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Understanding 'Negative Transitioning' in British Ex-Service Personnel

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FORCES IN MIND TRUST

Understanding ‘Negative Transitioning’ in British Ex-Service Personnel

End-of-Award Report

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Executive Summary of the Report

About the research

1. This research addressed three measures of negative transitioning, mental ill-health, imprisonment and homelessness, using a sample of 323 respondents from all Services across the UK and in the support sector, with two extended case studies which addressed veteran prisoners and ex-prisoners in Scotland and homelessness in Birmingham.
2. The research design is qualitative, capturing the lived experiences of veterans and their families in their own words, as well as the perspective of support providers. The sample breaks down into: Mental health 129, Prisoner 42, Homeless 49, Family members 26, and Stakeholders 77. The sample is unusually large for a qualitative research design and adds weight to the findings.
3. The spread of the sample across the UK is proportionate: England 153, Scotland 82, Wales 49, and Northern Ireland 39. The total number of veterans interviewed was 220, most of whom were male (217), full-time (202), and in the British Army (207). The sample under-represents women veterans and veterans from the other Services. This limits the generalisations to the other Services

Explaining negative transitioning

4. Not many veterans transition as negatively as those represented in this research. The factors that differentiate them from more successful transitioners are complex. The experiences that negative transitioners have recounted are both person specific and generic.
5. Many successful transitioners have dealt effectively with the same precipitating factors. What differentiates negative transitioners is the multiple problems they encounter, their lack of psychological resilience in dealing with them and the economic means to withstand them, their difficulties in accessing support because of the severity of their transition problems, and their ambivalence in taking back control of their lives with associated dependency.
6. Negative transitioning need not be permanent. The more enduring the negative transition process, the more permanent the negative transition experience becomes. It is best to conceptualise the negative transition process as a continuum of separate micro-phases, some of which can be so severe that veterans get stuck in one micro-phase for a long time, if not permanently.
7. Negative transition is not explained solely by veterans' operational experiences in theatres of war. Multiple factors explain negative transitioning: pre-Service experiences, age of enrolment, expectations of service, the rank reached, capability to make decisions and use personal initiative, over-institutionalisation in military

culture, the personal responsibility invested by veterans in taking back control of their lives, pressures on relationships and family units, resilience in dealing with routine civilian life crises around work, finances and relationships, and the effectiveness of veteran support.

8. Negative transitioning begins while in-Service, especially in the transitional period once notice to leave is served. It bears the influence of pre-Service factors, as well as of the initial experiences upon leaving and the long-term adjustment experiences in civilian life.
9. Negative transitioning particularly affects low rank veterans. Most of the veterans in prison and homeless we interviewed were low rank. Some higher rank veterans had mental ill-health issues related to operational experiences. Low rank veterans compound their negative transitioning by being the least likely to seek early support.
10. Low rank veterans are more likely to have pre-Service issues and problems, with a career in the Services forming a kind of escape, and negative transitioning is more likely to occur when they return to the same pre-Service conditions.
11. The Armed Forces can help in positively transforming a person's life but they ill-prepare individuals for dealing with pre-Service and in-Service experiences once they leave. Negative transitioning is related to a failure to nurture the emotional, cultural and social skills needed by recruits from difficult and disadvantaged backgrounds to ensure that the life 'they escaped from' is not the one to which they return.
12. A factor in all forms of negative transitioning was the inability of respondents to break the ties with the military as a result of over-institutionalisation in military culture, the maintenance of a military-first identity in civilian life, and the unwillingness to move out of the 'military bubble', with its narrow notions of trust and more limited social networks.

Mental ill-health

13. Operational incidents were more likely to be the reason for mental health problems suffered in high ranking personnel. For lower ranks, mental health issues linked to many factors.
14. Veterans with mental ill-health were the most critical of the Armed Forces, the MoD and the inadequacy of veteran support. Veterans with mental ill-health have higher expectations of care and medical assistance and develop a culture of dependency on support provision.
15. Veterans with mental ill-health were the most likely to have a supportive family life in which management of the transition problems is shared. Prison and homelessness tend to be inimical to the maintenance of family life and family support, especially homelessness.

16. Examples of good practice by veteran support groups in managing mental ill-health tend to be locally based, relying on local knowledge, resources and facilities. Alternative forms of therapy based around nature and the environment were shown to be excellent.

Veterans in prison

17. Veterans in prison and homeless overwhelmingly individualised their plight to personal failures, for which, they said, they bore the main, if not sole, responsibility.
18. Veterans in prison are disproportionately from low ranks, and often had difficult and disadvantaged backgrounds that caused many pre-Service issues and problems. They attributed their predicament to these social factors and not to the military. The taking of personal responsibility was seen as critical to them finding their own pathway out of prison.
19. Veteran prisoners in Scotland received considerable support in prison, often from prison officers who were themselves veterans, and from support organisations that were veteran led.

Homeless veterans

20. Veteran homelessness is not just about rough sleeping in large conurbations. Veteran homelessness consists of many different forms, not all of which are perceived as homelessness by veterans.
21. Veteran prisoners and veterans with mental ill-health still have social ties, social goals, and social networks to return to, even if these are more difficult than they imagine, but veteran homelessness can take some forms in which social ties are cut and veterans withdraw socially.
22. Veteran homelessness is often linked to a lack of resilience in dealing with routine life crises in civilian life, such as unemployment, financial difficulties and relationship breakdown. Veterans who are homeless or who were so once, or who oscillate between settled and unsettled accommodation, invariably describe lived experiences that have escalated a routine life crisis into a more general homelessness problem.
23. Homeless veterans accept little personal responsibility for their situation, unlike veterans in prison. The pathway to homelessness involves so many steps and stages, and involves quite different forms of homelessness, that a sense of personal responsibility is diluted. Blame for homelessness is attributed to others rather than being personal.
24. Rough sleeping veterans, however, tend to exercise personal responsibility by choosing to stay on the streets. The choice to stay as rough sleepers is in part because

they wish to continue with drug abuse, as well as preferring social isolation and not to disclose as veterans. Some rough sleepers also said that their former military life made them better able to survive well on the streets.

25. Homeless veterans are more likely than other negative transitioners to encounter multiple forms of negative transitioning, experiencing a crossover between mental health, prison and homelessness.
26. The level of support for rough sleeping veterans is extensive, although it is mostly un-co-ordinated. There are many examples of good practice at the local level to assist veterans experiencing less serious forms of homelessness.

Veteran families

27. Veteran families form an invaluable source of support. This reinforces the problems of negative transitioning when it destroys family relationships and family life. Homeless veterans and, to a lesser extent, veteran prisoners, tend to experience the greatest problems in maintaining supportive family lives.
28. Veteran families describe themselves as the 'silent sufferers' and express a sense of betrayal by the MoD, calling for more recognition and policy attention.

Support structures for veterans with negative transition experiences

29. Negative transitioning predisposes a very critical view of the support system, which is often unfair but sometimes deserved. Respondents mostly felt the support system failed to meet the needs of the most needy, in preference for the provision of care for veterans thought to be 'easier' to deal with because they present with less complex and interwoven problems.
30. These criticisms of the support system do not take into account the support initiatives introduced during the course of the research, nor do they sufficiently note the emotionally demanding nature of the work and the level of emotional labour involved in care for veterans.
31. The kernel of the problem with the support system is that it requires veterans to take enough self-responsibility to find out about and access the support available. The high level of criticism levelled at the support system can be unfair because some veterans do not take self-responsibility, while others do so too late.
32. Many support providers were critical of the 'culture of dependency' in veterans and urged that they 'take back control'. Without taking personal responsibility, support does not give closure but only perpetuates transition problems. Veteran support requires a fine balance: veterans should expect to have their needs met but they have to want to take some responsibility for the process. Managing the expectations about

support amongst veterans with negative transition experiences is thus an important part of support provision.

33. The complex needs of veterans with negative transition experiences, especially those with multiple problems, requires a co-ordinated and generously funded support system. Lack of co-ordination and funding leaves veterans with unmet or inadequately met needs.

Section 1

Introduction, Acknowledgements and List of Acronyms

Introduction to the research

This Final Report addresses a very small number of defence force veterans whose transition experiences are not typical, although they capture the public imagination and receive disproportionate public attention; namely, veterans who transition so negatively that they end up in prison, homeless or in receipt of mental health care. We call this 'negative transitioning'. This level of negative transitioning back to civilian life is not usual. Most veterans transition successfully, experiencing only brief moments where transition problems emerge but never losing the intent and determination to transition successfully. In earlier research for Forces in Mind Trust (*How Counter-Insurgency Warfare Experiences Impact upon the Post-Deployment Reintegration of Land-Based British Army Personnel*) Stephen Herron and I described this as the continuum of normal transition. Veterans' position on this continuum varied as life crises were encountered, but their focus was always toward success and the trajectory of their transition was forward and progressive.

We became aware, however, of some veterans who we described as falling off the edge of the continuum of normal transition, with transition experiences so problematic that they warranted a targeted focus, despite them being small in number and untypical. The public and media attention given to this kind of transition required that it be better understood and the pathways in and out of it be systematically researched. Public and media attention tends to ignore veterans who transition successfully and gives sensationalist coverage to veteran suicides, homeless veterans, and to veterans with mental ill-health or in prison. We thus saw it as vitally important to better understand negative transitioning. It is

for this reason that we close this Final Report with a series of recommendations for various stakeholders drawn from our three years of UK-wide research. We have deliberately placed the recommendations at the end so that readers will first engage with the descriptive data and analysis in which they are embedded and from which they emerge.

We treated negative transitioning as a sociological problem. Veterans' private troubles needed to become public issues. To do that, it was necessary to capture the lived experiences of veterans with negative transition experiences, using their own words, and to faithfully represent and describe their accounts. It is important that we hear veterans, hear them at length, and listen attentively to what they say. This leads us to make an important caveat.

We have come to learn that negative transitioning predisposes highly critical and negative views. These criticisms are not always justified, are sometimes self-serving or misdirected, and can be ill-informed, but they represent the lived experiences of this unusual type of veteran. It is necessary to note here that many new support initiatives were introduced during the course of the research (which ran for three years), which veterans were unaware of or had yet to encounter. Our research, however, was designed to honestly represent their views, while at the same time retaining our objectivity to analyse them critically. This proffers a challenge to the care system, to ensure new initiatives reach down to the veterans with the hardest and most difficult transition experiences.

Private troubles as public issues: negative transitioning as a research problem

There is now a growing body of research on what we might call 'pathways to success' in the transition from military to civilian life. While the equivalent research base on what we might call 'pathways to failure' in the transition is growing, it remains quite small in comparison. To

quote Air Vice-Marshal Ray Lock CBE in the Foreword to a recent report on ex-Service personnel in prison, “there are many indicators that an ex-Service person is struggling to transition successfully into civilian life”. Our research extends this current knowledge in substantial ways by focusing on three measures of what the literature calls ‘bad transitioning’: prison, homelessness, and mental health problems. It is based on a very large qualitative sample of veterans, plus two case studies – homelessness in Birmingham and prison veterans in Scotland.

We recognise that the term ‘negative transitioning’ can imply unfair criticism of veterans and support providers. This is not intended. It is used as a value-free, non-judgmental term. We do bring values and ethical commitments to this research, nonetheless. There is a desperate policy and humanitarian need for research in this area. As official guidance from the MoD stipulates: “Transition is a personal responsibility. It will not be done for you or to you, although information and encouragement will be provided by the chain of command.” This approach not only leaves vulnerable Service leavers at the mercy of negative transitioning experiences, it also sustains the suspicion that the military is failing to meet the needs of Service personnel making the journey back to civilian life. There is now recognition that we need to better understand ‘pathways to failure’ and that the MoD and post-deployment support providers should become more proactive in understanding it.

There is a growing body of research on negative transitioning, a lot of it quantitative. Qualitative research, however, is useful in supplementing statistical data by giving vivid and rich ethnographic accounts of people’s lived experiences in their own words. The disadvantage of qualitative research is that it is small-scale. While some qualitative research has been done on negative transitioning, the sample numbers are usually quite small; 20 qualitative interviews, for example, were undertaken for the 2017 FiMT mapping study and

10 by the 2017 Anglia Ruskin University study of Armed Forces personnel in East Anglian prisons. As the outline of our research design in the next section demonstrates, this research is on a very big scale. Its scale brings added value in a number of ways. It has a very large sample (323), being one of the largest qualitative studies of its kind. It addresses the lived experiences of ex-Service personnel through in-depth interviews, and observational data that captures veterans' understandings and social meanings in their own words. It also addresses the particular cultural and social contexts facing ex-Service personnel and explores the influence of broader social and cultural factors. We incorporate an approach which recognises the implications of negative transitioning on the wide range of people affected by it.

The financial, emotional and reputational costs for veterans of being in prison, homeless or under mental health supervision are significant on a number of levels. This includes the veterans themselves, who have to try to overcome the practical, emotional and stigma barriers to reintegrate into civilian society. It also impacts on family members and the family unit. Hence our focus has also been on analysing the effects negative transitioning has on the broader family structures by interviewing family members. We have also not been restricted in our geographical focus, for we cover all four devolved regions of the UK, exploring variations in need and service provision in order to identify good practice in what can be highly localised solutions within the regions. Negative transition also implicates an analysis of the support system veterans receive. Negative transition severely complicates and expands the needs of veterans, presenting support providers with considerable challenges. Our research therefore, gives the views of stakeholders and support providers who service a system that tries to meet the severity of the need and a high level of demand.

The Final Report addresses pathways into negative transitioning as well as routes out of it. We approached the research with an open mind as to the reasons why some ex-Service personnel experience negative transitioning. We emphasise what we describe as the ‘transition triangle’, exploring pre-military, in-Service and post-Service experiences to determine the pathways into and out of negative transitioning. We have tried to establish pre-Service predispositions to negative transitioning, as much as isolating those factors that begin in military life and operational deployment. Most pathways to negative transition, however, begin after Service, in the life crises veterans can face in civilian life and their lack of resilience to them. These life crises include ill-health, unemployment, divorce and other forms of marital breakdowns, lack of employment and housing, debt problems and substance abuse. Our attention to pathways out of negative transition isolates the intersection of veterans’ sense of personal responsibility, the quality of support they receive, and the level of dependency they exhibit which prevents veterans from helping themselves. We identify many examples of good practice at local and regional levels in the support provided, which helps veterans turn their lives around, but we also encountered veterans who are stuck in what we describe as a micro-phase of their negative transitioning, from which they find it difficult to escape.

Acknowledgements

We have incurred many debts in this research. First and foremost, we thank Forces in Mind Trust for funding the research over three years and for giving a six-month extension of the research because of delays due to the coronavirus pandemic. We thank Ray Lock and Clare Crookenden in particular. We owe a special debt of gratitude to the International Advisory Board who have offered wise counsel, useful advice and considerable help. Very ably chaired

by Dr Katherine Albertson (Senior Lecturer, Sheffield Hallam University), members were Dr James Brown (Associate Professor, Aston University), Major General (Retd) Chris Hughes (Executive Chair of Veterans Scotland), Professor Matt Fossey (Director, Veterans and Families Institute, Anglia Ruskin University), and Bob Zeller (SSAFA Regional Co-ordinator, Northern Ireland).

We have been greatly encouraged by the assistance of gatekeepers, support organisations, and individual support workers. Their generous assistance and enthusiasm for the research facilitated fulsome access to veterans and their families, without which the research would not nearly have been so successful. These include: SACRO Glasgow, SACRO Edinburgh, Scottish Veterans Residence Glasgow, Scottish Veterans Residence Edinburgh, Scottish Prison Service, Edinburgh Prison, Barlinnie (Glasgow) Prison, Castle Huntly Open Prison, Glenochil Prison, Community Veterans Support (Coming Home Centre) Glasgow, Dundee Therapy Garden, Veterans First Point, Veterans Scotland, UDR/Royal Irish Aftercare Service, Regimental Association of the Ulster Defence Regiment, Army Reserve in Northern Ireland, Northern Ireland Veteran Support Committee, Veterans Support Office Northern Ireland, Prison Fellowship Northern Ireland, Andy Allen Veteran Support Northern Ireland Veterans Association, Ely Centre, Castlehill Foundation, SSAFA, COBSEO, Defence Medical Service, Alabare, Veterans Hub Exeter, Devon Partnership NHS Trust, Derbyshire Veteran Support, Department for Work and Pensions Armed Forces Champion Derbyshire, Trafford Veterans Support Group, PTSD Resolution, The Baton, Veterans Lifeline, Walking with the Wounded, Help for Heroes, Active Plus, Veterans Change Partnership, Woody's Lodge North Wales, Woody's Lodge South Wales, Ty Dewr, Royal British Legion Wrexham, West Midlands Combined Authority, Helping Birmingham's Homeless, Reach Out Network Ministries Birmingham, Let's Feed Brum, Royal British Legion Industries (Royal British Legion Village), and Defence Transition Services. Additionally, a number of individual stakeholders and

representatives were helpful, including Sir Jeffrey Donaldson MP, Doug Beattie MLA and former MLA Brenda Hale.

Finally, we acknowledge our thanks to veterans themselves and their families, without whom this research would not have been possible. Suffering severe transition problems and under great stress, it was exceedingly courageous of them to open up to strangers about deeply personal and sensitive problems. We hope they are pleased with this Final Report and that we have repaid some of what we owe them.

List of acronyms

ACEs: Adverse Childhood Experiences

AEDIC: Association of Ex-Service Drop-In Centres

CTP: Career Transition Partnership

DWP: Department of Work and Pensions

IED: Improvised Explosive Device

MoD: Ministry of Defence

NHS: National Health Service

PBSW: Prison Based Social Worker

PPW: Personal protection weapon

PTSD: Post Traumatic Stress Disorder

RAF: Royal Air Force

RBL: Royal British Legion

RBLI: Royal British Legion Industries

RM: Royal Marines

RN: Royal Navy

SSAFA: Soldiers, Sailors, Air Force and Families Association

VICSO: Veteran in Custody Support Officer

VMS: Veterans Mentoring Service

Section 2

Research Design and Practice

Introduction

In this Section we outline our research aims and objectives and the research design we used to study them. We also engage in reflexivity on our research practice, in which we outline technical details of the research to enable readers to establish whether the findings carry the burden of proof. We highlight some late changes in the design that circumstances forced upon us, some advantageous, others unfortunate, and evaluate the strengths and weaknesses of the data.

Research aims and objectives

These can be summarised as follows:

- a) To capture the lived experience of ex-Service personnel who have ‘fallen off the edge’ and are transitioning to civilian life very badly, and to understand their circumstances and position from their own perspective, giving voice to the people suffering from the failure to transition successfully.
- b) To recognise the differences in the lived experiences of personnel depending on individual context including regular or reserve, early Service leaver or long-term member and either British Army, Royal Navy or Royal Air Force in order to isolate the special issues surrounding individual ex-Service personnel so as to provide a complete a picture as possible of negative transitioning so as to assist in the delivery of appropriate policy responses.
- c) To explore the lived experiences of ex-Service personnel across the regions of the United Kingdom in order to establish variations in need and support and to isolate instances of good practice in the regions.
- d) To understand the impact of ‘negative transitioning’ on the family of ex-Service personnel and to explore how adult family members cope with the burden of ‘negative transitioning’ on them personally and the family as a unit. It is especially important here to explore what differences there are, if any, when the family is of a female ex-Service person.

- e) To establish the extent to which marital status, the cohesion of the family unit and the level of family understanding of Armed Service circumstances and deployment, are protective factors against negative transitioning.
- f) To distinguish between ex-Service personnel whose negative transition is related to their Service and those for whom it is unrelated, such as prior dispositions to negative transitioning through pre-Service circumstances, or through subsequent life crises, such as alcoholism, drug misuse, family breakdown, unemployment and the like.
- g) To explore how these prior dispositions intersect with their Service experiences, particularly whether they are related to the extra emotional labour costs of counter-insurgency deployment.
- h) To analyse whether patterns emerge in negative transitioning according to a range of possible causes, such as gender, social class, levels of education, regular versus reserve status, age, length of Service, type of Service, personal resilience factors, geographic location, and access to MoD or civilian support services.

Research design

Sensitive and difficult research with hard-to-access groups always requires an in-depth qualitative research approach in order to capture the depth of people's experiences and in a manner that is sympathetic to the emotional costs involved in respondents' telling their stories of damage, harm and hurt. We therefore incorporated a research approach in which we embedded ourselves in the field, using our ethnographic and fieldwork skills to obtain real world data. We underwent a process of ethics clearance within Queen's University and developed an informed consent form (see Appendix 1), which had to be signed by every person taking part in the research, and a respondent information sheet (see Appendix 2) which was read by or to every person taking part. The research team is recognised internationally for its expertise in sensitive research (Brewer) and military ethnography (Herron), and has great experience in conducting qualitative interviews in difficult settings (see Appendix 3).

One of the reasons why there is a gap in the research literature that omits study of the lived experiences of ex-Service personnel who suffer negative transitioning is because of the extreme difficulties in obtaining access to them. Our research could thus not have been countenanced or successfully accomplished without access. It is for this reason that before embarking on the research we spent considerable time and effort in ensuring access. We have therefore not garnered an opportunity sample of the easier to access negative transitioners but were able to access rough sleepers, veterans in prison and those undergoing care for severe mental ill-health.

There is another distinguishing feature of our approach. We built on the experience and knowledge gained from our first FiMT-funded project and the contacts we had built up from it, to incorporate a style of research that Brewer calls 'co-produced knowledge', in that 'users' and 'beneficiaries' of the research were involved in its design from the very beginning. From the outset, we were keen to ensure that gatekeepers, stakeholders and veterans in veteran associations helped in formulating the design, assisted in setting the questions and helped to identify the issues for close attention.

The research design through which we operationalised the above research aims and objectives was in three parts. Part 1 was an in-depth qualitative interview study of the lived experiences of male ex-Service personnel spread across the United Kingdom whose negative transitioning has resulted in homelessness, prison and mental health care. This include interviews with adult members of their families whenever access was feasible. This was an 'opportunity sample', based on whoever we could obtain access to from a large number of gatekeeping individuals and organisations. For ethical reasons we did not interview children but focused on adult family members. Interviews were backed up with observational data as

we participated in veteran events, attended meetings and, in some cases, visited veterans' homes.

Part 2 was an in-depth case study of veteran prisoners in Scotland and the support they receive in prison and on release. We interviewed ex-prisoners and some still serving sentences. We focused on prisoners, ex-prisoners, their adult families, as well as support providers, including prisoner officers, charity staff and stakeholders in the support sector. The attention on adult family members is important to give them a voice and to understand the intersection of need and support from their perspective given that imprisonment affects the whole family not just the veteran.

Part 3 was an in-depth case study of a homelessness in Birmingham city centre. The focus was on both homeless ex-Service personnel and support staff and providers, in order to capture the perspectives of each. We concentrated on all forms of homelessness, from 'sofa surfing' to sleeping rough on the streets, and placed specific focus on the legacy of rough sleeping for veterans' capacity to find pathways out of homelessness. Homeless veterans tend not to be in contact with their families and thus we did not include them in this part of the research design. We supplemented interview data with ethnographic observation as we accompanied volunteers and support workers around the streets of Birmingham at night.

Research practice and reflexivity

The early period of research focused on Northern Ireland before moving onto fieldwork and interviews in England, Wales and Scotland, in that order. Many organisations permitted us to use our ethnographic gaze to observe their activities, meetings and events, and provided excellent access to veterans and their families. We held casual conversations at events, interviewed support workers and clients engaged in particular projects, and held formal

interviews with veterans and their families. Respondents therefore participated in a variety of ways, including one-to-one formal interviews, informal note-based conversations, and focus group interviews, as well as online responses through a questionnaire developed on survey monkey. The use of survey monkey was not originally planned, however, we encountered a number of veterans who were unwilling to converse in person but were happy to answer a series of questions online.

We covered towns and cities throughout Great Britain, such as Chesterfield, Derby, Manchester, Exeter, Birmingham, London, Glasgow, Edinburgh, Colwyn Bay, Rhyl, Wrexham and Cardiff. We had difficulty in interviewing female veterans (3 only), as we describe later in the Report, preventing us from exploring gender differences. We are not sure whether our difficulties are because female veterans present less negative transitioning, or they are harder to access. Adult family members were obtained through a combination of contacts gained through our gatekeepers and trust-building through the snowball technique. Family members are predominantly drawn from veterans with mental health problems, since homelessness and prison encourage more family breakdown. The final element of fieldwork involved meeting with a representative from the MoD Defence Transition Services. This initiative is a very valuable contribution that was established in the course of the research. Being new, most of our respondents were unaffected by it, knew little of it, and were unable to assess its effectiveness. Its potential contribution is thus under-represented in our research.

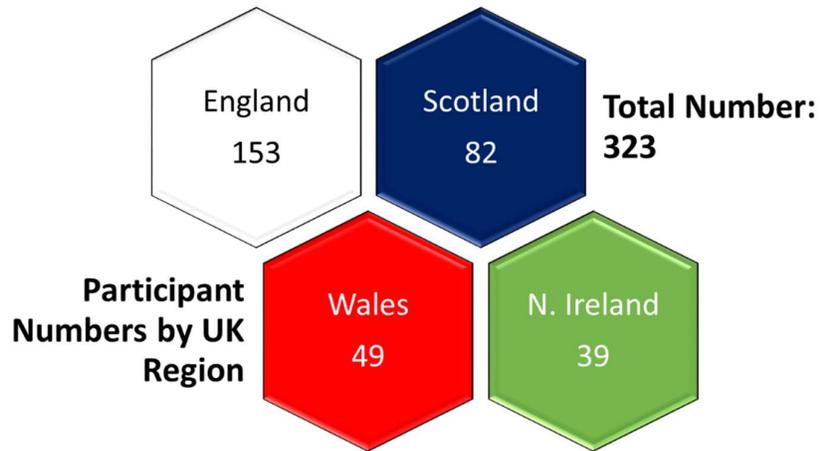
Our two cases studies – of Scottish veteran prisoners and homeless veterans in Birmingham – were conducted toward the end of fieldwork so that we could benefit from the experience and knowledge gained from interviewing veterans. With respect to the Scottish case study, originally it was intended to focus on ex-prisoners but through the generosity and kindness of veteran support agencies in Scotland, we accompanied them on several of their

visits to prisons, observing their work, talking to inmates and interviewing prison officers. This included access to prisons in Edinburgh, Glasgow, and Castle Huntly Open Prison outside Dundee, as well as attending a veteran support meeting in Glenochil prison.

