, as well as the huge range of third sector support for them.

The gender question is interesting as well. Women make up around 12% of the armed forces and they are about 12% of the veteran population in Scotland. Many leave to start a family and that does bring a completely different aspect to transition. I have heard from women veterans that understandably, when leaving to start a family, thinking about what their next career was going to be was not the first thing on their mind. Some of them just said they did not do the transition training available. All that support is available, but they felt they were not able to access it.

That is something that was being addressed. There was going to be a women's veteran strategy. Unfortunately, it has never been published; hopefully when the next Veterans' Strategy is published it will contain information on that, but work needs to be done particularly for women veterans. We do see that their earnings are lower and there is definitely more that could be done to make it a more equitable process.

Q5 **Chair:** You mentioned that there was talk of a women's veterans' strategy. Was that a particularly Scottish strategy or a UK one?

Lieutenant Commander Hamilton: It was UK-wide. It did not get published because of the change of Government with the election.

Chair: Perhaps something we will want to follow up. Thank you. I am going to pass to my colleague Elaine Stewart now.

Q6 **Elaine Stewart:** Good morning. What has been done to equip service leavers with the skills and knowledge they require to navigate civilian systems such as housing, finance and pensions?

Lieutenant Commander Hamilton: This is part of the transition process. A lot of this should be owned by the MOD and is done as people leave the armed forces. The JSP transition guidance was rewritten very recently and that included what they called life skills, so that was exactly these kinds of things. It meant through life information—not waiting until the last two years of service, which is when the transition fully kicks in, but providing more information about life skills, information about housing and how to manage finances through life. That is in the policy now; however, I cannot see a consistent application of it.

In Scotland there is an SO2 who is responsible for life skills, which is in the Army and some delivery does take place. For example, some very expert third sector housing providers give briefs on housing to serving personnel. It is important to get those briefs in early, because the last two years are way too late if somebody decides they need to start saving for a deposit for a house, if they are going to buy a house. It is inconsistent. There is policy there, but it is quite often delegated to the commander of the unit and, as we know, our armed forces are under pressure, so they might be hard pressed, and it might not necessarily be happening.

It is not necessarily all bad news, because generally our serving personnel now are more aware of life skills. There is probably a cohort who are less informed, and that probably has a lot to do with their own personal background. People who join the armed forces potentially from care or from more chaotic family backgrounds probably do not have a grounding in how to manage a family budget and an understanding of how to run a household. That is understandable. Being able to identify what would be termed "vulnerable service leavers" is key. Again, that is now in the policy and people can also self-identify and refer themselves into additional support for that.

I have been doing some work on veterans and finance, and I have heard recently about service leavers who are just not aware of things such as paying council tax. That is something that does not come across your radar when you are serving, so they are not factoring that into budget calculations and things like that. There is definitely a way to go on that.

In terms of skills and education, as opposed to life skills, it is a much better picture. There have been huge steps forward in making sure that everybody can leave the armed forces with a qualification; everybody can leave with a minimum of an apprenticeship now. That is a massive advantage. There are a lot of opportunities to gain skills and qualifications in the armed forces and in Scotland work has been done and it is really important work to translate the qualifications that are aligned to the English framework on to the SCQF framework.

That has been funded by the Scottish Government and Skills Development Scotland and SCQF has done that. It is still ongoing, because the courses in the armed forces are always changing, so that is always probably going to need to keep going, but it at least means that for employers in Scotland and for services in Scotland they can transfer those skills. It also includes transferable meta skills, so it is a better picture.

Emma Watson Mack: The forces have recognised that early access to resettlement support is key to a positive and effective transition into civilian street. That applies not only for the service leaver, but for their family as well. I think that early access piece is really key; the longer they have to prepare, the longer they have to understand what the

implications are of not being in the services and then what that means in terms of reality of access to housing, access to healthcare and access to education. As Susie mentioned, for all the life skills that we each require daily to live positive and healthy lives, that early access is key. That does not happen uniformly. There are still gaps and there is still patchy evidence that there are service leavers who are on deployment right up until the day that they leave, and that does have an impact in terms of how they successfully transition.

There is a broad network of support organisations that exist from SSAFA or benevolent funds or family federations and so on and they do reach out to support those families, especially those who are potentially moving from one country to another. That works well, but the challenge there is there is not a single point or a hub for signposting that support. That is an area for improvement in terms of how effectively those service leavers, when they leave, know exactly how they can access the support they need.

Q7 **Elaine Stewart:** It is good to see that the qualifications are being transferable between the NQF and the SQA. Are there any distinctions between support that each branch of the armed forces provides service leavers?

Lieutenant Commander Hamilton: Service is slightly different in the different arms of the armed forces. People tend to stay longer in the Air Force and the Royal Navy. In the Army they tend to leave earlier and younger. The Army is a lot bigger, so it has more service leavers, and because there are more technical roles in the Royal Navy and the Royal Air Force, it is often a smoother transition. We see that many of the more problematic transitions are with Army personnel, but that is more to do with the nature of the service than gaps in support.

Certainly, the roll-out of life skills seems to be carried out more in the Army, but that is possibly because the perception of demand for it is lower in the other two arms. House ownership, for example, is a big one. Home ownership is much more common in the Royal Navy and the RAF than it is in the Army, where there is still a tendency for families to move around. There is less of that now and there is more stability for families, but there is a tendency for the families to move around with the serving person a lot more, whereas with the other services they tend to buy houses earlier and designate themselves as stable earlier.

