
Phoenix

End of Year Report
May 2016



Acknowledgements

Care after Combat would like to thank the Right Honourable Michael Gove MP, Lord Chancellor, Minister of State for Justice and the Right Honourable Mike Penning MP Minister of State at the Home Office and Ministry of Justice for supporting Project Phoenix. We should also like to extend a special thank you to the National Offenders and Management Service (NOMS) in both England and Wales together with Governors and staff at all Her Majesty's Prisons visited, who recognised the value of our work, encouraged early contact with veterans and throughout continued to offer practical support and assistance in facilitating numerous visits from Jim Davidson OBE, Simon Weston CBE, and Gary Cryer MC.

Secondly, thank you to all the veterans who participated in Project Phoenix and provided invaluable information which will clearly be of assistance to others who become involved with the criminal justice system.

Finally, we should like to thank Steve Scott, Prison Liaison Co-ordinator, all mentors, in particular our locality mentors Rob Nicholls (Wales) and Mike Atherton (Newark) together with everyone at Care after Combat who have always offered their unlimited support and patience, during those most difficult and frustrating periods when dealing with the myriad of issues and challenges.

By the Authors



**'Tell me and I will Forget.
Show me and I will Remember.
Involve me and I will Understand.'**



Project Phoenix

Reducing Re-offending in the Veteran Population Year One



Dr Nicholas Murdoch PhD MA BA (Hons)

“Despite several warnings, all of which you have failed to heed, and having carefully examined all the evidence put before this court, I have no other alternative but to sentence you to a period of imprisonment. I note your period of time in the Armed Forces together with the two deployments on active service. Your continuing involvement with the criminal justice system is, however, a matter of great concern and cannot be ignored. I hereby sentence you to a period of 12- months imprisonment”.

Winchester Crown Court March 2015

Foreword

The images of Royal Wootton Bassett will live with us forever; HRH Prince Harry's Invictus games had us all spellbound. The public support for veterans in the UK is tremendous. However, what would they think of helping veterans in prison?

The answer came one night when I mentioned on stage Care after Combat's quest to reduce re-offending by former members of the armed forces. I told the audience...

"if you commit the crime, you do the time; it is now our job to make sure they don't do it again. We are going to find them somewhere to live, find them jobs and give them back the self-esteem a military man should have"

A standing ovation later, Project Phoenix was born.

One year on and we can now publish our findings. They are both compelling and informative. This comprehensive review, reports the results following the initial 12- months of mentoring in Cat B, C and D prisons for veterans both in prison and upon release.

The next 12-months will be a continuation of Phase 1 mentoring and the beginning of Phase 2 - the inclusion of all veterans in all category prisons across the prison estate. Care after Combat is the only charity reducing re-offending through the mentoring process. The results clearly demonstrate a successful outcome and is a template for further success.

Care after Combat is an established charity with a fresh approach... one that is getting incredible results!

Jim Davidson OBE
Executive Chairman



Abstract

Project Phoenix (operational May 2015) aims to reduce re-offending rates in the veteran population through a process of peer mentoring, introduced during the final 18-months of sentencing and continuing upon release, the latter for a period of no less than 12-months. It explores the relationships between military service, poor transition, social support and the efficacy of peer mentoring both inside and upon release from prison and identifies probable contributory factors in re-offending. Inclusion criteria were veterans in the final 18-months of sentencing but excluded sex offenders. A total of 82 veterans ($n = 82$) aged between 19 years and 72 years were recruited from three Category B and C prisons, HMP Winchester, HMP The Mount and HMP Wayland initially allocated by the National Offender and Management Service (NOMS - England), but subsequently extended to Category D prisons and a number of HM Prisons in Wales. Formal agreement was requested from the Governor at each establishment prior to embarking upon the visits protocol.

Veterans were requested to sign a formal agreement prior to commencement after which a registration and evaluation proforma was completed, the latter comprising demographic, service, criminogenic, health and social history. The veteran group are characterised by their poor housing situation (many were homeless) prior to imprisonment and poor social relationships (high levels of divorce and a disproportionate number without any relationship). Many of the group had completed multiple tours in theatre. They have higher levels of alcohol misuse and Post Traumatic Stress Disorder. Veterans are in part characteristically different from the general prison population. Although the veterans often came from similar backgrounds to other prisoners they had acquired skills in the forces and as a group have been predominantly employed in both skilled and semi-skilled occupations but have poor emotional relationships and limited social networks. Incomplete transition is a further problem.

Therefore, the key support they require is predominantly social and emotional, secondary to educational. Mentoring is ideally suited to provide this type of input. The results of the current mentoring intervention are extremely encouraging. A total of 16 veterans have been released, none have re-offended. The key benefit is of course to the lives of the veterans and their families, but there are of course great benefits to wider society not least the financial savings of diverting them away from the criminal justice system. We conclude that Project Phoenix is a relatively inexpensive, low intensity but highly beneficial programme and worthy of further investment.

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Introduction

During the past several decades the deprivation of liberty, the first and arguably most profound pain of imprisonment, has affected an ever increasing number of the UK population. England and Wales have the highest imprisonment rate in Western Europe (148 per 100,000 per capita). This week (13TH May, 2016), there are 85,381 people in prisons and young offender institutions in England and Wales. The male prison population is 81,549 and the female prison population is 3,632. The prison population has been rising steadily since 1980 but particularly sharply from 1992, with a 91% increase since 1993. As a consequence, more than one quarter of prisoners live in overcrowded prisons particularly in local and Cat C training prisons (a total of 70 holding in excess of 8000 inmates). A high proportion of prisoners, particularly young people, are known to re-offend within a short period, (45% of adults are re-convicted within one year of release) with three quarters of young prisoners and over half of adult prisoners re-convicted within two years of release. Most of those leaving prison do not seem equipped for constructive employment in society.

"Prison is a place where people are sent as a punishment, not for further punishments..... Human beings whose lives have been reckoned so far in costs – to society, to the criminal justice system, to victims and to themselves - can become assets- citizens who can contribute and demonstrate the capacity for redemption."

Michael Gove, Secretary of State for Justice, (2015)

'The service is dedicated to treating prisoners with decency...'



Prisons accommodate clearly different communities to those outside (Liebling, 2004), and are often described as distinct societies with their own culture, norms, values and morality (Tew, Vince & Luther, 2015). Prison populations are not homogeneous, rarely mirroring the social composition of the outside world and frequently containing significant groups that are ethno racially, religiously, culturally or nationally diverse (20% come from an ethnic minority). Prisoners are drawn disproportionately from the most socially excluded people in society. Many come from backgrounds of institutional care and in a custodial environment there are likely to be 'frank and overt reminders of previous attachment disruptions and insecurities' (Fossey, 2010; Ford, 2009; Adshead, 2002).

Epidemiological studies (Gunn et al. 1991; Madden et al. 1995; Singleton et al. 1998) reveal that the prevalence of mental health e.g. alcohol and substance misuse, suicidal and self-harming behaviour together with anxiety and depressive illness are far higher in comparison to the general population and therefore of major public concern. Whilst the cumulative effect of imprisonment, including perceptions of social isolation and loneliness are probable critical factors in increasing the risk of psychological distress and mental health disorders, (Hakeem, 1946 & Higate, 2001) it is of course equally important to recognise the broader institutional context within which healthcare is delivered together with issues of quality of life, isolation, poor compliance, co-morbidity and in some instances limited cognitive skills.

There are 125 prisons (public & private) in England and Wales, which range from 1684 inmates (HMP Wandsworth) to 100 inmates (HMP Sutton Park). Modern prisons are complicated institutions, with contrasting and competing pressures and are primarily dynamic locations in which the most important elements are those people who inhabit and work within them (Mathiesen, 1990; King & McDermott, 1995; Knight, 2015). They are financially burdensome institutions (Home Office, 2001a) more so in this age of austerity, with the annual medical expenditure for aged prisoners three times that of the younger offender, are overcrowded (despite a significant prison building programme), a constant management challenge (Solomon, 2004), a conspicuous failure in terms of recidivism (Sabol, 1990), and are deceptively difficult environments in which to maintain a positive regime momentum (Laming Report, 2000). The differences between prisons can be overt and physical (age and architecture are two important variations), organizational (they have different functions and accommodate different populations), and cultural, with a consequential variance in the existing regimes and an emphasis on control as opposed to personal discretion.

The veteran population is numerically small in comparison to the general prison population but is acknowledged as being the largest single cohort. Recent estimates regarding the size of this group varies hence the accurate number remains unknown. Understanding the processes and contributory factors involved in both offending and re-offending in veterans is confounding but is felt to be more attributable to issues such as shame, belief systems, anger, alcohol misuse and social exclusion (Needs & Murdoch 2015). Further influences include those challenges faced by “early service leavers”, involuntary transition combined with delayed onset of difficulties not apparent immediately following resettlement from military to civilian life, primarily mental health disorders. The available scientific literature is limited and patchy. Many veteran studies have significant limitations including a dearth of robust data, small sample sizes and methodologies which are fundamentally flawed. As a result, little is known about this group, their prison experiences, the pattern of morbidity, how disclosure impacts upon prison life, and what contributory factors, including service in the armed forces may feature in their risk of offending/re-offending.