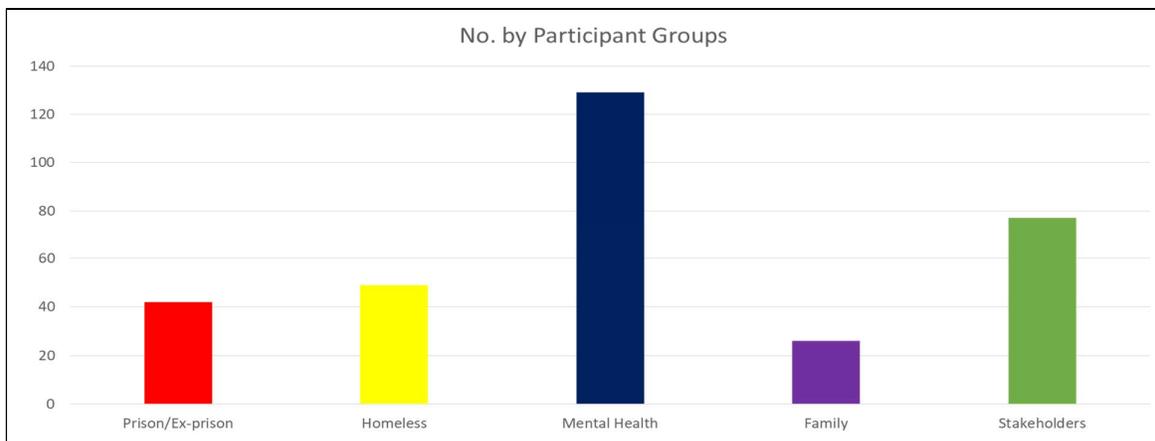
With respect to the Birmingham case study, we were advised by support agencies to carry this out in winter to increase access to homeless veterans who use care facilities more often during this season. The case study involved spending several days with organisations in Birmingham and accompanying these groups at night as they provided food, warm drinks and advice on accommodation for homeless people, only some of whom were veterans. It was, however, difficult to engage with large numbers of homeless veterans, whose reluctance to engage and to identify as veterans is explained later in the Report.

We therefore had opportunities we did not expect, but also some disappointments in locating the most hard to access respondents. Our greatest surprise was the size of the sample. At the beginning of this project, we intended a sample size of approximately 250 respondents, which was thought optimistically high, even by some members of the International Advisory Board, but we were always confident that our excellent contacts with gatekeepers and support providers would make this estimate realistic. However, we have a sample of 323 individuals, covering veterans, veteran families, support organisations and individual volunteers; 220 were veterans. This is a truly remarkable number for a qualitative research design and adds considerable weight to the authority of the data and helps it carry the burden of proof.

The sample breaks down in terms of devolved region as follows:



In terms of categories of respondent, including the three measures of negative transitioning we isolated, mental ill-health, prison and homelessness, the sample breaks down into: Mental health 129, Prisoner 42, Homeless 49, Family members 26, and Stakeholders 77, as represented in this table.



Plotting the categories of respondent on to the devolved regions we addressed, gives us the following breakdown.

Participant Numbers in Scotland (82)



Participant Numbers in England (153)



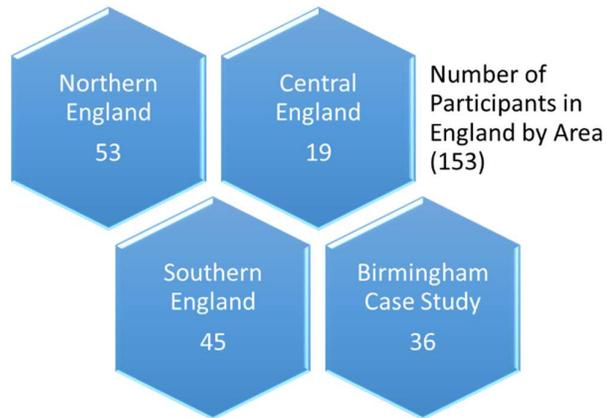
Participant Numbers in Wales (49)



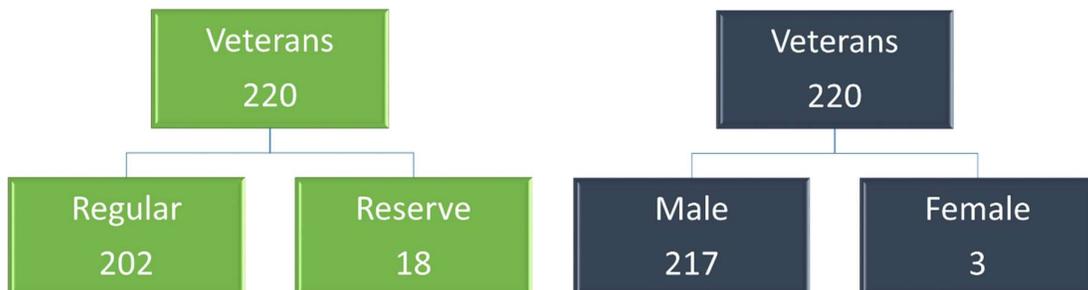
Participant Numbers in N. Ireland (39)



Of those 153 participants who took part in England the regional variation was as follows:



A total of 220 veterans participated in the project with the vast majority of those taking part being former regular personnel (202). In addition, the overwhelming majority of participants were male with (217) and from a British Army background (207).





The strengths of this sample are its size, as well as its UK-wide focus. The blend of veterans, family members and support agencies is another quality, allowing us to represent the perspective of those in need as well as those trying to meet that need. When explaining pathways into and out of negative transitioning it is very important that both sides are represented. The sample is skewed, however, toward men, British Army veterans and respondents experiencing mental ill-health. This needs to be taken into account by readers when assessing whether the data carries the burden of proof. Generalisations to other Services in particular are severely limited by the unintended bias in the sample toward the British Army.

There is one final note on nomenclature. We refer to the United Kingdom to mean Great Britain and Northern Ireland, and to Great Britain as mainland Britain, excluding Northern Ireland. The terms are not therefore equivalents.

Section 3

Research Findings and Analysis

Introduction

For readers unfamiliar with qualitative research and the focus on respondents' lived experiences in their own words, it is important to be reminded that this Section is based on the interview accounts of former Service personnel and their family members who have encountered what we term negative transitioning. In addition, we also describe the views of stakeholders and support providers who under many challenging circumstances carry out important and life-saving care. We seek to honestly represent these views, critical as they are and as uncomfortable as these views may be to some readers; but we do not treat their views uncritically. Indeed, some of the support initiatives veterans complained were absent, were introduced during the course of the research, such that some of their criticisms are undeserved, but while we point this out wherever relevant, our emphasis in this Section is on accurately representing their views. The 'voice' in this Section, in other words, is theirs. We offer conclusions in Section 4, where we analyse the interview data. Thus, Section 3 is largely descriptive data, Section 4 is analysis.

Respondents' accounts present a complex picture of transition and how best to support veterans in greatest need. Not only do the perspectives of participants shed light on the multifaceted nature of transitioning experiences, both when leaving the Armed Forces as well their long-term life as a civilian, they also draw attention to the difficulties faced by support providers when trying to develop programmes and networks which meet the needs of such a diverse range of veterans.

We emphasise that not only are former Service personnel affected by what they see and experience in theatres of war, their post-military life is impacted by a range of factors, which means that placing former personnel into generalised groups is difficult and potentially counterproductive when attempting to support their reintegration into civilian society. This has a subsequent knock-on effect in terms of support provision and creating initiatives which meet specific needs of veterans. This is an issue in itself, which, from the accounts of some support providers, can also be overwhelming and both psychologically as well as financially draining.

The multiple factors that play a role in determining the negative post-Service experience of certain personnel include the following:

- pre-Armed Forces experiences,
- age of enrolment,
- expectations of Service,
- the rank reached,
- capability to make decisions and use initiative,
- the institutionalised self,
- the investment veterans make in exercising personal responsibility
- operational experiences,
- resilience in dealing with routine life crises, such as debt, relationship breakdown,
- lack of work opportunities, and
- the effectiveness of veteran support.

And it occurs in different phases, the interregnum period once notice to leave is served, initial entry into civilian life, and over the long term as adjustments are made to civilian life. It also bears heavily the influence of pre-Service problems and issues.

We address these in our descriptive analysis in this Section, which places the voices of former Service personnel, family members and stakeholders at the centre. We supply fulsome quotations, which is important to our ambition to capture ethnographically their lived experience. The descriptive analysis addresses the three main negative transitioning groups,

and the two case studies on veteran prisoners in Scotland and homeless veterans in Birmingham. We then explore the attitudes of family members, as well as those stakeholders and support providers who assist in the day-to-day support for veterans facing negative transitioning experiences.

Before describing the lived experiences of veterans in the three core groups in greater detail, we begin by highlighting four generic themes in the data that feature like a purple thread in people's accounts: the importance of veteran identity; the importance of rank, branch and Service; the influence of pre-Service experiences on negative transitioning; and the importance of attending to the emotional and social skills veteran need for civilian life.

Four General Themes in the Data

Veteran identity

How society understands the veteran and who constitutes a veteran has been examined by many others, both in terms of eligibility for support delivery as well as the self-perception of veterans. However, we discovered that for respondents in the negative transitioning groups we sampled, how they see themselves has significant impact not only in their sense of self but in how they are able to discuss issues relating to their negative transitioning. One of the key concerns of a number of former Service members across all branches of the Armed Forces was how they viewed themselves as former Service personnel. The definition of a veteran has been a source of debate in previous research, however, these have primarily focused on the expression of pride in themselves, occasionally disputing the veteran status of those who had not served long in the Forces. Our respondents took a different view. While participants overall were proud and honoured to have served, there was much greater self-doubt about whether they were worthy of being called a veteran as a result of their negative transitioning.

The lack of confidence to express their identity as a veteran was an issue which cut across all groups with negative transition experiences. Typical comments include:

In my opinion when you think of a veteran you think of those who fought in WW2 or the Iraq and the like but I've never thought of myself in that ilk. I don't really view myself as a veteran in that way, a veteran is someone who has been to war, the public view them different to someone who was just in the Army to a job.

I've never really been asked about my status as a veteran, I suppose myself I have never really thought of myself as a veteran in the real sense either, it's because I look at it you have two types of veteran, you have your war veteran, the fella who has seen conflict, and your military veteran, that person who has been in the Forces, I'd count myself as a military veteran.

Self-depreciating language and tone when it came to describing their status was a constant theme running throughout our conversations and there was a determination to look down on themselves. As we shall emphasise shortly, this lack of confidence particularly affected prisoner veterans.

Rank, branch, gender and Service

This project sought to examine negative transitioning experiences across the Forces' community and within this research we took into account the extent to which rank or positioning in the Armed Forces hierarchy could determine the type and depth of negativity experienced by those personnel making the transition to civilian life.

The majority of negative transitioners we spoke to came from those further down the ranks with the majority being former regular male infantry soldiers in the British Army. This was the case across all three negative transitioning groups but was particularly so for those who were in prison or homeless. While we did interview a number of former personnel at higher rank and officer level these were primarily members who had suffered mental health problems. Regarding those in prison from lower ranks, crimes were mostly of theft, violence,

and sexual crimes. Discussing this issue with prison office staff in Castle Huntly prison near Dundee, staff explained that in their experience officer veterans were susceptible to being in prison, but this was for white collar crime; we did not have any respondents of this type. Homeless veterans also came from lower ranks. Lower ranking veterans with mental health issues experienced several problems. For some they stated their mental health problems correlated with exposure of traumatic incidents on operations. Other lower ranking personnel could not adjust to leaving the 'bubble of military life', citing the close-knit culture and camaraderie of the Forces as something they struggled to leave behind. Some participants commented that they failed to adjust to the new expectations and contexts of civilian life and the subsequent knock effect this had on family, relationships and finances. Finally, we also found a group of lower ranking personnel who had returned to a life which the Forces had originally allowed them to temporarily escape from, and the challenges of these revisited lives led to a number of problems including homelessness, prison and mental health problems.

With respect to higher rank respondents, the picture was less complex. As one support provider described:

you often find that those higher up the chain, they're much better prepared for leaving the Forces, they have a strategy in place and they're able to view it as a career, this is not the case for all, and some struggle to adapt but in comparison to those who are lower ranking soldiers, those higher up the ladder are able, both cognitively and financially, to prepare for post Forces life long before they make that transition.

We found that for the majority of more senior personnel who experienced negative transitioning, this was related to mental health issues arising from operational incidents, although some referred to their unrealistic high expectations of civilian life post-transition. These problems were primarily based around difficulty obtaining employment at equivalent

financial and management levels or relationship problems due to the stress caused by increased time spent with partners and family members. As one senior member who faced significant mental health problems commented:

The problem I faced was that I was in command of so many individuals and on a very healthy salary, but trying to get something like that in civilian life is nigh on impossible. I think that was the thing which tipped me over the edge, I was something and suddenly I was nothing and that is a lot to get your head around, you just go into this mind-set saying to yourself 'what's the point' and it becomes very difficult to get up in the morning and do anything and then that's where the problems in the family start, you start to drink more often and don't look after yourself, there's a domino effect.

The length of time in Service was not a pre-cursor to negative transitioning, although we did find that very early Service leavers were susceptible to negative experiences after transition. Some of these early Service transitioners commented on operational trauma being responsible for their negative transitioning. For example, as one former private who served in Afghanistan and was involved in an IED (improvised explosive device) incident explained, “*I just couldn't bear the thought of that any longer, I just had to get out and as soon as I could I did*”. However, for other early Service leavers, especially those who were in prison, they were much less likely to place ‘blame’ on operational duties. Those personnel who served longer in the Forces were more likely to have either experienced operational incidents which impacted upon their transition, but even here, low rank respondents were more likely to locate their negative transitioning experiences in post-Service life.

However, we also found that respondents in the lower ranks were much less likely to seek support to help deal with transition problems. When asked why, one respondent said: “*there's nothing out there, nobody has done anything, sure, where would you look, it's a minefield and you don't know where to start*”. Confusion, lack of certainty and feelings of being abandoned were common themes in the accounts of lower ranking personnel who were

experiencing negative transitioning. For a sense of balance, support providers were asked to comment on this criticism. Responses included:

I think there is an issue where some, and I don't mean all, but some, don't have the capability or capacity to either realise the problems they are facing or are about to face and don't seek support either quickly enough or at all until it's too late. You also have the problem whereby some former members simply don't have the ability to know where to start to seek help, especially those who are facing serious problems such as chronic mental health difficulties.

This expectation that veterans should be able to make a call for help isn't actually always possible because they don't possess the independent skill set to do so and that can be missed.

Those further down the ranking ladder were also more likely to become dependent on the support system, especially those who struggled to escape the 'bubble' of Armed Forces life. Support providers were aware of the negative effect of an 'institutional self' that created such dependency:

I think some become so embedded within the military, that it becomes such a part of their life that they can't separate this and it leads to a greater expectation amongst some of those lower down the ranking chain that support should be provided to them rather than them seeking support.

There are individual caveats to this: some senior rank personnel members said they found it difficult to seek support, and some low rank veterans saw strategic benefit in 'using the system', as it was referred to, including manipulating their experiences, being dishonest about their condition or problem, and so forth. As a general observation, however, senior personnel were more aware of the support available, and saw the benefits of seeking it early. Issues such as pride, socially constructed ideas of masculinity, lack of information about provision and so on, impacted on whether former personnel would seek help, but senior ranks were much more able to strategically see the benefit of seeking support early.

Amongst the 220 veterans who took part in this study the vast majority came from regular and full-time Service backgrounds. While we did encounter some reserve personnel, these were numerically small in comparison, comprising less than 10 per cent of the overall veteran sample. Of those reserve personnel we encountered, most are within the mental ill-health cohort, and mostly as a result of stressful operational incidents they were involved in or witnessed. Not surprisingly as reservists, moving regularly between military and civilian lives, military culture, the institutional bubble, and struggles to relinquish ties to the Forces were not the major factors they thought lying behind their mental health issues.

In a similar vein the vast majority of personnel we spoke to came from the British Army, with the other branches of the Forces together representing only 5 per cent of the sample. This is very disproportionate. This prevents us making any comparison across the different branches of Service and being unable to identify differences. Of those veterans who were in the other branches, all were in the mental ill-health category; homeless and prisoner veterans were all from a British Army background.

Finally, the gender of participants was overwhelmingly male, with only three negative transitioning participants being female, all of whom experienced mental ill-health; we accessed no female veterans in prison or homeless. Most females within our sample are family members or from stakeholder groups. We are uncertain whether this is because female veterans present less as negative transitioners or are just harder to access, although other interview research on female veterans exists. We asked a number of stakeholders and veterans why they felt female veterans with negative transition experiences are so hard to find. Some said this was due to the lower number of females in the Forces. While this is true, our sample is very disproportionately male. Others thought that the preponderance of males in front line soldiering would mean that female veterans had less negative transition

problems. As a corollary, traditional conceptions of masculinity, such as aggressiveness, lack of openness, and refusal to seek help at early stages mark out males as disproportionately more likely to present with negative transition issues. In this limited sense, gender is a factor in negative transitioning.

Finally, some reflected on how gender mediated problems around the institutional culture of the Forces, with male bonding and camaraderie contributing toward their sense of bereavement at leaving which can exacerbate negative transitioning amongst males. Several stakeholders and veterans also posed the question as to whether female veterans were as reliant on the Forces as a means of identity. Indeed, the hyper-masculinity of military culture in that sense protects female personnel from investing too much of their identity in being a member of the Armed Forces. Thus, there are grounds to think female veterans do transition better and that their very low number in our sample reflects that negative transitioning is disproportionately a male problem. However, no firm view on this can be made without further research. Bob Zeller, SSAFA Prison Co-ordinator and Area Contact for Northern Ireland remarked that in his four years of working face-to-face with VCJS clients in prison, he only had one female veteran (and 'she' had undergone a gender realignment after leaving the British Army). It might be interesting to some readers, nonetheless, to highlight the three cases of female negative transitioners whom we encountered.

Female participants

The number of females in our sample is negligible and permits no generalisations, but for readers interested in gender and the lived experiences of female veterans, we can provide some detail of the three cases. The three female participants who took part in the research all fell into the mental health cohort. Two were members of the British Army, while the other

was in the Royal Navy. Their mental health problems were not directly related to first-hand experience of front line operations; they were not involved in, nor witnessed a direct attack. They blamed their mental health problems on experiencing the consequences of operational incidents. One experienced significant mental health problems related to her role in the medical core. Her case highlights the problems when trauma is associated only with combat duties; medics were on the operational frontline too in many ways.

It became very difficult seeing and treating these fellas blown up to bits. You're there to do a job but you start to ask yourself like we all did if we're totally honest, is it worth it? It's only when you leave though that it really hits home. There's a lot of talk about front line soldiers and what they experience and witness and it must be awful, but there's a whole other element to the Forces who may not be firing the bullets but who have to deal with the consequences of the bullet being fired and that is something we need to appreciate more. Trauma isn't just what happens on the front of the battlefield.

Mental health concerns left some female veterans with negative attitudes towards the Service, although the female formerly from the Royal Navy looked fondly on her Service and missed military culture.

You were always on edge, you never really get the chance to switch off, now I do miss my time in the navy, it was enjoyable from a togetherness and comradeship point of view but in terms of the demands of being in the Forces, it was heavy. I don't regret my time in it and I do what I can now to help other veterans across the Forces but it does take its toll on you.

She now provides help and support to veterans giving them the opportunity to meet up and socialise with other veterans.

This experience contrasts with one of the females from the British Army. One female British Army veteran said she felt outside the bubble of the Forces, some somewhat ostracized due to her gender, and “never quite fitting in”. “It's difficult being a woman in the Army at times”, she said, “I know there's a big push now you see it in all the adverts about

gender equality and so on, but this is all well and good and looks well on TV but has the culture really changed? Attitudes need to change as much as policy and fancy adverts.” Some male respondents showed no qualms in describing the hyper-masculinity of military culture and thus the difficulties of women in the Services. As two former male British Army veterans described it:

I think they were more of a hindrance, maybe I shouldn't say that, I don't think it's the place for women. I know though that there is now more focus on women in the British Army but that doesn't make it right and doesn't help our capability in the field.

Personally speaking I wouldn't have them there at all, I think the disadvantages outweighed the advantages, generally speaking they were more trouble than they were worth, and then you had of course, they got involved in relationships and that type of thing, it was bound to happen, it would happen in any workplace, and at times it didn't attract the best of people, it attracted a certain type of people, not all I may add, but certainly there was an element.

It is worth pointing out in response to these criticisms that mental health problems do not discriminate between the genders, and female veterans experiencing mental ill-health face problems as severe as do male veterans. The sample of women veterans, however, was too small to make meaningful comparisons with male veterans.

Pre-military experiences

Pre-military experiences was a common discussion point for both former personnel and for stakeholders. We examined the reasons why individuals sought to join the Forces, the family life and background of members, and the extent to which these factors contribute to experiences post-Service. The responses of a large number of former personnel indicated that negative pre-military experiences were an issue which affected many ex-Service members

impacted by negative transitioning experiences, with comments such as “*I really wanted to get away from home, home wasn’t very good*” and “*I just wanted to escape the life I was in*”.

We discussed these issues with a former regular British Army soldier who suffered from mental health issues after leaving the Forces but who now provides support and advice through a veteran support group. He argued that two factors implicate the role of pre-Service life. A number of those personnel who experience problems upon leaving the Forces have either unresolved issues before joining, such that the world they left to join is the one that they return to once leaving the Forces, or that because some join so young they do not have the life experience to prepare themselves for a civilian life that is vastly different from when they were a teenager. He commented:

There’s some fellas who join to do their part, to escape problems, but don’t see themselves having a career and they leave without any real sort of resettlement, no direction and their back to where they started. There is definitely something in those who have some sense of life experience before they join up, those who join at sixteen or seventeen, they’ve known nothing else, the Army or whatever has been their life so to thrust them into civilian life when they haven’t experienced it as an adult is a big thing to ask for a lot of these soldiers and is it any wonder they can’t cope. The problem is for many soldiers they join to escape, to start a new life and that’s all well and good but many of those soldiers don’t understand that new life doesn’t last forever, so when they get out they’re not prepared for what life is going to be like, I’ve got a mate who at the minute is in a pretty bad way who joined when he was young to escape but now he’s left he’s back to that same life he escaped from and he’s just spiralling into a world of darkness which I don’t know how he’ll get out off.

The relevance of pre-military experiences featured in the accounts of many former personnel and stakeholders. For example, a representative from a support organisation for veterans involved in the criminal justice system argued that the post-Service experience of personnel was largely related to that which personnel encountered before joining:

Many people join the Forces to escape from certain situations, whilst in the military they are protected, but when they leave, they are then exposed to some of the issues they left to escape from.

This respondent, like a number of others, felt it was vital that the impact of pre-military experiences is better understood because many of those who join up from difficult circumstances return to the same. This particularly affects veterans who ended up in prisons and we will explore this further in our case study of prisoners in Glasgow, Edinburgh, and Castle Huntly Open Prison. Many in this kind of negative transitioning referred to pre-military experiences as a factor in their post-Service problems. One support provider working with prisoners in Northern Ireland felt that many veterans who end up in prison because they cannot cope with civilian life were unable to cope with civilian life before they joined the military.

The emphasis on pre-Service experiences both from former members as well as support providers did not exempt the Armed Forces from criticism for failing to address these precursors and for inadequately preparing new recruits for a career in the Forces. As one former regular member of the Royal Navy described it:

The problem is there is not enough attention paid to what happens before a person joins up and the challenges they are about to face, is he or she looking to escape, are they prepared for what Armed Forces life is going to be like, have they a plan in place for when they leave the Forces and so forth. How much of that is given any attention?

A representative from a veteran support organisation based in Southern England which focuses on providing training and employment opportunities to help former personnel get back into work highlighted these concerns by commenting that the potential impact of Service life on personnel needed to be communicated to new recruits. A former soldier who left the British Army nearly a decade ago and who now provides support and training, said:

I know that the Armed Forces has changed even since I left 8 years ago but even with those changes I don't really think we have fully understood the effect it has. I don't think, and I'm talking now from when I was a soldier, I don't think when we join we're fully prepared for what we are going to go into, about how that is going to affect us and what we are going to experience when we're in the Forces. You see a lot about

how the Armed Forces will do this, will make you this or that, the adverts and promotion are very slick about this, but does it really inform or prepare the new recruit for what they are about to face? I don't really think it does and I don't think that is an issue which we have as a body, a Forces community of whatever way you describe it that we have really come to terms with.

Pre-Service predispositions to negative transitioning warrant further research. Some stakeholders, for example, expressed concern that not enough attention in recruitment is placed on informing recruits about what they are going to experience, meaning that issues which could develop over time are not dealt with early enough. We discussed this issue with a number of support providers and veterans who expressed concern that there is not enough focus on the pre-Forces experiences of recruits and how this can have a knock on effects when they leave. As one former reserve British Army officer in Northern Ireland described:

The problem is, we talk about whether pre-military experiences are an issue and will it affect them once they leave, the brutal truth is of course it is and of course it will. Let's not sugar coat it, the simple fact is that it is an issue and it will have an impact. But the problem is that when we talk about those veterans who have issues or will go back to issues when they leave, those same individuals are the bread and butter of the Army, especially the infantry. The inner-city housing estates, the young fellas straight out of school with nowhere to go, those fellas from broken homes, in trouble, looking to escape, those are the bread and butter of British infantry. Some would argue they're the cannon fodder but those are the ones which have always populated the Forces. They are also the ones who will therefore be most easy to mould, they don't have the ability to think for themselves, to critique and be independent thinkers, so they are brought in with the premise of being moulded to do a job. It's often been said about why do the Forces target them but some of the craziest fellas are the ones who will go in first to a building under fire, those are the fellas you want and if you can mould them to do that under orders all the better. But in reality by the time the Forces spend all the effort in creating this soldier to do a job they're not one bit concerned about what the hell is going to happen to them afterwards. They've done their job and for many officers, not all, but some certainly, the view is that they can then return to where they came from.