Emma Watson Mack: The only point I would add is that in Scotland we see that there are hubs of those who leave: for example, those who leave the Navy tend to remain where their last posting was, so there is a hub and a population of veterans that exist in those areas. Therein that provides an additional support mechanism. That is less so in terms of someone transitioning out of the Army, but more so in terms of the RAF and the Navy. There is greater support because they tend to stay closer to those hubs that they have been serving in.

Q8 **Kirsteen Sullivan:** Susie, how do you ensure the voices of military veterans in Scotland reach the UK and Scottish Government Ministers?

Lieutenant Commander Hamilton: Starting with the Scottish Government Ministers—because that is the core of my job—I do have meetings with the Scottish Government's Minister for Veterans, and I have one in the diary for September. I engage with veterans all the time and a lot of that goes into my reports. I have published three thematic reports, which have pulled together what I have been hearing from the veterans community into thematic reports that then have recommendations, and those recommendations all go to the Scottish Government.

I also conduct an annual assessment of the Scottish Government's performance against my recommendations, plus those of my two predecessors. In order to do that I listen to the veteran community and those who support them and that is input into my annual assessment. It is all published on my website, but a summary is then sent to all Members of the Scottish Parliament in advance of the veterans' debate in the Scottish Parliament. When there are specific issues, I have particularly good access to raise them directly with Ministers and also with the veterans' unit in the Scottish Government.

With the UK Government again I have had meetings with the UK Minister for Veterans and People, and I will be having another one tomorrow morning, and I also have regular contact every month with the Office for Veterans' Affairs. They have a manager for the devolved areas—I think that is the title—and I meet with him monthly and have the opportunity to raise issues there of anything I have heard from the veteran community. There are fairly open lines of communication there and, in terms of being able to raise issues, I can certainly do that.

Q9 **Kirsteen Sullivan:** What input do you have to the UK Government's Veterans' Strategy?

Lieutenant Commander Hamilton: During the development of the UK Government's Veterans' Strategy the team from the OVA did come to Scotland and they had one consultation meeting with the veterans' unit, so with the Scottish Government, and then they had a second one with me; Emma was also there, so we had a mixture of statutory and third sector leaders at that meeting to provide input to the strategy. We have done that; I have not seen any further drafting of that, but I would expect to see another draft of that before it is finally published.

Q10 **Kirsteen Sullivan:** Have you had any updates on the new VALOUR service?

Lieutenant Commander Hamilton: Yes, I have had a few updates on that. It has obviously just been piloted now in some regions in England. The intention of that is to resolve some of the issues that Emma and I have already brought up: there can be confusion with public providers and third sector providers and in the people you are seeking help from to

find the right path. The intention is to deliver a no wrong door approach for veterans seeking help. There is funding attached to that to develop physical centres of which there will be some in Scotland and there will be OVA people on the ground. My impression is it is still developing. It is a rapidly developing project so there will be lessons learned from the pilot now and those will inform what will be developed when it comes to be implemented in Scotland.

Mr Angus MacDonald: Mine is a point, rather than a question: it was Armed Forces Week last week, and there was a really good turnout from Members of Parliament and officials in Westminster. We can be very reassured that support for the armed forces and of veterans in particular is strong in Parliament. I just do not know how well that information is disseminated, but I was very cheered by that.

Chair: As Angus said, that is a point rather than a question, so I will move on to the next question, which is from Dave Doogan.

Q11 **Dave Doogan:** This question surrounds access to primary care services for veterans and service leavers. It is to try to help the Committee understand the barriers that present to veterans and service leavers in accessing those services compared with the barriers that somebody else moving in a civilian setting from one location to another faces in trying to access those services.

In answer to an earlier question, Susie, you referenced challenges around accessing mental health services and, as representatives of our communities, we would understand and recognise those challenges. It is to understand what specifically affects veterans, as opposed to the wider population, in that challenge.

Lieutenant Commander Hamilton: In terms of immediate service leavers, I think I have already mentioned there are issues around transferring records. Hopefully, that will get resolved with a technical solution. There are some challenges or barriers that I suppose are cultural, particularly around mental health. Veterans tend to be more reluctant to ask for help, so the challenge is to overcome that help-seeking behaviour.

That does apply to physical health to a certain extent as well and it is quite a complex issue to get hold of. Veterans seem to think, not that they do not need help, but that they should not need help, or that other people need help more than they do and they do not come forward to ask for help. That is about overcoming stigma and trying to educate people to come forward. They do not always feel understood, which can cause a bit of a shutdown with veterans if they say that they come from a service background—not just in health, but in lots of public services—and they feel that the person who is dealing with them does not understand that. They can shut down or withdraw or be quite easily put off from seeking help further.

In terms of primary care for GPs, training has been provided. It is called the Armed Forces and Veterans' Recognition Scheme in Scotland. It is a short piece of training on the NHS Scotland training platform, and it provides people who work in primary care with a bit more information about how veterans may approach them, about common medical issues that veterans may have.

Although veterans' health is generally better than the general population—even veterans' mental health is better than the general population—some veterans do experience things such as complex post-traumatic stress disorder and some experience musculoskeletal disorders, so it explains a bit about that. I think that would be helpful.

What I have seen is that the take-up of that is very low at the moment and probably less than 5% of GPs have completed that training, so that is not very encouraging and is something that needs to be prioritised. Similarly with mental health we see that where services are more bespoke to veterans or badged for veterans the veterans are more likely to access them; they are more likely to go to something that is a veterans' mental health service than a general mental health service.

In parts of Scotland, some health boards have a Veterans First Point, which are highly effective services, but other health boards do not. There are five of those in Scotland and then other health boards provide bespoke solutions that they have come up with, so it is different across Scotland and there is work ongoing for a national framework.

