PROJECT NOVA

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WALKING WITH THE WOUNDED | RFEA

A Pilot Study to Support Veterans in the Criminal Justice System Final Report

April 2017

Matt Fossey, Linda Cooper, Lauren Godier and Alex Cooper
Veterans & Families Institute, Anglia Ruskin University

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Foreword
Air Vice-Marshal Ray Lock CBE

There are many indicators that an ex-Service person is struggling to transition successfully into civilian life. But none can be more stark than the alleged perpetration of a criminal act, followed by arrest. Here we are not necessarily concerned with the causes of offending, and indeed whether they are service-related, although we clearly recognize that the deep, but not bottomless, well of public sympathy can more likely be drawn from when they are. What is attractive is the concept that early intervention can prevent far worse outcomes, with the attendant social, economic and personal costs. Project Nova represents just such an opportunity, where the trajectory of a failing transition can be turned around, and a modest, targeted intervention can make a decisive impact.

Forces in Mind Trust funds work that generates evidence, so as to influence policy makers and service deliverers and hence have them improve their 'offer'. This evaluation has shown the positive impact brought about by Project Nova, and we are delighted it has done so. But it would be remiss were we not also to observe that this impact, by necessity, has not been measured in the medium term. Arguably that doesn't matter, as even a neutral impact would not outweigh the short-term benefits. In that regard, the follow-on funding that Project Nova has received is welcome news and the service evaluation aspects of this study will need to be incorporated as the intervention expands across the United Kingdom.

This has been a positive trial, supporting a cohort of ex-Service personnel that faces particularly challenging circumstances, and the results fully justify its extension so that others in a similar position can benefit from it. Prevention, even at such a late stage of a wayward transition journey, remains an option, and an opportunity.

Air Vice-Marshal Ray Lock CBE
Chief Executive, Forces in Mind Trust

Foreword
Stephen Gledhill & Ed Parker

Project Nova grew out of RFEA – The Forces Employment Charity and Walking With The Wounded's shared aim of supporting those veterans who face the serious problems in transitioning to civilian life. It built on the support provided by RFEA to Veterans in Prison and the support Walking With The Wounded provide to Wounded, Injured and Sick Veterans. The Project started over two years ago with a Pilot in Norfolk and Suffolk. It has a very simple aim: provide early targeted help to Veterans who become involved in the criminal justice system, put in place the support they need to rebuild their lives, and you will prevent many of them from being sent to Prison.

As a key part of the initial Nova Pilot, with the support of the Forces in Mind Trust, we were able to commission Anglia Ruskin University to conduct an independent study into the effect Nova has had on the lives of Veterans who have been arrested, or are at risk of arrest. Reaching Veterans in this position is always going to be challenging: they often live chaotic lives and face multiple problems. However by working very closely with the Police, the NHS and a number of other strategic partners, we have shown that many Veterans in this position will respond to the specialist help provided by our skilled and dedicated staff. In addition, as military charities, working hand-in-hand with one another, we understand their experience of military service, the effect this has had on their transition into civilian life and the many difficulties they face. We are therefore able to put in place the help they need to face the future. The reduction in re-offending amongst those we have helped has been really quite dramatic.

We have been fortunate to be able to use the emerging lessons from this study of the Pilot area to further develop and grow the programme. Project Nova is now working to bring crucial help to Veterans who become involved with the Criminal Justice System in the North East, the North West, and South Yorkshire & Humberside. In addition in 2017 we are going to extend our team across the whole of the East of England Region and establish a central web and telephone support team. With continued success, we will be diverting an increasing number of veterans away from prison and into services which will address their needs.

We are indebted to The Forces in Mind Trust and Anglia Ruskin University for their interest and support without which this Report and its important insights would not be available to shape our future work.

Lastly we would like to thank our wonderful and committed Nova staff without which the success of the Project and the help it has provided to Veterans in very difficult circumstances would not have been possible.

Stephen Gledhill
CEO RFEA
The Forces Employment Charity

Ed Parker
CEO and co-founder
Walking With The Wounded

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Executive Summary

Project Nova was implemented to consider and address the needs of veteran offenders following a referral after arrest by the Police. The pilot, delivered in Norfolk and Suffolk, lasted for 12 months from July 2014 to July 2015.

Over this 12-month period, 145 veterans were referred to the project. However, over half of this number were not traceable because of insufficient contact details. 34 veteran offenders fully engaged with the pilot project during the evaluation period. The data from these participants was collected by the Project Nova operational team, anonymised and shared with Anglia Ruskin University for further consideration and analysis.

Validated questionnaires were circulated to the participants at baseline, measuring social adjustment, well-being, alcohol misuse and Post-Traumatic Stress Disorder (PTSD). Initial findings indicated difficulties with all the issues measured for many of the veterans. Just under a third of these participants (n=10) took part in semi-structured interviews. These interviews required ethical approval which was sought prior to conducting interviews with participants from the Project Nova team, a Police Officer from the Norfolk and Suffolk Constabulary, and the 10 offenders. The interviews were conducted by the same researcher to ensure continuity.

Based on our overall findings, several key observations were made:

Offending Behaviour

- The pilot showed an encouraging but not statistically significant trend towards a reduction in offending behaviour for veterans who engaged with the project. These results need to be considered carefully as solely measuring changes in recidivism may not be the best indicator of the value of project due to the large number of other extraneous factors that influence an individual's offending behaviour. This is particularly relevant as most of these factors are outside of the control of the project. Improvements in social conditions and general wellbeing may be better indicators of success, and this is an area for further investigation with this population.
- Seven out of ten of the interview participants had been arrested at least once in the six-month period prior to the offence that led to a referral to the programme. However, none of the 10 respondents had been arrested six months post their involvement with Project Nova, suggesting a trend away from offending for this cohort.
- A higher percentage of offences committed by veterans referred to Nova were violent or sexual, compared to the general offender population of Norfolk and Suffolk (43.3% vs 19.5%). This difference was found to be significant which is in line with other research in the area (MacManus et al., 2013.).

Participant Characteristics

- The interviews highlighted that for male participants there was a tension between their masculine, military identities and their perceived sense of deeply embedded weakness if they accept care and support. The female participants also shared sentiments of loss of pride when receiving help for themselves. Involvement with Project Nova allowed these veterans to 'open up' and feel more confident in agreeing to receiving help at this stage in their lives. Many of the veterans also verbalised their feelings of having to hit 'rock bottom' before accepting help.

- Using the AUDIT scale, 23 veterans were recorded as low risk and 11 respondents as increasing risk, or high risk of possible alcohol dependence. 12 participants suggested that their alcohol use is linked to their offending. The numbers of participants suggesting that their alcohol intake is low is not representative of the discussions held with the veterans during the qualitative interviews.
- At the initial point of contact with the service, most Nova veterans lived in areas of high social deprivation (74%).
- Compared to UK averages most of the respondents scored in the bottom 20% for mental wellbeing (73%, n=29), 70% reported moderate to severe psychopathology for social adjustment (n=30) and 62% reported possible PTSD symptoms on a self-report scale (n=34).

The Nova Service

- All the participants interviewed suggested they had benefitted in some way from being involved in the programme, for example, receiving personal help from the Project Nova team and/or other health care professionals, signposting to other third sector services and interventions such as letters of support or referral. The evaluation showed that trust and positive relationships are fundamental to the veteran being open to receiving support.
- Nine out of ten of those interviewed expressed the importance of mentors or support workers being ex-Military or part of the military community and culture, in preference to qualified civilians. For several this was the factor that encouraged them to engage with the programme.
- Enabling employment opportunities was an important role of the programme. The team acted as facilitators to enable veterans to return to or engage with employment, education or training schemes (EET). Positive EET outcomes were a longer-term goal and were not measured within the scope of the pilot.

Police Custody

- The introduction of a pull-down menu on the Police computer systems, to more easily record the identification of a veteran, was a positive, paperless way to encourage Police Officers' engagement with recording the identification of veterans. We would recommend the use of this light-touch approach.
- Several opportunities to contact veterans were lost due to incomplete or missing contact details being passed from the Police to the project team. These information transfer challenges were addressed during the pilot.

Overall

- There is a need for a more detailed understanding of the efficacy of this programme as well as further research into the life-course, motivations and characteristics of the veterans who find themselves on the wrong side of the law. These are important areas of research that would be of great benefit to improving services and life outcomes for some of our most vulnerable veterans.

Key Findings of the Trial

1.	The provision appeared to be effective because it provided personally tailored support, delivered by a dedicated team with an intimate understanding of military culture and the military to civilian transition experience.
2.	Robust data sharing arrangements between the police and the provider are essential. It is particularly important that the process is as quick and simple as possible, especially for police custody staff.
3.	Accessing support before their situation deteriorated was a real challenge for the veterans in the trial. The data suggests that perversely the core military values of resilience, fortitude and pride were barriers to seeking timely help.
4.	Reduction in offending behaviour is a key metric for police colleagues, but the evaluation has shown that other indicators such as improvements in quality of life or social circumstances may be better measures of efficacy for programmes delivering similar types of support.
5.	Although within the trial, there were no obvious links between military service per se and offending behaviour, the participants reported that the challenges of managing in civilian society contributed to their offending. In a number of cases offending happened many years after leaving military service. There is a need for further understanding of the complex relationships between the different cultures and why some service leavers end up in crisis situations.