Emotional, social and life skills for civilian life

There was recognition that the Armed Forces can help in positively transforming a person's life while in-Service but there were grave concerns expressed about whether the Armed

Forces prepare individuals for dealing with pre-Service and in-Service experiences once they leave. Effort should be directed, many felt, toward the emotional, social and life skills needed by those recruits from difficult and disadvantaged backgrounds to ensure that the life 'they escaped from' is not the one to which they return. As one support worker who served in the Forces said:

We need to way up the pros and cons of this, yes we need them to do a job, yes we train them up to do it, but at what point do we actually say to ourselves these fellas are going back to a life they left because of us and have we really returned them back in a way which they can improve upon that life they left. If not should we be focussing on that more?

A former officer who now works in the veteran support sector across the UK agreed.

We're very good at creating the robot, at moulding the individual into what we want them to be, part of a bigger machine, but we're not very good at deconstructing them so that they can fit into society and become a civilian. It is that part I would argue we still struggle with and unfortunately for some that can have quite devastating consequences and a knock-on effect across multiple part of their life and their loved ones.

Many respondents who had previously served in more senior positions and now work in the veteran sector, posed the conundrum that the Armed Forces do face a particularly difficult balancing act with respect to creating, as was described on several occasions, 'machines' who will be trained to do a job, while also understanding the human behind the uniform. Many asked the question: at what point does operational culture and effectiveness get impacted by the focus on the social and emotional self of members? In answering this question, some veterans were worried about the culture of the Forces, the leadership style of commanding officers, and the operation role of Service personnel on mental wellbeing. As one veteran commented:

There's a lot of mental health cases, the problem is that the system is so rigid, the shouting in your faces, you're not meant to have feelings and the people in charge are

basically God and you have to question is that really necessary, does it get the desired results or are there other ways and how does this affect the soldier afterwards?

One former British Army officer during a conversation at a veteran event in Scotland referred to the challenge the Armed Forces have in a new age of communication in balancing a focus on health, mental well-being and duty of care while retaining operational effectiveness. Public opinion, he thought, did not help, arguing that the general public's attention of veterans as victims, with the associated concentration of negative transitioning to the neglect of veterans who succeed, fails to understand the unique cultural contexts of Armed Forces life that are required to make the Armed Forces operationally effective. Greater awareness of the wellbeing of personnel, while important, must be complemented, he thought, with a greater public awareness of why the Armed Forces are shaped in the manner they are and why the culture of the Forces is so different to civilian life.

At this juncture, we move from isolating four generic themes that cut across the different types of negative transitioning to address the three core groups. We begin first with the lived experience of those suffering mental ill-health. One of the largest cohorts of participants in the study came from those who suffered significant mental health problems, and while there is sometimes crossover between those suffering from mental health problems and homelessness and prison, we begin by treating each group as distinct.

Mental Ill-Health

The mental health of former Armed Forces personnel has been the focus of increasing attention from the media and society at large. This reflects in the focus of the veteran support sector. There has been an increasing understanding of the knock-on effect of mental wellbeing on other aspects of post-Service life, including relationships, employment, housing,

and so forth. Steps have also been taken by the Armed Forces to address these needs, including implementing mental health policies, support officers and alerting Service members of the issues surrounding mental health. Yet despite all this, negative transitioners across all four regions of the UK who suffered serious mental health problems painted a picture of loneliness, despair and anger at having what one former soldier described as *“this disease invading the body on a daily basis”*. Former personnel highlighted the struggles to control, contain and manage the effects of mental health. Sitting down with a cup of tea at a veterans’ information event in Chesterfield Town Hall, conversation with a number of them suffering significant mental health difficulties revealed that most had not previously sought support. Some were also accompanied with family members. Asking those present about the impact mental health issues on their day-to-day lives provided a window upon which to understand their experiences. As one former regular private soldier in the British Army put it:

You just have this fear this pressure come over you and its soul destroying, one minute you’re relatively ok, life is plodding along and then boom, something triggers, you get a flashback, a memory, a worry and that’s it, you’re in that [expletive deleted] God forsaken zone again until you can somehow find your way out. It’s like searching your way through a forest or a maze trying to find an escape and you find it and there’s this sense of relief but your no sooner out and then you realise, [expletive deleted] I’m not out, I’m still stuck in the bloody maze. How the hell do you even look forward when you can’t find your way out of this [expletive deleted] maze because your head won’t let you? There’s times I could just scream at myself for being so stuck in this maze but it’s like screaming at a brick wall.

An inability to escape feelings and triggers means that life for veterans experiencing negative transitioning can become, as one former soldier described, *“stuck on the pause button”*. Another former soldier at the same event described how the effects of trauma penetrate his daily life.

That’s what it does to you, it consumes you, it takes over your life, your life is shaped around what goes on in your head, you don’t shape your life it shapes you, how does

anyone begin to shape a life which is in any way constructive or worthwhile when you feel worthless yourself, you tell me that?

The longer we spent with these veterans, the more we discovered how exposure to trauma can affect individuals in a number of ways, significantly impacting their ability to live a normal life. Not only is access to life opportunities limited by mental ill-health but the ability to communicate and interact normally with others is constrained. A former regular soldier who served in the Armed Forces for over ten years and who saw service both in Iraq and Afghanistan commented on the effect severe mental health problems has had on his ability to interact, to form friendships, maintain relationships and try to obtain work:

I have such a mistrust of people, I know it's paranoia but I can't stop it. I've been so let down that I don't know who I can trust anymore, it has ripped any lasting sense of personhood, of respect, of empathy towards others that I am just empty and I just live to exist so that I don't trigger a bad moment and end up days lying on the couch or in the bedroom looking at the same bloody ceiling again.

We were told that stress such as this was affected by a range of issues. These included pre-Service experiences, the challenges of Armed Forces life, operational incidents, the transitioning process to civilian life, and civilian life itself with the associated issues such as finance, employment and relationships. For a number of veterans returning to a civilian life which they had left behind triggered stress, with its new unfamiliarities. A number highlighted the debilitating effect that operational duties had on their daily lives post-Service, impacting their ability to go out to socialise and to interact with others. This was illustrated by one former regular British Army soldier who had a long Service career in the Forces, including serving in Northern Ireland. We met him and his wife during a visit to a veteran coffee morning. The weekly event held at Exeter City Football club provided the opportunity for veterans and family members to come and engage with other veterans.

When I first heard you speak [in an Irish accent] I had this anger come over me, thinking to myself I could just go for him, and it's not you but it's the accent and that just triggers off a reaction in me because of my experiences and how it affected me. But I'm so glad of the way you done it, you didn't pressurise or react to me, you carried on speaking to the group and let me become comfortable without pressuring me and I'm glad that not only you did that, but that you came along and that me and my wife came along. I don't know the last time I spoke to someone from Northern Ireland just because it brings up so many bad memories.

He went on to say that previous operational incidents had left him with significant mental health problems which has restricted his ability to live a normal life, and he highlighted one particular incident triggered by hearing an Irish accent:

I remember going to this motor racing event at [name deleted] and I was having a good time, it was one of my better days and things were going along fine, there was a large crowd but it wasn't really affecting me and I was enjoying the occasion. Next thing I heard these group of lads shouting and cheering and they had the Northern Irish accent and that was it, they weren't doing anything out of the ordinary, just having a good time but as soon as I heard he accent something clicked in me and I had to get out. My mates around me noticed I had went all strange, I started sweating, getting panicky and anxious and I just had to leave there so that was it I got out as quick as I could, went home and I was transported back in my mind to incidents which I've tried to supress every day, all because of an accent which triggered me off.

In order to further understand such causes and effects, and the multiple consequences of mental ill-health in veterans, we explored good practice in some local support programmes, and offer this example as a case study.

Case study of good practice: Veterans Change Partnership in Exeter

The veteran quoted above was assisted by an organisation called the *Veterans Change Partnership in Exeter* and based at Exeter CoLab. Veterans engaged with this organisation said it provided an important contact point for local veterans who would otherwise fall through the cracks. Ex-Service members described how the organisation's local knowledge and expertise not only helped identify individuals who may otherwise have been missed, they

also provided, we were told, a human face and an empathetic point of contact which can be reassuring to veterans who are reluctant to engage.

We made several visits to the organisation, which coincided with one of the group's own projects entitled the '*Alright Mate Project*'. The central focus of their project was the creation of a booklet entitled '*Alright Mate You're Not Alone*', with its purpose being both an information point and providing a sense of social support to veterans across the Exeter and surrounding areas. Interviewing them about the book, they highlighted that what was unique about this project was that it had been developed by veterans and family members. They commented that too often veterans are 'told' what to experience. As one veteran said, "*we're told how to feel, what it must be like to experience these thoughts, but in reality it is only by going through such experiences can one be in a true position to comment*". Perceptions of authenticity and trust play a key role in veterans' acceptance of advice; and advice from other veterans who have had similar experiences is more readily accepted. That was what was unique about the booklet. *Veterans Change Partnership* put ex-Service personnel in the centre of the project. Veterans informed the contents after being asked what they would feel would be most beneficial in the booklet. This approach was thought to have the greatest impact in making a difference to those who read the booklet and to encourage them to take the next step in seeking support. These discussions about the booklet's contents also acted, we were told, as a form of release for participants. Laughter and banter, silence and tears; the juxtaposition between these emotions replicated the intense emotions felt by many veterans as they discussed the development of the booklet.

We were privileged to observe one occasion. One veteran who suffers significant mental health problems, read a poem out to the group (the poem included below is also included in their booklet), which he said put into perspective the difficulties he has faced. The

poem and its recitation thus became objective data. At times struggling to recite the poem, his words were as follows:

*My name is Dave, I'm a simple lad
Behind my mask, I've been terribly sad,
You see my past has caught up with me
Once it tried to destroy my sanity
In my head my memory fails
So this in turn just tips the scales
One day I'm fine the next I'm not
Like 'Jekyll and Hyde' I can blow cold and hot
I act like a clown, it's a thing I do
To get by joking, in front of you*

*You are a wonderful woman, we have just met
I have three beautiful children that mean so much
They are my life and my world, whom I love and live for
Yet when I'm upset, they cannot touch
Once depressed, I don't want them around me
Carrying this hurt and guilt I'm afraid that you'll see
The unnatural monster I'm afraid will break out of me.
Some days I awake, thinking perhaps it's today
That I have been cured, and it's all gone away*

*No such luck, it's still in my head.
One day will all be gone, but only when I'm dead, dead, dead.
I wish I could tell you, I wish every day,
Of the things that transformed me to become this way.
For your own protection, please understand
That this is my problem, I'm making a stand.
You don't need to know, I will never share
Of the dark places I've been to, I don't want you there.
'Thank you for loving me' is a thing I say
But deep down in my heart, I fear I'll drive you away.*

*I'm glad you stay, I hope one day you'll see
The seeds of hope that you sow in me each day.
I suffer with pains in my mortal soul,
Broken down body, feeling so sorry
Skimming through life is not my way
You may be my foundation, you may be my key,
To rebuild the blocks of my sanity
Day by day, higher and higher,
You give me the taste of want and desire.
With your help, I feel I can fight and attack
The dark shadows that made me crack.*

The booklet carries the stories of veterans struggling to transition back to civilian life in the hope that readers with similar experiences will become motivated to seek support and read how others have overcome their travails. One story concerns a former member of the Royal Navy. He described in detail his battles with depression as a result of operational trauma, explaining the way his mental ill-health manifested itself, consuming and destroying his life, relationships, work and finances. Initially he had transitioned well, with a new job, good salary, a large house and a loving family around him. However, a short time later he noticed a change happening:

I noticed I was having nightmares about my operational deployments and active Service. I never understood what was happening to me, why after so many years was I filled with fear, hatred of myself and about what happened to me. I suddenly became more aware of everything around me going from happy care free to stressed, wound up and angry. My marriage ended and I lost the plot, feeling suicidal, I left my great job, lost my wife and she took my daughter away from me. I ended up being sectioned under the mental health week and locked up in a psychiatric ward for 10 weeks. I was then referred to Combat Stress and was formally diagnosed with Post Traumatic Stress Disorder. Finally I knew what was wrong, though rather than me control my illness, I allowed it to control me. This set me on a path of destruction. Relationships, family and friendships. I blamed everyone else, never myself and when I did something wrong I had the great excuse that 'I have PTSD, it is out of my control'. Now in 2019 I have finally hit rock bottom and realised that it is I that has the problem, not those around me. They walk on egg shells, tip toe around me and avoid me when I snap. Never did I take control, but now I have and now I know it is the right path to take.

A further account from a former member of the Armed Forces in Exeter illustrated how mental ill-health penetrated his everyday life, painting a picture of his demise into depression but also his eventual self-recovery.

There were two specific moments when I knew I needed to ask for help. The first was a friend of mine telling me he would hear me screaming out in the night, we lived in the mess and he was my neighbour. He explained to me that he had been diagnosed with PTSD and had an idea of what I was going through. I didn't do anything about this as I was not ready and did not think I had an issue. I was struggling with sleep and

losing my shit more than usual but was not ready to admit I had a problem. A few years later I was sent to [name deleted] for an outpatient appointment. I used to work there and was worried about going back as a patient, I was put on to a ward with no staff or any other patients. It was a long night and a scary one. I had thoughts of finishing it all, I didn't want to be there or go through this process and my thoughts were to finish it all. The next day I had my appointment and was left waiting for three hours as they were running late, eventually I saw my doctor and lost my temper on a full colonel, I broke down and at that point I realised I needed help. I refused to take it and thought I could do this on my own. I was getting more and more angry at home, scaring my wife and causing more and more tensions at home. One evening after a massive breakdown my wife asked me to get some help. It was at this point that I knew I had to ask for professional help, not for me at first but for my wife. It was one of the most difficult decisions I had to make. As a medic I have witnessed too many of my friends and colleagues injured or killed, being in the incident like an IED strike or a contact wondering how I was not injured or worse killed, it was becoming more and more, I knew that as a medic it was probably a good thing that I wasn't injured or killed so I could deal with the casualties but I started questioning why not me? Why have I managed to walk away from these incidents without a scratch? I started feeling guilty but didn't know why, my friends saw a difference in me, I was wearing a mask around my friends and still being the happy go lucky person I was, some of them asked me about it. I talked to a close friend who knew me better than most and she told me I was suffering with survivor's guilt, this is more common than you think and can affect anyone that has witnessed or been involved in a situation where they were not hurt or not injured as bad as others.

The accounts have been quoted at length because the people act as role models, veterans who have transcended negative transitioning experiences by admitting their problem and by seeking help and support. Many stakeholders were keen to point out that generalisations regarding the cause and effects of mental ill-health fail to take into account the circumstances of each individual. On the other hand, veterans' lived experiences of mental ill-health have a standardised sameness in its effects. It is in that commonality that some veterans who are transcending the complex web that lies behind mental ill-health can become role models and wounded healers. Our case study of good practice exemplifies this.

Struggling to break the ties with the Armed Forces

We return now to the ethnographic accounts of veterans to continue describing their lived experiences and the motivating factors behind those with mental ill-health. We found that for some of those who had experienced significant mental health problems, traumatic operational incidents were not the predominating issues. For some it was leaving the 'bubble' of institutional life in the Armed Forces and civilian life itself which precipitated mental health problems. We noted on a large number of occasions former personnel across all branches of the Forces looking back with nostalgia on their Service, commenting that they could not replicate the emotions, camaraderie or sense of belonging that Service life provided. It gave them a tight-knit community, a sense of togetherness and an identity. Comments included the following:

You just miss those moments with your mates, the banter, the Army banter, nobody outside the Forces gets it and I really miss that.

There was something about being in the Forces, you were in something together.

When I was in the Forces I felt I was somebody, I was something, whereas when I left I just couldn't come to terms with the hum drum of civilian life.

Civilian street is boring to be honest, there's nothing that can replicate what it was like in the Army, the buzz going on tours, the togetherness with your mates, when you went out with your rifle you went you to protect your mates, that was first and foremost in your minds, now I have no-one.

I've really struggled since I have left the Forces, I just miss it so much, don't get me wrong there were many bad days as well but it's hard to put into terms how much it became a part of your life, it was your life and that never leaves you once you're a soldier you're always a soldier.

This sense of loss, even grief, reflects the success of the Armed Forces in developing an institutional self and close bond among team members, but also their failure to prepare personnel for leaving. It can feel like a bereavement; and be as stressful. A former regular

soldier described the 'pull' of the Forces and the pressure to stay as long as possible in the Armed Services. This not only made it difficult to leave when he wanted to, but he also referred to the problems post-transition when he struggled to come to terms with missing the military bubble:

Anytime you felt like leaving or going away from the Forces the pull was too great, you were pulled back. You were a family member, your mates, the ones you put your life on the line for, it was very difficult to leave.

Another former regular soldier in the British Army who previously struggled with mental health issues, leaving it less than five years ago, and who now works in a military charity, spoke of his difficulties in leaving the culture of the Armed Forces behind. He said, *"I really miss it and have struggled to find a way since leaving, I lost purpose, tried to pretend I was someone else and missed the camaraderie of Service life"*. Despite these identity struggles this participant stated that he has worked hard on his 'transitional self' and developing a new identity and strong social ties.

Leaving behind the 'institutional self' is critical to developing a transitional self as a civilian. Those who negatively transition struggle to come to terms with life outside the Forces and many attempt to sustain the institutional self through symbolic and visual imagery to provide a visible reminder and connection to the Forces. We noted on many occasions that military language, squaddie humour and behaviour replicated that which was found in the Forces, and a number of events organised by veteran groups would be exclusive to veterans and close contacts, deploy military language in making arrangements, and try to replicate the culture of Armed Forces life. In addition, we also followed a number of veteran social media pages. While providing an additional method of communication and interaction for those veterans who may be isolated, the social media sites are heavily laden with symbols and

rituals characteristic of the Armed Forces, which never encourages former personnel to leave. You “*never really leave them*” one member said of the Armed Forces. These sites can do enormous good. On many of these pages ‘beacon alerts’ would be sent out stating that a former comrade was missing, giving some information on their mental wellbeing, and issuing a galvanising call to all comrades to help find the person concerned. Funerals of ex-Service personnel would also be promoted, especially those where the member had little or no family. There was a particular focus in social media pages on veterans’ mental health. Posts highlighted warning signs and emphasised the importance of talking about depression. There is a reverse side of this, however. It keeps veterans locked in the institutional self and discourages them from moving on. When treated as a stage in the course of bereavement, these symbolic and ritualistic reconstructions of military culture can be a stepping-stone to healing, but they can also keep veterans in mourning. Stakeholders should thus try to keep a balance between helping veterans deal with the past without keeping them locked in it.

The homes we visited of those former personnel suffering significant mental health problems also placed significant focus on visual and symbolic reminders of Service life. Getting access to veterans’ private space, where they feel relaxed and – literally – at home is an important advantage of ethnographic research and we had the opportunity to visit and speak to a number of former personnel in their homes. For a large number we encountered rooms and hallways covered in pictures, emblems and visual reminders of the individual’s time in the Forces. On occasions whole rooms would be set aside acting as a metaphorical shrine to the Forces. An example is striking for its irony. A former soldier who lives in Northern Ireland was discussing his mental health problems in a room dedicated to his life in the Forces, full of memorabilia and evocations of past life. When asked why he felt it necessary to have such a room when it reminded him of his ill-health, he said, “*it’s part of who I am, you might*

leave the Forces but you're always a soldier". Even though he says he believes his time in the Forces contributed to his mental health problems, when asked if he regrets joining, he said no, and would do so again *"in the morning"* if he could.

In other words, the mechanisms some veterans develop for managing their sense of bereavement at leaving the Services, inhibits their adoption of a civilian identity, causing further stress. As another example, a former member of the British Army in England, who has suffered mental health problems and had previously served a prison sentence, explained that despite his frustration at the lack of support given him on leaving the British Army, when asked to reflect on his experiences he said that his only regret was leaving the British Army. He did not blame the British Army for his imprisonment, but he missed the comfort, certainty and 'bubble' of military life. He said it was his *"safety net"*. The vast majority of former personnel we interviewed indicated that if given the opportunity to re-join the Armed Forces they would do so again. While some did express frustration at the Forces and what they perceive was negative treatment towards them, overall, for what they missed about military life and would re-join in order to recapture, was its culture and camaraderie. The Armed Forces have thus been hugely successful in getting its members to grow an institutional self and to love it as an institution; those former members that cannot adjust to civilian life outside can develop unhealthy romantic and idealised notions of the past that cause mental stress similar to forms of bereavement. The virtual and symbolic worlds they get involved with in veteran associations, social media sites, support groups and the like are important to veterans as a stage in their bereavement, but they need to help veterans transition to civilian life and discourage them from being locked in a military one. We develop this point further in the next section.

Military culture and mental ill-health

Ex-Service associations and veteran support groups have an ambiguous status. They were seen as important for a very large number of former personnel and their ethos of care is greatly needed. They provide opportunities for hurting veterans to open up to others, to obtain information and to learn from role models. Veterans' dependency on them, however, needs to be carefully managed so that veterans do not lose the capacity for independence.

We found that veteran associations (often linked to specific regiments) had an overall older membership than veteran support groups, the latter of which tends to have a disproportionate number of negative transitioners by the simple nature of need. An example of one veteran organisation which has attempted to bridge the age and need gap was the *Trafford Veterans Group* based in the Manchester area. We were invited to a veteran's breakfast and social event. The event, like many other veteran association events we attended, was heavily dependent on symbolism and ritual, with the organisers keen to ensure that as many standards relating to the branches, regiments and sections of the Armed Forces were on display. The group were keen to emphasise the commonality between veterans of all ages, regardless of theatre of war and need, arguing that much benefit can be derived from veterans across generations passing on advice to each other. A number of the personnel who attended the veteran's breakfast had suffered from some form of mental health difficulty. The event provided them and their family members with the opportunity to interact with other veterans across all branches of the Forces. They said that this allowed them "*to be themselves*". As one put it, "*I just feel more comfortable here, I couldn't open up to anyone or say what I feel to anyone else but here I feel comfortable. The people here get it, they understand*".

There is a problem inherent here that requires deft management. The perception that only those who have had similar experiences could understand them, was a theme closely associated with negative transitioning. It puts up barriers, it prevents veterans from opening up about their mental health problems; and reluctance to talk is often the biggest issue facing veterans with mental health problems. However, only opening up to the few trusted and authentic comrades who have shared experiences often makes it more difficult to access the help that is needed.

When discussing these issues with veterans, one former member of the British Army who now volunteers with veteran support highlighted that one of his key concerns is the inability of many veterans to open up to 'outsiders'.

Part of the issue some veterans face is being able to open up to others who have not experience the uniqueness of Armed Forces life and that is the big issue. I mean in terms of myself I enjoyed it [my time in the Forces], but when you want to talk to people about it, about what it was actually like to be a soldier, they fail to understand, they just don't get it.

The perceived lack of understanding amongst civilians was a common judgment of those veterans who have experienced severe mental health problems. A former regular member of the Royal Navy who has been in receipt of mental health treatment, when asked about what he viewed were the main reasons for his difficulties, commented:

There's a lack of understanding about the fact we are culturally different to civilians. Secondly that mental health disabilities are not acknowledged across the board. The notion that CBT [cognitive behavioural therapy] is going to help everyone is a joke and does not focus on the individual subjective experience. Standard of support for people with mental health disabilities in our society is sketchy enough throw in combat experience and its aftermath then the problem is compounded. It is compounded by the positioning of veterans as bad, sad and mad. Historically society thinks it knows what is best for us without actually asking us as a collective.

This distinction between 'themselves' and 'civilians' almost turns into a contrast of two separate life-worlds, mutually exclusive and ignorant of the other. It encourages

romantic notions of their past roles in the Forces and their current status in civilian life. Betwixt and between many of these personnel relied heavily on symbolic reminders of their past to justify their isolation and withdrawal in the present. Keeping themselves apart like this is only a placebo stress management strategy, for it fosters mental ill-health. Support providers must address immediate support needs but in the longer term also discourage the view that veterans and civilians cannot understand or help one another. We wish to highlight two other case studies at the local level which aim for such a balance.

Two Welsh case studies of good practice

Dealing with the complex and multi-layered nature of transitioning and its impact on the mental health problems of former personnel has seen an increasing variety of support approaches adopted. Traditional psychiatric and counselling approaches abound yet during our conversations with both veterans and support providers we found increasing attention on alternative approaches. One example of this was provided by *Woody's Lodge*. *Woody's Lodge*, based in Wales, is an organisation which provides support and assistance to a wide range of former personnel across all the branches of the Armed Forces. The organisation recognises that the effects of Armed Services life can have a severe negative impact, and it has recently begun a Royal Navy and Royal Marine Project in South-East Wales. Utilising veteran networks, referral systems with partner agencies, as well as their own Drop-in-Centres, they have engaged with Royal Navy and Royal Marine veterans and families. They emphasise that loneliness is a key factor which exacerbates the negative transitioning experiences of former personnel, especially those who suffer from mental health problems, so *Woody's Lodge* has provided Royal Navy and Royal Marine veterans with electronic tablets.

Moreover, staff in *Woody's Lodge*, like all support providers, constitute a connection point for contact to overcome veterans' isolation.

During one visit to *Woody's Lodge's* South Wales centre, we sat down with a number of former personnel, some recent Service leavers and other older veterans. The setting and ambience of the centre allowed for veterans, some of whom experience mental health problems, to engage in conversation and interactions with other veterans and outsiders. One conversation was with a recent Service leaver who has had both significant mental health difficulties and housing problems and had previously been on the streets. He told of his struggles with getting a place to stay after leaving the Forces and the battles he had with his mental health, which has complicated his quest for housing. The 'strangeness' of civilian life, as he described, meant he could not feel comfortable in civilian society. He told how he headed up to the Welsh hills and built his own hut which he stays in to escape from the pressures of everyday civilian life. He describes how this was a form of therapy where he could set his mind free. His interactions with *Woody's Lodge* have allowed him to both interact with others, veterans and civilians, develop social skills, and garner a connection with nature through a number of environmental programmes the centre runs that are taught by civilians.

Connecting former personnel who have suffered mental health problems with the natural world is an area *Woody's Lodge* have placed considerable emphasis on, reflected in their new project called '*The Green, Green Grass of Home*'. This project involves bringing veterans and their families together in the green and natural settings of the 11-acre Penlan Farm in West Wales to help them reconnect in a neutral and natural space. There is also a drop-in centre at the farm. *The Green, Green Grass of Home* project involves veterans helping in the modernisation of farm buildings and farmland, and through various other workshops,

aims to deliver a respite and training centre for veterans and their families across the UK. The cottage buildings also provide year-round training facilities for agencies and support groups working with veterans. In the long term, their plan is to develop the external land for campsite and seasonal activities free of charge for veterans and their families. The barns, gardens and orchards are intended to provide a wide variety of activities, such as painting weekends, gardening, blacksmithing, nature watching, and exploring the local land and seascape.