Aims and Objectives

Phoenix, (Phase 1), is a 12-month Peer mentoring project for veterans in prison, its aims to reduce re-offending rates within this population. It explores the relationships between military service, poor transition and the efficacy of peer mentoring both inside and upon release from prison. It highlights probable contributory factors in re-offending, examines the relationships between variables associated with offending behaviour, explores what aspects work best in relation to certain types of problems in certain types of individuals in defined circumstances as opposed to “does it work” when such a view focuses upon processes as well as outcomes. It discusses the financial implications and overall consequences of re-offending, outlines etiological factors involved and illustrates outcomes through case study, together with potential obstacles to progression.



Background

The veteran population in the United Kingdom (we define a veteran in this context as anybody who has served in the armed forces for one day) is estimated to be between 3.8 and 4.2 million (9% of the English adult) - 87.5% of whom are male (The Royal British Legion; Combat Stress, 2010). During 2009/10, a total of 18,570 personnel left UK Regular Armed Forces, with projected outflow numbers higher in 2013/14 but declining to 17,738 for 2015, at which point they are approximately around the likely long-term annual outflow figure. Most veterans are estimated to be in the older age groups, with 26% to 30% aged 65-74 years, and 30% to 35% aged 75+ years.

Military training recognises that identity, meaning, control and belonging are central in shaping effective members of the armed forces which of course raises the question of what happens when service personnel leave (Needs, 2014). Whilst risk is a known key psychological construct that is rooted within military culture, modifying risk behaviours can be particularly challenging. It is therefore not too surprising that serving personnel returning from military deployments irrespective of location, intensity and return to civilian life, may encounter significant problems. Hence recognising, understanding and mitigating this risk is in the best interest of all veterans and their families.

Over the past decade, inaccurate and on occasions sensationalised news reporting has engendered the misleading view that a large number of former military personnel have “lost their way” primarily as a result of their time in the armed forces (Hoge et al. 2004; Hotopf et al. 2006; Moore et al. 2009; DASA, 2011), with a corresponding resulting interest in the topic of veteran offending behaviour. Whilst the greater majority of individuals successfully transition from service to civilian life, (approximately 10% encounter increasing difficulties), this should not imply that the process is straightforward.

Consideration should therefore be given to the “leaving circumstances” as there is some suggestion that “involuntary transition” i.e. administrative/medical discharge and the consequential failure to access resettlement training/courses, may result in veterans becoming involved with the criminal justice system.

Award winning television documentary maker Chris Terrill sent the following:

“I have followed the entire cycle of the military career from the first day of training to the often dispiriting retirement and return to civilian life..... I watched many of my friends suffering the upheaval. Few understood what was going on inside their heads – including them in many cases.... I think this subject is so incredibly important and, thus far, misunderstood or even ignored.”

(Chris Terrill, personal communication, 26th August '14).

The costs of poor transition climb from £122million in 2013 then decline to £111million in 2014 and £98million in 2015 (NHS England 2014). It is therefore reasonable to assess the direct costs of poor transition to other public bodies and third sector agencies as being in the order of £100million a year in the medium term. Alcohol misuse was the largest single effect, with costs of £35million, followed by mental health issues (common neurotic disorders together with PTSD) at £26million. Unemployment costs were £21million and family breakdown £16million. Homelessness accounted for £5.5million of costs and prison £4.4million. Research identifies that whilst a relatively small number of service leavers are given prison sentences, the costs attached to each individual are considerably higher especially when including re-offending.



In his review "Former Members of the Armed Forces and Criminal Justice System (2014) Stephen Phillips QC MP confirmed that

"the vast majority of those who serve in the Armed Forces return to civilian life without problem and are less likely than their civilian counterparts to commit criminal offences. A small minority have difficulties and find themselves in trouble with the law. Their offending behaviour is unlikely to have been directly caused by their service in the Armed Forces, but is sometimes contributed to by their experiences and, on occasion, made possible by their training".

Although the Defence Analytical Services and Advice (DASA) reports that approximately 3,500 (4.3%) of those currently in custody in England and Wales, had served in the Armed Forces, (77% having served in the Army, 15% in the Royal Navy and 8% in the Royal Air Force) with the number of reservists not recorded, the true figure is likely to be higher. This high profile group is represented by a range of competing charities and focus groups. In addition to Government and MoD research, many of these interest groups commission a wide assortment of surveys and research of varying quality.

In a television interview with Sky News (2015) Simon Weston CBE OBE, threw down the gauntlet when stating **"You don't just stop being a noble warrior and become a criminal without good reason, we are going to find out why".**

For many veterans, if not all inmates, entry into prison can be viewed as the culmination of a catalogue of personal and multiple losses, including status, self-esteem, autonomy, control and authority. For many veterans, if not all inmates, entry into prison can be viewed as the culmination of a catalogue of personal and multiple losses, including status, self-esteem, autonomy, control and authority.



The continuing human inclination of self-preservation relies upon an appropriate balance of social interaction and privacy. Both during confinement and upon release, the experience of imprisonment does considerable harm in both apparent and hidden ways. Sociological literature maintains the power of the institution has four, main interwoven strands, collectively known as prisonization. This includes the psychological and physical constraints of time organisation; the restriction of liberty and space distribution; the imposition of official rules of the prison, and the norms and values of inmate subculture.

Most veterans have positive goals for the future and wish to stay out of prison and for some this intention is realised during the first 24-hours of incarceration. It is widely accepted that the effects of imprisonment are detrimental to psychological well-being, this partly attributable to the unreality of time, a life which is totally restricted and routinized with few opportunities to make decisions or exercise choice.

As a result, veterans akin to the general prison population steadily lose spontaneity, their capacity to exercise choice, contribute to decision-making and manage their fate.

The military has created a culture of esprit de corps in which service members take care of each other. Common experiences, particularly for those who have served in combat, bind individuals together. Shared experiences are the foundation for mentorship/peer support, as they foster the initial trust and credibility necessary for developing relationships in which individuals are willing to open up and discuss their problems despite concerns about stigma. Many veterans constitute their identities through narratives characterised by themes of shame, stigma and in some instances condemnation by their previous peers. Though some commentators might see this as entirely appropriate, the attendant fatalism and loss of hope tend to be counterproductive. Mentorship programmes facilitate opportunities for individuals to talk with trained mentors who can offer social support and provide avenues for additional help if and when needed.

The last 15 years has seen an increasing number of initiatives in which support and mentoring has been provided to serving or former military personnel by mentors drawn from a similar population. A notable example in the United Kingdom is Trauma Risk Management (TRiM) developed by the Royal Marines for both serving personnel and veterans (Needs & Neale 2015). Supportive relationships, such as peer mentoring can sometimes, according to (Vaughan, 2007; Ward & Maruna, 2007), steer the individual towards agency and a more coherent, prosocial identity. These aspects have been suggested as crucial to the process of desistance from both offending and re-offending.

Peer based approaches have been consistently implemented in prisons globally in order to address inmates' multiple needs, and are seen as legitimate interventions under the emerging practice of a healthy prison. Fundamental to peer support is the belief that individuals who have similar experiences can better relate and engage and can consequently offer more genuine empathy and validation, a system of giving and receiving assistance, founded on the key principles of respect, shared responsibility and mutual agreement (Needs & Murdoch, 2014). There are correspondingly convincing arguments supporting peer intervention for veterans in prison, but whilst they make "common sense", the current evidence base is both patchy and inconsistent with limited testimony demonstrating their effectiveness.

Peer mentoring is effective in utilising the benefits of a helping relationship based upon a shared service background in order to promote a sense of understanding, trust and support that in turn facilitates the use of other services. These elements are mutually enhancing and encourage a greater sense of stability and bonding. Social support appears to anchor understanding and connectedness in the face of uncertainty and isolation, whilst signposting and successful outcomes introduce multiple benefits. Together these strands tend to foster hope and stimulate the mobilisation of personal and practical resources.

The mentorship process is formulaic, and on completion of Registration and Questionnaire mentor allocation is undertaken and scheduled visits commenced. Inclusion criteria comprise veterans in their final 18-months of sentencing but excludes sex offenders. Mentors support veterans whilst in prison and following their release. Number and duration of visits is by joint agreement and permission from the respective prison.



Mentorship support is suitable and can be adapted to:

- support integration to civilian life and maintain identity throughout life
- address specific issues around mental health and wellbeing including depression, anxiety, trauma, substance use, and general wellbeing
- address issues around loneliness and isolation.