This research was funded by the Forces in Mind Trust, and the Nova Project was delivered by RFEA – The Forces Employment Charity and Walking with the Wounded, in collaboration with Norfolk and Suffolk Constabularies.

Introduction

In 2014 the then Secretary of State for Justice, Chris Grayling, commissioned a review examining former members of the Armed Forces in the Criminal Justice System (CJS), henceforth referred to as the Phillips Review (2014). The subsequent report included recommendations for improved support and rehabilitation for veterans. The report highlighted that changes in practice are needed to identify veterans on the CJS pathway, including those in Police custody, particularly the need for earlier provision of appropriate interventions prior to sentencing. For veterans this is being achieved partly through the provision of Liaison and Diversion (L&D) mental health schemes.

Project Nova is a pilot model in Norfolk and Suffolk of an intervention, to reach veterans at the earliest point of contact following their arrest. This evaluation of Project Nova provides an insight into the needs of veteran offenders at an early stage in the criminal justice pathway. It also helps the reader to understand whether these needs can be met shortly after arrest, and whether this has any impact on offending behaviour. This Report reflects on examples of best practice for working with this challenging and often hard to engage population.

The Interim Report focused on the data gathered on the characteristics of the veterans who have engaged with the programme. The service model that has been used for the Project Nova pilot was considered and the evidence that supports other similar interventions delivered both domestically and internationally was reviewed. The Final Report is based on a triangulation approach, including findings from in-depth interviews undertaken with ten of the Project Nova participants, interviews with a member of the Project Nova team and a relevant representative of the Norfolk and Suffolk Constabulary.

The first stage of this research used anonymised secondary data collected by the Project Nova Team and shared with researchers at Anglia Ruskin University using a secure Ministry of Justice (MOJ) email account. Certain data relating to index offence (the offence for which they were arrested) and historical offence types was shared between the participating Police Forces and the Project Nova Team following a local data sharing agreement. The second stage involved semi-structured interviews with 10 of the 34 participants that undertook the battery of questions. Following advice from the Anglia Ruskin University Faculty of Health, Social Care and Education research and ethics panel (FREP), ethical approval was not required for the analysis of data, as these data were not collected by the evaluation team and data were provided in an anonymised format. However for the qualitative component of the evaluation the FREP granted approval for the interviews to be undertaken.

This report considers the characteristics of veterans who accessed the Project Nova scheme in Norfolk and Suffolk over a 12-month period (July 2014 to July 2015) (n=34) and those who went on to complete qualitative interviews (n=10). A member of the Project Nova team and a Police officer (n=2) were also interviewed. Basic descriptive statistics to help show the characteristics of this group have been applied, but the small size of the sample has made it challenging to undertake comparative statistical analysis. Some comparisons have been made with the veterans who did not access the project beyond initial contact with the Project Nova team (n=111) and also with the general offender population of the two counties. It is noted that the 111 are not a strong comparator group and there are many possible compounding variables that may provide the possible reasons for differences in recidivism. The results of these comparisons are detailed in this report.

A Review of Other Interventions

To date, the most comprehensive review of the literature relating to veterans in the CJS was conducted as part of the supporting documents for the Phillips Review (Phillips, 2014). However, the scope of this review did not include a consideration of interventions at the point of arrest, although mention was made of the early work of Project Nova and a similar intervention, Live at Ease, which took place in the north west of England.

A brief desktop review of any literature that considers interventions for veterans at the start of the CJ pathway was undertaken. The literature is scant and any information on evaluation or effectiveness even more so. As well as published literature discussions with colleagues from the UK and abroad was conducted.

A brief review of the domestic and international literature has found very few examples of relevant or comparable services claiming to provide interventions for veterans in the criminal justice system and even fewer at the point of arrest. Although there is some limited, or as of yet, unpublished, literature on activity and throughput for some of these services, there does not appear to be any research on the efficacy of any of these interventions. The following section gives a very brief summary of these programmes.

United Kingdom

Live at Ease: The 'Live at Ease' programme was originally commissioned by the NHS in 2012 in four prisons in Cheshire, with the scheme being rolled out across Lancashire in 2015 (Ixion Holdings, 2015; Live at Ease, 2015). The project aimed to support the identification of veterans in the early stages of entry to the criminal justice system in the custody suites and courts, with the aim of moving towards a 'one-point entry system' into support services. The findings of the evaluation of this programme were expected late 2015 (ibid.) but to date they have not been made available. To the best of our knowledge this was the only other veterans' specific service operating in the Police custody space and it is no longer operational.

Operation Turning Point is a Howard League for Penal Reform (2015) programme, an evidence-based policing approach to diversion at the point of Police custody, designed to highlight the benefits of a greater use of Out of Court Disposals during the early stages of arrest. In the programme officers or trained facilitators make a judgement as to whether suspects are likely to re-offend and conduct a triage designed to assess high, medium or low risk offenders. The use of this Gateway approach includes diversionary tactics through strong compliance measures, which aim to provide the right intervention, for the right people at the earliest possible point (Neyroud, 2015). Such approaches that aim to reduce custodial sentences require a significant shift in thinking towards a care and dignity based model.

The use of intervention methods are considered the best way to divert low-risk offenders away from continued criminal behaviour, as it is suggested that a prison sentence is more likely to embed criminal activity (Harvey et al., 2007). It is the high-risk few that drive the largest total of harm levels (Neyroud and Slothower, 2013). The substantive findings of the Howard League report (2015) remain in preparation, but early indications show that, with correct training and implementation, this gateway tactic has the possibility to prevent offending, support victims and provide financial efficiency for the Police Force and the Court system.

The Liaison and Diversion Scheme (L&D): The L&D scheme is an agency based operating model (NHS England, 2014) developed as a result of the recommendations made in Lord Bradley's review of the treatment of people with mental illness and learning difficulties in the CJS (Bradley, 2009). Although these services are not specific to Police custody their main remit

is in providing appropriate interventions and advice for offenders who may be vulnerable, have a mental illness or learning disability or who have substance misuse issues. L&D services are identifying veterans and, in some areas, such as Hampshire, have specialist veteran workers in their service. Not all veterans have a substance misuse problem or a mental illness.

Some data is available on the performance of L&D services with veterans (NHS England, 2016) covering a period April-October 2015. This will be explored in more detail later in this Report in the context of the Project Nova data.

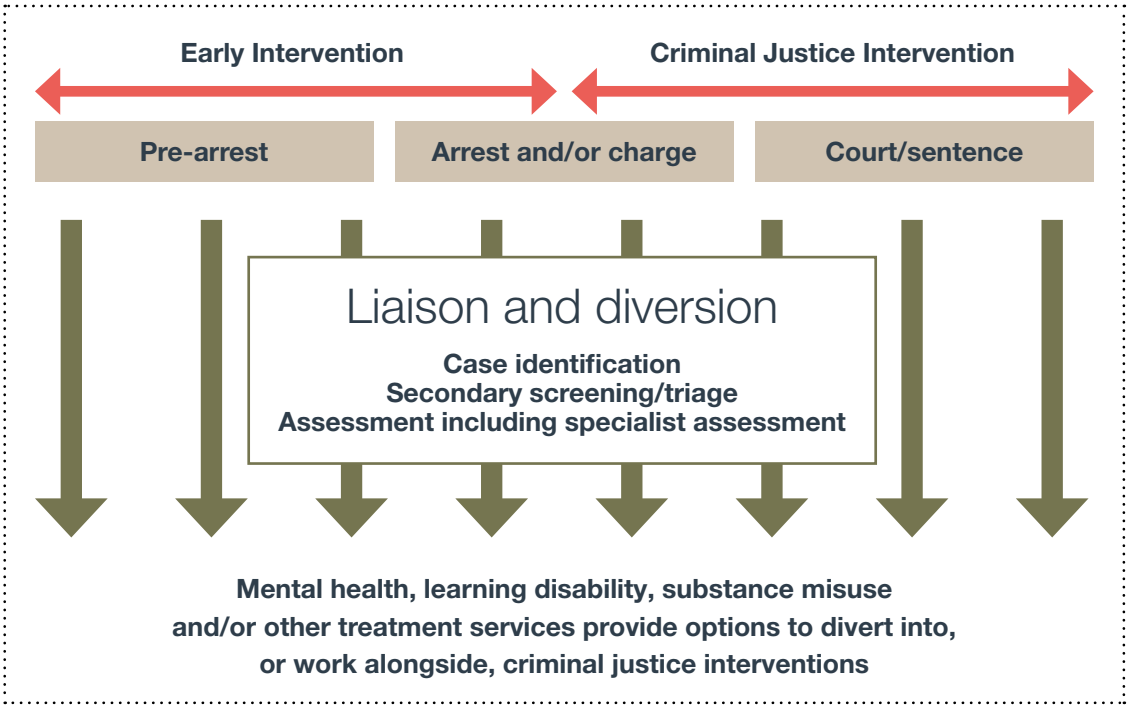

Figure 1: The Liaison and Diversion process in outline. NHS England, 2014. Liaison and Diversion operating model.