The mental health and wellbeing benefits brought about from engagement with the natural environment are further shown in the second case study *Veterans Activities in Mind Sensory Garden* in Wales. Project organisers provided an overview of the objectives and work of the sensory garden.

The theme of the garden is to engage the senses of all who visit. Stuffed full of fragranced herbal plants the veterans can relax in the space, touch and smell the plants and even cook with the edibles. There is a little white seat we call 'The Churchill Seat', based on the one at Churchill's home in Chartwell, Kent, which can be accessed via the little stepping-stones. Next to the seat is a special fragranced tea rose named 'Peace'; bred to commemorate the end of WW2. The garden was designed, and project managed by our CEO and built and planted by ten veterans. We encouraged veterans to get involved even if they could not be there in person; many donated plants they had grown themselves and we were donated a beautiful sign handcrafted by a Royal Naval veteran. The garden is for veterans to enjoy and perform some light maintenance gardening when they visit the venue. There is a wheelchair area where users can access the garden to be fully immersed in the fragrances.

These two case studies exemplify the benefit of imaginative alternative forms of support for veterans. For example, while carrying out fieldwork with veteran prisoners in Scotland we were taken by prisoner officers to an allotment and urban garden facility in Dundee which provides a space for those veterans to escape and engage with the natural environment. Both officers and volunteers at the garden commented on how the facility has been of considerable assistance in helping former personnel recuperate and recover from difficult transitional experiences. Engaging with nature to assist in coping and recovery was

further illustrated by a former senior officer who had experienced significant trauma as a result of operational incidents during a long and distinguished military career. This individual now visits veteran and ex-Service personnel support groups across England where he presents to stakeholders and clients an overview of how he suffered from mental health problems and how he learnt to cope. He places particular emphasis on escaping into nature; he took up art and paints the natural world around him. He told us that the openness and stillness of the natural environment allowed him to experience new positive emotions, and he tries to communicate this to other veterans with mental health problems.

Veterans in Prison

Another of the negative transition experiences we focused on was veterans who had spent time in prison. A wide range of veterans with experience of being in prison took part in our research, including veterans still in prison. All were men. Their offences ranged from sexual offences, domestic violence, theft, and organised crime. Violent crime and crime against the person were particularly prevalent amongst our sample.

Such veterans present a complex picture, with different prison experiences, varying accounts of why they ended up there, and contrasting accounts of their hopes and fears for the future. One former member of the Armed Forces who ended up in prison for violence illustrated this complexity.

If you were to talk about my time in the Army I would say it was a positive experience, no, no I wouldn't say it was a negative experience at all, I enjoyed my time in the Forces. But when I left I found it very difficult. The discipline, the way you do things, I found it a real problem, even going for jobs, the expectations are different, it affected me more than I thought it would, I've never found anything that compares to life in the Army. I went into a spiral I guess, drinking heavily, drugs and it was just a very dark time and the result of that ended up with me in prison. You do question I put my life on the line and for what but I still say I enjoyed my time in the Army and I have tried to get back up on my feet.

The irony for many veterans who end up in prison is that it replicates the Armed Forces as a total institution, regimented and regulated, with the familiarity enabling them to cope well with prison. Some commented that civilian life was more challenging than prison life. Coming out of prison can thus itself be problematic.

I was in prison for a while and when I got out I had nowhere to go, at that time I got in with the wrong crowd, got hooked on drugs and kept getting myself into bother. Thankfully with the help of the group [name of support group] I have been able to stay a pretty straight line these last few months.

Prisoner officers who spoke to us highlighted many examples of veterans repeat offending because they found prison life easier to cope with than civilian life. One participant, a former member of the British Army originally from England and now living in Northern Ireland, who then became a prison officer after leaving the Forces, provided us with a closer insight into the behaviour of some veteran prisoners, and he is worth quoting at length on the complexity of the lived experiences of veterans who end up in prison.

When I left the Forces I worked in the prison service, I tend to look after them [veterans] a bit more. Some were a bit gullible, fell through the gap so to speak and then they end up in trouble. However, I also found they handle it better than others [non-veteran prisoners]. They can handle the authority when they get in, there are others when they come in to prison can't or don't respect authority but they [veterans] are schooled to accept that the person who is in uniform, the prison officer, is the one with the authority. The problem though is identifying the reasons why some end up in prison. It can be a number of reasons, it can be internal, external and that is the issue, it can be difficult to pin down a reason. And then there is the additional problem when they get out, a lot of them reoffend, some just can't hack civilian life, some don't want to work and some do want to work, they want to get employment but they can't find anyone to take them on. Then you have others who can't hold down a job and others, they know nothing else. They're out of the Forces and into prison and then out of prison at a young age. There's an awful lot now on resettlement and they're trying get them through courses, I know some the charity shops have taken some on. But then the problem is you can have courses and school them but there are some who will say there's one thing you won't change and that'll be the prisoner and that is a problem. Drugs and alcohol are also huge problems. The systems are in place and there will be

those who are leaving prison who engage in the conversations, talk about the next steps they are going to take and then two weeks later they're back in the door again. There are those who feel they are better off in prison, for example those in hostels, it's too relaxed and dangerous with alcohol and drugs whereas there's a structure and certainty with prison for some.

We discussed with stakeholders, including SSAFA, the susceptibility of veterans to prison, and SSAFA agreed that some adapt better to prison environments, which enhances their challenge on release. It is like a double victimhood. Veterans who end up in prison in large part because they cannot transition successfully to civilian life, only increase the scale and intensity of their negative transitioning when returning to civilian as ex-prisoners.

Discussions with support providers indicated the necessity of having in place support programmes and initiatives to assist veterans in prison when they are released. This too is deeply ironic, for if there had been such programmes within the MoD, such as those now introduced in the Defence Transition Service, they might not have ended up in prison in the first place. One programme which has been of considerable use in assisting prisoners, has been the *LifeWorks* Programme organised by the Royal British Legion (RBL) and delivered at venues across the UK, including in prisons. Discussing with RBL representatives and stakeholders who have seen the programme in operation, they describe how the programme provides training and support through a five-day motivational employability course specifically for veterans, which helps:

- Identify skills and abilities,
- Understand what could be holding you back and overcome these obstacles,
- Create a fully developed CV,
- Be prepared for interviews,
- Learn how and where to look for work and training,
- Coaching for change.

According to stakeholders, the course has particular benefits for veteran prisoners given their disadvantages. Veteran prisoners on release can lack of knowledge about the labour market, have unrealistic career expectations, and have low confidence and motivation.

One prison which has used the course, through a support network called PoppyScotland, is Castle Huntly Open Prison near Dundee, Scotland. Staff there commented positively on the course.

We received buy-in from the CH senior management team who gave the VICSO [Veteran in Custody Support Officer] dedicated time to work with the LifeWorks team both at the pre-course stage and for the full five-days of the programme. This was invaluable as it provided the RBL team with useful background on the veteran delegates, how the prison system worked and an additional team member for the duration of the course.

They commented that there was a significant increase in confidence for veterans as a result of the course. Veteran prisoners upon release have access to continued support from the LifeWorks and veterans who go on to work after release are said to have a clearer and more realistic idea of their ideal employment pathway. We spent a considerable time in Castle Huntly Prison, and it is worth highlighting good practices such as this as a case study.

CASE STUDY OF SCOTTISH VETERAN PRISONERS

Our research design originally intended to focus on provision and support for veteran ex-prisoners in Glasgow as a case study. This expanded exponentially. A successful snowball effect of the research allowed for further research to be carried out with veterans still in prison in Edinburgh and Castle Huntly prisons, as well as attending a veteran prisoners' support meeting in Glenochile prison run by stakeholders.

Veteran prisoners, both current and former prisoners, were receptive to taking part in the study, with only a small number pulling out at the last moment. Conversations with

veteran prisoners were facilitated by the Scottish Prison Service and individual prisoner commanders and prison officers as well as SACRO. Veteran prisoners were asked questions similar to those from the other negative transitioning groups with particular focus on pre-Service experiences, life in the Forces, and their experiences of support as a veteran in prison and since release.

Joining the Armed Forces to escape difficult civilian lives was a common theme throughout in the veteran prisoner population. They were like 'lay sociologists' in explaining their predicament on pre-Service social factors. For example, one former regular male soldier who spent approximately three years in the Forces commented, "*I suppose my upbringing was alright, I suppose I kind of got in with the wrong crowd and the opportunity to join the Forces came about and allowed me to escape*". Escape was the key word, be it from dysfunctional family relations, from the police and pre-Service petty crime, and from financial problems. Another former regular British Army soldier who is now in prison in Scotland commented on his pre-Service life and the economic pressure to join the Armed Forces.

Where I came from there was a lack of work and opportunities and it seemed like the only option available to me. Despite it being I suppose forced upon me I enjoyed it, I made a lot of new friends, and it was the togetherness that was the big thing. The problem was though that when I just couldn't hold it together when I left, I missed it, I missed the banter, the friends, and the bond together.

The experiences of another regular soldier interviewed in Edinburgh prison repeated this cycle.

I joined, I suppose, because things were difficult where I grew up. I was facing some financial problems there was a lack of opportunities where I lived, there wasn't any prospects so it seemed like a natural path to go down, at the end of the day there was little else available to me. Now when I was in the Army I made a lot of friends and a lot of allegiances, so in that sense it was good but there was also the bad times, seeing mates blew up, that sense of not being able to switch off, it's a big thing to have to be like that all the time, but it's a strange one because there were both good times but also bad times.

Ministry of Defence recruitment strategies and marketing only add to the allure of the Armed Forces as an escape from pre-Service problems. As one veteran prisoner remarked, “*I would have joined anyway, but seeing the action on TV made me want to join*”. Of course, not all veteran prisoners joined to escape pre-Service problems; many had positive motivations. “*I always wanted to join*”, one said, “*my father was in the Forces as was my uncle, my brothers*”. And as a corollary, not all those who joined as an escape ended up with negative transition problems. For a large number of negative transitioners in prison, however, pre-joining experiences were key motivating factors.

Other veteran prisoners described post-Service problems as the cause they attributed to being in prison. These post-Service problems include them returning to the same life that motivated them to join in the first place. That is to say, life in the Services changed them, but not the life to which they returned, but the changes in them made it more difficult to transition back into the life that they had hoped to leave behind. It is perhaps for this reason that the vast majority do not attribute their time in the Forces as the reason for ending in prison. This was illustrated by many comments of prisoners interviewed across Scotland. For example, one said:

I was in the Army for approximately four years, to be honest about it I got into the Army to basically get away from the family. I had a difficult upbringing, my family wasn't that supportive and we were always having rows and so on. I kept getting into bother and I just needed to escape it and the Army seemed like the best place for me. In the Forces I had many positive times, some really good times and I enjoyed it. It was positive for many people and I made some great mates, however its learning how to cope with the bad times which I found difficult, I suppose my problem was I relied on the drink as a coping mechanism but then again so did many. The problem for me was that the drink wasn't a coping mechanism and I had to get out. The problem is when you get out you're going back to the life you left off before you joined. Nothing has changed, the world you left when you joined is the same when you return so it's very easy to slip back into the old ways of things. That's why if anyone was to say to me was it my Army experiences which led me to ending up in jail I'd have to say no, it's

being back in the world I left in the first place which has led me there. There's no doubt that my experiences meant I had to leave the Forces earlier than I wanted, relying on drink as a failed way to cope it was never going to work, so in that sense but my post Service experiences haven't been because of that, if I had to say it has been the civilian life which I have returned to once I left which has contributed more than anything.

Another veteran in Edinburgh prison, admitted for a sexual offence, who joined the Forces when he was 16 and had over 12 years of Service, expressed the same disillusionment on returning as a changed man to a civilian life that had not changed.

The reason I joined up was to get away from my family and the area that was really the only reason why I joined up. It wasn't about some noble cause or the like, it was about getting away. I think that was one of the big things about it all, the adventure, doing something different, I mean, I loved my time in the Forces, the mates, the banter, we're all in it together, I really enjoyed all of that. My happy time was when I was in the Forces. But I left the Forces because the drink got the better of me, there was a culture of drink and it got the better of me, I just couldn't cope with that side anymore. I mean the Service life side of things was positive but the drink culture was too much. When I did leave there was family support I'll admit but I think I was too proud or too arrogant to accept it. I then ended up in prison.

When asked if he felt his time in the Forces was a contributing factor to ending up in prison, he categorically responded no. So said most veteran prisoners. This is true even of those prisoners with mental ill-health as a result of operational incidents and military-related trauma, and it was common regardless of type of criminal offence. They made minor complaints about the Armed Forces, such as lack of direction and inadequate post-military support, but it seems as if their pejorative status as current or former prisoner makes them want to absolve the Armed Services from any responsibility so as not to impugn the honour and status they feel as members of the Services. That way, they retain some self-respect and identity. Blame was attributed to themselves in the form of personal weaknesses, unfortunate life decisions, and lack of resilience in coping with individual life crises. As one said:

I guess I could partly blame it [military life], I mean it was my life for 14 years and I knew nothing else, so when I left I just didn't know what to do, I mean where would I start, what would I do so I guess I could blame it in some ways but I don't think it's really all to blame why I'm in here now.

As veteran prisoners so often said, it was what was in their head that was the problem, thus individualising their predicament.

Two vignettes of veterans currently in prison

The multi-layered experiences of former personnel in prison are shown in the following two vignettes from current prisoners. The first comes from a former regular British Army soldier who was an early Service leaver. He began by highlighting the pre-joining problems which influenced his decision to join and went on to outline his subsequent time in and outside the Forces:

I was in Royal Scots for about four years. I guess to be really truthful about it, I joined up to get away from things. I'd been getting in bother, stealing motorbikes, cars and so forth and joining the Army seemed like the best opportunity to me to escape that life before it impacted upon me more so. When you join up you're not really aware of what to expect, the fifteen or sixteen year old isn't reading the papers or watching the news, they're out on the streets so you're not aware of what you're getting into, its seen as an opportunity to escape a life that's going nowhere and joining something that you think will have fun and adventure. The time I had in it, there was some really good times, the banter was great, and it's what kept us going during some of the darker times like in Iraq and the like. But the banter couldn't really prepare you for seeing people getting injured and killed with IED's, seeing people blown up in front of you, being involved in fire fights and the like. The problems really started though when I left. I think because I left when I was younger, I was still a bit naive, didn't realise the effort that was involved in trying to go out and get a job, my mother kept on at me to get out and get work but I didn't think it would be as difficult as it was and that only really hit home the harder I found it to get work. I think that was one of the big problems, I wasn't able to get into work and get on with life and the then pressures start, money problems, lack of self-esteem and getting in trouble and next thing you know it you're spiralling out of control and then you find yourself behind bars. In terms of blaming being in prison on my time in the Forces, I think they [the military] could have offered more [transition support], my head wasn't really in it, I just wanted out and thought I could get just slot back into civilian life but there was no support really available to help me with that, there might be have been some but I certainly wasn't

aware of it. You see I have never had any veteran support, I think I'm not a person who is going to chase after something, I'm a proud person and I'm not going to go out and ask for stuff but nobody has ever offered it to me or pointed it to me either. While inside there has been support for us, SACRO come in and they have been a big help giving us help and advice towards courses and advice towards what could be done to assist us when we get out. And I think that's the big thing when it comes to veteran support and improving it, it needs to be more direct instead of you having to chase them. It's the veteran making the first move and it shouldn't be that way even in terms of people in my position, there should be a system of support already there, for example for veterans in my position things like housing and employment would definitely be two big things that would make a huge difference.

Amidst the complaints at the lack of support from the military, the blaming of himself – “my head wasn't really in it” – stands out.

If culpability is personal rather than institutional, responsibility for turning the veteran prisoners' life around, can also be thought as personal. In the second vignette, this comment is striking “I just want to keep my head down and get out and get on with life”.

I joined when I was sixteen, there was this open day at school and they had a stall and I got chatting to them and it went from there, there wasn't really much else out there to be honest so I just felt I might as well give this a go. Before I joined life, well it was ok I guess, I kinda got in with the wrong crowd, I probably went in at the right time for me otherwise who knows where I could have ended up. I was a private for five years and I made a lot of friendships in that time, the banter was great, the camaraderie and the opportunity to be physically fit. I had a long-term girlfriend though and decided to leave but once leaving I found it [reintegration] a confusing and challenging time. The big problem is that civilians don't understand what it's like to be a soldier, unless you have the experiences of Armed Forces personnel how would you, but the problem is made even worse when the military don't even support those people who put on the uniform and risked their lives. Life after the Forces hasn't been easy and I've ended up here (in prison) but I don't blame my time in the Forces for being in prison. It was nothing to do with time in the Forces, it wasn't to do with my time in the Forces. It can be really difficult at times being in prison, I've only just arrived into the prison but there seems to be quite a few veterans in here. Being a prisoner the veterans' regular meeting helps, I've only just recently arrived into the prison but there seems to be a quite a few veterans in here. The thing is you don't really get much support at all, there needs to be a proper group for this to happen, you get information and so forth but it's so limited. I miss the Armed Forces, if I was still in the Forces I wouldn't be here, even when you're out of the Forces you still have your mates, those connections. Hopefully I'll just be able to pick up my life where I left off when I get out, I've no mortgage and was working in the construction industry, so hopefully I'll be able to pick that up again

when I out get as there's no restrictions and the like, I just want to keep my head down and get out and get on with life.

Post-prison life

Veterans still serving sentences in prison expressed concern over the difficulty in returning to some sort of normality when released. This was a particular problem for veterans in prison for sexual offences. As one such former soldier said, transitioning as an ex-soldier and as an ex-sexual offender is a double problem:

The stigma surrounding sexual offences is so great that I know I am going to face a huge task reintegrating into society when I leave prison. It was hard enough when I left the Army trying to move back into civilian life, when I leave prison it's going to be a double whammy. How I am going to be able to have a life I just don't know. I suppose it's why when you ask about my feelings for the future at the moment I look at it in stages, first of all it's about getting through what I'm currently in. Once I've done that and am released the next step is getting a place to stay, I have to look at it in small stages because I can't look too far forward.

A support provider who specialises in supporting veterans in prison commented on the complex transitions for prisoners convicted of sexual offences.

They're more or less cast away, outsiders, so even when they're released they, they're rehabilitated, but they're still treated as social pariahs, there's no sense of actually trying to assist these people back into society, it's really hard to get out of the system once you're in prison it's so hard to escape that life.

Sexual offence prisoners were particularly concerned as to the future when released from prison. A number of those interviewed had little family or networks of friends to rely on.

As one former soldier who is currently in prison for a sexual offence commented:

I don't know what is going to happen when I get out of prison, to be honest I'm not really thinking that far ahead, I suppose when that time comes it'll be a case of trying to find somewhere to live as close to where I was from as possible but I guess I will have to see where I am allowed to locate and as for work I simply have no idea what will happen there.

Support programmes to assist veteran prisoners thus take on added significance. Many still serving time commented favourably on the support programmes offered inside prison, comparing them unfavourably with support programmes within the MoD. These examples are typical.

Some of the stuff available I wasn't aware until I was inside, things like Veterans First Point have been fantastic.

Since I have been in here the veterans support has been good, now that I am here in Castle Huntly it's excellent, the amount of agencies who are there to help, it has been reassuring. I feel like there is potentially hope now for when I leave prison and that I can get my life back on track.

It's not only about the actual help, it's about increasing confidence in myself and allowing me to think and plan for the future. I have a plan to go back to my family and get back into work, a lot of prisoners when they leave don't have a plan in place and don't have any family support there to help them. I'm maybe lucky in that sense but I've also taken it upon myself to try and plan for when I'm released. The help from inside has allowed me to feel that I do have a future. I've got family and when I get out I'm going back into work and I want to be able to show people that once you leave prison you can get on with life and contribute to society.

Support workers and prison staff (many of whom are veterans themselves) often contrasted the positive approach of veteran prisoners toward support programmes compared to non-veteran prisoners. For example, one support worker whose job it is to facilitate veterans in care, and who is also a veteran, referred to the more disciplined, focused approach of veteran prisoners, their willingness to abide by the rules, and their readiness to avail of opportunities for education, training and support.

However, engagement with prison support programmes does not necessarily make civilian life any easier upon release. Some are placed in employment and have a network of family and friends to assist reintegration. Others were worried about the stigma of having been in prison. It is within such contexts that support organisations we spoke to commented

that the complex, multifaceted transitioning experiences facing veterans upon leaving prison requires support organisations who both understand the unique needs of prisoner veterans and can play role in facilitating a more successful transition.

Supporting the veteran prisoner

In Scotland, a significant focus is placed upon partnerships working across different organisations. Castle Huntly Prison provided an example of the work they do to engage with organisations in order to provide a broad range of support packages to veterans, such as:

- Enhanced support for personal officers to identify pathways and through care links,
- Access to Veteran specific work placements,
- Access to training providers whilst in prison,
- Quest Magazine,
- Link to Career transition partnership on day of release,
- Access to CTP Jobs fair,
- Additional Veterans Champions in NHS SUT and PBSW teams.

Working with agencies such as SSAFA, PoppyScotland, SACRO veteran mentors, Career Transition Partnerships, as well as Veteran related placements and employment grants, representatives at Castle Huntly commented that *“the veteran offender is at the centre of what we do”*. This support begins at the moment of entry into prison, when the newly inducted prisoner is asked if they have been a member of the Armed Forces or Merchant Navy. If this is the case, they are automatically referred to a Veterans in Custody Support Officer (VICSO), who have a specific role in Castle Huntly prison. This role is as follows:

- VICSO initial assessment to identify pathway to training or welfare need.
- VICSO raises contact sheet for SSAFA interview and internal LSE interview.
- VICSO/Personal Officer provides on-going support and information to ex-Forces agencies in reintegration area. Support with funding forms if required.
- VICSO advises on internal events and veteran linked community placements.
- VICSO ensure pathway to SSAFA maintained.

There is an objective to refer the new veteran prisoner within 48 hours to SSAFA. PoppyScotland offers welfare and employment grants, mental health support pathways and encourages participation in LifeWorks and the SACRO veterans mentoring scheme. SACRO as an organisation assists individuals in the criminal justice system with a dedicated veteran support section. SACRO work in conjunction with organisations across the criminal justice sector including the Scottish Prison Service, as well as support bodies which support veterans in a range of areas, like Scottish Veterans Residences. SACRO's Veterans Mentoring Service (VMS) is a Service which aims to support men and women who have completed Service within the UK Armed Forces and are at risk of becoming involved or are already involved in the criminal justice system. These can be veterans who have been released from prison, who are presently in prison, or who have been sentenced, including to non-custodial sentences. VMS is also a preventative service for those veterans on the periphery of the criminal justice system and used as a means of early intervention. The service also covers those veterans about to leave the Armed Forces through dishonourable discharge or disciplinary dismissal, and those who have been identified as being likely to become involved with the criminal justice system.

The VMS is an intensive mentoring, one-to-one peer support service, assisting mentees to recognise and develop their life skills, including accessing education and employment training, sustaining their tenancies and accommodation, and building the confidence to make critical changes in their lives. These critical changes include addressing their offending behaviour, understanding the effects of this on their lives and the lives of their families and friends, as well as those who live in the local communities; it also assists in addressing alcohol and substance use issues, mental health problems, and social isolation. The veterans who are referred to the Service often need assistance to engage with health Services to support their mental and physical well-being and their mentors aim to support

them to develop their self-esteem and work towards sustainable independent living. Discussing the work of the VMS and SACRO, support providers highlighted the importance of collaborative partnerships and working together.

It is crucial when we are working with a veteran to ascertain their individual and specific needs. The specialism of the VMS is the peer mentoring of veterans within the criminal justice system and we rely on positive and collaborative working relationships we have established with other specialist agencies who support the veteran's community. These relationships ensure that veterans receive the most appropriate, specialist support to support them with their issues and enable them to continue on their journey of change. Without this collaborative approach to supporting the veteran's community, many more veterans would be in crisis and struggle to make a further contribution to society and the communities in which they live.

SACRO have worked with a number of individuals, and we offer two examples of the work they have done.

Example one: 'John'

'John', who is 34 years old, served for four years in a Scottish infantry regiment. His time in the military was not memorable and he spent considerable time in conflict with the military authorities. On discharge from the British Army, he moved to the Scottish Borders area and became involved in crime within the local area. He was referred to the VMS by a mental health worker and engaged well and appeared responsive to the help and support being provided by his mentor. During a visit to see 'John', his mentor discussed the local support available to help with the issues he was experiencing. However, there appeared to be little appropriate local help available.

'John' decided to move from the Borders to an area where he could access specialist support for his needs. With the support of his mentor, he moved to Glasgow to enable him to engage with the range of suitable support agencies and in March 2020 he moved into his new accommodation. Shortly after he moved to Glasgow the Covid-19 pandemic lockdown restrictions were imposed which had an impact on the number of available Services to provide support to him. The closure of Services had a detrimental

effect as he was unable to access specialist support. 'John' self-isolated which had a significant detrimental effect on his mental health. He struggled to sleep due to flashbacks and anxiety. He started self-medicating with non-prescription drugs to aid his sleep and this exacerbated his issues which began to cause problems within the temporary accommodation where he was living. The problem reached crisis level and John was at risk of being evicted due to his drug use and anti-social behaviour. This would have led to him being at risk of becoming homeless and involved in criminal activity.

Due to the level of the crisis, it was agreed that his mentor would accompany 'John' to the accommodation review meeting to advocate on his behalf. The meeting was not held in a virtual environment meaning that all Health and Safety issues were addressed in line with Scottish government guidance to reduce the risk of contamination. Due to the intervention of the mentor and his assurance that he would provide continuing support, it was agreed that he would retain his tenancy, but this would be subject to weekly review.

With the continued support and encouragement of his VMS mentor, 'John' has stopped self-medicating and is now more settled in his accommodation and his relationship with the accommodation support staff has improved. He has been able to receive online support from an addictions worker and this is having a positive impact on his outlook on life. 'John' has recently volunteered at SACRO's Garden Project within Tollcross Park, Glasgow to engage in positive activity and says that he feels more relaxed being in the outdoors. He has a new positivity about him and has clear goals and plans for his future. He wishes to attend college to become a counsellor enabling him to work with young people within inner cities to help them avoid gang culture and a life of crime.