This work has been ongoing for quite a long time, and I have reported a couple of times that it is taking far too long to deliver this, but it will be delivered and there has been progress on that recently. That should bring a bit more equity of access and there will be a central hub with local delivery, so at least there is something that veterans can see and, if they feel that their mental health is deteriorating, they can get in touch and then they will be connected to local delivery. There is progress, but it is very slow.

Emma Watson Mack: I would like to add three points. On the mental health piece, Susie is correct: there is a smaller representational cohort compared with their non-veteran counterparts, but those veterans who present with mental health challenges tend to be far more complex in nature. Therein lies the challenge.

The key to that is having peer support workers built into the national framework for mental health—people who understand veterans and understand the journey they have been on. They may be veterans themselves who then transitioned into healthcare. It is understanding the needs of those veterans that then encourages earlier presentation and engagement, but that peer support network is key.

We see the GP recognition scheme or the GP awareness scheme as a useful tool and something that we want to promote. We are working

closely with the Scottish Government to make sure that GPs are aware of this scheme and they can sign up to it. It is an easy piece of training. It enables them to understand what they are looking for, what the questions are to ask veterans when they present, understand how they then can refer that on to the secondary care professionals; therein is another challenge. They can also draw down additional support services; if a veteran presents with a primary care need there are invariably additional requirements, and it is how the GP then ensures that those services or needs are met.

On the veterans' mental health framework, it has been a long time to get to this point, but there has been a significant amount of work done by all those engaged. We are positive about a new national framework for veterans' mental health, which will see the introduction of a single national hub, a digital hub, which is a single gateway in and then three regional hubs.

Q12 **Dave Doogan:** Where will that national hub be, Emma?

Emma Watson Mack: That is to be decided. There are going to be three regional hubs, and they have identified north, east, and west.

Q13 **Lillian Jones:** Emma, can you describe the role the third sector plays in supporting veterans with mental health problems?

Emma Watson Mack: We have a number of different organisations working in Scotland who are effectively providing peer support workers and case workers. Those include organisations that will be well known to you, such as SSAFA, Blesma and Combat Stress, and those organisations provide welfare support staff. Some of those are centralised or located in a hub or a drop-in centre and some, depending on geography, are peripatetic.

Those third sector organisations will meet those who are in need, understand what their requirements are and ideally, from a holistic perspective, understand the full extent of their needs—and that includes their family—and then ideally refer them into the support network including statutory services, engaging those organisations that are going to be able to intervene at that stage, provide support and ensure the needs of that veteran and their families are met.

Those third sector organisations are very collaborative and connected. There are definitely cases where it does not work as effectively, but in the majority those third sector organisations are very well connected to each other and to the statutory services in their local regions to offer that support.

Q14 **Lillian Jones:** Are these third sector services well-funded?

Emma Watson Mack: There is continual pressure on funding and the demand is not decreasing. There is an increase in terms of their services, in terms of the regulation and the policy that sits behind that. There are

ever-increasing demands on third sector funding lines, and that continues; I do not see that going away.

Q15 **Lillian Jones:** This is for both witnesses. Where are the gaps that veterans are most likely to fall through when attempting to access mental health support?

Emma Watson Mack: From my perspective the gaps are that they present too late or they are not identified, or they do not have access to statutory service provision. That can be either through their own choice, or it can be that lack of knowledge about how to navigate that. Those who fall through the gap are those that do not have the knowledge, they are not accessing or they are not picked up by the third sector, and statutory services have not identified them. The longer that is left, the more challenging it is and the bigger the problem is to rectify or to meet their needs. Therein lies the gap. The ideal outcome is that those who need mental health support are identified extremely early in that journey.

Lieutenant Commander Hamilton: I absolutely agree with that. Early identification and prevention are always better for everybody. We do not always identify veterans who are accessing support. They should always be asked when they access healthcare, but I don't think that always happens and sometimes veterans do not identify themselves. There can be long delays in waiting for help.

What can make a huge difference—and this is where the third sector comes into its own—is providing peer support or other non-clinical support while somebody is waiting for their clinical intervention and that is termed "waiting well". That can make an enormous difference to somebody's mental wellbeing as they are waiting to get their clinical treatment. If they do not identify as a veteran, they cannot be connected to that service of peer support from the veterans third sector. That is possibly where some are not getting as good an experience as they could.

Q16 **Lillian Jones:** Based on the funding pressures of the third sector charities that support veterans, how sustainable do you think that support for veterans is from those services?

Lieutenant Commander Hamilton: First, it is absolutely key that, for people with clinical health needs, that need is met by statutory services. They should be getting their clinical support from the NHS. It is important that the state does not abrogate responsibility for that to the third sector, for veterans or anyone, but particularly for veterans and particularly for service-related mental health needs. It is important that the framework that we have been talking about it put into place for veterans in Scotland.

It is a difficult time for fundraising for all charities in all the third sector, but in some ways veteran charities do have access to other streams of funding support that maybe some do not. There is the Scottish Veterans Fund, the Armed Forces Covenant Fund Trust. They are clear that they do

not fund what should be a statutory service, so they do not fund something that is going to provide clinical support, but they can fund some of the activities that we have talked about, which help support wellbeing.

Emma Watson Mack: The implementation of a national framework for veterans' mental health across Scotland will make a huge difference in terms of access for veterans and will take pressure off the third sector and from those peer support workers who are on the ground. Of course they are required in terms of their engagement at a community and local level, but also for ensuring that those veterans who have any mental health needs are referred as early as possible into the mental health provision from a statutory service, and that the length of waiting is reduced so that they are seen early and it is not an extended wait period.

Q17 **Mr Angus MacDonald:** My question has been resolved to a large extent because Dave Doogan asked it, but really it is about mental health. Susie, you mentioned that progress in Scotland was notably slow in terms of the pathway. Do you know why and is there any acceleration of this? Can you see it being taken more seriously?