Welsh Government Approach: The Welsh government has provided a guide to the formal identification and verification process in the document 'Veteran Informed Prisons' for Welsh veterans who find themselves with a custodial sentence (Welsh Government, 2013). The co-ordination of assessment and health-screening has been acknowledged as necessary in the early stages of custody, but this L&D support is currently only available once the sentence has begun and not at the point of arrest. Veteran specific support services are available through support sites such as Veterans Wales (2015), offering guidance for medical, pension, accommodation and employment support, as outlined in the 2008 cross-government document summarising support for Armed Forces and veterans (Gov.uk, 2008).

Activities in Wales include the issue of business cards to Police Officers with NHS 'point of contact' details, to pass onto identified veterans as an immediate reference at the point of arrest. Further, HMP Parc in Bridgend opened a veteran-specific wing, Endeavour Wing, on 12th May 2015. HMP Parc is also working with the charity, Barnados, as part of the 'Invisible Walls' programme (iHOP.org, 2015), an in-prison and rehabilitation project which has been modified from its civilian predecessor to offer veteran specific support.

The International Community

United States

The clearest example of a working intervention model in the US is based on the Center for Mental Health Services' (CMHS) Sequential Intercept Model, originally devised by Munetz and Griffin (2006). Blue-Howells et al. (2013) show how this diversion model is used for veterans.

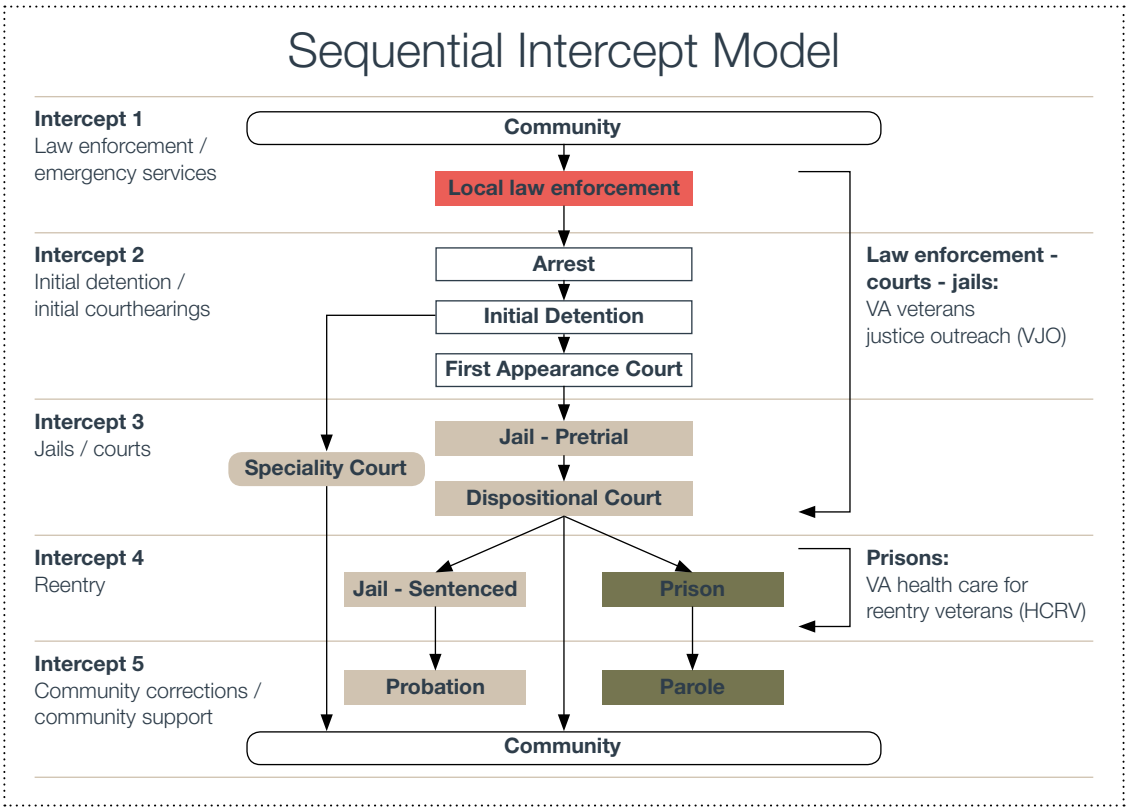

Figure 2: Points of intervention along the criminal justice continuum. Adapted from: CMHS National GAINS Center. (2009). Developing a comprehensive plan for mental health and criminal justice collaboration: The Sequential Intercept Model. Delmar, NY: Policy Research Associates.

The model is applied to support those with mental illness entering the justice system in the US, and has been adapted to provide mental health interventions for veterans at different stages of the US criminal justice pathway. The interventions are provided by the Veterans Affairs (VA) healthcare system programme (Blue Howells et al 2013). Evaluation of the outcomes of this intervention model, data on intervention at point of arrest and the numbers of veterans who may be using this system could not be found. This may be because of problems with the huge variation in the way in which the services are delivered, and also that the data is not collected at a federal level for analysis.

Diversions to mental illness treatment-focused interventions at the different points are indicated in the model (Fig 2). This model is similar to the diversion model proposed in the UK (Centre for Mental Health, 2009) and a subsequent strong economic and business case proposed by the Centre for Mental Health, Rethink and the Royal College of Psychiatrists (2011). As already discussed the UK has adopted an L&D scheme that operates in Police custody and is currently being rolled out across England. Both schemes target offenders with a mental illness, although the UK scheme appears to be more holistic with a greater emphasis on the provision of social

support as well as treatment. Not all veterans who offend have a mental illness; within this US model of provision veteran offenders who have wider social, economic or wellbeing issues may fall through the service provision net as a result.

Where this model has been applied at intercept point 1 (point of arrest), local standard operating procedures have been established between the law enforcement agencies and the VA to ensure that all qualifying veterans are diverted to treatment at this point.

As with the UK, it has been recognised that there is no specific protocol for collecting data on US veterans, therefore information on veteran offenders is often incorrect or outdated (Brown et al. 2013). Further, some states in the US have permanent military correctional facilities and these institutions may process veteran offender information differently for funding purposes. The last official data collected was in 2004, which does not include the doubling of the number of veterans returning from Iraq and Afghanistan.

In some states in the US, veterans in the criminal justice system are tried through dedicated Veterans Courts (US Dept of Veteran Affairs, 2015), first established in New York in 2008 (Cavanaugh, 2011). The VA suggest there are many benefits to the use of Veterans Treatment Courts, as they deal with the underlying cause of the behaviour, taking into account trauma and anxiety related issues based on combat experiences. Veterans receive support through collaborative, professional networks, which promotes the inclusion of the veterans themselves and their families (ibid.).

However, the Phillips Report (2014) does not advocate the viability of Veterans Courts in the United Kingdom, suggesting the possibility of a lack of equality if veterans are tried differently to members of the public or other public servants in stressful work roles. Wolfe (2013) provides narratives of effective results of one veterans' court in the US that has reduced the number of jailed personnel through rehabilitation programmes under strict court bail conditions. The main weakness of the veteran court system is that it is a selective process, only admitting personnel with good service records and minor offences (Brown et al. 2013). However, their record for preventing recidivism was, at the time of publication, completely successful.

Canada

Correctional Service Canada (CSC) (2010) acknowledge that they have little evidence on Canadian veterans in their institutions, but suggest that the figures of incarcerated veterans matches that of the UK and US, approx. 4% of the overall prison population. CSC suggests that veterans' lack of seeking pre-offence support may lead to psychological illness and substance or alcohol abuse, contributing to higher numbers of detainees (CSC, 2010). Little scholarly or government information is accessible through either of the Royal Canadian Legion websites on veteran offenders.

Australia

Mann (2014) suggests that 500 veterans are in prisons across Australia and there is no recorded support for those returning from active duty. Neither the Australian Department of Defence nor the Department of Veteran Affairs keep figures of veteran offenders. The identification of veterans is difficult and the issue of identification cards for veterans has been recommended by the Australian Department of Veteran Affairs, although not implemented.

The Department of Corrective Services, Western Australia (2015) have a L&D service, known as Court Assessment and Treatment Service (CATS), but there is limited information relating to

veterans. South Australia (2010) has a diversionary service known as Community Corrections, but again, no available information on veteran offenders.

Other international models and intervention strategies

Searches, including of the International Centre for Prison Studies (2014) website returned no available results for information on veterans for any of the listed prisons around the world, reiterating the lack of formal recording of veterans in the criminal justice system globally.

Cornish et al. (2014) highlight the need for outreach and intervention strategies for support services for military personnel. Most studies surrounding 'intervention' identified research in the area of veterans finding access to healthcare such as Kehle et al. (2011) and Galovski and Lyons (2004), not intervention at the point of arrest. Davis et al. (2003) discuss their findings around support for substance-use addicts prior to parole from prison. As discussed earlier, Blue-Howells et al. (2013) also outline the various points of interception for veteran support whilst in, and prior to release from, prison.

