

HORS DE COMBAT

There is a lack of social justice and equality for ex-service personnel involved with the Criminal Justice system and living in the community. Tony Wright, Managing Director of About Turn CIC says that we must provide a more personalised support service for them.

We are fortunate in the North East of England as the 12 regional Local Authorities /Councils have collaborated to ascertain if they are meeting the healthcare needs of ex-forces personnel. The project which is part funded by the Centre of Public Scrutiny (CfPS) aims to: "... review health services provided to veterans and to help to understand and tackle inequalities that veterans may be subject to as a result of their service in the Armed Forces."

It's a review that is long overdue and one which I like to think I had a significant part in bringing to fruition. In 2009, I instigated a Freedom of Information request to the 12 Local Authorities across the North East of England and asked them to inform me how many ex-forces veterans were accessing support from mental health, drug and alcohol, A&E, probation and social services. I was particularly interested in how many had ended up in the homeless sector. The information I was given indicated that only 20 ex -servicemen and their families had accessed support across the whole region.

The North East has a population of 2.6m and, according to the Ministry of Defence, is 'one of the UK's top recruiting areas for the three Armed forces and is home to tens of thousands of service personnel and their families'. So it was hard to believe only 20 were in need of support after leaving the services. It was clear that this nominal figure of 20 individuals was not only nonsense but the problem lay in the fact that almost all of the commissioned and non-commissioned services working within each borough failed to ask at point of contact the basic question; 'have you served in the Armed forces?' This

omission from data collection sheets effectively meant that veteran-specific support services could not be commissioned to meet a need for a population that did not, in the eyes of the local authority, exist.

Yet every service that I have worked for in health and social care settings or in my capacity as a social worker or probation officer over the last 25 years has known that veterans have always been a significant sub-set within their user group population or case load.

I have come to the conclusion that as veterans have never been on the commissioned services 'radar', those that do work with the most vulnerable individuals in our society within the homeless sector have no idea how to communicate, engage and assist the ex-forces community. The problem is compounded by the fact that the ex-forces community is not a community at all but a disparate population with no voice in politics and only held together by the tenuous link of Internet social networking sites. For those unlucky veterans who find themselves homeless or/and rough sleeping; many can be described as 'destitute-plus' that is they are assessed as having a need for care and attention that is over and above the 'mere' lack of accommodation and subsistence.

If my hypothesis is correct, it stands to reason that this lack of awareness and training must therefore impact upon the kind of services a veteran can expect to be made available to him or her, following a return to the civilian community, after leaving the Armed Forces. If the voluntary sector lacks a working understanding of the multiple and complex needs of veterans and it is usually this sector that picks up those that have slipped through the social welfare safety net, then it follows that the statutory sector will be no different. If this is the case, it may account for the disproportionate numbers of veterans currently involved with the Criminal Justice System (CJS). Again we are fortunate in the North East that both the Probation Service and Prison Service are now attempting to quantify the number of veterans in the CJS.

Veteran 'slipped through the cracks'

However, having recently met a 27 year old veteran, I was surprised at how easy it was for veterans to 'slip through the cracks' of the health and social care support networks. This man had served for nine years having joined straight from school aged 16, but had lost his way when he returned to the civilian community and was diagnosed as having Post Traumatic Stress Disorder (PTSD). He was also a problematic drug and alcohol user and had involvement with the CJS. He was classed as a prolific and priority offender and at the time of our meeting, was ineligible for support

from combat stress, because of his pending court case and continued drug and alcohol misuse, despite having accessed their support in the past.

Similarly, he was unable to access community-based psychological support to address his PTSD because of long waiting lists, (veterans are entitled to priority treatment from the NHS but when the waiting list is made up of other veterans then it's necessary to wait in line) and a lack of community-based CPNs with a specialist knowledge of this condition. He was resident in an approved hostel and on bail for offences which were of a violent nature. His risk assessment was categorised as high, partly because the probation staff were unable to refer him into specialist services that could have decreased that perceived risk. He was prescribed medication to suppress the symptoms of his PTSD but admitted to using other drugs (stimulants) to counteract the effect of the prescribed medication. The possibility of accessing a residential treatment centre specifically for veterans with PTSD was not an option as funding could not be secured despite such a provision having vacancies and being located less than 10 miles away from the approved hostel in which he resided.