Appropriate elements of mentorship may include:

- one-to-one contact is preferred to group formats
- face-to-face contact is preferred, but other options should be available as required
- space and time should be built in to share and talk about experiences
- matching based on similar challenges is important
- training is recommended to protect boundaries of the role and to ensure safety.

There is a consensus that the mentor or supporter should be an experienced, selected and a trained member of the target population. Listening and communication skills, being respectful, non-judgemental, patient and empathetic (whilst being aware of boundaries), a willingness to “be there” and being knowledgeable regarding services and systems are core attributes (Bohm et al. 2014; Creamer et al. 2012 as cited by Needs & Neale 2015).

Mentorship Framework

Few organisations make such demands for social integration as the armed forces and this does not occur automatically. The process of integration involves several phases with some individuals leaving the service before negotiation of the later ones (Bergman, Burdett & Greenburg, 2014). Entry into any organisation can be seen as adapting to four overlapping areas of concern that tend to be activated at times of major transition (Ashforth, 2001).

In Ashforth's framework these are identity (a sense of personal coherence and continuity: who/what am I?), meaning (a sense of purpose, values and goals: what's it all about?), control (a sense of self-efficacy: can I handle it?) and belonging (a sense of connectedness to others, social support and integration: what am I part of?).

Key provision of social support can be differentiated into emotional (enhancing self-esteem, providing reassurance), and instrumental (accessing material goods and services) aspects alongside informational support (providing advice, guidance & feedback) and the affirmation of a sense of belonging and value. In addition, veterans in the criminal justice system can benefit from the experiential knowledge (specialised information and the perspective from having encountered similar issues) of the mentor.

Social learning occurs through the mentor's credibility as a role model of successful coping whilst social comparison (recognising common ground) with the mentor helps instil a sense of normality, optimism and hope (Needs & Neale 2015). Reported benefits from peer support are usually reported to be gains in self-esteem, improved decision-making skills, better social functioning, decreased psychological symptoms, reduced isolation, increased use of services and more effective pursuit of identified goals and aims such as employment.

A more recent development has been the emergence of the Veterans Custody Officer, initially developed at HMP Winchester and subsequently replicated in other establishments across the prison estate. The effectiveness of this role is being increasingly recognised and pivotal in raising the visibility of all veterans. The reluctance for veterans to acknowledge their service in the armed forces may possibly be attributable to shame, stigma and in some instances fear of reprisals.



Methodology

This quantitative cross-sectional prison-based survey in a population of veterans (n=82), aged 19 years to 72 years, at a number of category B, C and D prisons, describes their self reported socio-demographic and criminogenic characteristics, service history including tours of duty, health status together with prison and non-prison related variables, and evaluates quantitative data collected from a registration and questionnaire. Overall results from the project are compared, where relevant to published general prison published findings from HM Chief Inspector of Prisons Thematic Review (HMIP, 2016).

Procedures

Approval and Project population

The project received approval from the Right Honourable Mike Penning, MP Minister of State at the Home Office and Ministry of Justice, the National Offender and Management Service (NOMS) England and Wales together with permission from each respective prison Governor. A total of three Category C prisons, HMP Winchester, HMP Wayland and HMP The Mount, were initially identified for inclusion in the project but this number was subsequently extended to include an overall total of 16 Cat B, C and D prisons. Following an agreed written visiting protocol with each prison Governor, the total population, (n=82), defined as veterans serving the final 18-months of sentencing were identified for inclusion in the project. The project excluded sex offenders. A total of 82 male veterans in prison were interviewed over the period from May 2015 to May 2016.

Consent Procedures

Care was taken over gaining informed consent, paying particular attention to the special circumstances that may affect veterans' inclination to disclose their status. Following discussion and subsequent agreement with the Veteran Liaison Officer a participant information leaflet was personally handed to each potential respondent with further explanation given on request prior to seeking their written consent.

Special Procedures

All mentors undertook mentor modular training, (validated by NOMS), Disclosure and Barring Service (DBS) checks, and the veteran "in prison briefing" prior to embarking upon prison visiting. A written report, (agreed format) was provided following each mentor visit.

Database

Veterans participating in the project were assured of confidentiality and all data has been stored in accordance with the Data Protection Act (1998). Anonymity was preserved by numbering each participant, by the use of codes, and the recording of age as opposed to date of birth. On completion, all data collected has been held in a locked filing cabinet, accessible only by the investigator; it will be kept for five years.



Design

Data collected

Data on demographic background, criminogenic, social and service history including mode of discharge from the armed forces, previous occupation, prison specific variables, together with previous convictions and time spent in prison, length of sentence served and length of sentence remaining, estimated date of release were obtained from the veteran, (with criminogenic history corroborated by Veteran Liaison Officer) using the Registration and Questionnaire. One case history is reported.

Duration of Project

Data collection, over a 12-month period, (May 2015 - May 2016) took place during agreed visits (either legal or family - Monday to Friday) to nominated HM prisons. Following agreement with the Veterans Custody Officer interviews were conducted in a designated area of the prison. Each veteran visit was approximately 50 minutes in duration with elements of data obtained compared to published general prison population norms.

****The project was not considered to be a pilot given our continuation with those veterans who participated. Obviously mentoring is an ongoing process and is therefore potentially endless.**

Results

The results are extremely encouraging with an absence of re-offending in the project group.

- A total of 82 male veterans in 16 HM Prisons (at time of publication) are currently involved in Project Phoenix
- 16 veterans have been released with a further 8 to be released in the coming weeks/months
- Two (2) veterans are subject to multi-agency public protection arrangements
- Four (4) veterans were initially subject to Home Detention Curfew (HDC)
- 12 veterans are currently employed
- Two (2) veterans are currently residing at approved premises (bail hostel) and are prevented from pursuing employment
- Two (2) veterans are deemed medically unfit for work
- A total of five (5) veterans are currently resident at Simon Weston House
- Veterans are, in part, characteristically different from the general prison population
- Limited social networks support the requirement for ongoing mentoring
- Veterans are more skilled in comparison to the general prison population.

Table 3. HM Prisons Visited May 2015 – May 2016

HM Prison	Category	Current Number of Veterans	Nos Released
Winchester	C	5	11
The Mount	C	8	1
Kirkham	D	4	1
Nottingham	B	4	Nil
Hollesley Bay	D	2	Nil
Lancaster Farm	C	1	Nil
Guys Marsh	C	3	Nil
Swansea	B/C	8	1
Cardiff	C	18	Nil
Prescoed	D	3	Nil
Wayland	C	3	Nil
Standford Hill	D	1	Nil
Norwich	B/C	2	1
Ford	D	4	Nil
Peterborough	B	1	Nil
Bure	C	1	Nil

Following several more requests, Project Phoenix is shortly due to be rolled out to a further 24 HM Prisons across England and Wales.

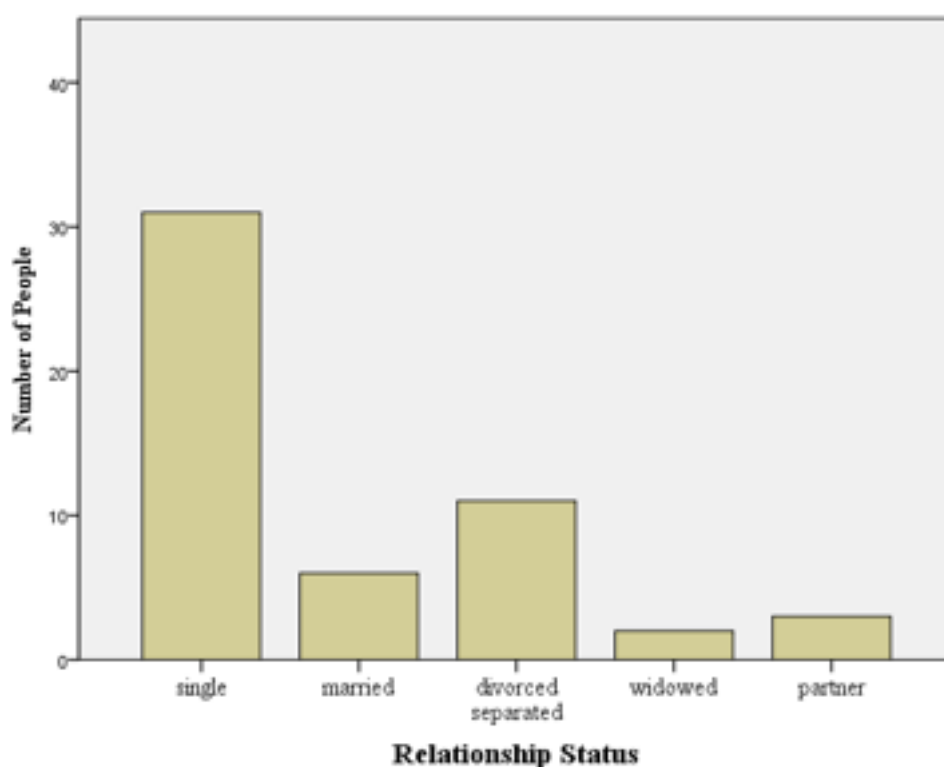
Table 4. Characteristics of General and Veteran Prison Population