Fletcher and Batty (2012) suggest that peer groups can be used as a resource in themselves to support civilian offenders and possibly reducing re-offending, yet note that there is a lack of robust evidence and funding with this particular intervention method. Greden et al. (2010) and Zinzow et al. (2012) also agree that peer relationships can provide key support for veterans, particularly for those with mental health issues. Both of these studies argue that military personnel are more likely to trust and rely on colleagues who have a unique insight and understanding of military life, notwithstanding that anyone who cares for the veteran population could provide necessary support. Buddy schemes could be considered a useful intervention method in relation to a community based diversion approach. Peer mentoring has been used within Project Nova, but the delivery of this was not evaluated as part of this report, as this was out of scope. We are also aware that some of the staff have a military background and have extensive experience of working with veterans which enables them to offer a uniquely empathetic approach.

The Long Term Intentions for Project Nova

Benefits to veterans

All of the interview participants suggest that they have benefitted in some way from involvement with the programme. Importantly, the trust in the relationship between the Project Nova team member and client is key in the veteran being open to receiving support. ¬professionals, signposting to other third sector services and interventions such as letters of support or referral.

Description of Project Nova

> ***"I think our unique selling point is we take hold of it and we move it and we control it to a successful conclusion, it's not left. I used to describe the veteran journey before like a pinball machine, duf-duf-duf, you know, sent all over until it's gone, you know."***

The Study Area

In this section we consider the basic data that was collected by the Project Nova team. The statistics package SPSS was used for the analysis of the quantitative data. The data relates to the demographic profile of the veterans, information about their service history and information about their offending history. The participants were also asked to complete a number of validated instruments upon initial contact with the programme. This provides us with a snapshot of their wellbeing, social adjustment and self-reported problems with alcohol or mental illness. Where possible we have also drawn comparisons with Liaison and Diversion (L&D) data on veterans made available by NHS England.

In the 12 month period between July 2014 and 2015, 145 veteran arrests passed through the Police Investigation Centres (PICs) in Norfolk and Suffolk. Eighty nine veterans were arrested between July 2014 and February 2015 and a further 56 between March and July 2015. Of these, 35 consented to share their details for the evaluation, with one participant who did not qualify as they were not a veteran (n=1). To aid the analysis we have been given access to further data on basic demographics and 6 month pre post offending data for the 111 veterans who were either not contactable or declined to take part in the research.

The information provided for this report is verbatim, as given by the PICs across the two counties of Norfolk and Suffolk to the Nova team via a weekly report mechanism.

All offenders arrested in Norfolk and Suffolk are taken to one of the six Police Investigation Centres (PIC) situated across the two counties. Figure 3 shows the location of the PICs.

Figure 3 – Police Investigation Centres in Norfolk and Suffolk

All those entering the PICs will follow the usual processes required of an arrestee. During the routine

booking-in interview the Custody Sergeant will ask if the arrestee is drug or alcohol dependent or if they have served in HM Forces, notwithstanding that there may be veterans of other overseas countries armed forces who will be found within the CJS. A judgement is also made by the custody staff if the detainee requires a full assessment of their mental health by the embedded NHS (L&D) staff. It is important to note that this L&D scheme is a relatively new addition to the options available for custody staff and was initiated part way through the data collection period of the Project Nova pilot. The L&D team within the Norfolk and Suffolk PICs work a 0900-1700 shift pattern and any referrals outside of this time are managed by crisis resolution teams from Norfolk and Suffolk Mental Health NHS Trust. Although the level of L&D provision available across the country is not known, L&D services are fully operational in Martlesham and Wymondham.

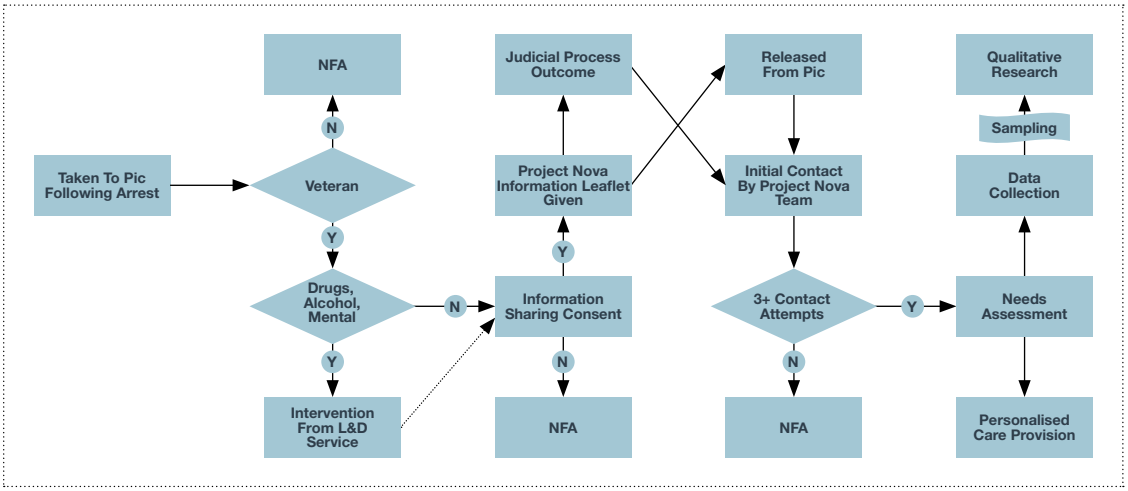

Figure 4 – Flow chart showing the process for a veteran from point of arrest to the involvement of Project Nova

Police data systems, the National Strategy for Police Information Systems (NSPIS) and Athena, were found to be useful support tools for identifying and referring arrested veterans to Project Nova.

> ***"Answer two questions, press click and it magically goes off to [Nova team] and from there I don't know what happens to it. It goes off to [Nova team] and everyone wins remembering that the Custody Sergeant […], this is only one of 40 something questions […] I still had six single points of contact for veterans in Custody spread out through the six Police Investigation Centres known as PICs and accordingly if somebody was deemed to be a very chronic case or in urgent need it would be picked up rather than wait for the Monday. It would be, a phone call would go into [Nova team] or mainly they would come to me, they would send it to me and I would speak to [Nova team member]." (Police)***

It was highlighted that a light-touch approach, asking two questions from the pull-down menu on the NSPIS/Athena systems, was seen as a positive way to encourage Police Officers' engagement, as opposed to emails or other paperwork-based systems.

> ***"So to sell it [to other Police Forces] it would be, all you need to do is put on to Athena or whatever system you have two questions, have you served in Her Majesty's Services and are you willing to have your details passed on? You don't have to do anything else." (Police)***

There may also be some definitional challenges at this stage with certain groups such as Early

Service Leavers (ESL) and those who completed National Service, who may not recognise their status as a veteran and consequent entitlement for access to the programme. The findings to these questions were not evidenced in the study. Equally, some may claim a status, and thus support, to which they are not entitled.

All of the participants spoke of the initial contact by the Project Nova team, either from a leaflet at the PIC or follow-up contact from the team:

> ***"When I got to the Police Station they said could they contact me and I said yes. [Nova team member] phoned me I think just before I got released and said he would come out and see me at home and he did and we went from there." (Participant B)***

Liaison and Diversion/Health Care Professionals (HCP)

At the point of arrest in the PIC, the Liaison and Diversion (L&D) team are the first HCP to come into contact with veterans. Unlike the US system which provides veteran-specific support through the Department of Veterans Affairs programme, UK Military veterans receive universal healthcare from the National Health Service (NHS). A review carried out by Cooper, Andrew and Fossey (2016) found a severe lack of empirical evidence in the NHS of student nurses, nurses or health care professionals (HCP) receiving preparation to work with the needs of a veteran-specific cohort. However, the transcript below indicates that from the Police perspective, the L&D service appears to be working and there are numerous opportunities to access health support whilst in the custody centres. However there has to be a trigger, being a veteran is not a trigger per se.

> ***"If you don't answer […] you'll see an HCP. Get really loud for no apparent reason rather than being drunk, if you are drunk you'll see an HCP. Not respond in a way that a Custody Sergeant who is very experienced is happy with and you'll see an HCP. Refuse to see the HCP, you'll go and sit in a cell. Refuse in the cell and they'll look at the CCTV. Now in Custody you can go from seeing nobody to seeing a Health Care Professional to having in a psychiatrist and various social working staff that you need certainly within a shift. You'll have somebody come in." (Police)***

Information

There are three information requirements at the initial stage:

Is the detainee a veteran? This is qualified later in the process by the Project Nova team. It is, however, not mandatory for someone who is a veteran to disclose this and consequently an unknown number of potential Project Nova clients may choose to not disclose at this point. There is some reliance on Custody Sergeants to identify veterans, based on their experience:

> ***"It's surprising how people who are ex-Forces refer to you. They call a Sergeant 'Sergeant' because they can't help it. They revert to type. They will call me 'Sir', people call me 'Sir' because that's how you're referred to. The PCs may call me 'Gov' or 'Boss', but if they see a rank, they will call a rank and it's like, you say no, but what we rely on there is our Custody Detention Officers, who are very good, they pick that up on their shift." (Police)***

Assessment of mental health status. As outlined above, if the custody staff believe the detainee to have a mental illness or be intoxicated then embedded health services are available from the NHS L&D service, followed by a referral to the Nova team. The L&D service in Norfolk and Suffolk started part way through the Project Nova pilot, but information sharing protocols are in place to ensure that all relevant information is passed between the services.