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When we met, he was in the company of a highly experienced drugs worker who told me that the ex-forces men and women that he was currently working with were all in their early to late 20s and did not fit into any of the service provision he was able to offer them. As the veteran pointed out: "I have been waiting six months for help and support, but no one seems to know what to do with me."

It was clear the State was failing this individual and I began to wonder how many veterans have been sentenced because of a lack of 'veteran specific' community support services and how many may have been returned to Court (and subsequently imprisoned) for breach of their community based order simply because they were unable to comply because they were suffering from the symptoms of PTSD.

I also began to wonder how sympathetic probation officers, and indeed the Courts would be to this being presented as a legitimate reason for the individual's failure to comply with a Court order.

Post Traumatic Stress Disorder symptoms

The symptoms of PTSD can be extremely debilitating; invoking feelings of guilt, anxiety and fear. This can lead to paranoia, nightmares and sleep deprivation, hyper vigilance, anger, exhaustion, fear of crowds, and an inability to travel by public transport. At times, shopping is impossible and the bouts are episodic in nature. To deal with this, many self-isolate, or use drink and drugs to self-medicate and in some cases this can lead to relationship difficulties, domestic violence and ultimately involvement with the CJS. Sometimes, past events can be vividly re-lived blurring the present with the past. These manifestations can be so intense and disturbing that it is unlikely that a veteran will share the experiences with another veteran, psychologist or psychiatrist let alone a probation officer acting as an agent of the State or a Magistrate.

Support groups

I run several peer led support groups for veterans living in the North East and the numbers attending these groups can fluctuate alarmingly as a result of PTSD or the need to attend 'Combat Stress'-run residential treatment centres three times a year. If veterans are unable to attend volunteer support groups because they are exhausted or worried their behaviour will be erratic or disruptive for other group members, then it is very unlikely they will be able to attend appointments with probation staff even if they wanted to.

This will mean that the probation officer will have to carry out home visits on a regular basis but at present, this is not common or accepted practice. Probation Service National Standards only require one home visit to be carried out by probation staff during the course of an order and this must take place in the first three months. This is however, discretionary but we must take into account that each individual officer may have a case load of 50-60 offenders and will be required to prepare timely Court Reports, as well as, acting as duty probation officer once a week.

It may be that it is logistically impossible to carry out a home visit; even if it was felt it was appropriate to do so. Engaging with and gaining access to specialist advice from a psychologist who specialises in Combat trauma (PTSD) may be a post code lottery. In my area for example, the clinical psychologist who specialises in PTSD has a two year waiting list.

GPO led care

General Practitioners have little understanding of the veteran community and a recent survey indicated that 48 percent did not know veterans had priority treatment or where they could refer someone for help if they presented with PTSD. It has taken a campaign by The British

Legion, Combat Stress and RCGP to address this deficit.

“The Royal College of General Practitioners (RCGP), the Royal British Legion and Combat Stress launch guidance to support GPs in identifying and meeting the healthcare needs of veterans more effectively - including accessing the priority treatment to which all veterans are entitled for Service-related conditions.”

Many of the people who access mutual support via the peer led Forces for Good

Veterans groups that we facilitate are, as one member described the group as:

“A cohort of men ‘at war with themselves’”.

Discrimination?

Involvement with the Criminal Justice System is but a small and regular part of the ‘destitute plus’ veteran’s lifestyle. Far from being a deterrent, prison can sometimes be viewed as a place where veterans can have structure put back into their lives and is a place where the regimented lifestyle is familiar, comforting, stable and safe. Similarly, the fact that they are not able to misuse alcohol or drugs (prescribed and illicit) to the degree they can in the community means that PTSD can sometimes become more manageable and the episodic nature of the problem for some, decreases.