General Prison Population	Veterans in Prison
5% of Population is female	Data not collected
20% of prison population is on remand	8.2% of sample on remand
60% of prisoners are aged between 16 years and 30 years	31% of sample aged 19 years and 30 years
14% of population is from a minority ethnic group	1% of sample is from an ethnic group
49% were unemployed prior to entering prison	2% of veterans were unemployed
20% homeless upon release	66% of veterans were homeless
16% of males have mental health diagnosis	43% of veterans had mental health diagnosis
47% have significant debts	34% of veterans had no qualifications
40% have significant debts	39% of veterans had significant debts
45% reported being under the influence of alcohol at the time of offence	32% being under the influence of alcohol

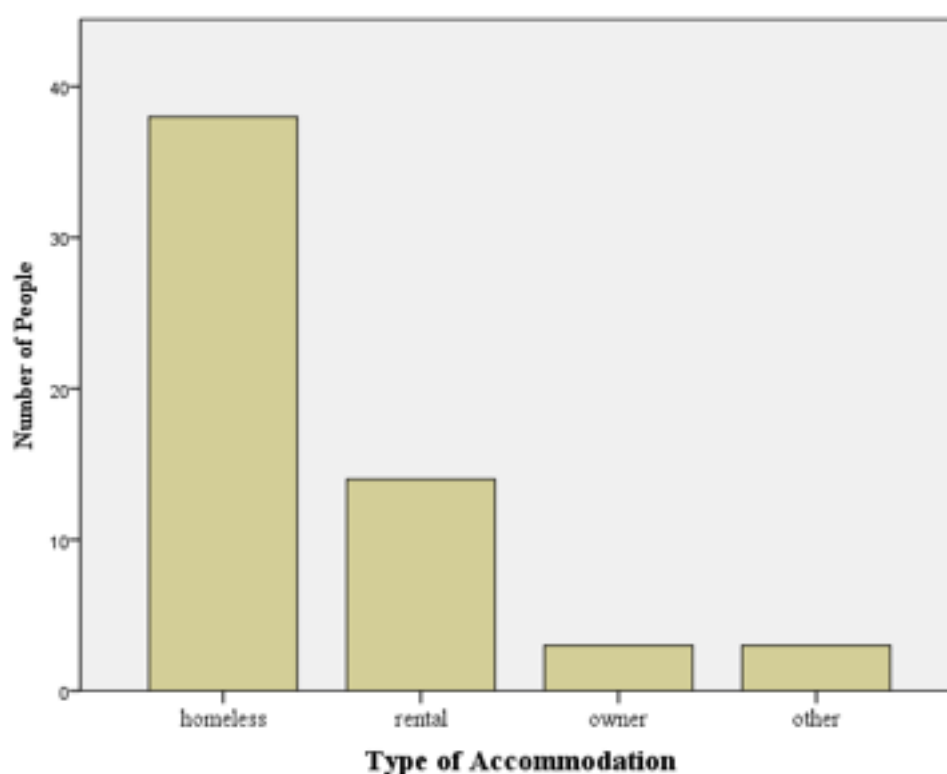
Simple Demographics, Family and Education

The sample was overwhelmingly white British (97%). Ages ranged from 19 years to 72 years. The mean age is 37 years (standard deviation 11 years). Older veterans were under represented with 3.5% being over 55yrs compared to 9% in the general prison population.

The relatively small number who were married or in stable relationships is striking (17%). The remainder were single (58%), divorced / separated (20%) or widowed (5%). Despite these figures a large number reported having children (80%).



The average number of years of secondary education was 5.2 years indicating that the vast majority of the sample left school at the youngest age possible. A large number of the sample left school with no qualifications at all (34%).



The majority were homeless before their offence (66%) and most of the remainder was in rented accommodation (25%). Homelessness is defined as having no permanent accommodation, loss of tenancy, "sofa surfing", not knowing where to live on release, no fixed abode prior to being in prison.

Service History

The mean number of years served was 5.2 (standard deviation 3 years). The overwhelming number had served in the army (92%) which is significant, even when taking into account the additional numerical strength of the Army in comparison with other Services. A total of 6.5% served in the Royal Navy, 1.2% in the Royal Marines with 0.8% in the Royal Air Force. Nearly three quarters (70%) had been deployed on active service.

The majority of the sample were non-promoted (78%) non-commissioned officers (21%) or officers (1%). A small minority (5%) were serving soldiers. Just under one third, (31.7%) had been administratively discharged.



Health

One fifth (20%) of the sample had been medically discharged from the armed forces. Less than one third (28%) had good mental health; the mental health of the remainder was classified as fair (40%) or poor (32%). However, it is also worth noting that despite that relatively current assessment 74% reported a diagnosable mental disorder with significant co-morbidity and aggressive traits. These included alcohol misuse, depressive illness, anxiety and PTSD. A total of 46% were prescribed psychotropic medication.

However, length of prison sentence, as a proxy for exposure to the prison environment, does not appear to relate to the burden of ill health. With reference to physical health 63% were judged in good health with the remainder classed as fair (20%) or poor (17%).

Prison Related Information

In terms of offences a small number were murderers (6%), just under one third (32%) of the remainder were in prison for other violent offences, with less than two thirds (62%) non-violent offences.

The mean sentence awarded in years was 5 years (standard deviation = 5.7 years) and the mean sentence served was 2.03 years (standard deviation = 3.2 years). 12.2% of the sample were serving sentences of 12 months < with 9.75% serving sentences between one and two years. The number of previous prison sentences ranged from 1 to 10 with re-offending rates statistically significant together with the number of offences committed.

Just over one third of veterans (36%) did not see visitors with a similar number (37%) neither sending nor receiving letters. The overwhelming number of the sample rated their relationships with the prison staff as good (92%) possibly attributable to the background of many prison staff.

Discussion

Eighty-two white, male veterans in 16 Cat B, C and D Prisons were surveyed. A total of sixteen have been released with a further eight scheduled for release in the coming weeks/months. Two veterans are currently subject to multi-agency public protection arrangements (MAPPA) and four were initially subject to Home Detention Curfew (HDC) with two veterans currently residing at approved premises (bail hostel). A total of twelve veterans are currently employed with two deemed medically unfit for work. Veterans are, in part, characteristically different from the general prison population, are more skilled in comparison to the general prison population, have limited social support networks and will benefit from ongoing mentoring.

The criminal justice system in England and Wales investigates, tries, punishes and rehabilitates those who are convicted or suspected of committing crime. In the year to September 2015, a total of 1.7 million offences were dealt with through the courts. Care after Combat acknowledges that an effective criminal justice policy must be based upon addressing those factors which are known to significantly contribute to offending/re-offending.

Acknowledged factors affecting re-offending in the general prison population include poly-drug and alcohol misuse, mental health issues, homelessness, not living with their immediate family, unemployment, lack of family visits, poor educational attainment, permanently excluded from school, family member previously involved with the criminal justice system, and claiming benefits. The link between these factors and crime is complicated. They appear to be more common among offenders generally than among the rest of the population with more factors apparently increasing the likelihood of an individual offending. For veterans, who are more susceptible to criminality and the committing of violent crime and exhibit signs of vulnerability, poor transition can further complicate these known risk factors thereby creating significant but not insurmountable challenges.

Veterans (ex-armed forces personnel) are disproportionally represented in the criminal populations for reasons which are speculative and somewhat varied but whilst a relatively numerically small number, they are, nevertheless, an important group, with the costs both direct and indirect attached to each individual extremely high. There is, furthermore, a consensus within the research literature that very little robust data exists with regards to this significant occupational group.

The Army (privates & NCOs) was over represented in the sample this in part explained by their numerical dominance in the Armed Forces, and the preponderance of Infantry personnel who historically are recruits from amongst the most disadvantaged social and economic backgrounds; such areas of social deprivation and higher crime have long been associated with a subsequent higher rate of offending, irrespective of any impact of military service. This group has been trained in the application of violence in their military service, and, as a consequence some have clearly struggled to restrain those impulses once out of the military environment. The application of this training in a civilian context can be catastrophic.