> ***"Very closely working with the NHS Liaison and Diversion teams which has been very good. We now get the double tap hopefully in the Custody Suite that the Custody Sergeant is picking them up, but also the L&D team are and of course we can feed back into the L&D team because as we said before, a veteran will open up more to another veteran perhaps and then we can hopefully give them a little bit more maybe, perhaps because of an event that happened in the military. So that's been good because they can then update their NHS databases, should they come across the person again." (Nova)***

Engagement with the veteran. As discussed above, of the 145 referrals received by the Nova team, 78 were not contactable or were out of area. Where appropriate, a decision to stop engagement with these veterans was only made after at least 3 failed attempts. There is no legal obligation for the veteran to provide their telephone number. Sometimes telephone numbers are incorrect or addresses are ones to which the veteran is not allowed to return. Where telephone or postal addresses are not available, social media (Linked In, Twitter, Facebook, Instagram etc) is also used in an attempt to engage with the veterans.

> ***"They may not have had a nice time in the military and want to forget that part of their life. There's going to be that occasionally. The other one is that they may be too proud, which you mentioned earlier and that's what you've got to try and pick up. Even if you're on a phone conversation, how you question them and ask them, if you can pick that little piece up then that's worth holding on to. If it's very negative from the start, you know you've got to think this person may not engage. We'll try two or three times to contact and if not they get the letter, but generally it will be because they've had a very bad experience in the Army, Navy, Air Force and they don't want any connection with it." (Nova)***

The dramatic change in circumstances for many of the veterans from their Service life and why they may not engage with support models such as Project Nova was reflected on:

> ***"People who go in the Armed Services used to be upstanding, righteous people probably more than most people and they're prepared, regardless of whether you, not you personally, but people think this shows aggression or something, but they're also people who are prepared to serve. It's called the Military Service, they serve people, us, the people they protect, me included. It probably reminds them that they used to be somebody else and somehow they probably go back in their minds to, I was 20 and I was very fit and I was doing something and I'm now 32 and I'm sitting in a Police cell. How did I get from one to the other and they start contemplating it. That's my simplistic way of thinking, who they used to be." (Police)***

Challenges to Service Provision

This section briefly sets out how Project Nova operates and some of the challenges to service provision, identified by interviewees. The opinions expressed are based on direct observations and informal discussions with people involved in the delivery of the pilot, along with qualitative interviews with the subject veterans.

The Project Nova team suggest that their vision for a 'best win' model for full support for veterans is a synergy of (1) the Project Nova programme (2) diversionary measures and (3) group projects such as the Project Nova 'Restore' [also known as 'Forgiveness'] workshops

> ***"Each of the team and all of the Project Nova guys all opened up about things [at the Forgiveness Course]. I wasn't privy to it, I've seen the post-course report and it's all anonymised, but they opened up and they all felt very comfortable around each other after that. One of my Nova veterans who I had concerns about before, I saw him laugh and smile for the first time when they broke for lunch and that really meant a lot to me." (Nova)***

A successful outcome for veterans beyond Project Nova is the process of regaining individual identity, making the transition into civilian life, assimilating their new position and making the necessary adjustment to achieve positive results.

Contact with the veteran: The Project Nova Team is made up of Coordinators and Administrators, with the Coordinators being primarily responsible for liaising with and supporting the individual veteran. First contact is made by a member of the Project Nova Team, either by telephone or other means, to discuss the role of Project Nova and subsequently arrange a meeting, which is usually held in either the home or a social space, such as a coffee shop.

> ***"So the whole crux of this is forget the leaflets, forget cards, for me, get it on the Custody system and then they will be contacted. Handing leaflets out to people is, well you might get the odd person, but what you need to be doing is to be putting it on the computer. I think it works because somebody rings them and says 'I'm from Project Nova'." (Police)***

> ***"We're not aggressive in the tracking, it's just a phone call 'hi, how's things going?' That appears to be working, which not a lot of other people do, there isn't a tracking facility, it's a signpost and that's it and I didn't want to just signpost." (Nova)***

Needs assessment: A 'needs assessment' is carried out in collaboration with the veteran. This includes an evaluation of the veteran's educational level, to see if support will be needed to complete court paperwork or job applications. The needs assessment allows the Project Nova team to produce a bespoke package of support for the veteran and where possible, to gain an insight into the potential causes for their offending behaviour.

Support packages: If required and appropriate, access to support programmes are made available, these include those for accommodation, employment and training, substance misuse, financial planning, and physical and mental health. Group sessions may also be arranged, but the geographical distances and transport infrastructure challenges between Suffolk and Norfolk sometimes make it difficult for veterans to maintain full and regular attendance. The Project Nova team also provide support to help veterans manage the court process, including referrals to third parties and helping to write formal letters for court purposes.

Diversion programmes: The Project Nova team report that they are seeing positive results through their diversionary activities, which include restorative approaches such as community, employability and citizenship programmes. Support can also include diversionary activities to occupy veterans' time, for example, going to the gym. The purpose of these schemes is to allow veterans to build confidence, resilience and acquire transferable skills. The practical support aims to help the veterans to see a way forward and take ownership of their futures, build self-esteem and assist in their need to be employable.

Training external agencies: The Project Nova team also undertake training sessions with a range of staff working in, and with, the CJS , helping co-construct knowledge and understanding with those involved in the judicial system who deal with veterans.

Service Delivery Challenges

There are a number of more generalised challenges that have been identified during the delivery of the Project Nova pilot. These relate to the period of the evaluation, and the iterative nature of the pilot has meant that many of these issues have already been considered and addressed.

Timing: This can be an issue if a veteran is arrested overnight or at weekends. The team suggest support is ideally required from 7am to 1pm for overnight referrals. Should the veteran require NHS support, this can be problematic as NHS services are only available Monday to Friday, 9am-4pm, so referrals may be missed. Since the completion of the pilot period, hours of operation have increased in the two busiest PICs to accommodate people who present between 0700-2200.

Confabulation: The team have also encountered those falsely identifying themselves as veterans. This can be a drain on valuable time and resources. It is inevitable that there will be a small number of people who will fabricate their military experiences, and identifying this group at an early stage is important. During the pilot period the number of confabulators was very small (n=1), but the time required to deal with their presenting problems was disproportionate.

'Difficult to contact' population: Based on the experiences of the Nova team, the veteran population in this study can be transient, making on-going contact and engagement difficult, reflecting the complexity of dealing with wider offending groups. The Nova Team have also found contact with the cohort challenging due to a number of contributing factors such as not responding to repeated communications, lack of contact details and people not wishing to engage with the project. Consideration could be given to the development of different ways of communication with veterans using new media.

> ***"There are some in Norfolk and Suffolk where I've known they're never going to engage and we've tried for a little while, maybe that first month, trying to call, but then you hear the aggression coming back 'I've told you, I don't want support'. So at that point we'll just send them a letter and we'll say this is us, we're here, if you ever need us in the future come and get in touch with us. Then we blank them off, we suspend the account, but they're still there so if they phone again we just reinstate them." (Nova)***

Communication with partner agencies: During the pilot period, it was noted that Project Nova was on the periphery of the judicial system, and as a consequence they encountered complexities working with two Police services. However it is now reported that the service provided by Project Nova is considered a valuable resource and many of these communication problems have been addressed.

Family support: The Project Nova team are finding that families sometimes need as much support as the veterans themselves, often with issues of co-dependency. Veterans may feel isolated and unable to share their problems with their family members. It has been observed that partners may also provoke reactions from veterans that sometimes lead to detrimental outcomes.

Gender, age and ethnicity

Demographic Data, n=34			
Gender	Male	33	97%
	Female	1	3%
Age at time of offence	Minimum	22 years	
	Maximum	82 years	
	Range	60 years	
	Mean ($\bar{x}$)	44.97 years	
	Std Deviation (σ)	17.07	
Ethnicity	White	32	94%
	Black	1	3%
	Other	1	3%
Employment Status	Unemployed	24	71%
	Employed	10	29%
Accommodation Status (27 respondents)	No fixed abode	4/27	15%
	Not suitable (subjective)	17/27	63%
	Addresses linked to offending?	6/27	22%
Self-reported problems at school?	None	24	71%
	Some	7	21%
	Significant	3	8%

Table 2: Gender, age and ethnicity of participants who completed the battery of questions

The overwhelming majority of the veterans seen during the pilot period were male, with one female (Note: one further female respondent was included at the interview stage to provide a more representative sample of female veterans). Thirty one men identified their ethnicity as 'white', with two classified as 'black' and 'other'. The age range for the veteran was between 22 to 82 years. The one female in the original dataset was 46 and identified as 'white' The male to female ratio observed in the Nova pilot was exactly the same as that for the national L&D veterans' data. Similarly the ethnicity statistics are in line with those reported nationally, where 92% of the veterans reported as white, 2% black and 3% other (data not available for the further 3%) (NHS England, 2016).

The employment status of the veterans on project Nova was not markedly different from the data collected by the L&D service. The national veterans L&D picture showed only 33% of the contacts were in employment at the time of arrest. This is similar to the sample from Project Nova for which 29% reported they were currently in employment. The level of homelessness amongst the veterans in the Project Nova sample was also very similar to the national L&D data (11% v 12%). Additionally the national data captured veterans who were in living in temporary hostels, a further 5% of Nova veterans were also asked if they thought their accommodation suitable, a clearly subjective question, with half of them believing their current housing is unfit and 18% of the cases believing the offence is linked to their accommodation needs.