Example two: 'Barry'

The second example refers to 'Barry', a former Royal Engineer. During his time in the British Army, he completed a number of tours in Northern Ireland and during one such tour a device

exploded in a house he was searching resulting in his being injured with several shrapnel wounds to his head and face. This incident led to the development of Post-Traumatic Stress Disorder which he struggles with daily. He suffers from alcohol addiction and over time he has been supported by several agencies. However, due to his erratic interaction with them and his failure to address his ongoing issues, this support has been withdrawn.

Following a relationship breakdown, 'Barry' moved into temporary accommodation and was eventually given the tenancy of his own one-bedroom flat. 'Barry' can go for several weeks without drinking and during this time he takes pride in his appearance, the upkeep of his house, and his health improves greatly. However, this is undone when he returns to alcohol. He is aware of his living conditions during these times and will not allow anyone, including his mentor, access to his house as he is by his own admission 'ashamed' of how he is living. In the early part of 2020, he was progressing well and beginning to interact in a more positive way with his mentor and neighbours. However, when the Covid-19 pandemic struck, his mentor was unable to make personal visits and all contact was by telephone. The situation began to deteriorate, and his drinking increased leading to a deterioration in his mental health. He lost interest in his appearance and allowed his home to become cluttered and filthy. Whilst he was acutely aware of the decline his pride would not allow him to admit it and during his limited contact with the outside world, he would state that all was well and he did not need any help.

'Barry' did ask for a food parcel and this allowed his mentor to visit him at home. Although unable to enter due to the Covid-19 restrictions the mentor could clearly see from his appearance and of his limited view into the house that he was not coping and was concerned for his welfare. His mentor recognised that that he had to arrange additional support immediately or the long-term effects on 'Barry's' health could be catastrophic. The

mentor contacted the landlord to relay his concerns over conditions in the property and agreed to support Barry during an arranged housing check. The mentor was given permission from SACRO's senior management to attend in person due to the essential nature of the visit. 'Barry' was initially concerned that he would be evicted due to the condition of the property, but the landlord was very supportive, admitted the conditions within the flat may have added to 'Barry's' state of depression and agreed to help. The mentor managed to get the landlord to agree to redecorate the property and arrangements were made to have the flat cleared. Funding was sourced from a veteran's charity to allow 'Barry' to move out of his home to reduce his anxiety whilst work progressed. The mentor supported 'Barry' to make applications to SSAFA and the Scottish Welfare Fund which were successful and resulted in grants of over £2,000 to renew the flooring and replace sofas and beds so he could return to a fully refurbished home.

The work is ongoing and the fact that it is in place has already had a marked positive impact on 'Barry's' frame of mind and has allowed him to move forward to a much better place mentally and physically. It is hoped that this intervention will provide him with the incentive to maintain a healthy and positive lifestyle which will improve his living conditions and allow him to move forward with his life.

User evaluation of SACRO and VMS

It is not surprising given these two examples that veteran prisoners comment very favourably on the Veteran Mentoring Service, commenting not just on the information and support they receive from the Service, but also the empathy and interest shown by staff. Amongst the comments are:

I had a peer who did not judge me and genuinely wanted to help - he made me feel valued and gave me purpose in life. As a fellow veteran he understood my situation and spoke the same language.

Thank you [mentor name deleted] for all your help with getting me where I am today, thank you SACRO and your team for my time in need.

Just like to thank [mentor name deleted] for being a true professional.

Thank you to SACRO for their help and support - it has made a massive difference to my wellbeing.

Just thankful that there are Services available like [SACRO's] VMS and appreciate all the help.

The success of the service is to a large degree determined by the passion and dedication of the staff involved. One of those representative's from SACRO Veteran Mentoring Service, himself a former member of the Armed Forces, provided some more information on how the organisation helps veterans. A comment from his account is worth highlighting for its humanism in summing up his ethos of care: *"People don't care how much you know – until they know how much you care"*.

Having joined the Army at the age of 16 and going on to serve over 27 years in The King's Own Scottish Borderers/Royal Regiment of Scotland, the transition to civilian street was not one that I looked forward to, but thankfully for me it was relatively smooth, although not without its challenges. Sadly for some, this transition isn't a smooth one and on occasions this brings our ex-Servicemen and Servicewomen in to contact with the criminal justice system – a system that most are unaccustomed to and can struggle to deal with. That is where the VMS comes in to play; we use our shared lived experience to gain the trust and mutual respect of our veterans with the intent of mentoring them through what can be a quagmire of uncharted territory with the mission being to reduce and prevent the prospect of any further offending, enabling them to become confident, self-sufficient, valuable members of their community. We don't and couldn't do this on our own but through collaborative working with all other veteran's organisations and charities we seek to get the very best support to the veteran by referring into subject matter experts in areas including mental health, housing and benefits. Having worked in my unit's Welfare Office for the last two of years of my Service it stood me in good stead for my role in VMS, dealing with many similar issues but with the added challenge of the criminal justice system and without the protective 'military bubble' that we often take for granted whilst serving. I feel privileged to be able to give something back to the veteran's community, of which I am

proud to be part of. In my daily work with VMS, I often refer back to a quote I learned from an old Padre a few years ago. People don't care how much you know – until they know how much you care.

We spent considerable time with members of the SACRO veteran support team accompanying them on visits to former prisoner veterans in their homes or assisted accommodation, as well as accompanying the team on their visits to Scottish prisons. SACRO representatives also brought us to visit one of the Scottish Veterans Residence buildings in Glasgow. A recent construction, the building serves the needs of veterans who have encountered difficult transitions that have resulted in them requiring assisted accommodation. Included in those who the centre supports are veterans who have been in prison and are finding obtaining accommodation difficult. Representatives from the Scottish Veterans Residence and SACRO highlighted the importance of a co-ordinated approach to dealing with veterans facing difficult transition experiences and the need for early intervention and support. In particular this required a network of support workers and volunteers who also seek out veterans rather than relying only on veteran-initiated support. According to representatives this approach marks an important movement forward as it takes away one of the key barriers to veterans gaining support, the requirement for themselves to initiate support. This does require significant co-ordination across a range of stakeholders, and we were impressed with the co-ordinated and structured approach to veteran support.

This extended to providing support for prisoners and ex-prisoners. For those former prisoners organisations like SACRO and their workers play an important role in providing one to one support and advice, this includes ensuring their wellbeing, that they are meeting any requirements that may be placed upon them upon release, how their daily life is impacted and providing information and advice on issues such as housing, employment and so forth.

Part of their remit also includes supporting prisoners whilst in prison. We talked to a number of SACRO representatives who highlighted the twofold benefits of a structured support system within prison as it not only provides much needed additional support for veterans meeting the challenges of being in incarcerated but also can provide support and preparation for veteran prisoners for when they leave prison. Ironically, prisoners repeatedly commented that the support and information they receive once in prison is better than the support they received before entering the prison system.

For current prisoners, lack of support when leaving prison remains a pressing concern but one which is being helped through the creation of veteran support networks and regular veteran meetings within prison. We attended a number of veteran support meetings facilitated by the prison staff at Edinburgh Prison. A prison officer who works with local stakeholders in facilitating the sessions explained the rationale behind the sessions:

Basically we run a weekly coffee morning where there is information provided. It gives veterans an opportunity to chat, to chat with invited guests, to chat together and provides the opportunity to know that there are services and support stems available both in prison and when you get out.

At these meetings prisoners are informed of support programmes and initiatives as well as listen to invited speakers. SACRO and Veterans First Point have been particularly important in providing a link between the veteran prison community and planning for life outside prison. The meetings provide not only the opportunity to learn about initiatives, but it also gives prisoners the opportunity to interact, build confidence and make their voice heard.

This level of support inside prison only made for a negative contrast with the support given when leaving the Armed Forces. As one former soldier who is now in prison commented:

I got no support when I left, no support from the Army when I left, there is nowhere or no one I could go to, there needs to be something set in place which allows us to know what is out there, you have to just look after yourself, most people might be alright but for those who have suffered. I'm lucky enough in some ways that I don't have a mortgage or that and that I have a job lined up in construction so hopefully I can just pick up my life when I get out of here [prison] but for many people in a similar position to me it isn't that simple or easy.

The lack of support when leaving the Forces was not, however, a consistent theme amongst all prisoners, for there was acknowledgment from some that there is a range of support networks and systems available for ex-Service personnel when leaving the Forces. As another participant described, *“there's definitely improvements for people when their leaving the Armed Forces now with resettlement programmes, financial support and so forth”*. What is important it seems is knowing what support is available; it is not so much lack of support but knowing what support is available.

When asked about the support systems in place inside prisons and the attempts which are made to help sustain their identity as a veteran, prison officers commented that several initiatives existed. These included events to mark Remembrance Sunday, and the creation and upkeep of memorials and memorial gardens within prison grounds, often with veteran prisoner input in their construction and maintenance. This reinforced their veteran identity and overcame feelings of isolation. Veterans were often allowed to interact together. In many ways, this showed veteran prisoners what was possible in terms of social networks of support in civilian life. A current prisoner in Edinburgh prison said:

The regular meetings and coffee mornings are a help, now that I am here and I see it and the support is excellent. I have a plan in a place and support networks when I get out to try and get back on my feet, a lot of the veteran prisoners do have plans and have thought it out but there are those who don't have the support networks to be able to get back on their feet when they get out. That's where SACRO and their workers are vital, they help with appointments, advice and so on; they give you the confidence that you can have a life when you get out of prison. They see veterans, even veterans in prison in a positive way that we have a contribution to make. I haven't accessed

anything yet while here, maybe it's because as I say I have a plan in place, but it is good to know there is support available if I need to get it.

Another ex-Service member in prison in Edinburgh also commented:

Being a veteran in prison can have some benefits, The staff here, for example some of them are veterans, and they do try and point you in the right direction, opportunities and the like and I be in discussions with SACRO, I have been suffering with PTSD and I've been getting help to get in touch with the people who can help me and to help me rehabilitate and get back into the community, if it wasn't for people like in SACRO there would be nothing.

While the vast majority of participants responded positively to the support on offer, it was notable that only some were pro-actively taking it up or planning to take it up. This sense of personal responsibility for ending up in prison, absolving the Armed Forces as an institution from blame, meant that some veteran prisoners felt it their responsibility to sort out their lives. For example, comments were as follows: *"I've got friends who I can call on when I get out and will help me find accommodation and a route into work when I need to"; "luckily I've got friends in the construction industry who I can rely on when I leave so I know I will have a job as soon as I get out, so my goal in the short term is to get through this and then focus on the job side of things when I am released"*. A prisoner officer in Edinburgh prison referred to the example of one prisoner:

There are definitely veterans who are reluctant to both seek support in prison and publicly reveal themselves as a veteran. I know of one guy who has been in here a while now, he has anger issues and is reluctant to speak to anyone, it's hard to explain why, I know since he has come here to Edinburgh he has been in no bother. This fella said he said served in conflict zones and he may have done some military prison time but he keeps his veteran identity very hidden.

Support organisations highlighted that while attempting to do as much as they can to advise and assist prisoners, ultimately this requires veteran prisoners to consent and put advice into action. Veteran prisoners can sometimes lack this focus, concentrating on the physical and

psychological challenges of getting through the day and 'doing their time'. This was particularly the case for those prisoners who had only recently entered prison or who still had a long sentence to serve before release.

Views from prison officers

During our visits to Scottish prisons, we also spoke to a number of prison officers. Many prison officers and staff had backgrounds in the Armed Forces, and they felt this was beneficial when dealing with veteran prisoners. They understood veterans' experiences, such as lack of trust and unwillingness to engage, which make it difficult to break down communication barriers with veterans and were better able to build trust to facilitate communication. This led to a good degree of knowledge about veteran prisoners and about their lives previous to their time in prison.

We were keen to get the views of prison officers on the pathways that led some veterans to prison. One prison officer who was also a former soldier in the British Army commented on how the 'military bubble' was a protective cloak that ill-prepared some veterans for civilian life.

The way I see it is that you have this shield, that's what the Armed Forces are, they protect members from facing the real world, they're in their own environment, it's when they leave the protective bubble that you see a lot of problems occurring, it might not even be as a result of operational incidents, but simply losing that protective bubble and going back to civilian street which acts as the catalyst for problems.

Prison staff acknowledged the difficulties many of the veterans in prison face when returning to civilian life, and that for a large number this involved returning to a civilian life of pre-Service problems. The 'bubble' was a temporary protective shell from the uncertainty of civilian life, but this shell quickly became counter-productive by inhibiting their social

reintegration. A former veteran who now works in the Scottish prison service system highlighted how the institutional bubble was a false sense of support.

They [veterans] quit the Army and they don't have the family or stable background when they leave, a lot of them when they join they joined from unstable backgrounds, many of their mates and school and so on got in trouble and went to prison, they escaped to the Army, the Army instils that discipline, they got institutionalised, the rules and so on but when they left they don't have the protective bubble of that institution anymore, but when you leave you don't have that support, you don't have that family support when you leave.

Prison support staff commented that for some former personnel their time in the Forces almost separates from wider social life, a “*different time zone*” as one stakeholder said, which adds to the difficulties in reintegrating.

When asked why they felt some veterans end up in prison and others do not, they gave a range of responses. One prison officer commented, “*in my experience I knew because of having a family when I left I would need to get a job so I put plans in place early on, had discussions and planned accordingly*”. The needs to strategize the next step in a Service member’s career was seen by the prison staff as vital in successful transitioning. Lack of pre-planning is heightened by the reduced resilience in those who end up in prison. We asked one prison officer who was a former member of the Armed Forces why he felt his transition was better than those veteran prisoners he watched over every day, and resilience was his answer:

I've always been quite resilient, I joined when I was 17 so the Army was all I knew from an early age but my resilience helped me I think get through the challenges of entering civilian street basically for the first time as an adult.

Resilience, preparation, and anticipating the difficulties in retiring from the Armed Forces were thus seen as key elements in why some former personnel transition well and others end up in prison.

It should be pointed out, of course, that the veterans now employed as prison officers still work in the security-based sector, and still use some of the skills, cultural attributes and manner of military life. Their entry into civilian life is not the same striking negative contrast as those veterans who cannot adjust to mundane employments and social statuses. Perhaps homeless veterans best exemplify those who rile against and resist re-entry into civilian life.

Homelessness

Homeless veterans sleeping on the streets are the most visible public sign of negative transitioning and the one that has attracted most public attention. Homelessness, however, can take a number of forms and is not just related to living rough on the streets. It can be a permanent homelessness or temporary; some veterans move in and out of homelessness. And homelessness takes many form, from staying at friends to so-called 'sofa surfing', and from spending nights in hostels to sleeping in doorways. It is also important to see homelessness as not geographically specific; it occurs as much in rural areas and small towns as large urban cities. As one support work based in the North of England highlighted, *"it's a common misconception that homelessness, no matter in what form, is something you only see in the big cities like Liverpool, Manchester, London and the like, but no, it's much more localised, with veterans facing housing difficulties in smaller towns and villages across the UK"*. This is important if the scale of the homelessness problem in veterans is to be recognised. It is not just a problem of living rough on the streets in the big cities.

When talking with veterans who have experienced some form of homelessness, we found that this experience had a severe impact on their sense of self-respect, their level of social trust in others, and their identity. It can enhance veterans' sense of worthlessness to society; and the more socially worthless homeless veterans feel, the more they withdraw

from society into various forms of homelessness in a vicious circle downwards. This is not surprising given the socially constructed conceptions of hyper-masculinity within the Armed Forces which homelessness poses a severe challenge to. Homeless male veterans in particular face a crisis of masculinity.

Veteran prisoners still have social ties, social goals, and social networks to return to, even if these are more difficult than they imagine, but homelessness can take some forms in which social ties are cut and veterans withdraw socially. It is thus important to understand the reasons why some veterans end up homeless.

Pathways into homelessness

It is important to understand the social pathway of homelessness, as one form can inexorably lead to more severe and socially isolating forms. We encountered a significant number who had become homeless due to family and relationship breakdowns. This resulted in a number of veterans sleeping in friends' houses, moving accommodation frequently, with lack of certainty in their future housing, and, for some, eventually ending up on the streets. Some forms of homelessness expose veterans to even more difficult and damaging life choices, like substance abuse, alcohol problems, and petty crime. The knock-on effects of relationship breakdown can lead to multiple life crises in which homelessness is combined with other problems to cause multiple negative transitioning. One homeless former soldier in Derbyshire commented on the reintegration challenges he faced in civilian life and its knock-on problems, highlighting the support he got to get off the streets:

Me and my partner when I left [the British Army], it just became too much, I couldn't cope with leaving the Army, I was drinking too much, couldn't get a job and we were fighting more and more and it got to the point where we couldn't carry on the way we were going and we split up. Problem was I had nowhere to stay, so I was kipping in friends' houses on their couches just to get a roof over my head but after a while you

knew it just wasn't working out. I'm a proud man and I couldn't bear relying on others and eventually I ended on the streets for a while. It wasn't a nice experience but I learnt to survive, I think my Army background made it easier to cope and get used to living on your own, using your wits and surviving. But I wanted to get a roof over my head and I knew the place I was in it was very easy to get drawn into the world of drugs and that so I got in touch with some local veterans groups and they have helped me to get into accommodation and a roof over my head. I have cleaned up my act because if I didn't there was only one way I was heading and that was the box.

This soldier's experiences point us to several observations. First, there is often a crossover between the three core areas of mental health, prison and homelessness. Secondly, one life crisis for a veteran can escalate in unintended ways into multiple stressors when they lack the resilience and support to deal with it. This is especially the case with relationship breakdowns, which can slide into increasingly more severe forms of homelessness and more. Thirdly, despite their criticism about the lack of support, there is support for homeless veterans if they can overcome the social isolation and withdrawal that homelessness causes.

An example of this crossover between kinds of negative transitioning was illustrated by the example of one former regular male soldier who was a client of Woody's Lodge in Wales. Staff at the centre explained the complex circumstances facing him as he suffered both significant mental health problems and issues around housing. It is worth detailing his case, for it also illustrates the kind of support that is available if taken up. It is a heart-warming testimony of triumph from adversity.

[Name deleted] was 29 years old and had served in the Army for seven and a half years. He returned from London recently and attended Woody's Lodge asking for help and support. He suffers with PTSD, Anxiety, Depression, Agitation, Short Term Memory, and panic attacks. On returning to Cardiff he was housed in a multi-occupied, highly unsuitable premises in the [name deleted] area. The house was occupied by people taking drugs. Unfortunately [name deleted] was attacked by a drug dealer and spiked with heroin because he wouldn't join their gang. This resulted in him being rushed to hospital. As a result of the attack [name deleted] now suffers with generalised 'tonic-colonic' seizures from sleep non-epileptic attack disorder and will never be able to drive

again. After the attack [name deleted] was re-housed due to threats from family members of the person who attacked him and was moved by Cardiff Council to another multi occupied address which once again which had similarities to the first address. [Name deleted] is unfortunately regularly subjected to personal attack and due to suffering with non-epileptic attacks he is rushed to hospital on a weekly basis. He has been once again re-housed, this time in The Vale of Glamorgan area. This was again in another multi occupied premises used by Drug Dealers. Letters of support requesting [name deleted] to be rehoused urgently have been forwarded to the Vale council from his mental Health team, Heath Hospital Epilepsy Department, his police support team, and the Armed Forces Veteran's Liaison Officer. A further problem is that Vale of Glamorgan Council do not seem to recognise the Armed Forces Covenant and has had difficulties understanding what payments and benefits he could receive which has caused him significant stress but which we have now assisted him with. [Name deleted] visits Woody's Lodge on a weekly basis accompanied by his mother's partner as he is unable to drive and is training in Physical Education set up a training course on Zoom. This has proved very successful and attracted a large number of followers. As a result of his hard work he has been awarded a place in the finals of Welsh Veterans Awards. [Name deleted] has recently started a course in Sports Physical Education and Health (BSc) Hons in Cardiff Metropolitan University. This will give him the opportunity to live on campus without it affecting his chances of losing his position on the council housing list. Once again it has highlighted to me the awful situation veterans find themselves in and the feeling of despair they must experience. Housing issues remain an ongoing problem in the ex-Forces community that extends far beyond veterans on the streets.

Access to housing is a key concern for many veterans, made worse for some veterans because of mental ill-health, being an ex-prisoner, or unemployed and suffering relationship breakdown. Breaking the cycle of homelessness by getting access to accommodation often helps in managing its knock-on effects, eliminating multiple stressors. Housing issues are thus of significant concern to support providers. As one support provider who assists with helping veterans seek housing described, *"there needs to be more temporary housing for veterans and better permanent housing"*. There were repeated comments from support providers about the necessity to broaden societal understanding of homelessness beyond living rough on the streets, and to recognise the multiple knock-on effects lack of housing can have on veterans. We discovered in numerous informal group conversations at coffee mornings, reunion events and so on, that lack of housing was a major concern to veterans. As one

veteran described when asked about his housing situation: *“no I’m ok, I’m staying at a mate’s house, he’s got a spare room which I use which is good, it’s a roof over my head, it would be worse if I was homeless and nowhere to go”*. This comment is indicative of the view some veterans have which sees it as living on the streets with nowhere else to go. Some forms of homelessness were not perceived to be such. This is troublesome in the sense that it can lead to a refusal to acknowledge their homelessness and their need for a more permanent and settled solution to their accommodation problems.

It is important to understand that homelessness in its various forms is not the cause of transition problems but its outcome. In their accounts, veterans who are homeless or who were so once, or who oscillate between settled and unsettled accommodation, invariably describe lived experiences that have escalated a life crisis into a more general homelessness problem. The precipitating life crisis is not just relationship breakdown; it can be lack of social reintegration itself, difficulties in leaving the institutional ‘bubble’, inability to escape military mind sets and ways of doing things, and difficulties in conforming to the social and cultural expectations of civilian society. As one former regular soldier who had been homeless for several years described, *“I am trained to do things the military way or no way at all”*. When asked what he felt was the main reason why he could not transition successfully to civilian life, he responded by saying not having regular work and an income. Homelessness was thus the outcome of a long series of crises that lead down its pathway.

It is very striking that homeless veterans accept little personal responsibility for their situation, unlike veteran prisoners. This may well be because the pathway to homelessness involves so many steps and stages, and involves quite different forms of homelessness, some of which are not recognised as such, that a sense of personal responsibility is diluted. Blame is attributed to others rather than being personal. Amongst the homeless veterans we

interviewed, there was consistent frustration at those in positions of authority. Comments such as the following were commonplace: *“they should be thinking of us before they send money abroad”*, *“we’ve been betrayed by successive governments and the powers that be”*. Criticism was rife at the supposed lack of support for homeless veterans. There was no sense that personal responsibility had led them to be homeless and that personal responsibility could end it. The prison experience encourages awareness of this personal responsibility; the homelessness experience does not. The myriad steps of missed chances, wrong turns, bad decisions, and unfortunate life crises, coupled with the complex stages that constitute homelessness, seems to lose the homeless veterans’ awareness of their individual responsibility. This is also, perhaps, a consequence of the social isolation and social withdrawal that accompanies some forms of homelessness.

Regardless of the view of homeless veterans that they have been abandoned and neglected, the level of local support available is significant, if they choose to take it. Pathways out of homelessness exist, as many other former homeless veterans attest.

Pathways out of homelessness

Both stakeholders and former homeless veterans stress the importance of support and assistance in seeking their own accommodation. The ability for local groups to ‘spot’ and find out veterans who were facing housing problems and to intervene at an early stage was seen as vital, not only in helping members obtain accommodation as soon as possible, but in steering them away from other potential problems, such as alcohol, drugs, criminality and so forth. We wish to highlight a case study of good practice.

Case study of good practice: Ty Dewr Lifehouse

During our research we visited a number of locally based organisations whose knowledge of the locality was critical in accessing those personnel in need at the earliest opportunity. One example was a *Lifehouse Accommodation Centre* called Ty Dewr based in Wrexham, Wales. Ty Dewr is a Salvation Army Lifehouse, which provides supported accommodation for homeless veterans. Opened in March 2016, it was taken over by The Salvation Army in June 2017 and is the only veterans Lifehouse that is run by The Salvation Army. According to representatives from the organisation the Salvation Army operates over 80 supported accommodation services across the UK and the Republic of Ireland, which are called 'Lifehouses', called such because they more than merely a place to stay; they are places where people can get their lives back together again. They are places where people can get support with their housing issues but also help with employment, debt problems, and training, as well as in part help with overcoming loneliness, addiction or mental ill-health. Not all users are veterans, but some are.

The accommodation is located in a wooded area in Wrexham with the peace, tranquillity and rural nature of the location providing an additional level of calm and relaxation. In total Ty Dewr has 12 *en suite* bedrooms, one of which is on the ground floor and is adapted for a wheelchair user. The accommodation has a range of rooms including double and single rooms with each room redecorated prior to a new resident moving in. The team at Ty Dewr also informed us of the additional facilities offered at the Centre:

In addition to room provision in each room, bedding, a towel, bathrobe and basic toiletries are provided, as well as a welcome pack of food so that newcomers can make themselves a brew and basic meal when they arrive. After requests from residents, the rooms now also have a small fridge. There are two large communal kitchens which are fully equipped with fridges and recently bought extra freezers so that everyone has a space for bulk buy purchases. There is also an external gym in the grounds used for rehabilitation purposes. Recently, we bought gym equipment including two punch

bags, weight bench and weights, free weights and a running machine. This gym is used on a regular basis as residents enjoy keeping fit. There is plenty of outdoor space and during the summer months, they hold barbecues and events. There is also a growing space where residents enjoy growing their own produce, as well as a new small greenhouse to grow tomatoes and start off seedlings.

Staff commented on the wide range of referrals the centre accepts from various agencies, such as Royal British Legion, SSAFA, the Probation Service, and councils, both local and outside the area. In addition, the centre also accepts self-referrals, and they stated that since August 2017 there have been 50 residents who have moved out into their own accommodation.

One of the core objectives of the centre is to provide that first step to enabling residents to become self-sufficient and capable of independent living, from which they can find their own accommodation. Significant emphasis is placed upon helping residents to help themselves, encouraging them in self-confidence, by understanding finance and taking responsibility, all of which increases feelings of self-worth. Feelings of worthlessness are amongst the most damaging effects of homelessness in veterans, stripping them even of the desire to find a pathway back to settled accommodation, and staff at Ty Dewr place great stress on improving people's sense of self and wellbeing. They are keen, moreover, not to create dependency, which is just as damaging. The centre is keen to ensure that no resident becomes reliant or becomes a permanent resident. Success comes in moving residents from the centre into their own accommodation. To understand better the role the centre plays in providing support to veterans who are experiencing housing problems we isolate two cases.