Lieutenant Commander Hamilton: The reasons are multiple and there is probably not one single reason that is easy to describe. There was a somewhat false start with the implementation of what had been a plan for veterans' mental health, so this is why the process has taken a long time. There is absolutely determination, from what I can see, from the Scottish Government, from the Minister for Social Care and Mental Wellbeing and the Minister for Veterans to get this implemented, and from the team who are doing the implementation, and there definitely has been progress.

They had a key meeting last Wednesday where the internal delivery team agreed the framework. That needs to go for ministerial approval. I do feel things are moving, but it has taken an exceptionally long time to get to this point—particularly when veterans can see quite clearly that, for example, Veterans NHS Wales has been in operation for a number of years and so has Op COURAGE in England, so people can see that other parts of the UK have a national service or a national system for veterans' mental health. Yes, there is progress now and that momentum absolutely must be kept up.

Emma Watson Mack: I would only add that one of the reasons was that in the process to get to this point there are perfect solutions and then there are solutions that are pragmatic and work. I think there has been a balance between what a perfect solution looks like and the best solution that is available, looking at the resources that we have. That may have been a bit of a challenge and accounted for that delay.

As Susie says that is recognised by the Scottish Government and there have been frustrations on all sides but there is a real commitment now to get this approved and submitted to the Minister for Social Care and

Mental Wellbeing for approval. There has been a huge amount of hard work to reach this point, and there is a level of confidence that this is a good solution and is going to work for veterans seeking mental health support.

Q18 **Mr Angus MacDonald:** Are you worried that NHS Lothian's decision to stop funding Veterans First Point could spread to other councils or other NHS areas?

Lieutenant Commander Hamilton: This is a point that I have raised with the Scottish Government's veterans' mental health team. They have had assurance that the five other health boards who have a Veterans First Point have no plans. In fact, they are continuing it this year because that financial decision has already been made so the other boards are continuing with that. NHS Lothian itself has received funding from the Scottish Government for another type of provision. It will not be a Veterans First Point, but it will still have some bespoke veterans' mental health service.

I think the decision was not the correct one, and it was communicated in a way that brought a great amount of distress to the veteran community, particularly those who have mental health needs. It really did not help those veterans in particular, and it exacerbated some of their needs, so it was communicated and handled pretty badly. I do not see a domino effect to other health boards that have a Veterans First Point—and that is only another five out of the 14.

There are different provisions in other health boards, and with the national framework that should even out so that, whether it is a Veterans First Point or a different type of delivery—we know that a Veterans First Point single hub does not work in very large health board areas, for example such as NHS Highland, where having one hub does not really work for an area the size of Belgium—

Q19 **Mr Angus MacDonald:** Can you say that again, about the Highlands? Sorry, I missed that.

Lieutenant Commander Hamilton: NHS Highland does not have a Veteran First Point because a single hub was found not to be the preferred solution for a large health board with a dispersed population. They have a more peripatetic delivery. The solutions will be different and there will be local delivery in each health board; the key will be that it will be more accessible right across Scotland. We do not think that the other health boards are going to withdraw Veterans First Point, but that is not the only solution, and the national framework is the answer when that comes into place.

Q20 **Mr Angus MacDonald:** Can you explain something? In my constituency work I have had dealings with former servicemen who have come forward about mental health issues and they are dealing with a Department—the Ministry of Defence—that is looking after veterans, but in my experience

it has taken many months to get any correspondence from the MOD who are looking after veterans. It seems almost impossible to get them to be flexible on things.

In my case it was a mental health issue and the amount of money they were getting was small and we were trying to make a case that he should have more, and I was convinced but it took six months. I gather from the veterans' all-party parliamentary group that there is a low satisfaction rating on the MOD services for veterans.

Lieutenant Commander Hamilton: Yes. The Defence Business Services, the veterans' service, is the work of Veterans UK in terms of war pensions and armed forces compensation—and yes, the response time is still slow. They are making progress in reducing response time, but it is still somewhere between four to six months, which is a very long time for people not to receive correspondence. For example, some records are still paper records that they are dealing with and there is work being done on digitalisation and trying to speed this up.

There was a review of Veterans UK veteran services that highlighted these issues; the people who responded to the survey tended to be the people who had encountered difficulties, which probably contributed to the very low satisfaction result. I hear from people as well who are struggling to get a satisfactory resolution when dealing with Veterans UK. It does take quite a long time.

For some people their condition is clear cut, and they get much quicker answers and responses, and compensation is paid. Mental health is a particularly difficult one and a lot of it is questions around attribution, so how much is attributable to service reasons. Also, there are quite often questions on how permanent it is: an individual may feel that their mental health needs are permanent or never going to be resolved, whereas the clinical response might be that the person may eventually be able to return to employment, which would affect their compensation levels. There is undoubtedly more to be done to improve the service from Veterans UK in that respect.

Q21 **Lillian Jones:** To come back to the Veterans First Point, would you like to see a requirement as part of the Armed Forces Covenant that all health boards provide a Veterans First Point service given the complex needs of veterans and that it is vital that veterans have peer support in these areas, notwithstanding the comments about the Highland health board? I completely understand that, but do you think that having it as part of the Armed Forces Covenant would underline it and make that a commitment that health boards could not pull out of?

Lieutenant Commander Hamilton: The covenant certainly should say that effective provision must be provided, particularly for veterans who have service-related mental health needs. That is absolutely what I think the covenant must provide. I do not think it can mandate exactly how that is provided. If you look at an outcomes-focused requirement, the

outcome is that veterans, particularly those with service-related mental health needs, have access to effective clinical care.