The Howard League Inquiry into Former Armed Service Personnel in Prison (2011) suggests there are three categories of former personnel who commit crime. First, those who are from low socio-economic and poor educational backgrounds. MacManus et al. (2011) suggests that those who demonstrate anti-social behaviour prior to enlistment are more likely to continue on this trajectory upon discharge. Second, those who experience difficult or challenging conditions whilst in military service. Third, those who have challenges post-discharge in adjusting to into civilian life.

According to a report by the English Indices of Deprivation (2014), 25 out of 34 Project Nova veterans or 74% are living in areas with postcodes recognised as Lower-layer Super Output Areas (LSOAs), suggesting that a significant number of veterans within this project are living in areas of low socio-economic status. The same report highlights that Norfolk and Suffolk (known in the same report as 'New Anglia') are ranked the 19th out of 45 in the most deprived 10% of areas nationally.

Attrition and client contact

Despite considerable effort by the Nova team to make contact with the veterans following discharge, non-contact with initial referrals in this programme is high, which as detailed above is not unusual for this cohort. This could be for a number of reasons, including: vague or incomplete contact information, of no fixed abode, out of geographic area, in prison or no response to follow-ups. Incorrect details or a shortage of information supplied on referral from the Police is seen to be the main cause for a lack of contact. As outlined further in the Report, the information collected on the NSPIS/Athena systems has been amended to address the difficulties identified during the pilot period. There is anecdotal evidence to suggest that a sense of pride or shame also adds to a non-response or refusal to engage with Project Nova.

Table 1 below sets out a description of the challenges encountered by the Project Nova Team in engaging with the veteran population.

Descriptor of referrals	No. of veterans	%
Non-contactable		
No contact (no telephone number supplied by Police or no response to home visits, social media requests, telephone calls or sending three letters by post)*	78	
Not meeting referral criteria		
Not veterans (fantasists/confabulators)	3	4.48
Still serving	4	5.97
No fixed abode (no contact address)	5	7.46
In HM Prison	5	7.46
Subtotal	**17**	**25.37**
Declined Assistance		
Declined assistance*	16	23.88
Subtotal	**16**	**23.88**
Engaged		
Engaged with support and pilot evaluation	34	50.75
Subtotal	**34**	**50.75**
Total number contacted	**67**	**100.0**
Total no. referrals	**145**	

Table 1: Descriptor of referrals

*Data remain ‘inactive’ on the Project Nova system for veterans who decline to engage with Project Nova or who remain un-contactable. Their details become ‘live’ again on the system at any time they make contact in the future. Veterans may also have re-connected with Project Nova outside of the pilot study period, which would not be reflected in the data presented here.

78 of the 145 referrals into Project Nova were not contactable, due to a lack of telephone number or addresses. Of the remaining 67, 17 were not suitable for the service (25.37%), 16 declined assistance (23.88%) and 34 engaged with the pilot and evaluation (50.75%).

Along with the veteran participants, a member of the Project Nova team and a Police Officer who was involved with the early stages of the pilot were interviewed. Quotes from these qualitative interviews are used in this section. This triangulation approach allows a representation of viewpoints from the veterans themselves, the Project Nova team as the service provider and the relevant Police Investigation Centre (PIC) who worked in the early set-up days of the Project. To differentiate these two participants’ data from the veterans’ narratives, they are referred to as ‘Nova’ and ‘Police’.

Service Provider And Police Participants	
‘Nova’	A member of the Project Nova team
‘Police’	A Police Officer in the Norfolk and Suffolk Police Constabulary

Description of Veterans in the Study

Offence history

Offending Data			
First offence?	Yes	13	38%
	No	21	62%
Time between transition from the military and index offence	0-4 years	10	29%
	5-10 years	6	18%
	11-17 years	5	15%
	20+ years	12	35%
	No data	1	3%
Domestic Violence (17 respondents)	First incident?	7/17	41%
	Previously sought help?	3/17	18%
	Do you want support?	12/17	71%
	Have you been violent to others?	8/17	47%

Table 3: Offending data of participants who completed the battery of questions

Offence history was obtained by the Project Nova team from the local Norfolk and Suffolk Police database. They were unable to obtain any data from the Police National Computer (PNC) due to data protection issues. All data was anonymised and passed to the authors of this Report for analysis. The raw data was cleansed to ensure accuracy. Due to the reliance on local data a qualified assumption was made that the local data is a reliable proxy for offences outside of the operational area of the two Police Forces.

It is worth reiterating at this point that the number of veterans who used the service during the period of the pilot was limited (n=34). Statistical tests in the analysis of the numbers were made, but it is important to interpret the findings in the context of the small sample size.

For 38% of the participants their arrest was for a first offence, with 62% having offended before. 18% of these reported having convictions prior to joining the Armed Forces. This is interesting as MacManus et al. (2011) concluded that pre-enlistment anti-social behaviour carries an associated risk of continued negative behavioural outcomes.

The offence period between the date of discharge and offence for all participants ranges between the same year and 34 years after discharge. Due to the large age spread of the participants, the most common timescale between the date of discharge and the offence taking place is 20 years or more. However, four veterans offended in the same year as their discharge.

The two highest recorded offences committed are common assault or actual bodily harm (six cases) and sexual abuse/sexual offences (six cases). The table below charts all of the offences. Figure 5 reflects the offences charged by the PIC at the time of arrest and not the final disposal information. Interestingly the picture of offence types seen in the veterans accessing Project Nova is very similar to the national picture captured using the L&D data. When aggregating violent offences (including sexual offences, harassment and firearms offences) from the national data, 43% of veterans arrested nationally have committed a violent offence, which is identical to the local picture in Norfolk and Suffolk.

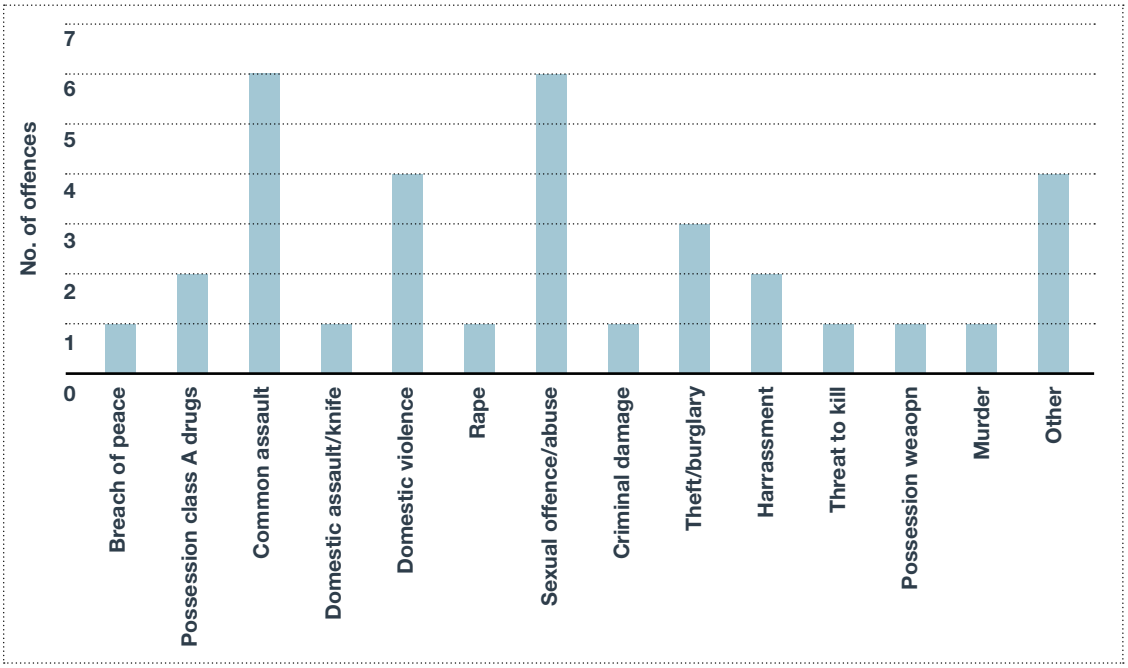

Figure 5: Offences as recorded by PIC at time of arrest

A higher percentage of offences committed by veterans referred to Nova were violent or sexual, compared to the general population of Norfolk and Suffolk (43.3 vs 19.5%). This difference was found to be significant using Fishers exact test (p<.001, two tailed). The odds ratio for committing a violent or sexual offence in veterans referred to Nova versus the general population of Norfolk and Suffolk was 3.127 (95% confidence interval = 2.210-4.443). We can therefore conclude that the risk of committing violent and sexual crimes in the veterans referred to Nova is about 3 times that of the general offender population. Furthermore, as the 95% confidence intervals do not include the value of '1', we can be confident that those referred to Nova are significantly more likely to commit violent and sexual crimes. The small numbers and the limited geographic area are for the purposes of this pilot, therefore the figures are too small to be representative of the wider veteran population.