Veterans in prison (as a group) share many commonalities with the general prisoner population, such as disadvantaged socio-economic backgrounds, alcohol abuse, homelessness and poor educational attainment. Recent empirical work has suggested that they are pro-typically unemployed, have experienced hardship, and are dysfunctional with chaotic self-reported trajectories. Chronic dysfunction is often marked by ongoing pathological reactions to traumatic events with consequential significantly impeded functioning. Interestingly the results from Project Phoenix whilst to some extent, are broadly in line with other published work, confirming this group as having a high levels of need in common with the wider prisoner population, there are a number of notable differences.

The social characteristics of veterans in the group reveal a small percentage to have observed violence in the home as a child, this compared to 41% in the prison population and 14% in the general population.

Just over one third (34%) had left school without any formal educational qualifications, this compared to just under half (45%) of the overall prison population and 15% of age matched norms of the general population. The average number of years of secondary education was 5.2 years indicating that the vast majority of the sample left school at the youngest age possible. A total of 8% had been expelled or permanently excluded from school (and never returned), this compared to just under half (42%) of the general prison population. Literacy and numeracy skills of privates in the army are known to be aged 7 years. One fifth (20%) of the general prison population report needing help with reading and writing with approximately 2 in 5 needing assistance with education and improving work skills. The government has recently introduced mandatory assessment of maths and English attainment for all prisoners on entering prison.

The armed forces achieve remarkable results in transforming the lives of recruits from “chaos to order” whilst they are serving. It is equally clear that service life makes excessive demands in all life domains, but equips its personnel, (hence veterans) both during training and beyond with a wide range of skills, unlike the general prison population who, in most cases require both re-skilling and educating. Whilst they may share broadly similar backgrounds to the general prison population, one key difference for veterans is the acquisition of these skills. Veterans have requirements that are predominantly social and emotional, this evidenced by poor emotional expression, limited social networks and an apparent inability to sustain long lasting relationships. It should also be noted that many, by nature of their service commitments, have experienced high levels of stress in operational areas that would challenge most people even those with high levels of social support.

There is an abundance of evidence suggesting that social support is the key factor mediating and ameliorating the effect of stress, although it is associated with alcohol. Given this group has frequently experienced more extreme situations (stress) in comparison to the general population, but has subsequent limited (less) social support it is, we would argue hardly surprising that their lives are likely to be more chaotic.



However, for the greater majority it is extremely difficult to fundamentally change their life perspective which is formed during early childhood and the circumstances in which they developed. Those from a deprived background (a social, cultural, or educational environment such as that found in some rural or inner-city environments), with an absence of role models are demonstrably inhibited from obtaining the knowledge, skills, and abilities necessary to develop.

The divide between officers and other ranks that pre-exists prior to joining is further reinforced by the different levels of responsibilities. Officers develop new and existing management skills whilst for the average 'private' the reverse is true. A young officer will advise soldiers on how best to manage their personal finances, whilst they in turn will have little responsibility for the everyday running of their lives.

Veterans identified themselves as a unitary group with criminal identity offering little if anything in the way of shared status. Perhaps predictably, with the exception of sex offenders, conviction categories appeared to have little independent impact on positions in the veteran hierarchy or interpersonal respect.

Of particular concern was the extent of homelessness in the sample. Two thirds were homeless prior to their offence with a quarter living in rented accommodation. Homelessness was defined as having no permanent accommodation, loss of tenancy, "sofa surfing", not knowing where to live on release, and no fixed abode prior to being in prison.

Just under one sixth (15%) of newly sentenced prisoners reported being homeless before custody of which 9% were sleeping rough. In 2013-2014 just over 10% had no settled accommodation on release but a recent report by inspectors cast doubt on these figures as they fail to take into account either the suitability or sustainability of the accommodation. A number of veterans in the sample identified living with their parents following release but in most instances this would not be sustainable for a number of reasons i.e. the generation gap or previous unacceptable behaviour. Less than one fifth (14%) of the general prison population are aged > 50 years with 60 years and over being the fastest growing group. The mean age of the sample group was 37 years, (age range 19 years to 72 years) which may, of course, be partly attributable to a combination of age when joining and number of years served prior to leaving.

Recent literature has classified veterans into specific groups, judged to be at greater risk of developing common mental health disorders and psychological difficulties. Early service leavers (ESLs) have been defined as those who served for more than four years but have committed an offence and been discharged from military service, thereby failing to fulfil their contracted service time. ESLs in the sample group ranged from those who had completed part 1 training, (6-months) to those who served < than 4 years. ESLs are reported to have the highest levels of child adversity, poorer mental health and limited social networks which may of course be the reason for leaving the service early in the first instance. One fifth of the overall sample had been medically discharged.

The corresponding absence of less connectedness to others, isolation, loneliness and a less developed capacity for self-regulation resulted in far greater challenges when mentoring this sub-group. Loneliness is a complex emotion marked by negative feelings and cognitions, including unhappiness, pessimism, self-blame, and depression. It is characterised by perceived lack of social support and by having fewer and less satisfying relationships than desired. Enforced premature departure may itself reactivate stress and concerns that in turn make subsequent problems more likely.

Social support acting as a buffer against the negative consequences of stress has been a particularly influential one. Most of the relevant research has focused on the impact of life events as measured through the standard life event inventory methodology. The measure of chronic stress adopted is based on enforced absence of socially defined necessities. Exposure to such stress is the primary determinant of psychological distress. Both instrumental and emotional support, however, serve to buffer the effects of extreme life-style deprivation.



The link between poor transition and the committing of offences was evident although criminality was not immediately apparent. The gap between leaving the service and first conviction ranged from 12-months to 23 years with a total of five serving soldiers some of whom were awaiting discharge whilst in prison, this despite serving several months of their sentence. They had each been awarded sentences greater than 12-months for violence against the person (GBH, aggravated assault & intimate partner violence) and were therefore ineligible to re-join following release. Violence is inextricably linked to military service suggesting an enduring pattern of behaviour that is in part established by service in the military.

Alcohol was strongly featured in the greater majority of veteran violent offences, this compared to just under three quarters (70%) of the general prison population, who acknowledged consuming alcohol just prior to committing their offences. Patterns of domestic violence or public disorder can occur in veterans against a background of heavy drinking or substance misuse, depression, perceived lack of support and problems in readjusting to civilian life. A little less than one third believed alcohol misuse to be a significant problem, whilst a small minority had developed further problems with substance misuse (anabolic steroids).

Nearly three quarters of the sample (70%) had been deployed to conflict zones including periods in Northern Ireland, Falkland Islands, Bosnia, Iraq, both Gulf Wars and Afghanistan. Deployment was not independently associated with an increased risk of violent offending, but similar to findings reported by MacManus and Wessley, (2014) serving in a combat role placed an additional risk of violent offending after adjustment for pre-military violent offending and socio-demographic and military factors for violence (rank, service, engagement, status, and serving status). More frequent exposure to traumatic events during deployment is known to be associated with an increased the risk of violent offending. Post-deployment mental health problems and high levels of self-reported aggressive behaviours were notable concomitants.

From chaos and often minimal family context, service life provides a stable set of values, relationships and a level of support which is beneficial whilst serving but is far more difficult to replicate once outside of the organisation. If you provide a robust framework of social support in order to live a productive and valued life, then dismantle it, reverting to a former life style is, for many, wholly predictable. In many instances this destructive downward spiral was characterised by impetuosity, reckless/risk taking behaviour, (with a resulting inclination to make decisions regardless of the potential adverse consequences), social isolation and exclusion, together with alcohol/substance misuse, a lack of financial fluidity and criminality.

While the results show that social support can play an important buffering role, it is equally important that this support does not be viewed as a panacea, as not all networks are supportive and can, albeit unwittingly lead to “learned helplessness”. Our understanding of how to intervene in order to create types of social support which can substitute for or complement ‘spontaneous’ support is restricted by the limited number of systematic evaluations of support interventions. Important strategies of intervention such as community work have tended to focus on the process ‘to the point of excluding a proper concern with results’.

Despite these reservations, it is worth noting that peer mentoring while justified in terms of limited social networks are, in fact, responses to a broader range of social needs in areas which alleviate multiple deprivations. These would appear to be valuable in an explicit recognition of this reality, and in encouraging responses which recognise the relevance of resource and support issues and which have the potential to give veterans access to areas of experience previously denied to them. Past behaviour however, is a predictor of future behaviour and in the event of there being no change a resulting inability to either process information or give catastrophe some kind of perspective will follow.



With respect to mental health status, the most common psychiatric problem (self-reported) amongst the sample was alcohol misuse, followed by PTSD, mixed depression and anxiety and anxiety disorder. Only a small percentage experienced stand-alone anxiety (28%) with other diagnoses including bi-polar affective disorder and a combination of social issues/mental health crises as a direct consequence of alcohol misuse. The distribution of psychiatric disorders varied significantly between those with and without alcohol misuse issues.