Example one: 'Andy', a homeless veteran and ex-prisoner

'Andy' is a former soldier who was serving a sentence in prison when he was referred to Ty Dewr because he had no accommodation on release. He was unable to return to his

hometown in the North of England due to a restraining order which is still in place. Ty Dewr provided the opportunity for 'Andy' to get into safe and comfortable accommodation and to turn his life around. A representative from Ty Dewr explained the pathway for 'Andy' from leaving prison to being able to create a life for himself:

Myself and my support worker visited him in prison to complete a face-to-face interview. 'Andy' seemed keen to access Ty Dewr and the services that we provided. We decided to move him in once he had finished his sentence and had a release date. We kept in touch with his probation worker and the resettlement worker at the prison so that the transition was a smooth one. He settled in well and was glad to be out of prison and the benefit of having a nice place to live. He made friends with several of the residents some of which were in the same regiment. This was good in some respects as they had common interests and shared experiences. However, some of those were not as proactive as he was to make changes to their lives, and he started to get into bad habits. Staff had a long chat with him, and he realised that he was being encouraged to go down the wrong path. He made the decision for himself to retreat from the group and focus on himself and his forward journey. Staff worked to get funding for his CICS card to enable him to get work on building sites. Then the opportunity came for an apartment in the general needs veteran specific housing which is run by our landlord First Choice Housing and we had no hesitation in putting his name forward. He was accepted for the property and we linked with veterans' charities to enable him to get brown and white goods, carpets and curtains for his new home. He also had the offer of a full-time job. So, within 9 months of leaving prison he was rehoused and had full time employment. He is still doing well as we do get the occasional phone call from him.

Representatives from Ty Dewr highlighted that there are many examples of residents who were able to move successfully on with their lives.

Example two: 'Clive', a homeless veteran

The second example illustrating the work of Ty Dewr is 'Clive', a veteran who became homeless after a relationship breakdown. He had been sofa surfing with various friends and had resorted to activities which were detrimental to his mental health. He increasingly found his friendship network decreasing which meant he had run out of friends he could stay with. Not only did this mean he faced having nowhere to sleep it further impacted his mental health

and his sense of self-worth. Recognising the problems he was facing, 'Clive' self-referred to Ty Dewr. According to staff, 'Clive' was open and honest about what he was experiencing, knew the problems he was facing and that he required support. Staff involved with 'Clive' spoke about the forms of support he received.

He ['Clive'] disclosed that he believed he had Service-related PTSD due to being in Iraq and Afghanistan so we referred him to a Peer Mentor who works for Change Step and he did an initial assessment with him and felt he would benefit from seeing a specialist therapist from NHS Wales. He was fast tracked to see the therapist and although initially found his experiences difficult to talk about, the homework that he was set was difficult to face but he succeeded. He completed the sessions and he said that these were so helpful for him to move on with his life. He worked with staff to get his learning credits from the Forces and with Employment Plus part of the Salvation Army who give advice on courses, volunteering and work placements. He has also been linked with the Poppy Factory for financial support. He is now on track to begin a close protection course to go into close protection work in the future. He has now, with help from Ty Dewr, secured his own accommodation and as we have linked him with SSAFA for furnishing his new accommodations, which he moved to recently.

The experiences of 'Andy' and 'Clive' demonstrate the multifaceted pathways into homelessness for veterans and the importance of local initiatives as pathways out of homelessness. They illustrate the crossover between the three forms of negative transitioning and thus the need for local support programmes to develop an integrated approach that addresses risk factors like crime, substance abuse, prison experiences, homelessness and mental ill-health. This requires a complex support system which Ty Dewr's good practice exemplifies.

However, the form of homelessness presented by 'Andy' and 'Clive' is not the most damaging kind and would not be considered homelessness by some veterans, who equate it with rough sleeping and night-time shelters. To give us access to this form of homelessness, we undertook a case study of rough sleeping veterans in Birmingham city centre, which highlights good practice at the local level.

HOMELESSNESS CASE STUDY OF BIRMINGHAM

As part of our research design, we undertook a case study in Birmingham city centre spending several nights with homeless support groups, such as Helping Birmingham's Homeless, Let's Feed Brum, and so forth. A number of homeless charities operate in Birmingham with some degree of co-operation between them. We spent a number of nights with different homeless support teams to see the extent to which homeless veterans identify themselves as veterans on the streets of Birmingham. We were keen to understand their pathways to homelessness and to capture their lived experiences of living rough on the streets. We were also eager to get the perspectives of support groups who assist veterans (and others) on a daily basis.

We deal with the second of these goals first, since the difficulties support provider have in identifying veterans helps readers understand our difficulties in talking to them.

The experiences and views of support providers

Support groups operate throughout the centre of Birmingham, providing food and hot beverages to homeless individuals as well as informing them of potential beds for the night in local shelters. Volunteers can get to know the homeless by first names due to some homeless people using regular spots to sleep in for the night. Often volunteers will spend much of the day preparing for the night. Some of these groups meet in city squares while others meet up in church and community halls. Their work is not just geared toward the night, however. They provide coffee mornings and luncheons in halls and shelters so that homeless people during daylight hours have a place to go, get food, clothing and shelter, and can socialise.

Discussing with them their experiences of dealing with veterans in the Birmingham area, we were alerted to the problem of veteran identity. Most rough sleepers are exceedingly private and are reluctant to speak about themselves or their background. Homeless veterans often do not disclose they are veterans. Support groups thus have the problem of identifying them and thus in targeting dedicated provision for the needs of homeless veterans and passing them on to veteran support agencies. As one volunteer stated, *“there are those who are veterans but wish to be hidden or hide their identity and those who say they are veterans when actually they aren’t”*. Another volunteer whom we accompanied one night said, *“we find less and less the number of people on the streets who say there are veterans, we don’t think for a minute they’re not out there, far from it, but they’re not identifying themselves as veterans”*. *“This means”*, another said, *“that early intervention is a problem in dealing with the homeless veteran community”*.

There are many reasons why homeless veterans are reluctant to disclose their identity. One is the hostility towards veterans from other homeless people. We were told of so-called ‘professional beggars’ who have come on the street rather than work and who resent ‘more deserving cases’, such as homeless veterans. Further, the growth in public media coverage of veteran homelessness has meant that non-veteran homeless people have masqueraded as veterans for their own advantage, which in turn has meant some homeless veterans have withdrawn. And in a city with a high Muslim population, homeless veterans in Birmingham fear rejection and hostility of a political kind. There is also the spiralling downward cycle of worthlessness, which inhibits veterans from disclosing their identity because of shame. This is both the personal shame they feel as homeless individuals and of bringing shame on the Armed Forces as an institution by their rough sleeping. Pride and shame are two sides of the same Janus face, revealing that within this sense of shame is also

a sense of pride at having once served in the Armed Forces. This sense of pride only reinforces their reluctance to identify.

We spent some time discussing with volunteers and support providers the specific problems in identifying veteran homeless arising from the geographic and cultural context of Birmingham as a city. As a very big city, it pulls homeless people there, which results in a concentration of support provision, which only reinforces the pull of big cities like Birmingham in a vicious circle.

It is not just urbanisation that persuades homeless veterans where to live on the streets. Location choice can be determined by the cultural attitudes towards veterans within the location in question. Pointing to the ethnic and cultural profile of cities like Birmingham can make it somewhat more difficult for former Armed Forces personnel to openly identify as a veteran. As one support worker said:

You're seen as a British Army veteran and depending on what ethnicity you're from, how you view the soldier will to a large extent be dependent on the conflict they served in and your views or relationship to it, for example some could interpret these same soldiers as responsible or representative of those responsible for the killing of my ancestors, in places there's a very strong feeling against the soldier and somewhere like Birmingham that is magnified.

The unpopularity of counter-insurgency warfare, its indefinite purpose, its uncertainty over success, and the lack of public celebration on return can particularly affect recent veterans, especially in cities with large Muslim populations. Another support worker commented:

It is perhaps the elephant in the room and it is not to say whether such views are right or wrong, that's not what I am getting into, but the effects of those views means that some veterans do not feel comfortable in being a veteran, and especially one who is out on the streets by themselves.

Support workers were also aware that the difficulty in identifying homeless veterans is as a result of their displacement to other locations outside of Birmingham, especially smaller towns. One support worker who set up one of the main support charities in Birmingham commented that veterans now tend to gravitate towards places where the population is more receptive and hospitable to veterans, such as along the south coast of England and are less multicultural. He went on further to say:

It's entirely to do with the social dynamics and cultural dynamics, it's different in towns and villages where you have the one or predominating culture, but in large cities like here in Birmingham it is much more complex, you may have people who are two or three generations from their ancestors who came from towns and villages in another country but those cultural sympathies and relations remain.

Trying to identify veterans thus remains one of the most difficult tasks facing support workers in Birmingham. It requires a great deal of time and trust building.

This failure to disclose as a veteran is problematic, for support providers are aware from those homeless veterans who are known, that homeless veterans present with specific needs arising from their Service life. This traces back to some veterans' reluctance to engage with civilian life and their failure to deal with the expectations of civilian life. Support providers see them becoming homeless as an escape. Once on the streets, however, support providers are aware that they use their military skills of survival to cope. Their reluctance to identify as veterans is thus in part because they cope better with the harsh conditions on the street than other categories of the homeless. As one volunteer described "*they [veterans] are definitely shrewder*". A representative from one of the Birmingham veteran support charities we spent time with commented on how military training can assist in both living on the streets and evading intervention:

There was an example of one guy who was an ex-member of the Forces, he was very disciplined, he had that ability to be regimented in his approach, he could survive on

the streets and knew what he needed to do and a lot of veterans very comfortable sleeping outside. The key thing is however it's not about the rough sleeping which is the problem, that's not the issue for many of the veterans as they know what to do, it's about where they want to sleep, who they interact with and issues such as mental health.

While it may, therefore, be easier for homeless veterans to cope on the streets, one of the risks of veterans' hiddenness is that homeless veterans become homogenised and generalised, with the specific circumstances lying behind the homeless veteran's lived experience likewise remaining hidden. This prevents individually targeted intervention. As one support worker said:

Each person is unique no matter whether a veteran or not but veterans do present particular issues unique to them. When you go on a spiral, how far down that spiral are you, for some a general approach can work but for others they are so far down and within this context their military background as well, that a more specific, experienced approach is needed.

Homeless veterans' mistrust and reluctance to engage can have a knock-on effect, therefore, creating a number of additional problems, which according to a support worker can be the isolation of the sleeping locations which veterans feel better conceal them, the networks they interact with which increases their susceptibility to targeting by drug pushers, and their mental ill-health. Drugs are an acute problem that complicates a veteran's homelessness and the support they can receive as a pathway out of homelessness. As the support worker described *"for veterans and those who suffer from mental health more generally a problem is that they can become caught up in a drug culture very quickly, those who are pushing drugs are able to spot those who are susceptible to it"*. This only represents one of the vulnerabilities of the homeless veteran community. And their reluctance to identify themselves as veterans means that intervention cannot be achieved.

For these reasons the process of assisting veterans on the streets requires sustained action over a long period of time to overcome multiple barriers put up by veterans who do not wish to identify as a veteran. Trust building is a slow process, but it becomes key as support workers build up relationships with homeless individuals looking out for clues, both verbal and non-verbal, which may give some indication as to their status as a veteran. As one support worker said, *“it’s very easy [as a society] to become isolated and insulated from the reality of what is happening out there on the streets, it’s not rocket science, what you need to do is get out there, understand who, and where, people are and try to help them to get back on their feet”*.

The pathways into homelessness in Birmingham

It is for reasons of their hiddenness that finding homeless veterans on the streets of Birmingham and in local shelters was a difficult task. As support providers repeatedly commented, this does not mean they are *not* there, rather it is becoming increasingly difficult to identify them. Nonetheless, the small number we did talk to were asked about the pathways into homelessness they had travelled. We found them willing to engage with us and be open about their experiences, what circumstances they felt led them to become homeless, and how they cope with life on the streets on a daily basis. Unlike other respondents, though, they were briefer in their comments, less fulsome in speaking and more taciturn. Their social withdrawal and higher levels of suspicion and mistrust might explain this.

When asked about the pathways into homelessness they traversed, comments included:

I don’t know, I guess I just couldn’t get on with others, they didn’t understand me and I didn’t understand them.

I just can't bear the humdrum of civilian life, I just needed to be on my own, I'm alright out here, I know the streets and I can look after myself, I don't need anyone.

I'm alright, I've got a place to stay, you don't need to worry about me, I'm well capable of looking after myself.

It's ok, I know how to survive, I've been in worse places than this and got through it, I just say to people let me be and I get on with it.

It is difficult for us to distinguish from their taciturnity whether this is a real preference, or a choice forced upon them to which they have to get used because of perceived difficulties in finding a pathway out of rough sleeping. Undoubtedly, there are some homeless veterans who prefer to remain on the streets because they are reluctant to give up their drug habit, which hostel dwelling requires. Not surprisingly, none of the homeless veterans we interviewed said as much. Their sense of personal preference, self-reliance, and of being able to cope in the present, was what dominated their comments. They were very reluctant to talk about their past. An example of one interaction highlights this when an individual who identified as a veteran refused to expand. When asked about what regiment he was in, the response was *"I don't really want to say"*. Other questions met with equally reticent responses like, *"a few years"*, and so forth.

This was somewhat different to other homeless veterans we talked to elsewhere, such as 'Andy' and 'Clive' discussed above. The explanation has less to do with geographical place but more that Birmingham's homeless veterans were in the most severe form of homelessness on the streets and sleeping rough. The dominating concern of this type of homeless veteran was their preference for isolation, their wish to be on their own, and their explanation that this was by their choice. That is to say, there is a significant contrast in the lived experiences within different forms of homelessness, which shows both the complexities in veteran homelessness and the importance of different strategies to support veterans

experiencing different forms of homelessness. This is perhaps the significant conclusion of the Birmingham case study.

Finding a pathway out of rough sleeping in Birmingham

The biggest obstacle out of homelessness for veterans is their declared preference to remain on the streets. Volunteers highlighted the complexities of trying to provide support to veterans on the streets:

If we suspect someone is a former member of the Armed Forces we approach this carefully, we at times will only engage in the subject if the individual feels confident enough to do so and we find that often they will only do so if they feel it is strategically beneficial to do so, to some extent it is a game of cat and mouse.

The issue expressed most commonly amongst rough sleeping veterans and support providers was the pathway that needs to be made from the streets into adequate and affordable housing. One support worker in Birmingham stated:

There are enough houses, if the will was there. There is enough property available to house those who need housed. But unfortunately there is not the willingness to do this. If the willingness is not there to actually house people, then we as a society have to find other ways to assist and that is why other approaches must also receive attention and focus.

Support providers who assist the homeless in Birmingham stressed the need to build confidence and self-esteem amongst homeless veterans, that giving food and basic goods is only a short-term strategy; in the long term the goal must be helping rough sleeping veterans to help themselves. As one volunteer stated, “*a system to encourage people back to work, a move to self-fulfilment, an understanding of money [of] how much money is needed for them to live and to plan accordingly*”. The head of one of the largest homeless support charities in Birmingham stated his ideal vision of a coordinated homeless support system whereby by the

goal would be to move individuals out of the homeless system by giving them the skills to do so.

So short term you have a centre or centres in place working together where homeless individuals get a meal cooked for them, have their laundry done for them. Each person has a case worker who works for them, assists them in helping themselves, as soon as they come through the door we're looking at what are their qualities, what are their skill sets, we're not looking at homelessness, we're not looking at mental health issues or a focus on those negative aspects. We've always got in the forefront of our mind you're not going to live here, it's not going to be your home, but a step up, a system of support for those willing to engage which will allow them to move onto supporting themselves. It's about giving you that support so that you won't end up back here again. It's about developing relationships and build confidence within affected individuals so they can turn their life around.

For this provider, a collective, systematic approach is required, along with dedicated volunteers.

It is vital to have a network of people out there on the streets, street engagement is key for all homeless individuals but especially those who are veterans. It's not about any specific specialist skills as such, it's about having the ability to listen, to be good at building rapport so that they can then be put through to next stage which is a network of accommodation coupled with a support worker or case worker who assists those individuals by identifying their skillsets.

There was recognition that the skill set of volunteers who are themselves veterans is vital in both identifying homeless veterans and building up sufficient trust to enable effective support to assist them. This involves an understanding of the verbal and non-verbal cues within military culture, the language code and the humour, can build a bond that can help a homeless veteran make the move from the streets to settled accommodation.

Related to this, support workers we talked to who deal with homeless veterans stated that one of the major issues that they feel is problematic is the labelling of veterans as 'damaged'. Empathetic relationships without labelling are important and veteran support workers amongst the homeless are less likely to be judgmental.

I think we're a little too quick to go down this route of diagnosis and treatment, and they are then labelled which means that accessing work, opportunities and so forth is difficult. Find out about the person, their unique circumstances, what makes them as a person who they are, use their talents, skillsets and personality as an individual the alternative methods of support which brings out the best in people.

Support workers amongst rough sleeping veterans need to advocate a much more holistic, individual based approach which takes into account more than the psychological wellbeing of the individual, and to avoid labelling.

An important issue in respect of veteran support, regardless of the kind of negative transitioning they experience, is the role of the family. At this point we move on from outlining the three main types of negative transition, to explore in the next section veterans' views of the impact of their transition on family members, as well as exploring the views of family members themselves.

Family life

As part of this study, we wanted to better understand the effects of negative transitioning on family life and the extent to which families provide an important support network for veterans facing difficult transitions. We have already seen how family breakdown can be a precipitating factor in negative transitioning and be involved in the complex crossover between multiple forms of negative transitioning. Veterans were thus asked about family life and the importance of families as a support, but we also carried out fieldwork with family members of veterans who have experienced negative transitioning. This involved spending time with family members at support group events as well as travelling to veteran association functions and reunions. We interviewed a number of family members, both on their own and on occasions with veterans present.

We found it challenging to access family members and most were identified through support networks and organisations. Veterans were reluctant to provide access, in large part because of family breakdowns and relationship problems but also because of confidentiality. On many occasions the veterans we interviewed had experienced relationship problems, as well as divorce and separation. This in some ways constitutes data itself, for it illustrates the impact of negative transitioning on families. However, this was not consistent across all three groups. For those veterans who had suffered psychological problems they were more receptive to family members being approached. Mental ill-health tends to be a journey the family takes together – as one former soldier described it, “*they [the family] had been on the up and down journey with me, they are the ones who had to live and deal with me every day and night*”. Imprisonment and homelessness are not shared experiences to the same extent. By definition, homelessness cuts the veteran from families, and families are often secretive about members in prison. Much of the discussion therefore focuses on families where mental ill-health is the major problem.

Former personnel who had experienced significant mental health problems after leaving the Forces described on numerous occasions the pressures impacting upon the family unit and on family relationships. They were keen to point out that the public and media attention on veterans’ mental ill-health often failed to take into account the suffering of family members. This suffering can be great, and by the time veterans are in a position to seek support, the damage to family life and relationships has already occurred. Families thus are, as one veteran put it, “*the silent, unknown sufferers*”. One former male regular soldier who joined the Forces when at university and who has experienced significant mental health problems since leaving commented on the difficulties surrounding relationships and family life:

I left the Forces because my family and children were missing me, being away on deployment affected family life and relationships. I wasn't there to help raise the children, I was like a stranger to them when they were growing up. But the problem was that even when I left the gap between us all had become that large that we couldn't overcome the barriers, we were like strangers and all living together under the same roof day in and day out it couldn't work. Wives talk to each other, they confide in each other they learn about each other's experiences and how similar it can be. They're often the only support network they have but the problem is if they're all experiencing the same problems who is there to help provide them with solutions? My wife, goodness me, I ended up blaming her for not settling down for not enjoying city life, I couldn't reacclimatise to civilian life, maybe I was missing my time in the Forces too much and blamed her for pressuring me to leave, a combination of stuff but for my partner at the time it became too much for her and she and the children left me.

The breakdown in his family life initiated a downward spiral of life crises, including battles with alcohol and depression.

Post-Service problems were said by many veterans to be the major factor in family breakdown. These problems include the difficulties in adjusting back to civilian life. A former regular male soldier who suffered severe mental health problems after leaving Service commented on how the *"alien environment of civilian life"* proved too much for him, reverberating with lack of employment opportunities and financial difficulties to detrimentally affect family life. Not being able to contribute towards the financial maintenance of the family income was said to be emasculating. Emasculation was a common theme. As one former regular member of the Armed Forces described it: *"I felt awful because here I was in 'civilian-street', an ex-soldier soldier who had been in the battlefields, in the desert and now I couldn't even provide for my family. I just felt what sort of a husband and father was I"*. The failure to fulfil the traditional role as breadwinner was one of the central reasons for his subsequent relationship problems within the family. Employment opportunities are thus important to negative transitioners – as with all veterans leaving the Armed Forces – but attention to the threat this poses to their sense of masculinity also must

be recognised in support provision. Officers, of course, have the added problem of finding employment with similar levels of income and authority. Officers we spoke to with mental health problems linked this to their sense of self-respect and many said that its loss impacted badly on family life.

Large numbers of veterans commented on the post-Service issues which contributed towards family problems, but there were also contributions from a number of veterans who highlighted the problems for families which existed when in-Service. For example, one former regular soldier in the British Army commented that maintaining relationships and a family life became a difficult task:

I found that a lot of my mates who left early, they were having relationship problems and difficulties, the wife or girlfriend was nagging away, they weren't there to help with raising the family, but when they left it didn't actually solve these problems, in many ways it made it worse, they were about home more, the couples didn't really get on, there was the pride thing of being in the Forces but now they were out and struggling to find work, just a constant problem.

Another former soldier commented: *"I mean the amount of personnel, and not just former, but current who end up divorced is massive, I remember one day in the Mess the Sergeant Major said, 'right everyone stand up, right all those have been divorced sit down'. Practically everyone sat down in the room"*.

The paradox is that the strains on the family while in-Service make the family less capable of being supportive when post-Service problems are added to it. In-Service families can lack the consistency and familiarity to deal with post-Service problems. As one former soldier described: *"I remember a lot of the fellas, their children were having problems at school, they were being moved from pillar to post so it affected the family in a number of ways. I mean even your children, you're all classed as different to the rest. I know a lot of the women they just took off with the kids because the husbands weren't there."* Families already

weakened in structure and empathy by in-Service issues can be rocked harder when, post-Service, veterans spend more time with partners and family members. *“To be honest”, one veteran said, “when we were in the Forces you were married to the regiment, but when you left you realised you were married to your wife and that change in mind set and set up can be really difficult to adjust to, and not just for the soldier but for the family as well”*. Operational trauma is thus only the most extreme circumstance that weakens the family unit; many more routine factors put a strain on relationships. New ways of communicating, new ways of managing time spent together, and getting to know again family members are factors at play in family breakdown.

These issues were replete in the accounts of the veterans we spoke to, but they impact on family members as well. When interviewing former personnel in the south coast of England we took the opportunity to engage with family members. This provided the opportunity for some family members to speak freely. One family member, whose husband and son both served in the Forces, provided an overview of the challenges facing family members when transitioning to civilian life:

The problem is that when your husband joins the Forces or if you marry them when they're in the Forces you're not really married to them, their married to the Army or whatever branch of the Services they are in. It's once they leave that it becomes clear that you are starting a life with a new person, someone that you might have been married to but in reality you haven't really lived with them as such. It's like being newly married or in a new relationship once again, so you have got to learn to get to know each other, their personality, their quirks, it's like starting all over once again and for some that can be a huge challenge. Being used to being passing ships and not spending much time together to one where you are living with each other 24/7 is a big change. So you've got that first of all, then if you think about all the challenges that can come about from life in the Forces, the trauma, trying to cope with the strangeness of civilian life, and that's also for family members, as well as your partner trying to find a civilian job, you then begin to realise the mountain of issues that can develop and for many wives, partners and family members it just becomes too much on the family and that's where arguments, problems and splits eventually occur.

Given the multiple issues described above which can affect veterans and their families, a large number of family members commented on the lack of knowledge in the public with respect to the experiences of family members. There was frustration amongst family members as to what they see as a lack of societal attention on the families of veterans, as was described by the wife of a former regular soldier who has experienced mental health problems. *“We are the silent sufferers, it’s ok that there is so much focus on the veteran and it’s great but what about us at home, we are the care givers, the 24/7 counsellors, the ones who have to go through what they [partners] go through but you hear so little if anything about our suffering and the effect on our day-to-day life.”* This was a common theme resonating amongst family members.

The public and the media were also criticised for their stereotypical portrayals of veterans and supposed lack of awareness of what veterans experience in negative transitioning. The sense that veterans have that nobody really understands them, imposes itself on family members.

There’s nobody who really knows what it’s like to live with a husband or a family member who has been in the Forces and is suffering after they leave. You have to be there to support them but it is so difficult, the mood swings, the detachment, the isolation. It can really be awful at times and a very lonely place. And the problem is when it’s such a lonely place who do I turn to, I have nobody who I can turn to and say, what about me, what about the effect this is all having on my mental and physical wellbeing. We have to look after our husbands or partners, but who looks after us? No one.

This translates, they felt, into societal apathy and a lack of support from large organisations. For those who voiced frustration there was greater praise for locally run organisations and initiatives which sought to provide support as well as a listening ear and a voice for family members. A large number of family members who participated in this study indicated the importance of support networks who provide that point of contact and

opportunity for interaction. One wife of a former soldier who attends weekly coffee mornings at a support organisation based in Exeter, highlighted the importance these sessions have for both her and her husband:

If it wasn't for the get together and coffee mornings like this I don't know what I would do at times. They are great because they allow both my husband [who has suffered serious mental health problems as a result of operational-based trauma] and me the chance to go to something together and to just sit and talk to others in similar circumstances, it's something we look forward to, an escape from the daily life of coping and surviving.

Another wife of a former regular British Army soldier commented on the opportunities provided by regular informal meetings.