So are veterans being discriminated against simply because of a lack of awareness? Are systemic practices which remove individual discretion from the front line probation staff resulting in wholesale prison recalls or breach of community based orders? Are we punishing veterans when we should be helping them get the specialist support they need to reduce the risk of offending in the future? Is prison exacerbating the problem?

Veteran in custody officers

Can the new veteran in custody officers (usually ex-servicemen and women now working as prison officers) positively influence ex-forces prisoners by signposting them to welfare assistance from the Royal British Legion, the Soldiers, Sailors, Airman and Families Association-Forces (SSAFA), Help for Heroes and other ex-forces benevolent associations? They assist financially by helping veterans re-establish themselves in the community by furnishing accommodation, paying off debts or providing clothing.

Whilst this assistance is absolutely necessary, it needs to be part of a bigger support package that is sustainable, consistent and holistic in nature. It will only be by multi-partnership collaboration that long lasting changes to problematic behaviour will be addressed and veterans involved with the CJS will



be afforded the opportunity to put their offending and risky lifestyles behind them.

The main ex-forces charities are not in a position to do this and do not have the skills, infrastructure or capacity to deliver the multitude of specialist services that are needed. Perhaps the Royal British Legion, Combat Stress and SSAFA and/or Help for Heroes should think about spending the vast amount of money donated by the British public by commissioning or putting out to tender services for veterans from all wars and campaigns (not just the recent ones)? They don’t currently.

Millions excluded

If an organisation applies for grant funding from the British Legion it must also be a charitable organisation. This precludes ‘not for profit’ social enterprises and community-based groups from even making an initial application for ‘start-up funding’. This does not fit with the current Government’s idea of the ‘Big Society’ and the use of social enterprise as a real and sustainable vehicle for unemployed ex-servicemen and women to drag themselves out of the current economic downturn and become self-employed. The recent funding to ‘Be The Boss’ is only eligible for those who left the Armed Forces on or after 7 October 2001, again leaving millions excluded from this essential financial support. ‘Civvy Street’ provides grants of up to £2,000 to ex-servicemen and women to retrain but applicants must be unemployed and restrictions are in a place as to what type of training this can be spent on. It is also web based, so if an individual is not IT literate, competent or have access to a computer it’s fraught with difficulties.

Help for Heroes will only support projects financially which address the needs of physically disabled veterans and especially those who served after 9/11. I don’t think that there is a person or ex-soldier in this country that does not commend and applaud the work they have done to address this gap in service but what a difference funding

from that organisation could make to the veteran I described earlier and the thousands like him.

Sadly, his wounds are invisible...they are mental rather than physical so he, like thousands of others, is not eligible. Services should meet unmet need, rather than offer protracted and at times costly and ineffective short-term solutions to complicated problems. As one enlightened British Legion Regional Manager (ex-veteran) said to me: “Veterans present to our office with 10 problems or more. I can assist financially with two of those problems and frequently send them away with eight problematic areas of their lives remaining unresolved...it is no surprise to find that they return a few months later asking for more assistance and are they are no further forward.”

Personalised support

Or is it time to instigate another Freedom of Information request asking how many of the 39,000 single homeless people and how many of the estimated 36,000 people with mental health problems that were entitled to ‘supporting people money’ between 2003 and 2010 were ex-servicemen and women, and how many of those died whilst in receipt of that entitlement or ended up in prison due to a lack of understanding of the unique needs of the ex-forces population?

We need to provide a more personalised support service that treats each individual with understanding, dignity and respect and recognises the contribution that they have made for their country whilst facilitating their potential to achieve and contribute once again to the economic wellbeing of this country and become all that they want to be. Whilst 95 percent of ex-servicemen and women successfully make the transition back into the civilian community, five percent do not and they need all the combined expertise and co-ordinated support we can give them.

Tony Wright
Managing Director About Turn CIC

About Turn CIC is a new social enterprise (constituted as a CIC) that aims to improve the lives of ex-service personnel and their families through the development and delivery of holistic practices. www.aboutturncic.co.uk