Just less than half (46%) were prescribed psychotropic medication, predominantly anti-depressants and anxiolytics. Compliance was high but obtaining repeat prescriptions was beset by avoidable problems with a resulting acute upon chronic episode. There was no reported diversion of prescription medication, hence an absence in the risk of overdosing. Consistent with reports on the general veteran population, veterans who did not have a physical disability experienced poor mental health, with issues ranging from anxiety to depression to alcohol dependency.

It is widely acknowledged that Post Traumatic Stress Disorder (PTSD) and depression are more prevalent in veterans when compared to the general prison population. There was, however, certainly no evidence to suggest a consistent connection, via PTSD, between military service and offending although comorbid PTSD has been shown to hinder recovery from alcohol related problems in veterans. Our sample revealed veterans to have high levels of co-morbidity which in turn can lead to difficulties when assessing their mental health needs and occasionally underrating the levels of mental health disorders within the veteran group. Veterans who displayed more symptoms of PTSD reported more traumatic events following their tours of duty than those who were less symptomatic.

A reluctance to seek help combined with stigma deters both serving and former service personnel from engaging with conventional mental health provision. As a result, the opportunity to discuss emotions and the validation of veteran experiences is missed, hence the corresponding absence of mutual sharing and the development of coping strategies invariably leading to isolation, loneliness and poor outcomes.

One case of “service related” bullying was reported with the perpetrator subsequently relocated to another wing. Some concern was expressed by a number of veterans regarding their status believing disclosure may result in unwanted reprisals. This was confirmed several months ago (reported in the media) when a veteran was seriously assaulted at HMP Hewell by a group of Muslims for no apparent reason other than his former status. There is a concerning trend of Islamic radicalisation amongst the prison population with a consequent risk of violence towards former service personnel. Other reasons for non-disclosure included stigma, shame and feelings of letting the side down.

For veterans, the knowledge base and training background of prison healthcare staff may be relevant to both caseness the threshold for diagnosis together with a response bias that that is likely to lead to further underestimates.

Whilst the knowledge gap has narrowed (between veterans and healthcare staff) failure to recognise and hence treat service related mental health issues could be a factor predisposing to self-harming behaviour, suicide or in some cases re-offending. The risk of violence for example, might be partly related to pre-existing risk factors, including antisocial behaviour and social adversity. There was some evidence that several veterans experienced some form of physical abuse and/or neglect in childhood. Whilst assaultive behaviour in the general prison population was in excess of one third in the last year, there was only one reported incident of veteran/officer assault and one incident of prisoner/veteran assault.



With the exception of life sentenced prisoners, The Hearn and West Hill at HM Prison Winchester, the majority of veterans shared cell accommodation, although single cell accommodation could be requested. Overcrowding throughout all prisons visited was significant. A small minority of veterans had self-harmed both prior to and whilst in prison. Rates of self-harm have increased in the general prison population by 13% in the last two years with nearly 26,000 in 2014 requiring a little under 2,000 hospital admissions. There were no reported veteran deaths over the 12-month period, this compared to 243 deaths in custody (general prison population) in 2014, the highest number on record.

A little over one third of veterans (36%) received no visitors with 37% neither sending nor receiving letters. Prison visits and maintaining links with the community through correspondence is known to reduce the risk of re-offending, which is 39% higher for people who do not receive visits whilst in prison compared to those who did. One fifth (20%) of marriages in the general prison population irretrievably breakdown whilst the percentage was broadly similar in the sample group. Four fifths (80%) of veterans in the sample had relatively young children (under the age of 9 years) but maintaining links was very limited this attributable to disinterest, difficulties in access and in some instances legislative caveats. Those who maintained contact with young children attended the homework club and recorded bed time stories.

Only a small minority of veterans (2%) were unemployed/economically inactive prior to imprisonment. A third of prisoners in the general prison population are described as being in paid employment in the month prior to imprisonment with 13% reporting never having had a job. Re-offending is less likely for those who were employed prior to imprisonment with 40% re-convicted within a year, this compared to just under two thirds for offenders who were unemployed. It could therefore be argued that a specific acquisition when joining the armed forces is receiving a training for skilled jobs whilst both serving and upon release. This "gain" of course be offset by poor transition and its consequential problems.

The greater majority of veterans (80%) had opted for prison work and had attended various vocational and educational courses whilst in prison, including hairdressing, painting and decorating, IT skills and mentoring prior to becoming a listener. Over half regularly utilised the services of the prison library, reporting that reading was the preferred in cell hobby. Visiting the gymnasium on a regular and frequent basis was another preferred pursuit whilst accessing the chaplaincy was viewed as being a valued resource.

Prison environments can eventually reflect and therefore perpetuate the diverse personality characteristics and behavioural traits often attributed to their inmates and differ according to their “social climate”. This refers to aspects for personal development and the quality of relationships between prisoners and between prisoners and staff - in effect the ‘personality’ of an institution. Relationships with prison staff were generally described as good although few acknowledged having friends in prison, preferring to call them “passing acquaintances”. The role of the Veterans in Custody Officer was valued together with the veterans’ champion. A climate of good relationships between inmates and staff encourages intrinsic motivation and can be achieved through the careful implementation, management and adherence to principles that recognise and accept both fairness and understanding.

Most veterans reported having a bank account. Financial incompetence and increasing debt was a common theme amongst the sample group with a total of three veterans being declared bankrupt prior to imprisonment. Two fifths of the current prison population and just under two thirds of former prisoners believed their debts had worsened during their sentence and with benefits, finance and debt of significant concern. The consequential necessity for family members to borrow money from either their family or pay-day loan organisations, invariably created further escalating debts.

A total of 16 veterans have been released with eight approaching their 12-month post release date. None have re-offended. Prison has a poor record for reducing offending with just less than half (45%) of the general prison population re-convicted within one year of release. For those serving < 12 months this increases to 58%.

The combined (direct/indirect) cost of re-offending is estimated to be in the region of £185,000 per prisoner, (CPS; Police; NHS; Family breakdown; Benefits; Social Services). Re-offending by all recent ex-prisoners costs the economy between £9.5 and £13 billion per year.

Cost saving to date for Project Phoenix (16 released veterans) is £3million.

Determining the true cost of re-offending is of course difficult especially when considering both the direct and indirect elements. It is generally accepted the figure is in the region of £185,000.00 per prisoner but that excludes the cost of a productive life as opposed to one which focuses primarily upon criminality.

Projected costs saving to the economy.

Accumulative annual costs with just 50 veterans released year on year:

Year 1	50 released veterans	£9.2 million
Year 2	100 released veterans	£18.4 million
Year 3	150 released veterans	£27.6 million
↓		
Year 10	500 released veterans	£92 million

Expenditure

Mentor training (validated by NOMS)	£1,500.00 per mentor
Mentor visit plus travel costs	£65.00 per mentor
Currently 84 mentors trained	
Annual cost of Project Phoenix	£485,000.000

Ongoing developments

1. Veterans Evaluation and Clinical Assessment Team - VE-CAT

Understanding the attributes of the veteran population and their specific needs is crucial for ensuring their well-being and to adequately meet their needs whilst in prison. Characteristics of people joining the Armed Forces indicate they are traditionally from areas of economic and social deprivation, and particularly during periods of economic decline.



The Army's educational threshold is low with numeracy and literacy standards being those expected for seven year olds. However, little is known about the factors associated with leaving the armed forces, but it is likely that there is a complex interaction of adverse social outcomes and mental health status in this group. Research has also identified that those leaving the armed forces early are more likely to develop mental health issues including alcohol/substance misuse than those who have served their full term.

The mental health of veterans remains politically sensitive and of growing concern hence understanding and responding appropriately to the needs of this group should be of interest to all mental health professionals and has important consequences, not only for affected individuals but also for their families.

Whilst prison health services may be aware that they have veterans amongst their population, they may not always feel fully competent to manage issues arising from previous military service. Likewise, veterans perhaps partly as a result of poor transition or service related issues often fail to take action because the facilities available are viewed unsuitable or because they feel unable to seek help. Hence specialist intervention would assist towards a better understanding of the veteran population and their specific needs.

The Veterans Evaluation and Clinical Assessment Team is primarily designed to work alongside prison healthcare staff. It offers a phased programme comprises an educational component combined with a range of personal development elements. It includes a great deal of material from clinical experience and medical information together with active components based on well-trying psychological principles.

Phase 2 will take the form of general forums and will include veterans who have participated in Phase 1 of Project Phoenix. In the event of the team identifying veterans with specific needs the VECAT team will work alongside the Prison Healthcare team in order to determine their ongoing management.

2. Simon Weston House

Experience at Simon Weston House suggests that resilience, defined as the ability to adapt and cope successfully despite challenging situations, can be relied upon in a context that anchors a positive sense of self, instils purpose, commitment and shared perspective, promotes a sense of group and personal efficacy and sustains the bond of loyalty, trust and identification with the group.