We look forward to them because it's something we can go to as a couple and know that we will be welcome and people will know and be understanding if something happens, say for example if my husband has a bad moment or something and has to leave the room or doesn't feel like interacting, people there will understand and it won't be awkward. There's been different things we've been at before [as a couple] where my husband has a panic attack or a difficult moment and has to leave the room and everyone starts to look at us, you can hear them muttering. It got to the point where we didn't bother going out because he couldn't bare it, the least thing, a door banging loudly, the look somebody might give him at the bar, it just got too much. But at these mornings you get the chance to be yourself a bit more, to be able to relax that bit more and switch off. It's nice that way and it means that I can go and chat with others and my husband can go and chat to others and we don't have to be together the whole time and I don't have to always be watching him to make sure everything is ok. Those two or three hours each week, you've no idea how much they mean to us, to the point it has actually helped our marriage.

The ability to learn to cope with potentially threatening situations in public settings was commented on by a number of family members as one of the most challenging aspects of supporting negative transitioning veterans; and one of the most important to family unity if done successfully. The potential for triggers to provoke veterans to become emotional, violent, distant, and so on, was a constant worry to family members, to the point that some avoided public settings, with its attendant risks of social isolation. As one wife remarked:

“we couldn’t go out so we were spending even more time looking at the same four walls, and this only brought more strain upon our marriage and I could feel myself getting more angry and frustrated and then feeling guilty about feeling that way which in turn made me feel even more angry, it was a vicious circle”. The wives of veterans with mental health problems said how seemingly mundane activities were a constant negotiation of space and place, and family members needed to be hyper vigilant to the veteran’s stress. One example was highlighted during a conversation in a veterans’ event in the North of England.

I remember we were asked to this birthday party, it was for a close friend so they knew that my husband had some issues and that there was always the potential for something to happen or to trigger him but because they were aware of this and we knew them well we replied yes. We always had to be aware of where and who we were going to see so even attending parties had to be planned carefully in advance. I remember that week, he had a relatively good week, if he hadn’t I don’t think we would have went but everything seemed relatively ok so we decided to go. Even though we knew a right few of those present there were a number of strangers and I noticed that my husband was a bit uncomfortable at the start, we got there pretty early so he could choose a spot where to sit, always close to an exit point, anyway the evening was going along nicely and we were enjoying ourselves, it was great to be out, and then next thing the balloons came out. I remember asking would there be balloons and I was told no that it wasn’t going to, but then they came out and I could see my husband getting fidgety, colour in his cheeks. I held his hand and it was starting to sweat but I kept telling him, its ok it’s only a balloon and nobody is doing anything with them. Then some of the youngsters got hold of them and bang started bursting them, and that was it, he immediately jumped up and ran out the room as fast as he could, I ran out after him and we was literally standing outside having a panic attack. We haven’t been out as a couple since that evening.

It is thus important to the maintenance of the family unit, and with it the ability of the family to act as a source of support, that wives, partners and family members understand the veteran’s condition. This was especially so for those veterans experiencing mental health problems. As the wife of one former soldier described when chatting in their family home, *“I didn’t understand, I didn’t know what it was that was affecting him and therefore us as a family until we went to see someone and get some support and he brought everything out and*

we didn't know until this happened, it was just a brick wall between us before that". As such, the comfort and reassurance of engaging with others facing similar circumstances is a safety net. An important element in such comfort and reassurance is the veteran-initiated focus of such support groups. Family members expressed so much more ease with support networks that involved organisations with veterans at their centre. Family members were keen to point out the challenges when crossing this metaphorical comfort barrier to engage with civilians without military experience. Sadly, such a Rubicon, reinforces their separation from the rest of society.

Northern Ireland families

Veteran families in Northern Ireland, of course, are required to be cautious about entry into civilian society because of the added security risks. Suspicion at revealing identities was a significant factor, with family members providing examples of hyper vigilance and heightened suspicion of others not replicated in the same manner across mainland Great Britain, despite a quarter-of-a-century since the signing of the Good Friday Agreement. For example, one wife of a soldier recalls *"even now we are careful, we still check under the car, because you just never know, we're especially afraid the children might forget and get into the car and set something off"*. Family members from Northern Ireland referred to the normalisation of fear and suspicion, where lack of trust still remains part of everyday life. Uneasiness in uncertain surroundings and of unfamiliar others is still common. As one former soldier's wife commented, *"even today we are very wary of strangers asking too many questions about what you did"*.

One of the most vivid examples of living in a state of perpetual suspicion is the reluctance to reveal family members are veterans. As the wife of one former soldier described:

We're still afraid to say what our husband did and job titles were often made up such as a painter. It became an almost running joke that Northern Ireland had a massive 'civil service' such was the number of soldiers who would have commented that they were a government employee rather than admit being in the Forces and this still hasn't fully disappeared for a lot of former personnel and their families.

One soldier we interviewed in Northern Ireland who has suffered significant mental health problems after leaving the military, commented about his shame at his sons having to lie to school friends about what their father did. Accordingly, some former soldiers and their family members were reluctant to open up about their transition problems. And living across the Irish Sea made some feel abandoned by the British government and the Northern Ireland Office. Family members commented that often the only 'support' which some former members received was being issued with a personal protection weapon, which in some sense is no protection at all if it needs to be hidden away from the children and unknowing visitors.

The suspicion, mistrust and lack of openness further exacerbated feelings of isolation for a number of Northern Ireland based family members, being reluctant to talk even statutory services because of the security risk. This meant that the role of local based organisations associated with veterans was key to the level of support they received.

Veteran Support and Negative Transitioning

This project has never solely been about the lived experiences of veterans who have transitioned negatively to civilian life, for a fundamental goal has been to deepen the

understanding of the support network available to negative transitioners as they see it, and to capture the views of support providers, especially on what they would like to see improved.

This Section, therefore, focuses on veterans' perceptions of support systems and the responses of stakeholders. There are a number of benefits to this approach. Ascertaining the views of stakeholders enables us to better understand the challenges facing veterans and support organisations, to better appreciate the pressures on the support sector as they meet veterans' needs, and the opportunities and threats facing the support system moving into the future.

For many of the participants in this study lack of access to services was a central theme. The inability to access support services is coupled with perceived failures in providing adequate support. It must be emphasised that throughout we have documented very many examples of good practice, demonstrating a meaningful duty of care. We can reconcile this disjuncture by explaining that criticisms about access to, and the quality of support, were made principally by veterans suffering mental health problems. In veteran prisoners and homeless veterans their plight was overwhelmingly individualised to personal failures, for which they bore the main, if not sole, responsibility. Regardless of whether this is true or not, it absolves support agencies from much culpability. Moreover, the nature of the problem is quite different for mental ill-health, with higher expectations of care and medical assistance. Coping with their lived experiences is seen as a personal responsibility in prison and on the streets; mental wellbeing, however, is medicalised and seen as someone else's responsibility to cure.

Complaints about the support system are thus common amongst veterans – and their families – with serious mental health problems, despite the good practice we identified in local organisations dealing with the issue. For example, a former regular British Army male

soldier, who has suffered from mental health issues, commented on his struggles to gain support from the Service charity sector, accusing the sector of lacking support and guidance. “When I left [the military] you walked out the gate and that was it. I was medically discharged and there was no follow up or referral. I was just left to get on with it.” Another former regular member of the British Army expressed his frustration at the sector:

I don't access any services, none. However I speak to a clinical psychologist who was in the Armed Forces. Most interventions by civilian services and charities have failed miserably including Combat Stress. To be honest I do not bother trying anymore. You need to change the whole system from this top down, stop the big charities approach and move to a more localised support system, they really need to get the charity sector sorted out first.

The government and the Ministry of Defence get included in the criticism. Commenting on his difficulties in accessing support a former male regular in the British Army stated:

I kept being denied access to certain medical records as well as a refusal by the authorities to accept that I had been exposed to traumatic events while in Service or even acknowledge them despite witness statements to support my testimony. The issue is the effect of all of this from my military Service has in essence been a domino effect whereby physical injury and associated psychological problems has severely impacted my ability to access employment and therefore financial stability upon leaving the Forces. I do access mental health support through the NHS but I continuously need to justify my medical conditions to ensure I receive the support I need. I have to get continuous assessments by the DWP [Department of Work and Pensions] which makes access to disability benefits very stressful for me. That's why I feel there needs to be the creation of a proper and dedicated Veterans Affairs department like that which is based on the US and Canadian models, one that is located within government but independent of the MoD.

It is worth noting that such a department has now been established within the Cabinet Office and is therefore independent of the MoD.

The experiences of another former regular British Army soldier show the multiple issues some mentally ill veterans can face in staying in work, maintaining normal family life, and avoiding substance abuse, crime and some forms of homelessness. The intersection of

these issues, which mental ill-health exacerbates, increases the demand for support and intensifies the criticism at its perceived failures.

It's been so difficult making the transition to civilian life and you don't really get the support you feel you're going to get when you leave and when you're out you hear about all these organisations but where do you start. It's ok for someone who knows what they're doing but what about someone like me, you're in a panic to find work, struggling to get into a day to day routine and severe mental health problems, how the hell do I know where to start or where to look and then all you hear is that 'well there are a number of organisations out there, we're there to help' blah, blah, blah.

A former member of the Royal Air Force reiterated the knock-on effect of mental ill-health on other life crises.

Upon leaving the Forces lack of trust was a key issue for me and coupled with the loss of pride this led me to a difficult time adjusting to the demands of civilian life. But if you were to ask what I felt has been the main problem in me being able to get back on my feet after leaving the RAF it's the lack of employment prospects with good pay and the lack of support or guidance from organisations and networks to help get you into work.

The medicalisation of mental ill-health means that some veterans engage with medical and statutory services that are not exclusively veteran focused. For example, one former soldier who has been both homeless and suffered severe mental health problems commented: *"There needs to be a veteran specific focused question from statutory services such as 'have you served in the Forces?' because if you don't have something like that some veterans will not say that they have served, they won't admit to it for a variety of reasons be it embarrassment, male ego or whatever, this needs to be rectified."* They feel that the special factors that military life – and its ending – contribute to mental ill-health are thus overlooked. Again, it is necessary to point out that this interview took place before service in the Armed Forces became a marker in the Department of Work and Pensions and with some GPs.

A number of stakeholders involved in the veteran support sector accepted that accessing support services can be difficult for some veterans, especially those who actually need it most, which in turn can limit the effectiveness of services being offered. In some cases, it is lack of information. As one veteran said: *“I did not access any support services when I left, it was much too difficult, I didn’t know where to go to or who to turn to”*. In other cases, it is not information that is the problem but the complexity of the negative transitioning. One former soldier who now volunteers for an ex-Services support group commented that some transitioning personnel face a complex range of issues which can intensify their need for support but at the same make it much more difficult to take the initiative to obtain it. *“In light of the complex situations many veterans are returning to post-Service”,* he said, *“this means that post-Service support needs to be available and meet those specific and wide-ranging needs.”* There was also a recognition that the complexity of the negative transitioning issues facing some veterans as they experience multiple stressors, can complicate the type of support they require, especially veterans who have suffered life changing injuries. A greater focus on advertising the support available to them was thought to be essential, as was dedicated funding to assist them. As one provider commented: *“Major at-risk groups will be those personnel that have suffered life changing injuries, not receiving the life-long support they need - that includes mental health! I think over the next ten years, with the military not being in the news as much then funding will be more difficult to come by which will impact of a lot of the support providers.”*

Various stakeholders argued that increased awareness of veteran support needed to be achieved, amongst veterans, their families, the statutory sector, and by organisations not specialising in veteran issues. This includes within the Ministry of Defence. One respondent who manages a centre which deals with homeless veterans provided her perspective on the

challenges facing veteran support across the sector as a whole and was scathing at the lack of preparedness for civilian life of many veterans, a fault she lay at the MoD.

The feeling we have got from the organisation and dealing with those former members of the Armed Forces who face homelessness and other challenges is that new recruits must be informed and given sufficient support upon leaving the Forces. Of particular concern to us and one which we feel does not get the attention it merits is the lack of ability for many veterans to manage money and tenancy. Housing difficulties and access to accommodation remains a pressing issue for former personnel and it is a problem which also does not get the attention it merits. These issues arise we feel because veterans are often leaving the bubble of military life into the new demands of Civilian Street which thus means that a lack of knowledge on housing and financial management can cause considerable difficulties. It is this issue which this we feel is key to recognising the problems some veterans face. The problem is that there is no preparation for outside the Armed Forces and many of these transitioning soldiers are simply not equipped to deal with life on 'civvy street'. Those former members of the Forces we come into contact with are often highly critical of what they feel is a consistent lack of support offered when leaving the Forces and we get this type of response or feeling constantly from our clients who seek support from and use the centre. We do feel that it is vital that more consideration and attention is taken into account with respect to pre-military experiences when trying to discover the reasons why some veterans end up in prison, homeless or suffer mental health issues is important as they are finding more are coming through with ACES or adverse childhood experiences and that there must be a more robust and improved system of workers who guide both veterans and family members to relevant Service charities. We must work together to put in place a system so that when they leave Service there are workers to guide both veterans and their family to relevant Service charities.

While the MoD does provide information on civilian housing via the Joint Service Housing Advice Office, support providers on the ground clearly ask for more and better information.

One of the core questions which arose from these conversations was the extent to which the support system is failing to meet the needs of the most needy, in preference for the provision of care for veterans thought to be 'easier' to deal with because they present with less complex problems. We come back, though, to the kernel of the problem with the support system: it requires veterans to take enough self-responsibility to find out about and access the support available. It is thus worth posing the question for future research and policy: is there another way of organising support?

As it stands, however, a support system that requires veterans to take the initiative will always be criticised by them because of the difficulties they face knowing what support is available, the length of time it takes to obtain it, and the myriad of un-co-ordinated organisations that provide it. When veterans do take some self-responsibility, however, the results can be remarkable. The lived experience of one former male regular British Army soldier shows just how much can be achieved. Having received mental health support, he described how *“civilians, they just don’t understand what it’s like to be a soldier, they don’t understand what you went through”*. This made him aware that a support system was needed which understood the unique experiences of veterans and the special help needed for them to function in civilian life. In order to try fill this gap, he founded the Derbyshire Veterans Group HQ. He also acts as a caseworker for SSAFA and assists veterans in accessing support. *“Once you know they are there”, he said, “it’s very easy.”*

A similar response was made by another former regular British Army soldier who now works for a military charity. He now has a good understanding, he said, of the range of services and support available, lamenting that this is not the case for most veterans. Veterans need to know what the ‘first hurdle’ is to getting support; it can be the most difficult leap but potentially also the most rewarding. Helping veterans to surmount this first hurdle he now sees as his chief task as a charity worker.

Some veterans themselves exemplify the truth of such views, explaining the turnaround in their lives once they jumped the first hurdle. As one former regular British Army soldier commented: *“When I left the Forces I had no education, no real transferable skill sets, nothing. So I very quickly realised that I needed to go back to school and that’s what I did. It wasn’t anyone else saying this or helping, it was me taking the initiative because I had to.”* As another example, a former regular British Army soldier described how upon leaving the

Forces he felt a loss of identity; the attributes that gave him self-respect, pride and which supposedly made him who he was were no longer there. The unfamiliarity of civilian life and lack of a purpose meant he struggled to adapt. Becoming reliant on alcohol and spending some time in prison, he commented that it was only when he accepted that he needed support that he was in a position to get it. He described how support was much easier to access than he imagined. He now uses support provision regularly. This case highlights two important points with respect to veteran support. It is necessary for veterans to accept that they need support, and it is necessary to persevere with it once found. This means hunkering down to “*get on with it*”, as other veterans said so often.

A former soldier serving a prison term in Edinburgh prison who had experienced many tragic events nonetheless highlighted the requirement to knuckle down, get on with it and take back control.

I was a regular soldier and was on a number of tours, Iraq, Afghanistan and so forth, there were things happening, you were seeing you mates killed or injured but you just had to get on with it. There was certainly no support when I left, definitely not in my case and you just had to get on with your life. If you made it great, if you struggled, tough, you were out on your own. There's a lack of knowledge about what is out there and nobody really guides you when you leave.

Another former regular soldier, also in prison commented:

I got and am getting nothing from any of the more general veteran support networks, there needs to be a greater attention paid to people like myself, it seems to be that unless the person goes out and does something to get support, there is no support from the system. There are programmes, mental health teams and so forth but it's about looking for yourself.

It is significant, however, that both are in prison, where there is a greater emphasis on personal responsibility. The problem with mental ill-health is that it can strip the veteran of the capacity to do this; and rough sleepers exercise personal responsibility by consciously

deciding to remain on the streets. 'Taking back control' is thus not an easy solution given the complexity of the lived experiences behind negative transitioning.

Support providers, however, insist on the importance of veterans taking back control. The risk without it is that veterans become dependent on support and develop a 'culture of dependency', as described by many providers. Where this occurs, support does not give closure but only perpetuates problems. The issue thus becomes of managing veterans' expectations of the support system. Veterans need to be realistic in their expectations of support and the outcome. This is a fine balance: veterans should expect to have their needs met but they have to want to take some responsibility for the process. Stakeholders described how negative transitioners especially can fail to have the necessary patience to see the support process through to successful outcome; and they can be unrealistic in their expectations of what success means. When the support does not consistently meet what veterans unrealistically expect, the blame is put on the support provider rather than the veterans' expectations. Managing the expectations of negative transitioners is thus an important part of support provision. As one former stakeholder described it: *"We do need to be careful with some former members as to whether they have set unrealistic expectations regarding veteran support, whether they understood the challenges the sector faces or whether the veteran themselves come to rely so much on the sector rather than trying to help themselves that support becomes counter-productive."*

Part of the problem with cultures of dependency is that veterans become passive. When veterans take back control, they usually have clear senses of how support needs to be improved and have many ideas of the changes they would like to see. Veterans with mental ill-health who have become dependent struggled to identify what improvements are needed. One of the key questions asked of veterans in this study was what they would like to see

changed in veteran support. They were passionate about the inadequacies of current care, urging more and better care, but some veterans with mental health problems largely failed to specify how care could be improved. Indeed, suggestions were less about the care system and more about improved employment opportunities and housing.

Local contexts and local awareness of need

Negative transitioners are more likely to have missed opportunities for support or to have fallen through the cracks of an un-co-ordinated support system. They are in part transitioning negatively because they are unsupported; some have to end up in prison or homeless to get good quality care. Participants in the study expressed concern about how to address what they perceive as cracks within the system. One former Service member who said he was someone who had fallen through the cracks, commented on the need for greater attention on locally based solutions to meet the unique needs of former Service personnel facing difficult transitions.

A better support network that could be run locally by veterans so information could be passed around so if a person was struggling in anyway, in other words what I mean is that you have this core of veterans that could help out within a very short space of time. Something which isn't always recognised in this sector, especially from those who may not understand local contexts and circumstances is that time and quickness is key, it could save someone's life.

Particular criticism was directed at national, well-known organisations for the lack of bespoke, dedicated care for veterans. More praise was directed to regional and local organisations who provide regular interactions for veterans and family member. The local knowledge and awareness in these areas means that local groups can meet the needs of veterans in a quicker and more regular manner. We noted how co-ordinated approaches at local and regional levels provided much needed certainty to the sector. For example, the joined-up approach in

Scotland for prisoners, ex-prisoners and across the veteran sector, was very effective, with fewer 'cracks'. The Northern Ireland Veterans Support Committee, as another example, help to provide a meeting point for discussion and debate between different stakeholders across Northern Ireland, as well as offering connection to UK-wide support bodies so that greater co-ordination and co-operation can be developed. Another excellent example is the development of the Association of Ex-Service Drop-In Centres, which work to improve co-ordination of drop-in centres across the whole UK so that delivery is maximised so that no veteran is missed unless they want to be.

One of the most scathing criticisms was of the Ministry of Defence itself. Negatively transitioning veterans in the lower ranks consistently complained of the poor preparation provided for their leaving. Some argued that they might well have not transitioned so badly if the MoD had provided better support before re-entering civilian life.

The MoD: beginning the transition process early

There was broad agreement that there have been some changes within the MoD to assist transition, such as Career Transition Partnership, credit for courses, help with CV writing and so forth. As we have emphasised, some significant improvements in care and support were introduced during the research, of which respondents were then unaware. Low rank negative transitioners, however, are more inclined to be cynical of the provision as they experience it. One former private in the regular Forces who has suffered significant mental health problems after leaving the Forces commented that, *"all these courses and so on, they're just ticking boxes, it's not really about helping fellas leaving the Army"*. Another commented, *"as soon as you tell your commanding officer you're leaving that's it, your final year you're treated like a black sheep, you're ostracized from the rest of the regiment, they don't want to know you"*.

Another former soldier commented, *“once you hand in your notice that’s you according to them, they’re done with you, you’re not their problem anymore”*.

The initial period between requesting to leave and the actual date of departure is an interregnum described by a number of ex-Service personnel, especially those further down the ranking system, as particularly difficult. The particular issues arising were the availability of resettlement packages for transitioning personnel, the perceived hostility by senior officers towards those leaving, and the poor opportunities for re-skilling for civilian life. Senior officers came in for special opprobrium. For example, a former corporal described the attitude towards him amongst his command chain.

They threw me under the bus, as soon as I said I was leaving that was it, you’re nothing to them; they knew that I had some mental health difficulties anyway but they only paid lip service to it. You see all those fancy adverts and posters about mental health, bollocks. Maybe it’s different for others in other regiments and battalions but in mine it was a case of dry up and get on with it. That was bad enough but as soon as you say you are for leaving you’re basically separated from the rest. That final year after signalling you’re leaving its hell, you’re in but you’re not in and it means by the time you leave you have such a bad taste in your mouth that your last experience of something that you gave such a proportion of your life to is a bad one. It’s like someone you love cheating on you. You’re devoted to them but they’ve wrecked you, that’s the best way I can describe it.

Discussions with a number of support providers made us aware that they too recognise that an unpleasant leaving can help trigger negative transitions. It is deeply ironic, many said, that so much expense, time, energy and emotional labour is invested in making a soldier that much less is invested in their departure. As one support provider stated, *“we’re expecting veterans when they leave the Forces to be able to look after themselves, to seek support and that’s the key phrase here, seek support, but they’ve spent years being trained to listen and obey, not to make decisions but to obey orders”*. Some support providers went as far to say that Service

life does not up-skill veterans but de-skills them: *“we support many veterans who have had negative transitioning as they have become homeless as the Services have de skilled them.”*

Our conversations with veterans who have faced problems accessing support highlight the dilemma facing soldiers, especially those in the lower ranks. They are embedded into a system which moulds them to listen and obey, to respond to instructions. When leaving that environment of control, the MoD suddenly expects them to become decision makers and for themselves to ‘take control’.

Rank is important to this. Higher ranks were much more likely to applaud the positive steps taken by the MoD to assist personnel making the transition, but lower rank veterans can be ill-prepared to ‘take back control’ and some end up transitioning negatively. Not all; not the majority, but some. One support provider in the North of England who set up his own charity after leaving the Forces expressed his frustration at some veterans’ ill-preparedness.

Those leaving the Armed Forces should be given a package informing them what is out there, like the RBL, SSAFA etc. I have never when on our stand met a person who knows about the free poppy breaks, also we hear lots about the lost veterans, what about their spouses and children, at the moment as a SSAFA case worker I am currently working with two ladies, both with children and both have been homeless and sofa surfers. Also when they are given a leavers pack it should contain assistance in the area they will be settling not just a generic pack. Bases camps etc., [they] should have someone to visit them to talk to those about to leave.

The keys to achieving a more effective transition during the early stages are therefore communication (information about support) and co-ordination (between providers and the MoD). As one support worker, who served in the Forces, stated: *“clarity, collaboration and improved links between the Ministry of Defence and the veteran community is key.”* It is important, said one support provider, *“that when they leave Service there are workers to guide both veterans and their family to relevant Service charities”*. One support worker urged

the need for dedicated employment advice, support and knowledge about transition, not just in terms of civilian jobs, but civilian workplace culture as well.

Effective transition, therefore, requires realistic expectations as to what transition is like, and for all sides to be open and honest about the strengths, weaknesses, opportunities and threats in the transition process. It therefore requires transparency and openness from all sides. However, some of those we spoke to expressed doubt as to whether transparency and openness is achievable because of MoD reticence to admit the problem and competition between support providers in a tight market. One support worker who deals with veterans who are homeless commented on what he felt was the complexities of the veteran sector.

There are agendas, I do actually believe there are agendas at play with respect to veteran recovery and reintegration, some of it may be unconscious, that some don't realise the true consequences of their actions, one of the driving Forces of that is power, wealth, money itself. There is a competition to see who is the 'voice of veterans'. We also have the problem that for some it is beneficial to have a group of damaged veterans, otherwise what justification would there be for these organisations' existence? There needs to be a realisation of those in need and those not and those organisations who assist those in need against those who use those in need. Furthermore, for those seeking medical help it can be financially more beneficial to keep some mental health sufferers on medication than to remove them. The whole system is a machine, with many people well paid and where are the results? We seem to have some in a continuous circle. I know there are some who don't want to or can't recover but there are so many more who could but are not able to for one reason or another and unfortunately for some they are failed by a system which is so concerned about making oneself feel better about themselves, justifying their existence as organisations or worst of all achieving a sense of power, of which they may have lost having left Service, that the real meaning of support is missed.

In this view, the veteran sector itself opens up the cracks that negatively transitioning veterans fall through by the competitive practices over funding, status and prominence. Increased accountability and oversight will, in this view, encourage co-ordination and closure of the cracks. As one stakeholder commented, very honestly:

You will not be able to really help veterans until you help the veteran sector. You have the boys in suits going to big conferences and patting their backs saying how well

they've done, but who is benefitting really? It's very, very easy for them to say they're doing well when there's nobody out there who has the capacity to really investigate. The sector is a chaotic mess and will not be sorted until somebody or someone grabs it by the scruff of the neck to sort it and until it does it's the veterans who suffer.

The challenges of working in the veterans sector

Criticisms of the support sector as a system need to be distinguished from the praise heaped on individual support workers and volunteers. Without their dedication and commitment, the veteran support sector would be much worse. In order to understand further how dealing with negative transitioning personnel affects those involved on the ground, our final section gets the views of those who provide support on a daily basis in order to understand its challenges. Put bluntly, veterans' negative transitioning impacts negatively on the people who support them.