The Veterans First Point service is particularly good and is well received, but it is not the only way of doing it. NHS Greater Glasgow and Clyde have a different approach as well. They do not have a Veterans First Point, but they have other approaches. It is one solution, but it is not the only solution. The key for me is that something is put in place that is equitable across Scotland, so that everybody can access something that is effective for them—all veterans can—and that it is not suddenly removed, which absolutely caused a huge amount of distress. That was incorrect, but certainly the covenant legislation was not apparently breached by NHS Lothian's decision to remove the service.

Lillian Jones: Thank you for that clarification.

Q22 **Douglas McAllister:** Due to factors such as struggling with mental and physical health, PTSD, homelessness and potential addiction issues, veterans can become involved in the criminal justice system. If veterans are quickly identified as such, they can access or be referred for specialist intervention. What factors or barriers are preventing that from happening?

Lieutenant Commander Hamilton: I will start on this, as I have recently completed a thematic report on veterans and the law, which was published last October. Probably the key factor is identification of veterans. They cannot be connected to services that might support them if they have not been identified as veterans. Police Scotland do ask people when they are arrested. One of the mandatory questions that people get asked is if they have served in the armed forces. They should know at that point who is or is not a veteran, but that is at an early stage of the process.

That veteran label then effectively falls off as people go through the criminal justice system in Scotland. Justice social work services do not ask people routinely whether they have served in the armed forces. It is not information that the courts routinely record. It may come up either in prosecution or defence cases and it may be revealed, but it is not something that is routinely recorded.

If somebody receives a custodial sentence, they are asked again if they have served in the armed forces at reception into a prison. Again, they may not disclose it; we have the figures, but I would say they are slightly lower than expected and probably people are not disclosing it. There is in-prison support, so every prison in Scotland has a veterans in custody support officer. Most of them are veterans themselves who can provide in-prison support.

One of the key barriers is identifying veterans. If someone receives a non-custodial sentence, again, going through justice social work they will not necessarily be identified. There is only one local authority that I know

of in Scotland that identifies veterans who receive non-custodial sentences. That is something that I would certainly recommend.

It is also key to point out that veterans are not more likely to be involved in the criminal justice system; in fact, they are slightly less likely to be involved in the criminal justice system than people who have not served in the armed forces. The reasons that they become involved in the criminal justice system sometimes have nothing to do with their service, so I do not think there is a link between service and offending. I think we would see a lot more veterans in the justice system if that was the case.

Identification is key and there could be more joined-up support. NHS England fund Op NOVA, which is delivered by the third sector funded from NHS England, and that can identify right from pre-arrest. If veterans are identified they can then provide support, which may prevent veterans from going further into the justice system. Their results are quite spectacular in terms of preventing reoffending. They have a very high rate of supporting desistance in offending.

We do not have that in Scotland at the moment. The same charity delivers a smaller NOVA Scotland but that is funded from charitable and voluntary funds and is not funded by the government. It will quickly reach capacity and so there is not across Scotland well connected support services. Service charities are doing good work: Sacro is doing work to support veterans specifically, and SSAFA does specific work with veterans who are in custody. There is support there, but it is not as connected as it should be. Above all, identification of veterans at any point where they touch the justice system is the thing that will do most to improve the situation.

Q23 **Douglas McAllister:** It is my experience that the bench in Scotland can be very understanding, supportive and sympathetic to those who have served our country, but it is often left to the defence to flag that up effectively in mitigation. In my view the system in Scotland is failing our veterans.

You have mentioned that in England there is Op NOVA, a dedicated support pathway, and it does have successful outcomes. Why is the equivalent in Scotland, NOVA Scotland, not working as well? It is clearly not as effective and, as I understand it, when a veteran is arrested Police Scotland do not refer them to NOVA Scotland. Is that because there is no statutory footing and no funding from the Scottish Government? Why are police not referring?

Lieutenant Commander Hamilton: NOVA Scotland is a different entity in terms of scale and funding from Op NOVA. As I say it is funded from charitable means. It is not a statutory supported service. Some referrals are made from Police Scotland but only those offenders who are recognised as vulnerable and are on the Vulnerable Persons Database. If they are recorded as vulnerable, they will be referred. At the moment there is a data protection concern that prevents all veterans who are

arrested from being referred directly to NOVA Scotland. You are right that that is because it is not statutorily funded. That is something that potentially could be resolved.

The Data Protection Act was not written with the intent of preventing people from getting the support that they need, so there could be ways to resolve that lawfully. I would prefer there to be statutory funding of a much more consistent, Scotland-wide network of support for veterans. There is statutory funding now for Sacro, not just for veterans, but for a lot of people in the justice system, and they do have a veterans' mentoring service. Again, there are three or four organisations involved in supporting veterans in Scotland, so they could be better connected. Ideally for me statutory funding is the answer.

Q24 **Douglas McAllister:** Statutory funding is the answer?

Lieutenant Commander Hamilton: Yes, it is the answer. We must be clear on the basis of why statutory funding is appropriate. It is not because veterans are more likely to offend. It is not because service leads people to offend, but what we have seen from Op NOVA is that this more bespoke service provides a much better outcome and that is better for everybody. That is better for potential victims, it is better for the state purse and it is better for the veterans themselves.

Emma Watson Mack: I was just going to add in this area there is a real example of where the statutory provision does not exist and so the third sector has stepped in. As Susie mentioned, SSAFA is engaging. It saw a real increase in its prison in-reach activity in the last 12 months. It provides practical and emotional support, financial support and signposting to other services. If we look at what it did in 2024, it had over 340 interactions, and that has been provided by the third sector. That is just to back up Susie's point: this is something that we need to see a statutory provision for in Scotland.