Project Phoenix re-introduces the stability, resilience, connectedness to veterans formerly conferred by social integration within military service. It works by providing a sense of understanding, affirmation, support and guidance, enhanced by tangible consequences of improved circumstances. These appear to break the kind of vicious circles associated with re-offending and create the opportunity for renewed development. This process resembles that viewed more generally as central to **promoting desistance from offending**.

3. Telephone Helpline

More recent developments have included the installation of Care after Combat telephone helpline (pin phone system) across the entire prison estate (England & Wales).

4. Employment

Care after Combat has been developing collaborative partnerships with a number of organisations for purposes of employment opportunities for veterans on release from prison. These include Mabway who provide personnel when the Army exercises on Salisbury Plain, Wales (Brecon Beacons) and Scotland. We have recently forged closer links with the Road Haulage Association and Microlise (Road to Logistics) for the provision of HGV training. A total of five places will be available to veterans released from prison on the inaugural training later this year which will be the beginning of HGV Driver academies. We have also embarked upon a joint venture with Price Waterhouse Cooper for veteran employment opportunities as part of their "Growing Talent" initiative.



5. Education

Care after Combat is currently liaising with Southampton Solent University exploring educational and other opportunities for veterans who have been involved with the criminal justice system.

Conclusion

For the majority of individuals, service in the Armed Forces is clearly beneficial but for a small minority the outlook can be bleak primarily as a consequence of health, limited social support networks, disadvantaged background and their experiences whilst serving. Eighty-two veterans are currently contributing to Project Phoenix with the number steadily increasing. Sixteen have returned to the community with twelve currently employed and two deemed unfit for work. None have re-offended. We have demonstrated that veterans are, in part, characteristically different from the general prison population, are more skilled but have limited social support networks and will therefore benefit from ongoing mentoring.

We know that veterans tend to prefer contact with those they perceive to be similar to themselves (the homophily principle - the influence of social structures and processes on how individuals alter their behaviour and beliefs to become more similar to their reference group), whilst choosing to relate to similar others anchors and validates how they view the world, provides the opportunity to share information, and consolidates norms and beliefs. However, in some instances, these may be compounded by the emergence of unresolved problems from the past as well as the practical difficulties in the present.

The findings from Project Phoenix augment the limited evidence on the characteristics of veterans in the criminal justice system and have implications for both the Ministry of Justice and Ministry of Defence, together with clinical practice. Understanding the differential effects of demographics, together with personal, service, social and criminogenic history can further assist towards a better understanding of probable contributory factors to re-offending.

Mentoring which focuses upon gains in self-esteem, improved decision-making skills, improved social support/networks, decreased psychological symptoms, reduced isolation and a more effective pursuit of goals such as employment will enhance self-efficacy which in turn reduce the risk factors and consequential overall costs associated with re-offending.

Prior to imprisonment veterans were predominantly employed in semi-skilled and skilled occupations attributable to service in the armed forces. They are, to some extent characteristically different from the general prison population, but a combination of incomplete transition, limited emotional intelligence and poor social networks combine to disadvantage this group. There are important reasons for suggesting that peer mentoring may be particularly relevant to the needs of veterans in prison. Previous issues of identity, meaning, control and belonging are no longer tenable and with a resulting confusion and uncertainty.

The extent of violent offending is significant with alcohol strongly associated with aggressive behaviour. However, causal inferences between violent behaviour and deployment experiences of military personnel, whilst tempting and seemingly evident, cannot be drawn. Research exploring why veterans commit violent offences highlights the need to consider a range of situational and personal factors that are associated with susceptibility to problems and recovery, in particular limited social support and post-deployment mental health problems.



Ultimately, the issue of supporting rehabilitation and the reintegration of veterans into society may be less one of whether we can achieve this to whether it is sustainable. The Government has signalled its support for Care after Combat through the award of Libor funding as announced in the Chancellor's Autumn statement (2015).

The overall financial cost of re-offending is in the region of £185,000 per prisoner (CJS; Police; Social Services; NHS; Benefits Agency etc.) hence Project Phoenix has resulted in an overall saving for the economy of £3 million. The cumulative human cost is of course incalculable.

Sentiment extended to our veterans is a fragile commodity but there is currently a willingness on behalf of the Government to develop strategies that reduce re-offending in this numerically small but important group which are evidence based, cost effective, and operationally efficient. Creating a fair opportunity to improve quality of life must be sustainable both in the medium and long term and therefore benefit the next generation of service personnel.

Care after Combat will continue to work alongside and contribute to Offender Management strategies and will facilitate access to accommodation, employment, education and health providers. The support arrangements instituted following assessment can be incorporated into the Offender Management sentence planning for the information and guidance of Offender supervisors and Community Offender Managers.

Care after Combat can help address or give advice in the following NOMS pathways:

- Health and mental health
- Mentoring support both within and on release
- Accommodation
- Drugs and alcohol
- Education training and employment
- Attitudes, thinking and behaviour
- Finance, benefit and debt
- Families.

Care after Combat recognises and upholds best practice.



Benefits

- Care after Combat has played a major part in assisting the Veteran and Criminal Justice System with the rehabilitation of offenders and reducing the risk of re-offending by addressing resettlement and health needs
- Care after Combat offers appropriate and practical support for service veterans many of who have served in recent and current theatres of operations
- Care after Combat assists Custodial Offender Supervisors and Community Offender Management to share vital resettlement information. This is subject to public protection consideration in some cases
- Care after Combat allows for access for both Offender Supervisors and Offender Managers to a considerable amount of support that can be identified re-release.

The Veterans Evaluation and Clinical Assessment Team (VE-CAT) will:

- Assess and highlight the physical and psychological difficulties experienced by veterans resulting from active service deployments
- Provide advice to individuals and prison health professionals about the mental and physical health of veterans in their care
- Provide a differential diagnosis/es and proposed management strategies for individuals and both the medical and mental health professionals involved in their care.

Accommodation

- Prior to proposed residency at Simon Weston House (SWH) veterans will undergo a Risk Evaluation by Care after Combat using acknowledged reliable and validated screening tools.

The challenge for Care after Combat is therefore to continue supporting veterans through a process of peer mentoring, both within and outside the prison gate. To ensure what is offered contributes to a reduction in re-offending and encourage the reassertion of former service values e.g. identity, meaning, control and belonging. Results to date are promising, have been directly related to practice and knowledge which should therefore be nurtured and extended.

The team at Care after Combat is dedicated towards improving the lives of veterans in prison and their families. Although one of the younger charities progress to date has been excellent primarily attributable to the enthusiasm, dedication and skills of those involved, the support and co-operation of prison staff and the Minister of Justice, without which this clearly would have not been possible.

Perhaps this could be better encapsulated in the words of a veteran. Peter is aged 73 years and has spent 22 years in prison. The following explains in his own words the effect this has had upon him and expresses his hopes for the future. With his permission the narrative has been condensed:

"..... Prison has been an appalling waste of my life. I sometimes look in the mirror and don't recognise myself. Your body changes, grows older, but emotionally I've stayed the same, albeit more self-aware. The sense of existing in the "wrong time" and belonging to a different generation to one's peers is even more evident. I feel increasingly isolated in prison and apprehensive at the thought of leaving prison; until recently I had no friends, no one to talk to about my fears and concerns. Care after Combat has helped me overcome some of those fears, has offered me friendship and support which in turn has given me an improved sense of self-respect and self-esteem. When I am released from prison, I am not alone and have someone to watch my back and for that I am eternally grateful".



The key benefit is of course to the lives of the veterans, but there are equally significant benefits to wider society not least the financial savings of diverting them away from the criminal justice system. We conclude that Project Phoenix is a relatively inexpensive, low intensity but highly beneficial programme and worthy of further investment.

Case History

Name: A.C.

Aged: 27yrs

Background

The oldest of 3 brothers, AC was born and raised in Birkenhead. The family lived in council accommodation but his Mother and Father divorced when he was aged seven years. He described his Father as a heavy drinker and witnessed episodic physical violence between his parents.

His Mother met another man four years following the divorce with whom she still resides but she hasn't remarried. Her partner is a former soldier but AC described him as "tricky" and difficult to get on with although the relationship gradually improved. He had no contact with his biological father until aged 15 years and subsequently met with him again when aged 20yrs.

He attended junior and primary school but left aged 16 years (5yrs education) with no qualifications. He described his childhood as "ok, not the best but not the worst" and stated he was closest to his father. On leaving school AC joined the Army but on completion of Part 1 & 2 training left due to homesickness but subsequently re-joined when aged 18yrs and on completion of training was deployed to Afghanistan on Op Herrick 10 & 11 (2 tours) the latter at Nad e-ali for a period of five months where he was exposed to daily firefights. He unfortunately witnessed the death of his best friend on the second day of the first deployment.