We sought to discover how individual support providers cope with the pressures of trying to deliver support to complex groups within a system that has clear failures. Almost to a person they acknowledged the difficulties, especially its emotionally draining impact. While agreeing it is emotionally rewarding, most commented on the psychological and emotional strain this puts on them. These difficulties can be the aggressiveness of the client, the frustration at clients' unrealistic expectations, anxiety over the quality of care they are able to provide, and worry about clients' wellbeing. Professional distance and detachment is difficult to maintain when presented with hurting people. *"It's difficult"*, one support provider commented, *"because the vast majority enter this sector because they already have empathy or support for the veteran in the first place and that means it's difficult to see them suffering"*. This empathy was enhanced, of course, for veterans who now worked in the support sector. Keeping their own emotions in check was most difficult; and yet necessary. Becoming emotional with the client can exacerbate veterans' problems.

The emotional labour of this kind of work means that organisations have as much a duty of care to their workers and volunteers as their clients. Many of the organisations involved in the sector placed emphasis on employees and volunteers having the opportunity to talk about their feelings and experiences, both internally within the organisation or to outside professionals:

Some people don't realise how stressful it can be, thankfully we have a system in place where we talk to each other and if someone feels they need to chat further we have provisions that they can speak to counsellors etc. We meet regularly and chat to one another, it provides the opportunity for people to talk about things, if they are feeling down or something is bothering them, a lot of the stuff we do can be emotionally draining so it's important we also allow staff the opportunity to talk and communicate.

Many groups have plans in place to ensure that workers' wellbeing is placed at the centre of their objectives. The wellbeing of those managing others' wellbeing requires policy attention.

Three observations follow from this descriptive analysis of veterans' lived experiences of negative transitioning, which form its main conclusions:

- The pathways to negative transitioning are complex but discernible;
- The transition process that ends up in negative transitioning is complex and needs to be better conceptualised; and
- The support system that might prevent it is complex and needs improvement.

We address these in the Conclusion to this Report in the next section.

Section 4

Conclusion

In Section 4, we move from the 'voice' of veterans and support providers, toward our own analysis. While we draw heavily on the interview data, we outline the sense we have made as analysts of what we have heard. Leaving aside some of the errors respondents made in their comments, especially about the availability of support provision that was only being introduced during the course of the research, we wish to reaffirm the three observations that follow from our descriptive analysis of veterans' lived experiences of negative transitioning.

These form our main conclusions:

- The pathways to negative transitioning are complex but discernible;
- The transition process that ends up in negative transitioning is complex and needs to be better conceptualised; and
- The support system that might prevent it is complex and needs improvement.

We expand on these conclusions below.

Pathways to negative transitioning

By focusing ethnographically on the lived experience of negative transition, we have represented the complexity of veterans' lives. It is necessary to repeat that most transition experiences do not lead to the sorts of negative effects we have discussed here. Those who do transition negatively, however, by suffering mental ill-health, homelessness or prison, or some even more damaging combination of them, cannot be generalised into one type or category of veteran. They often share experiences with veterans who have transitioned more successfully.

The factors that differentiate them from more successful transitioners are also complex. The experiences that negative transitioners have recounted here are both person specific and generic. They can be encapsulated in what we call the 'transition triangle' that encompasses pre-Service factors, in-Service factors and post-Service factors. These include the influence of often dysfunctional pre-Service lives that motivated a sense of escape through military service, the kinds of push factors that drew them to enlist in the first place, operational stress, institutional experiences in the Forces, such as military culture and the narrow 'bubble' of trust, and various post-Service problems and life crises, such as the strangeness of civilian life, unemployment, financial distress, relationship breakdown, dysfunctional family relations, substance abuse, housing problems, and emotional stress.

Many successful transitioners have dealt effectively with the same precipitating factors. What differentiates negative transitioners is the multiple problems they encounter, their lack of psychological resilience in dealing with them and the economic means to withstand them, their difficulties in accessing support because of the severity of their transition problems, and their ambivalence in taking back control of their lives with their associated dependency. Even the intersection of these mediating variables in individual cases is complex, for we have seen that some negative transitioners do exercise personal responsibility and take back control of their lives. For many, this is the start of the end of their negative transitioning, although, in the case of veteran rough sleepers by choice, personal responsibility ends up valuing their life on the streets. Mixing these pre-Service and post-Service contexts creates a complex picture of negative transitioning in which one explanation of a veteran's pathway to failure – or success – does not fit all.

There were some veterans' accounts which disclosed that issues of rank, length of service, and geographical location formed a pattern to their negative transitioning. However,

these accounts must also be set within particular individual contexts and circumstances, so that precipitating factors can affect people of the same rank in very different ways. Instead, the accounts illustrate that while there are some broad themes which can assist in recognising particular issues, contexts or patterns, such as access to housing, resilience to stress, broken relationships, financial difficulties, and so forth, there are more veterans that deal effectively with these life crises than those who do not. This problematises any attempt at rigid generalisations about negatively transitioning veterans.

The negative transition process

The transition to civilian life is not one phase or one specific time period in an ex-Service member's life. It is a complex continuum. The process of negative transition is different in this respect only by the severity of the lived experiences it constitutes. Veterans move in and out of negative transition experiences, adjusting to civilian life over time or not, coping well with problems and then not coping, finding valuable support or being impatient at its success, ending up in prison or sofa surfing and then turning their lives around or not, receiving good medical care for mental ill-health or not, or losing families, jobs or self-respect and then regaining them or not. Negative transitioning can thus be temporary or more long-standing. The more enduring the negative transition process, however, the more permanent the negative transition experience becomes. The durable effects of mental ill-health and the persistent legacy of rough sleeping are more permanent negative transition experiences, but we have many accounts of veterans' who found pathways out of negative transitioning. The negative transition process, in other words, varies according to the individual and their particular contexts.

It is therefore best to conceptualise the negative transition process as a continuum of separate micro-phases, some of which can be so severe that veterans get stuck in one micro-phase for a long time, if not permanently. Veterans who negatively transition experience a transition process that splits into micro-phases, as they encounter transition experiences which they can or cannot manage, and over which they become better able to cope over time, or not. Negative transitioning is not a process of linear progression. Some micro-phases are short-lived, some enduring; some go forward, some lead backwards. Some micro-phases may seem to represent abject failure, but within them are pathways to success. Some forms of homelessness are quite temporary with veterans assisted in finding settled accommodation. The support Scottish veteran prisoners receive was praised, such that what appears as the nadir of their lives is the point at which they turn them around. The result of these loosely defined micro phases is a continuum of transition that affects different veterans in different ways at different times. Sadly, some stay in particularly bad micro-phases for a long time; rough sleepers perhaps never escape, and the high level of suicide amongst mentally ill veterans is only an illusion of escape that imprisons their families.

Pathways out of negative transitioning

The routes out of negative transitioning are complex and manifold. Too much support, not enough support; support that is too slow, support ill-directed; support that is available, support that is not taken up. Some veterans searched within themselves to find the pathways out of negative transitioning by taking back control, by 'getting on with it' and by having the psychological resilience, determination, and the good fortune of money, friends, housing, and employment to turn their lives around. Other veterans needed help in surmounting a first hurdle and were fortunate to find it. Some are still searching. Others have become so

dependent on support providers that they have lost the personal responsibility needed to help others to help them.

The complex needs of negative transitioners, especially those with multiple forms of negative transitioning, place huge strain on a support system that is diverse, un-co-ordinated and underfunded, as interviewees in the support sector themselves recognised. There is money being well spent in the support sector, but some money is thought by veterans and providers to be spent in the wrong areas; and the MoD's resources were thought to be insufficient. While it is the case that there can never be enough money, the measure must be that there is sufficient money to meet the needs of veterans. Veterans feel this is not the case. The establishment of the Defence Transition Service augers the prospect of better co-ordination but veterans often need highly individualised and targeted care that is labour intensive, expensive, in small supply, and which imposes significant emotional labour costs for the care providers. There is never enough of such care available, so there is always unmet need. Unmet needs when coupled with veterans' high expectations of need create a raucous level of complaint amongst negative transitioners at the support system that is sometimes warranted, sometimes unfair. Too little attention is placed by veterans on the challenges faced by the system in meeting their needs, especially when some veterans are unwilling to help themselves, and yet the competitive market of support provision leaves too many cracks through which veterans can fall.

Pathways out of negative transitioning are thus hard to find and veterans vary in their success in discovering them. We have highlighted many cases of good practice for every type of negative transition experience. The hallmark of this good practice is its local and regional character. The importance of local context, local understanding, and local support was a feature in the accounts of veterans who had begun their walk out of negative transitioning,

as well as in the accounts of stakeholders. Big is not beautiful in this sense. With local initiatives veterans get more individual care. Local providers utilise local knowledge to identify hidden veterans in the area, employ local knowledge to target care, and exploit the natural resources and economic and housing markets of the area to offer local pathways out of negative transitioning. This is not to say that greater collaboration and co-operation between support providers is unnecessary. Veterans and support providers urged for more collaboration over referral of clients, the sharing of good practice, and in the movement of veterans within the system to receive more specialised care. That serendipity plays a role in veteran care – the chance of discovering hidden veterans, of knowing of better equipped care, of knowing about housing or employment opportunities – is a consequence of an un-coordinated care system.

There is much more being done to support them than veterans with negative transition experiences give credit for – the Defence Transition Service, Life Skills Development, the Veterans Strategy Implementation Plan, Forces in Mind Trust’s Lifting Our Sights project, and many more – but it is not being experienced by most veterans who are undergoing the most difficult kind of transition, which we call ‘negative transition’. To reach them is the big challenge for the care system.

Section 5

Recommendations

We have left the policy recommendations to the end in order for readers to first engage with the descriptive data and the analysis, so that readers can see how the policy recommendations are embedded in the data and analysis, and emerge from them. We identify recommendations for a number of different stakeholders.

For British government and Ministry of Defence

1. The Ministry of Defence's duty of care to veterans needs to be as long as is necessary to meet veterans' needs. The recent development of the Veterans Strategy and the Defence Transition Service, that occurred during the course of this research, are welcome recognition of this commitment towards veterans. It is important, however, that these new developments and initiatives reach the veterans most in need.
2. Negative transition problems can occur in the initial period following notice of intention to leave, the immediate period of transition to civilian life, and over the longer term period as a veteran, so that transition support needs to be understood as a long process that may continue long after the veteran has retired.
3. Negative transitioning is affected by personal circumstances and individual resilience levels, often requiring individualised support, which is labour intensive and expensive. The establishment of the Defence Transition Service is an important focus for transition support and its funding should be commensurate with the needs of veterans.
4. The effectiveness of current support provision must be evaluated and alternative models of support assessed.
 - a) The value of a publicly accountable, centrally regulated, and government-funded veteran support sector should be investigated to ensure better integration of support provision.
 - b) Improved co-ordination across the sector is needed.
 - c) There should be greater information sharing between providers, greater clarity as to what support is available, where it is, how is it funded, for what reason, with an audit of the successes and failures of support groups.

- d) Co-ordination across the homelessness sector, which is particularly diffuse, is important to help the different kinds of homeless veteran.
 - e) Support providers must have a legislated health-and-safety duty of care toward their support workers to help with the emotional labour and stress involved in veteran care.
5. The Ministry of Defence needs to take into account how a positive transition with sufficient support can be a positive advert for future recruitment.

For in-Service preparation training for transition

1. There needs to be better in-Service preparation for transition that encourages a civilian-first identity and which deals with difficult transition issues associated with negative transitioning, like over-institutionalisation, dependency on military identity, and a lack of cultural and emotional skills to re-enter civilian life.
2. Transition preparation and training needs to pay particular attention to the cultural, emotional and life skills necessary for successful transition to civilian life.
3. Members' families should be involved in transition preparation and planning, including in accessing skills training for the cultural and emotional knowledge necessary for re-entry to civilian life.
4. A large number of veterans with negative transition issues had troublesome pre-Service experiences, and there must be greater consideration given in-Service to how pre-Service experiences will influence Service leavers once they re-enter civilian life.
5. Negative transitioning is particularly associated with young entrants from poor backgrounds who remained in the lower ranks, so consideration must be given to the special needs of these individuals for greater civilian preparation training.

For the interregnum period after giving notice of intention to leave

1. Transition does not start with re-entry into civilian life but with the period after a member hands in notice of intention to leave. A balance needs to be drawn between providing the necessary fulsome preparation for transition during this period while keeping it as short as possible.
2. There needs to be a UK-wide scoping exercise carried out at regiment and unit level across the Armed Forces to ascertain the type of transitional support offered once intention to leave is initiated, so good practice can be ascertained.

3. Greater attention needs to be paid to the attitudes of senior officers to transitioning personnel and the effect this first phase of transition has on the success of veterans' re-entry to civilian life.

For in-Service culture

1. Negative transitioning is particularly associated with personnel whose capacity for autonomous action and personal decision-making has diminished as a result of over-institutionalisation. Opportunities for personal responsibility and decision-making need to be encouraged while not diminishing operational effectiveness.
2. Part of the training for personal responsibility should be to encourage veterans to help themselves, to have realistic expectations of civilian life, and to develop resilience in dealing with the everyday life crises that characterise civilian life.

For resilience for managing routine life crises

1. Negative transitioning is particularly influenced by the relationship problems experienced by veterans, often leading to divorce and separation, relationship problems which are themselves often linked to transition difficulties.
 - a) Support must focus on helping families move away from the military culture of the barracks and into the culture of civilian life. Increased community interaction is a key part of this.
 - b) Transition training must include families to help them develop resilience in dealing with civilian life crises.
 - c) Support services must be made aware of the effects of military life on the family.
 - d) Families need to have access to support provision and be included wherever possible in the package of support given to veterans.

Veteran support sector

1. The sector is still based on dealing with the client as a veteran-first. If former personnel are to move into civilian life successfully, less attention should be given to this aspect of the veterans' identity by reducing the use of military symbols, rituals, and the visual and emotional ties to military life.

2. Local context, local understanding, and local support is a vital element within support provision. Greater focus on the importance of local support must be a central element of veteran support provision moving forward.
3. Local support, however, must be set within a system of greater collaboration and co-operation between support providers on a national and regional scale.
4. There is benefit in 'alternative' forms of support, such as holistic, nature-based and environment-based support programmes, which should take their place in a portfolio of support provision.
5. Support staff may require particular training to understand the unique behavioural features of veterans, not only in being able to identify former personnel and their needs, but also in being able to gain their trust.

Section 6

Appendix 1: Informed Consent Form

Title of Project: Understanding 'Negative Transitioning' in British Ex-Service Personnel

Principal Investigator: Professor John D Brewer (email: j.brewer@qub.ac.uk)

Other Investigators: Dr Stephen Herron (email: stephen.herron@qub.ac.uk)

Participant's Name:

We invite you to take part in a research study to examine the negative transitioning experiences of ex-Service personnel once they leave the Armed Forces. We are focusing this research on those who have been or are homeless, former prisoners and those who have received mental health supervision. Taking part in this study is entirely voluntary. If you decide to participate it is very important that you sign this form to show that you are willing to take part and that we have your permission to use anonymized extracts from the interview.

There are no known risks associated with the research. The benefits are that we will understand better the negative transitioning experiences of those who have been homeless, in prison or under mental health supervision and thus from this develop models and frameworks which can improve ex-Service personnel post-military reintegration experiences.

We will keep your participation in this research study confidential to the full extent provided under law and your identity will remain completely anonymous. If you choose to participate, you are free to withdraw from the interview at any time and to withdraw your permission for the use of the interview data.

Queen's University Belfast and the investigators are receiving a grant from a charity, The Forces in Mind Trust, to support this research. Your identity will not be disclosed to them.

If you have questions regarding your rights as a research participant or you have concerns or general questions about the research, they can be addressed by the interviewer at the time or by the research team (on any of the following numbers: Professor Brewer 02890 973835 or Dr Herron 02890 975343)

Participant: By signing this consent form, you indicate that you are voluntarily choosing to take part in this research and allowing us to use edited and anonymized extracts from the interview.

Signature of Participant

Date

Appendix 2: Respondent Information Sheet

(NB: This is to be read by every respondent before interview)

Study title

Understanding 'Negative Transitioning' in British Ex-Service Personnel

Invitation to take part

We would like to invite you as a former member of the UK Armed Forces, family member or a stakeholder to take part in this research study. Before you decide to take part we would like to explain why this research is taking place and what your involvement will be. We therefore ask you to please read the following information carefully. You are free to talk to others about the study if you wish.

This is a three-year, UK-wide study designed to provide a qualitative and in-depth study of the lived experiences of ex-British Service personnel who have undergone what a recent joint St George's House and Forces in Mind Trust Report called 'bad transitioning' back to civilian life.

This project seeks to build on current knowledge extend it in substantial ways by focusing on three measures of those ex-Service personnel who have experienced what we describe as 'negative transitioning', namely those who have been in prison, homeless or suffered mental health issues.

Thus, this project aims to provide evidence-based approach which will provide definitive and tested recommendations based on analysis of relevant literature and key stakeholders across the Armed Forces and their Service and post-Service experiences.

What is the purpose of the research?

The purpose of this study is to examine the negative transitioning experiences of those ex-Service personnel who have been in prison, homeless and/or received mental health supervision. This project is focussed on both providing information and lessons on the issues affecting ex-Service personnel who have had negative transitioning experiences so real and tangible lessons can be learnt thus ensuring that those encountering negative transitioning experiences receive the support they need and that improvements are made to limit negative transitioning experiences in the future. We also want to ensure levels of satisfaction for the Armed Forces amongst soldiers and civilians are high thereby encouraging improvements in recruitment and retention of Forces personnel and furthermore, improved efficiency savings by adopting specific post-conflict reintegration programmes and strategies for ex-Service personnel.

Who is doing this research?

Queen's University Belfast is carrying out this project which has been funded by The Forces in Mind Trust (FiMT). The project team consists of: Principal Investigator: Professor John Brewer and Co-Investigator: Dr Stephen Herron. Both are based in the Senator George J. Mitchell Institute for Global Peace, Security and Justice at Queen's University.

Why have I been invited to take part?

You have been invited as a former serving member of the UK Armed Forces to take part as you fit the criteria of individuals deemed suitable for this study. Approximately 250 people have been selected to take part in this research

Do I have to take part?

Participation is entirely voluntary and you are free to leave the research at any point. We will describe the study. You will have the opportunity to ask questions and seek clarification and in private if requested. You will be invited to agree to sign a consent form to demonstrate you have agreed to take part but you will be free to withdraw at any point. This will not affect your Service career in any way (either as a current serving soldier and/or veteran).

What will I be asked to do?

Depending on the type of session organised you may be either asked to take part in a one to one in-depth interview or a focus group. You may be asked to take part in more than one interview. Further points to understand at this stage include:

- Participation in any aspect of the research is entirely voluntary and you will be free to leave at any point.
- You will not be pressurised to give particular answers or say anything against your will.
- Interviews will usually last approximately 1-2 hours and focus groups will last approximately 2 hours.
- During interviews and focus groups participants will be recorded using a digital audio recorder as well as notes taken by the interviewer. **NO** video recording will be used.
- Participants can at any point ask for their audio recording to be destroyed
- Before any participant is allowed to take part in the research they will be required to fill in a consent form which will guarantee anonymity.

- If participants take part more than once in the research (such as a follow up interview) they will be required to sign consent forms each time.

What are the benefits of taking part?

This research's principal focus is to provide recommendations and frameworks on dealing with 'negative transitioning' which will have a positive impact across the Armed Forces both on an individual and collective basis. We thus envisage a number of insights and recommendations which will be of benefit across all spectrums of the Armed Forces community including naval, air force and land personnel.

As such not only will participants play a vital role in improving the effectiveness of post-conflict reintegration patterns across the Armed Services community, improved effectiveness in this area will have, it is hoped, a direct and long-term positive impact in former soldiers' own post-conflict reintegration patterns and experiences.

What are the possible disadvantages and risks of taking part?

There are no known risks associated with this research. However, questions will be asked which seek to unearth what difficulties (if any) have arisen as a result of Armed Forces experiences and how such experiences have impacted upon the post-conflict reintegration of soldiers. This may cause interviewees to critically examine issues and themes which can be discomfoting.

Can I withdraw from the research and what will happen if I don't want to carry on?

You can withdraw from the research at any point and nothing will happen if you wish to withdraw. You should however request (if for example giving an interview recording) for that recording to be destroyed if you so wish, otherwise material already obtained will be deemed to be useable.

Are there any expenses and payments which I will get?

No expenses will be provided as part of this research

Will my taking part or not taking part affect my Service career or medical care?

No

Whom do I contact if I have any questions or a complaint?

If you have any questions or complaints you can either approach one of the investigators on:

Professor John Brewer (Principal Investigator): Email: j.brewer@qub.ac.uk; Tel: 02890 973835

Dr Stephen Herron (Co-Investigator): Email: stephen.herron@qub.ac.uk; Mob: 07708889083 Tel: 02890 975343

What happens if I suffer any harm?

We do not envisage participants to suffer any harm as a result of this research but if you do suffer any harm as a direct result of taking part in this study we have provided at the back of this participant information sheet a list of contact details for organisations who may be able to assist you.

Will my records be kept confidential?

All records will be kept confidential as in accordance with all legal requirements and protocols including the Caldicott Principles and Data Protection Act 1998. All information obtained during this study including recorded interviews, focus group sessions, workshops and questionnaires will only be used for this research and all recordings from interviews will be erased. Only the project team will have access to data gathered. Should any difficulties arise from the research the project team will consult with the advisory board, the Forces in Mind Trust and the Ministry of Defence to ensure all legal and moral obligations are upheld. Data will be retained for the duration of the study before being permanently destroyed.

Who is organising and funding the research?

Queen's University Belfast is organising the research and is being funded by The Forces in Mind Trust

Who has reviewed the study?

This study has undergone ethical approval by Queen's University Belfast.

Compliance with the Declaration of Helsinki.

This study complies, and at all times will comply, with the Declaration of Helsinki as adopted at the 64th WMA General Assembly at Fortaleza, Brazil in October 2013.

List of Organisations Providing Support

Army Welfare Service

Website: www.Army.MoD.uk/welfare-support/welfare-support.aspx

Tel: 02072 189000

Combat Stress

Website: www.combatstress.org.uk

Email: contactus@combatstress.org.uk

Tel No: 0800 136 1619

Help for Heroes

Website: www.helpforheroes.org.uk

Email: getsupport@helpforheroes.org.uk

Tel: **North:** Phoenix House, Catterick 01748 834148, **West:** Plymouth Recovery Centre 01752 562179, **East:** Chavasse VC House, Colchester 01206 814880, **South:** Tedworth House, Tidworth 01980 844200

PTSD Resolution

www.ptsdresolution.org

Email: coord@ptsdresolution.org

Tel: 0300 302 0551

Royal British Legion

Website: www.royalbritishlegion.org

Email: info@britishlegion.org

Tel No: 0808 802 8080 or 0845 845 1945

SACRO

www.SACRO.org.uk

Tel: 0131 624 7270

SSAFA The Armed Forces Charity

Website: www.ssafa.org.uk

Tel: 0800 731 4880

UDR/R Irish (HS) Aftercare Service

Website: www.aftercareService.org.uk

Tel: 02890 420 266

Veterans UK

Website: <https://www.gov.uk/government/organisations/veterans-uk>

Email: veterans-uk@MoD.uk

Tel: 0808 191 4218

Veterans Gateway

Website: www.veteransgateway.org.uk

Tel: 08088021212

Appendix 3: Biographies of Authors

John D Brewer

Professor of Post Conflict Studies and Senior Fellow in the Senator George J Mitchell Institute for Global Peace, Security and Justice at Queen's University Belfast. He was awarded an honorary DSocSci from Brunel University in 2013 for services to social science and the sociology of peace processes. He holds the honorary position of Professor Extraordinary at Stellenbosch University (2017-) and Honorary Professor of Sociology at Warwick University (2021-) He is a Member of the Royal Irish Academy (2004), a Fellow of the Royal Society of Edinburgh (2008), a Fellow in the Academy of Social Sciences (2003) and a Fellow of the Royal Society of Arts (1998). He has held visiting appointments at Yale University (1989), St John's College Oxford (1991), Corpus Christi College Cambridge (2002) and the Australia National University (2003). In 2007-2008 he was a Leverhulme Trust Research Fellow. He has been President of the British Sociological Association (2009-2012) and is now Honorary Life Vice President, and has also been a member of the Governing Council of the Irish Research Council and of the Council of the Academy of Social Science. In 2010 he was appointed to the United Nations Roster of Global Experts for his expertise in peace processes. He is the author or co-author of sixteen books and editor or co-editor of a further six, and has well over a hundred peer reviewed articles. His books on peace processes include: *C Wright Mills and the Ending of Violence* (Palgrave 2003), *Peace Processes: A Sociological Approach* (Polity Press, 2010), *Religion, Civil Society and Peace in Northern Ireland* (Oxford University Press, 2011, 2013), *Ex-Combatants, Religion and Peace in Northern Ireland* (Palgrave, 2013), *The Sociology of Everyday Life Peacebuilding* (Palgrave 2018), *The Sociology of Compromise after Conflict* (Palgrave 2018), *Ex-Combatants' Voices* (Palgrave 2021) and *Advanced Introduction to the Sociology of Peace Processes* (Edward Elgar 2022). He is General Editor of the Book Series *Palgrave Studies in Compromise after Conflict* and Co-Editor of the Policy Press Book Series *Public Sociology*. He has earned over £6.5 million in grants and was Principal Investigator on a £1.26 million cross-national, five-year project on compromise amongst victims of conflict, funded by The Leverhulme Trust, focusing on Northern Ireland, South Africa and Sri Lanka.

Stephen Herron

Stephen Herron is an anthropologist by training, having been awarded his PhD in social anthropology from Queen's University in 2015 with a thesis on the Ulster Defence Regiment, the first major academic study of its kind. He was earlier employed as a Research Fellow by Queen's University between 2015 and 2017 to undertake research on counter-insurgency soldiers, with John Brewer as Principal investigator. He is one of only a handful of bespoke military anthropologists in the United Kingdom. Dr Herron has extensive experience dealing with and researching soldiers who have not only operated in counter-insurgency environments but have suffered significant military transitional and post-conflict reintegration issues. Dr Herron has extensive contacts in the military and veteran community throughout the UK and has conducted fieldwork with hundreds of soldiers, veterans and family members including those with mental health issues, physical injury, homelessness and in prison. In addition, Dr Herron has worked and researched in both academic and non-

academic environments involving former Service personnel, such as victims and veterans organisations. Experienced in both grant management and project organisation and holding BPSS security clearance, Dr Herron has considerable field experience and knowledge in military anthropology.