All offending for a 12-month period (6 month pre-post) for those accessing Project Nova (n=34) was compared against offenders who had been identified as veterans but who had not accessed the programme (n=111). We acknowledge that any differences in offending rates between those who went through the programme and those who did not could have been as a result of a number of other confounding variables, for example, those who took part in Project Nova may have more risk factors for offending. Our findings are therefore interpreted on the secondary, anonymised data we held for the comparator group. Following the Nova intervention, there was a trend towards lower rates of reoffending in the veterans who took part in Nova compared to those who did not (38.2 vs 54.8%, p=.072, one tailed). An odds ratio of 0.510 (CI = 0.228-1.138) suggests those who took part in Nova may be less at risk of reoffending post Nova. However, the lack of significance of the results means one cannot be fully confident in this conclusion.

No significant difference was found in the rates of violent versus non-violent offences committed 6 months post Nova between those veterans who did and did not take part in Nova (38.5 vs 39.2%, p=0.611, one tailed). Indeed the odds ratio was close to 1 (OR=0.969, CI=0.277-3.384) suggesting that both groups were equally as likely to commit violent crimes in the 6 months post Nova.

Domestic Violence

Of the 17 veterans whose offences were linked to domestic violence, four questions were asked in relation to domestic violence (see Appendix 5). For 29% of the respondents it was their first incident. Thirty eight per cent of the participants had previously sought help and 35% replied they wanted support. Twenty three per cent also reported that they had been violent to others. The need for appropriate services to help veteran perpetrators of domestic violence would appear to warrant further investigation. In Norfolk and Suffolk, domestic violence has been identified as an area of special concern and given the level of offending in the veteran population, Project Nova are working closely with the Office of the Police and Crime Commissioner to help develop local strategies and action plans.

Drug Use

The Phillips Report (2014) suggested that, in line with civilian findings, substance use among veterans can fuel unlawful behaviour. The participants were asked about any use of legal and illegal substances. The use of prescription drugs was the biggest response in this category, with just over half on prescribed medication. Ten responded that they take or have taken illegal drugs or substances including: Heroin(1), Methadone(1), Crack Cocaine(3), Cocaine Hydrochloride(1), Amphetamines(1), Ecstasy(1), Cannabis(4), Steroids(4) and others(2). Five veterans suggest their drug taking was linked to harm and their offending.

Service history

Service Data			
Length of service (years)	Minimum	1 month	
	Maximum	25 years	
	Range	25 years	
	Mean ($\bar{x}$)	8.44 years	
	Std Deviation (σ)	6.72	
Reasons for discharge	End of Service contracts	16	47%
	Medical discharge	8	23%
	Premature voluntary release	2	6%
	Disciplinary	2	6%
	Resigned commission	1	3%
	Compassionate grounds	1	3%
	Redundancy	1	3%
	Missing data	3	9%
Branch	Army	24	71%
	Royal Navy	6	17%
	Royal Air Force	3	9%
	Marines	1	3%

Table 4: Service history of participants who completed the battery of questions

Four of the veterans who used Project Nova were conscripted to National Service.[3] Twenty four veterans served in the Army (including the one female participant), 6 were in the Royal Navy, 3 in the RAF and one in the Royal Marines. Their enlistment dates range from 1954 to 2010 and they were discharged between 1964 and 2015. Their length of service ranged from 1 month to 25 years with a mean of 8.4 years. The two highest ranking veterans were a Pilot Officer and Warrant Officer in the Royal Air Force. Twenty seven (79%) of the cohort were in junior ranks in the Royal Navy, Royal Marines, Army and Royal Air Force. We do not have data listed for the ranks of other three veterans.

One of the findings of the analysis was that the greatest number of offences were carried out by those who transitioned out of the military over 20 years ago (n=12). Unfortunately access to any lifetime offending data was unavailable, so it is not known how prolific the veterans using Project Nova were, other than the 6 month pre-post local data from the local Norfolk and Suffolk Police database.

Figure 6: Length of military service in years

Operational Theatres

A link has been proposed between combat in operational theatres and subsequent social and emotional outcomes for veterans (MacManus et al., 2013; MacManus and Wessely, 2013) and it has been suggested that there may be a link between offences perpetrated following discharge from the military and events witnessed during combat engagement (MacManus and Wessely, 2011). Overall, 44% of the cohort did not operate in areas of combat. Of the 15 participants that did not serve in combat areas, nine (26%) were Early Service Leavers (those with less than four years' service) and the other six had served for longer than four years.

[3] The National Service Acts (1939 and 1948) required all men who turned 20 years of age between the timeline of 21st October 1939 and 30 December 1963 to undertake a period of a minimum of six months' military training. The onset of the Second World War extended the age range up to 40 years of age by June 1941 (British Armed Forces, 2015).

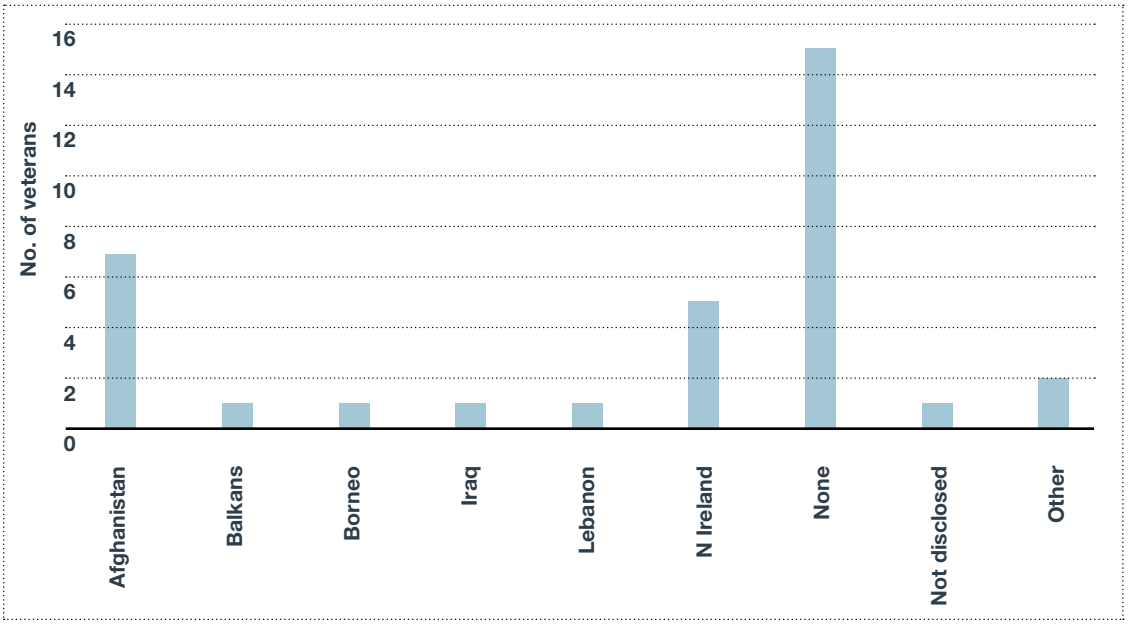

Figure 7: Theatres of operation

Discharge

The main reason for discharge was the end of Service contracts, with 16 leavers. Eight veterans were discharged on medical grounds, 2 on premature voluntary release and 2 for disciplinary reasons. One resigned his commission, 1 left on compassionate grounds and 1 (female) took redundancy.

Transition Experience

Eleven participants reported having no problems with transition, 11 with some problems and 12 with significant problems. The veterans were very familiar with well-known military charities, although half of the cohort did not seek support from any they were able to list. Two participants were unable to name any Armed Forces charities.

Mental health and well-being

Four tests were used to consider the veterans' attitudes and responses to well-being, social limitations, PTSD and alcohol consumption. As with all of the tools used in this report, they are used for indicative purposes only and not a measure of diagnosis. These are all self-report tools and the Project Nova veterans were invited to complete them by the team during one of their first encounters with the service. Fan et al. (2006) report frequently held scepticism concerning the accuracy of self-report tools, particularly when asking questions regarding mental health conditions and alcohol intake, but self-reporting remains a commonly used tool as a starting point for further research and analysis.

Along with all of the demographic data the results for these tests was provided to the authors in an anonymised format. Permissions have been obtained for using all of the instruments and details are available in Appendix 1.

Validated questionnaires

Self-report questionnaires		
Wellbeing (SWEMWBS)	Bottom 20%	21
	Between 41-60%	5
	Between 61-80%	3
	Top 20%	1
	No data	4
Work and Social Adjustment (WSAS)	Severe >20	20
	Less severe 10-20	9
	Subclinical <10	5
PTSD self-report (PC-PTSD)	'Yes' to at least 3 questions	21/34
Alcohol usage (AUDIT)	0-7 lower risk	23
	8-15 increasing risk	5
	16-19 higher risk	2
	20+ possible dependence	4

Table 5: Self report questionnaire of participants who completed the battery of questions

Short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS): SWEMWBS is a shortened scale from the original WEMWBS, which explores the measurement of positive aspects of mental health. The higher the score, the greater the reflection on a good level of mental well-being (Stewart-Brown et al., 2009). Both WEMWBS and SWEMWBS have been used to effectively evaluate responses and change in mental health studies (Maheswaran et al., 2012 and Deary et al., 2013). The test has also been used to successfully validate patient rated outcomes in an NHS Care Pathways and Packages pilot (2014).