"It is with deep regret that the MoD confirms the death of Rifleman Daniel Hume of 4th Battalion The Rifles, who was killed in Afghanistan on 9 July 2009".



On return to the United Kingdom AC left the Army albeit prematurely but was given an honourable discharge.

After the initial meeting with his Father he visited him most weekends and described the relationship as "great.... we really got on". His father's health was poor following years of heavy alcohol consumption and he died in the bath at the age of 49 years following an epileptiform seizure. All family members attended the funeral.

AC has a four-year old son with whom he has no contact.

Offending Behaviour

AC consumed alcohol when serving in the Army but "no more than others". Following his Father's death his consumption gradually escalated and as a result his behaviour deteriorated. He was not involved with substance misuse but associated with those who were. **AC's** offending behaviour was initially confined to minor theft from local supermarkets and off-licences but the level of assaultive behaviour gradually increased.

He was employed as a drainage engineer following his discharge from the Army.

He was involved in a pub brawl in early 2013 sustaining facial lacerations and was subsequently charged with robbery in late 2013. There followed a series of minor offences and fines and he was sentenced to 12-months imprisonment in 2015, reduced to nine months then six months following tagging.

He was subject to Home Detention Curfew immediately following release but removed his tag after four days following relocation to a bail hostel in Liverpool but reported to the local police station with his mentor seven days later.

AC was clinically assessed on 01 February 2016. He underwent evaluation using the Alcohol Use Disorders Identification Tests (AUDIT); Leeds Dependence Questionnaire (LDQ); Beck Depression Inventory (BDI); Beck Anxiety Inventory (BAI) and Impact of Events Scale (IES-R).

His self-reported clinical history is fairly brief but muddled especially following his discharge from the Army, and he described both his physical and mental health as good and fair respectively.

His appetite is good although he had recently lost weight predominantly attributable to a chaotic lifestyle, poor nutrition, alcohol misuse and lack of funds.

He told me his sleep pattern had been disturbed for several months, describing waking up in the middle of the night, sweating profusely and feeling frightened. As a result, he had resorted to drinking more and had wet the bed on several occasions.

Following a court appearance, he was referred by the probation services to AA with a view to attending for a period of six weeks but failed to comply.

Events further escalated and he took an overdose (his Mother's medication), together with large quantities of alcohol and was admitted to the local district hospital. He was seen and assessed by the Community Mental Health Team but was initially non-compliant and discharged from their caseload. His behaviour further deteriorated and his Mother "disowned" him.

He saw his General Practitioner and was prescribed a course of anti-depressant medication but failed to turn up for review appointment.



Screening tools outcome:

AUDIT	30pts	Alcohol Dependent
Leeds Dependence Questionnaire	22pts	Alcohol Dependent
Beck Depression Inventory	19pts	Mild depressive disorder
Beck Anxiety Inventory	34pts	Moderate Anxiety
Impact of Events Scale	Probable diagnosis of PTSD	

Prescribed medication:	Mirtazapine 35mgms nocte
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Summary and Recommendations

In summary veterans participating in Project Phoenix are largely white British, poorly educated with few having stable emotional relationships or secure accommodation. They are characteristically different to the general prison population as evidenced with the acquisition of a wide range of skills whilst serving in the armed forces. Predominantly employed in skilled and semi-skilled occupations they have limited emotional intelligence, poor social support and restricted networks. Incomplete transition and a loss of self-belief are further determinants of this population's profile.

Demographics

- A total of 82 veterans were recruited from 16 HM Prisons across England and Wales
- Veterans are not a homogeneous group
- Ages ranged from 19 years to 72 years
- Veterans were male, overwhelmingly white British
- A total of five were serving soldiers
- Ex-Army (other ranks) is over represented (92%) in the overall sample, even when taking into account the additional numerical strength of the Army in comparison with other Services
- One commissioned officer
- High percentage of non-promoted, non-technical veterans
- Poor transition appears to be a characteristic of this population's demographics.



Education

- The greater majority left school aged between 14 years and 16 years with limited educational years
- Just over one third had no formal qualifications
- Qualifications were generally non-science subjects
- Only a small minority pursued higher education
- Royal Navy and Royal Air Force most probably better educationally qualified when joining and have more technical jobs.

Financial

- A small minority were claiming benefits prior to imprisonment
- The financial implications and overall consequences of re-offending are multiplicative
- The cost of re-offending is estimated to be in the region of £185,000 per prisoner, (CPS; Police; NHS; Family breakdown; benefits; Social Services)
- Re-offending (by all recent ex-prisoners) in the general prison population costs the economy between £9.5 billion and £13 billion
- A total of 16 veterans have been released - none have re-offended with a potential cost saving of £3m.

Health and Social

- Veterans demonstrate a multiplicity of mental health issues (co-morbidity) including alcohol misuse (19%), anxiety and depressive illness (43%) together with PTSD (18%), coupled with aggressive traits
- Veterans reported high levels of alcohol intake
- A small percentage reported co-dependency - this mainly attributable to denial despite the apparent consequences
- A little less than half were taking prescribed medication
- Renewing repeat prescriptive medication was difficult
- Levels of self-harm were low in the veteran group
- A high percentage reported having limited emotional intelligence, poor social support and limited social networks
- The inability to sustain relationships was high
- There were no reported veteran deaths in custody. (May 2015 - May 2016)
- Length of prison sentence, as a proxy for exposure to the prison environment, does not appear to relate to the burden of ill health.

Criminogenic

- Inconsistent estimations of the number of veterans in prison
- The time between discharge from the armed forces and commencement of their current prison sentence ranged from 0 years to 23 years
- Sentencing ranged from 3 months to Life imprisonment
- A little less than ten percent of veterans were aged 19 years-54 years, one fifth less than the proportion of the general population in the same age group
- A small minority of veterans didn't know when they might be released
- The greater majority of veterans stated they felt safe in prison but were vigilant
- Recorded assaultive behaviour (prisoner on prisoner/prisoner on prison staff) was low
- Alcohol was strongly featured in their offending behaviour
- Pre-military violent offending and lower military rank were predictors of violence
- The extent of intimate partner violence (IPV) is underestimated.

Housing

- Levels of homelessness both prior to and upon release is significant with early service leavers at particular risk
- Homelessness is defined as having no permanent accommodation, loss of tenancy, "sofa surfing", not knowing where to live on release, no fixed abode prior to being in prison.

Employment

- Prior to imprisonment the greater majority were employed in diverse occupations
- The majority were employed in semi-skilled/skilled occupations
- Occupations included HGV drivers; security work; scaffolder, carpentry, telecommunications and IT.
- Our findings to date acknowledges the link between poor mental health, poor social networks and social participation, fewer or the absence of close relationships, alcohol and substance misuse and offending behaviour and offers a better understanding of causal factors.
- Recognises the need for greater support and interventions in the form of mentoring, not just during time in prison but also beyond the prison gate.
- The background risk profile of veterans is broadly similar to that of other offenders (i.e. young males from deprived areas of the country and who have, in some instances but not all, a history of offending behaviours).
- Service in the armed forces offers training and the acquisition of skills.
- Particular challenges in management of veterans in prison might arise from their experiences in the military, during deployment, from associated mental health problems, limited social networks and from the socioeconomic, cultural, and overall effect of transitioning from the military into civilian life.
- Social and welfare needs are frequently associated with mental health needs hence the necessity for mentoring and better collaboration between all stakeholders.

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- Veterans in prison have a high incident of co-morbidity, in particular alcohol misuse, anxiety and depressive illness coupled with aggressive traits.
 - The issues of “early service leavers”, involuntary transition and delayed onset of difficulties are identified.
 - The prevalence of sub-clinical trauma/caseness is higher than previously thought.
 - Recognition of the “significant clinical complexity” of veterans who do experience situational difficulties highlights a need to consider a range of situational and personal factors associated with susceptibility to problems and recovery.
 - We would recommend enhanced collaboration between criminal justice and mental health agencies, both within the National Health Service and Care after Combat.
 - Education and training for individuals working in the criminal justice system in understanding the needs of veterans.
 - Alcohol and psycho-education for veterans in prison provided by Care after Combat VECAT team.
 - Improved identification of veterans in prison.

Early Release

Experience at Simon Weston House has confirmed our initial views regarding consideration for early release. Not considered as a Bail Hostels by its occupants, SWH provides a safe and secure environment, enables the veterans to self-govern by the creation of camaraderie and opportunity to recover the esprit de corps so integral in the earlier lives of serving personnel.

The rationale for Project Phoenix can be further supported and extended. It adds to the existing body of knowledge and builds on previous findings and theory. The results should be viewed as a resource for its future and ongoing development.



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"He did the crime, he's done his time.

Now he needs hope."

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