Q25 **Elaine Stewart:** Susie, I am wondering whether a service such as Op NOVA is a recommendation you could put on to the national framework. Is that something that could be worked in there?

Lieutenant Commander Hamilton: One of the recommendations from my "Veterans and the Law" report—I have not said directly implement Op NOVA in Scotland because that is funded by NHS England and structures are slightly different. I have recommended that there is a national framework for support for veterans in the justice system in Scotland. That is now something that I will be assessing in my forthcoming annual assessments.

Chair: We have a further supplementary on that issue from Lillian Jones.

Q26 **Lillian Jones:** On NOVA Scotland, when VALOUR is rolled out into Scotland, could that then support NOVA Scotland in bringing all that data together with all the essential services that it will be signposting for veterans who need support? Obviously, the justice system is completely

different to the health system, but these are the areas in which veterans require help and support. I suppose the question is: will VALOUR, when it is rolled out, help to identify and support veterans who find themselves at odds with the justice system?

Lieutenant Commander Hamilton: I am not sure we know in detail yet whether VALOUR will do that. The key is to make sure that veterans are being asked to identify themselves as veterans in all points of the justice system; then those who are there to support them will be able to connect them to services. The fact that VALOUR exists, if it is something that veterans themselves and the veteran community know about, might encourage them to say, "I am a veteran and I have served in the armed forces and, therefore, I want to be connected to the VALOUR services".

Hopefully, if VALOUR is working the way it should be working, it should connect statutory and third sector support for veterans in a way that is easier for them to access. It hopefully will improve, but on its own VALOUR is not going to mandate people asking whether they are veterans. That would have to be mandated from Scottish legislation if that is going to be done.

Q27 **Kirsteen Sullivan:** We have already touched upon the housing crisis in Scotland and how that might impact veterans. Do you think that the problems veterans are experiencing in accessing housing are any greater than those of the general population? We have already touched on that, but I would just like to examine that in a bit more detail and understand what the barriers may be.

Lieutenant Commander Hamilton: There are a couple of things that make accessing housing more of a challenge for veterans. One is that people who have served in the armed forces and been housed by the armed forces—sometimes for a considerable period of time—do not understand the civilian housing system. They do not understand how social housing operates. There can be a gap in understanding there, and that includes a gap in understanding that there is not very much social housing available and there really is not going to be a social tenancy available for them.

I still meet service leavers who think that that will be the case, that there will be a social tenancy for them when they have left the armed forces after 20 or 25 years of service. That is very much not the case, so there are definitely gaps in understanding there.

Because of the mobile nature of service life, people during service can move around a lot and not put down roots or establish themselves in a community and with a house. They may only consider that towards the end of their career, and at that point it can be difficult to save money for a deposit and to obtain sufficient funds to purchase a house—and rents can be very high in the areas where employment is.

When somebody leaves the armed forces, they are changing careers and moving house, if they have children they are finding new schools for their children, they are having to change their healthcare provider—and they have to do that all at once. Not many people choose to do that. Not many people would choose to do all that at the same time, so that is more of a challenge for people and people can find that difficult.

Q28 **Kirsteen Sullivan:** Can I ask what veterans have told you about their experiences in accessing social housing in Scotland? What are the common challenges that they are telling you they face?

Lieutenant Commander Hamilton: There are challenges particularly in larger properties. Serving families can be larger, so finding larger four or five-bedroom properties is difficult. As we said, there are challenges finding social lets in Edinburgh or Glasgow central belt, where their employment might be. That is very, very difficult. Similarly, moving to parts of the country where the wait for social housing is lower and is less than a year, employment tends to be more difficult to find in those areas.

Veterans have told me that they did not really understand what the process would be. They did not know what it would entail, even going into a private let and having sufficient funds and having to take into account—as I have already mentioned—things such as council tax when it comes to budgeting. Some have felt unprepared, not really understanding what is involved in taking on a private let or a social tenancy.

Emma Watson Mack: It is important to note that there are 250,000 people currently on waiting lists for social housing in Scotland. As Susie said, in 21 of the Scottish councils the average waiting time is more than a year. That is not something that veterans are expecting. That is something that comes as a surprise to them in their journey as they are looking for housing.

How do we support them and ensure that that expectation that a house and school will be available and they will have primary care, dentistry and doctors available—that is going to be challenging, as Susie said, maybe in the urban areas, certainly in Edinburgh and Glasgow, where housing is in short supply. The City of Edinburgh Council is only processing applications for social housing from homeless applicants.

Q29 **Kirsteen Sullivan:** Yes; being a former councillor, I understand the significant challenges that the entire population faces. From what you have described, there are additional challenges that arise specifically from having served. In particular, not being in one community for a period of time and being unable to develop those connections to local services as well, I can see how that would be a challenge. Can you tell me a bit about the profile of veterans who face the greatest barriers to finding suitable housing?

Lieutenant Commander Hamilton: Veterans who have left the service relatively young may not have built up savings. They will not be getting

an immediate pension, so there will be financial barriers there. If it is an unplanned exit from the armed forces, by that nature they will not have put plans in place for where they are going to live.

I worked for 14 years with a charity that supported veterans who are homeless, and the majority of the veterans who came through that service were men between the ages of 40 and 60. A lot of that was related to a relationship breakdown, and a lot of the relationship breakdowns were also related to other pressures. That could have been mental health, addictions, or other things that may or may not be related to service. It is always a complicated spiral.

There was a significant number of veterans who were younger, who had left the service in order to establish a family home, and that relationship had broken down quite soon after service as well. Relationship breakdown led to quite a lot of people experiencing homelessness and having to move out of the family home. Their spouses and children, if they had them, were staying in the family home, so they found themselves homeless.

Families do find it a challenge as well, particularly larger families. Larger families leaving the armed forces cannot afford to purchase a property that has more than three bedrooms, and they find social lets are incredibly scarce for larger homes as well.

There is evidence and good research being done into this at Stirling university. There is also evidence that women veterans are more likely to experience homelessness. I did not see them in the service I worked at, probably because the nature of the service was that it did not take children, so they would not have been there with children. There is some evidence that, potentially because they tend to be on lower incomes as well, maybe in part-time employment, there is more risk of women veterans experiencing homelessness.

Q30 **Kirsteen Sullivan:** Having the women veterans' strategy would be an important step forward if that were to be published?

Lieutenant Commander Hamilton: It will not be published now, but I am hoping that the work that went into it has gone to inform the strategy that will be published. What is important is that the strategy acknowledges the diversity of all the veterans' community. The original strategy only mentioned women about twice in the whole document, so I am glad to say that we have moved on from there. But yes; it is key.

Some of the larger families are related to service people who have come from the Commonwealth to join our armed forces, so they are non-UK personnel, and again they have additional barriers. Some of them have, for example, immigration concerns as well as all the others, looking for employment and finding housing. Those can be quite complex challenges as well.

Q31 **Kirsteen Sullivan:** Thanks, Susie. Finally on this point, I think it was you who mentioned earlier briefings from social landlords and making that information available to those who may leave the service within a few years to make sure that they are able to plan and have a good understanding of what lies ahead. Is that a two-way street? Are you able to feed back to, for example, COSLA and other registered social landlords about the specific challenges that veterans are facing in accessing affordable housing?

Lieutenant Commander Hamilton: There was a good piece of work called the Scottish veterans homelessness prevention pathway, which was co-produced with the third sector and the Scottish Government. I think it was published in 2022, so it is getting quite long in the tooth. These are all recommendations in there. It included COSLA as part of the picture, and SFHA, to include social landlords in this and to make sure that they are informed, that they understand the particular needs of the veteran community and that they are prepared to engage the veteran community.

This is something that has appeared frequently in my annual assessment because implementation of it has been slow. The Scottish Government did accept the recommendations. I have recently been told that there is more capacity in the Scottish Government to start progressing these recommendations. The key recommendations are to ensure that COSLA and social landlords have better information, perhaps identify one member of a housing team who is the veteran lead, and have policies in place.

The Scottish Government have policy and guidance on veterans' homelessness. It is not routinely applied. All 32 local authorities have a different approach when it comes to social housing for veterans. Some provide extra points. There are things in place, but extra points do not necessarily mean you are going to get to the top of a four-year waiting list very quickly.

Getting the implementation of the pathway completed would resolve a lot of these barriers, so it is important that that gets done. As I say, I have been told recently that there is more resource in the Scottish Government. It is not just for the Scottish Government to do, some of it sits with Veterans Scotland and Veterans Scotland's housing group. I will let Emma speak about them, but they have been trying to progress this as much as possible. We have engaged with COSLA recently as well. That needs to get moving and be implemented.

Chair: We have a supplementary from Maureen Burke.

Maureen Burke: On a more positive note, in Glasgow North East we have a purpose-built veterans' accommodation. A member of my family who had served in the Afghanistan war unfortunately had to access that service, but it was there on the doorstep for him.

Even though he had been at home for about eight years, his mental health started to decline, he was turning to alcohol and his marriage broke up. It was only through word of mouth that we knew that this centre had been put in maybe about 10 years previously. He went through the whole system of getting the support he needed for his mental health and getting him off the alcohol. He was rehoused in the area where he wanted to be, and I can honestly say that now he is back to a normal life. He is now a driving instructor with his family back at home with him.

I just wanted to add that, to say that it does work and having that service and accommodation is vital for the veterans. It was just to give you an overview of what is happening in my constituency. Thank you.

Q32 **Lillian Jones:** Kirsteen touched on my question slightly, but it was really just to ask what the main barriers are to implementing a consistent national approach to homelessness prevention among veterans.

Lieutenant Commander Hamilton: The pathway has laid out what an approach should be, and it just needs to be implemented. They just really need to get on and do it, I would say. The barriers to it being implemented have been the other complications of the housing emergency and housing people coming from Ukraine. These are the things that the Scottish Government have told me have been getting in the way of implementation of this pathway.

The work on that pathway was comprehensive and it is rational. It is not hugely expensive. It is not talking about huge amounts of resource or investment. That would be a useful solution. It is about making sure everybody knows about the excellent provision, because there is really good provision, as we have just heard. There is some great provision.

Scottish Veterans Residences—which I used to work for—has that intensive, supported accommodation, but there is other accommodation that is specifically for veterans with injuries and illness. There is transitional affordable accommodation as well. There is some excellent provision, but people cannot be connected to that provision if the person they are dealing with does not know it is there. The workforce needs to be more informed about that, but that is in the pathway so that should happen.

Q33 **Lillian Jones:** Are you satisfied with the way that local authorities have approached the homelessness prevention pathway?

Lieutenant Commander Hamilton: Well, no, because it has not really been implemented. Local authorities, social landlords, Government—the third sector have probably progressed as much as they can, so not really. Local authorities all have different approaches, and there will need to be different approaches. Some local authorities have more social housing available, much better availability, than other parts. It is not the same in

Orkney as it is in the City of Edinburgh. There will have to be slightly different approaches.

However, until we see the frontline housing staff and homelessness staff having that basic understanding—and I do hear about that from third sector providers who are advocating on behalf of veterans, because they meet with staff who do not understand or particularly apply their own policies, I think. There does need to be more done. Some local authorities do really well and some, for example, count time spent in married quarters and service family accommodation as time on their social housing waiting list. There are things that they can do and there are different approaches everywhere. It would be helpful if there was a bit more of a common approach, but there is certainly more to be done.

Q34 **Lillian Jones:** Susie, from your perspective, who is ultimately responsible for implementation of the homelessness prevention pathway?

Lieutenant Commander Hamilton: It is a partnership approach. It has to be a partnership between Scottish Government, COSLA, social landlords and the third sector.

Chair: Would Emma like to add anything there?

Emma Watson Mack: I don't have anything to add to that; I agree with Susie.

Q35 **Mr Angus MacDonald:** Moving on to employability and all that, it is widely known that I was in the Army, and I do not think that in 30 years anybody has ever approached me about employment. It is amazing how that network has not existed. Do you think that employers are regularly approached? Do people appreciate the strengths that former military can offer to their organisations? Is it something that is respected, do you think? I would have thought so, but I do not know if that is just my biased opinion.

Emma Watson Mack: Yes. Angus, I would say that more and more employers are recognising that hiring those who have a service background is good for business. More companies are adopting initiatives to help with hiring. However, that is still not a unified recognition across employers in Scotland.

The larger organisations understand that employing veterans is good for their business. They have a fantastic skillset. They have transferable skills. They train their HR and their hiring managers to recognise those skills, and they are investing in that. The challenge in Scotland is how we are engaging the SMEs and those organisations that would really benefit from hiring military talent. They have highly transferable skills, but we need to ensure that what it says on their CV is communicated effectively so that they are getting exposure to those organisations.

There are still challenges around lack of awareness on the employer side and misunderstanding of what a military experience is. Those who have

served understand it, but for those who maybe have never served there is a lack of understanding.

Then there is the piece that we touched on earlier. For those early service leavers who are coming out with a qualification, who are early on in their career, trying to find employment at that stage in your career is easier than for those who have served a significant period of time and are coming out with a lot of qualifications but have been in the forces, say, for 22 years. There is an element of how they communicate and transfer those skills and ensure that employers can understand what the benefits are of employing veterans.

To your point, I think you are saying that you have never been approached around how you can employ veterans. Correct me if I have misunderstood. I think there is work to do there around how we are engaging employers, especially in that SME space.

Q36 **Mr Angus MacDonald:** Yes. If we are talking about the typical profile of a veteran looking to secure employment, I can see that if you had done five years it would not be too difficult. It is more of an issue when people are, say, 45 to 55 years old and they are leaving the forces. Then there is a major issue of them finding appropriate work.

Emma Watson Mack: Yes, many of them leaving with that amount of service will have qualifications and relevant skills. The challenge is how that is then transferred and communicated into an employment perspective or to employers in civilian street. How can we work with employers to ensure that HR managers and those departments understand what those qualifications mean that someone has from the military? They will not necessarily have a direct equivalent in civvy street. It is about that education piece. It is about that awareness piece. The more employers we can engage in Scotland to employ that military talent and offer a career, the more that will be self-perpetuating in terms of success.

Mr Angus MacDonald: The Institute of Directors, the CBI and the Chambers of Commerce are particularly good routes into that network, I would have thought.

Q37 **Maureen Burke:** Do you think extending the Armed Forces Covenant legal duty to the devolved Governments will improve recognition and support for the veterans in Scotland?

Lieutenant Commander Hamilton: Yes, I do. More coverage of the covenant, with more public bodies falling under the covenant, means that there will be fewer gaps where something perhaps is not covered by that legislation. What is key is people understanding—both service providers and Governments and individuals in the veterans' community itself—actually understanding what the covenant means. I see gaps in that understanding of what the covenant actually means. Sometimes it means that veterans are expecting too much of the covenant and what it might

provide. We need greater understanding, but I think it can only be an enhancement to extend it to cover devolved Governments as well.

Emma Watson Mack: I am hugely supportive, and a number of our third-party members have been advocating for the extension of the covenant, from the family federations to the Legion and SSAFA. It is only a good thing, because it means that our statutory service provision will be more joined up. They are going to be considering what policies they are rolling out and how they affect veterans. If the statutory service provision is more joined up in terms of policy for veterans and there is cross-directorate support, I think that can only be a positive step forward. The other opportunity is that, as a result of the covenant announcement, I think that the annual reporting piece and the evidence that is required in those annual reports will be helpful as we progress.

Maureen Burke: You have answered my follow-on question. Thank you very much for that.

Q38 **Chair:** I have one final question before we end the session. There have been media reports recently that suggest that there are considerable delays in providing compensation to ex-service personnel who were dismissed from the service in the past because of their sexuality. Is that something that either of you have come across or have any comment to make about?

Lieutenant Commander Hamilton: Nobody has brought to my attention that they have experienced delays in accessing the compensation. The compensation scheme is open. Evidence needs to be gathered for people to put in their claim for compensation, but there is support available to them. It can be a difficult and distressing, potentially even retraumatising, process, so I do not underestimate how difficult it can be for people. However, no one has come to me directly to say that they feel that the delays have been too long in delivering their compensation at the moment.

Chair: Thank you, Susie. Emma, have you heard any stories of this?

Emma Watson Mack: I have not personally heard any stories, but that process of compensation and application is still relatively early. If we were speaking in six months' time, we might have additional information to share on that.

Chair: Okay. That is one we will watch with interest, then, as it develops. Thank you both very much for your contributions this morning; they are very much appreciated. Thank you for taking time out in what I know is a busy day for both of you in other regards. Thank you once again, and I will end the Committee session now.