Thirty-three scores were recorded for the veterans and data was missing from one participant. The scores for the veterans have been compared to the UK national distribution figures. Twenty one fell in the 'poor' category in the bottom 20%, 3 'below average' of 61-80%, 5 were of 'average' score between 41-60%, none fell in the 'good' category of the top 21-40% and 4 were in the 'excellent' category and in the top 20%.

The average test score for the group is 19. Both as a cohort and individually, the overall group scores fall below the bottom 20% of national responses. These scores begin to explore the possibility that the well-being of this veteran population is considerably below the UK national average, who have taken the same test. We do not have data to compare their pre-Service socio-economic background to their status at the time of taking the tests.

Work and Social Adjustment Scale (WSAS): The WSAS scale allows respondents to rate their problems and determine how much of that problem impairs on a particular activity (Mundt, Marks et al., 2002). Studies by Cellar, Sharpe and Chalder (2011) and Mataix-Cols et al. (2005) found WSAS to be a reliable and valid assessment tool for measuring social adjustment disorders.

The average test score for the group is 21. Scores above 20 suggest moderately severe or worse psychopathology, between 10 and 20 suggests significant, but less severe functional impairment and below 10 is associated with subclinical populations. Whether these patterns generalise to other disorders remains untested (Mundt, Marks et al., 2002).

Twenty veterans recorded a score of above 20, 9 scored between 10 and 20 and a further 5 gained a score below 10.

Primary Care–Post Traumatic Stress Disorder (PC-PTSD): The short PC-PTSD test begins to identify if the veterans displayed possible indicators that may require further investigation of signs of Post-Traumatic Stress Disorder. Findings from a study by Calhoun et al. (2009) suggest that PC-PTSD is an acceptable screen for PTSD both among veterans and within primary care settings. Davis, Whitworth and Rickett (2009) also concur that the four-item PC-PTSD is an effective identifier of PTSD symptoms. The questions asked can be found at Appendix 4.

The results should be considered positive if a respondent answers 'yes' to any three items, but this does not necessarily indicate a diagnosis of PTSD, however, further assessment may be warranted. Twenty one participants fell into this category; therefore 62% of the sample would be deemed worthy of further assessment for possible PTSD diagnosis. A useful resource for research into mental health conditions among offenders is Singleton et al.'s (1997) study of psychiatric morbidity among prisoners. The report highlights comparative issues for prisoners as reported by this cohort, including social deprivation, difficult childhoods, living in areas of low socio-economic status, high unemployment and a lack of social support.

A number of studies surrounding the criminal activity of veterans revolve around those identified with mental health issues or having been diagnosed with Post Traumatic Stress Disorder (PTSD) (for example, Drescher, 2003; Jakupcak et al., 2010; Charette et al., 2014 and Markowicz and Watson, 2015). However, there are concerns that PTSD could be used as a catch-all term to label all mental health issues for this population (Fossey, 2010b). Interestingly, research relating to veteran offenders without PTSD appears to be limited. Alcohol Screening Tool (AUDIT-C): Alcohol Use Disorders Identification Test (AUDIT-C): AUDIT and its shortened test, AUDIT-C, are questionnaires used to detect both heavy drinkers and those in the early stages of possible alcohol-related harm in a general population sample. Both Aalto et al. (2009) and Neumann et al. (2011) identify that AUDIT-C is a positive tool in accurately identifying alcohol use disorders. The questions put to the veterans in the AUDIT-C test are shown in Appendix 3.

The average test score for the group is 8. Of the 34 participants questioned, 23 are recorded as low risk and 11 respondents as increasing risk, high risk or possible dependence. Twelve participants suggested that their alcohol use is linked to their offending.

Nine veterans responded that they do not drink alcohol. However we have to be mindful that this is a self-report tool and the respondents may have decided not to disclose the extent of their alcohol consumption. The effect this has on the results is magnified due to the small sample size. The more general view, supported by findings by the Centre for Social Justice (2014) is that alcohol plays a significant part in the Military, with drinking seen as part of Service life and encouraged to support group bonding. The Phillips Report (2014) suggests that low-level offences committed by veterans are often connected to excessive alcohol or substance abuse. However, in this evaluation we did not test the relationship between alcohol consumption and offending behaviour and given the small number of participants any such findings would have been unreliable.

Deprivation

At the initial point of contact with the service, the majority of Nova veterans lived in areas of high social deprivation (74%). According to the English Indices of Deprivation (2014) Norfolk and Suffolk are ranked in the 19th in the most deprived areas nationally.

Themes in Veterans' Lives

The participants were chosen by a member of the Project Nova team using purposive sampling to reflect both genders, a breadth of age, branch of Service, length of Service and offence type. Of the participants who undertook the battery of questions, 10 out of 34 (29%) agreed to take part in the qualitative interviews.

In order to understand circumstances that may have an impact on the participants' involvement with the CJS, we have undertaken a light-touch, life-course approach to analysing the data that has emerged from our interviews. Such a method allows the interviewer to understand a fuller biography of the respondent, including experiences and events that shape life events (Bryman, 2012). Through in-depth interviews, the participants can recall their own stories and provide a greater understanding of their situations through their own lived experience (Silverman, 2001). A life-course approach also provides a clearer lens on how social and cultural situations frame an individual's identity over time, which, as became clear through the interviews is particularly pertinent for those who have lived within the Armed Forces community. A temporal view of previous life histories for this cohort also allows consideration to be given to issues such as whether there was a history of offending prior to joining the Military.

Qualitative interviews

All of the participants are white British and served in either the Royal Navy (n=2), Royal Marines (n=1) or the British Army (n=7). Eight men and two women (one joining the study after the original battery of questions and included here to provide a more representative gender sample) were interviewed. There were no Officers in the sample and all participants were other ranks – the equivalent of Private or Corporal. In order to protect anonymity, the participants are referred to as 'Participants A-J'. A brief pen picture of each participant in outlined in Appendix 2.

*The range of offences at the point of arrest for this cohort are as follows: common assault (1), criminal damage (2), domestic violence (1), harassment (3), intent to supply Class A drugs (1), sexual activity with a child (2) and theft (1).

None of the participants were prosecuted for these charges and, if previously arrested, were not detained for the same offences. Importantly, given that seven of the ten had previously been arrested, none have gone on to commit further offences six months post their involvement with Project Nova. However, as noted, the small sample means that the findings cannot be representative of veteran offenders.

It was considered whether exposure to combat in the Military played any part in the offending behaviour. Other than Participant D, who stated that her alcohol problem was directly attributed to her time in the Army, there was no clear evidence from the interviews to show causation between serving in the Armed Forces and offending that could be extrapolated. Therefore assumptions or conclusions cannot be drawn on this point.

The findings have been analysed using hand-coding, that is, manually looking through the data and identifying themes that seek to provide a deeper understanding of the Project Nova participants. Topics were then ordered and synthesised into themes and sub-themes; this method of thematic analysis was then applied to arrange the topics into larger threads, such as 'family', 'transition' etc., to explore a particular area of interest in detail and compile a clear picture from the respondents' narratives. The data package NVivo has additionally been used for storage and more thorough processing of the qualitative interview data. The major and minor themes identified in the analysis are included at Appendix 6.

Following on from the above thematic analysis, the following areas were identified as key topics for discussion: Family, transition, involvement with Project Nova, (how) has Project Nova helped and positive outcomes/moving on.

Family

> ***"I don't know what the research suggests but lots of people join the military because of deficits in their family life or education." (Participant A)***

The words 'family' or 'families' were used 118 times in 10 interviews, highlighting the significance of the family unit for this cohort. Whilst healthy family relationships are acknowledged as beneficial to well-being, there is a particular resonance for military personnel on operational tours, where family contact is known to have a positive effect on job effectiveness, morale and mental health (Greene et al., 2010). Conversely, the association between risk and resilience that has to be navigated by military families, particularly those who have been deployed on active duty with issues surrounding separation and potential risk of death, often has a negative effect on home life (Palmer, 2008; Padden, 2011). Following discharge from Service, the military legacy remains strong and these relationships need reintegration back into civilian ways, with personnel having to make a shift from their strong identification with the Military culture, often into differing forms of accepted civilian norms and values (Cooper et al., in press).

Of the ten participants, seven are currently single and three are married or in long term relationships. Six have been through divorces and all cite various examples of the difficulty of maintaining a relationship whilst in Service and dealing with long periods of separation. Greene et al.'s (2010) findings of the need for an emotional balancing act for relationships during periods of deployment is reflected in their narratives:

> ***"She was in Oxford and I was commuting back and it became apparent that it was going to be difficult really to sustain a balanced family life and you know, to be relocating every 18 months." (Participant A)***

There is also a wide use of the term 'family' from childhood memories to current relationships. Family is negotiated in these interviews various ways, from the immediate or biological family, to the Military family. Other than Participant F, who was raised by adoptive parents, all of the participants grew up with one or both of their biological parents. Two of the participants spoke specifically of caring parental relationships:

> ***"Family was fine, Mum and Dad were very close, solid, good, reliable. My parents were very good providers, lots of holidays, incredibly close to my brother. Very fond memories of being a kid." (Participant I)***

Mothers were mentioned regularly through the interviews, particularly during times of deployment. Whilst research frequently focuses on female partners, Mothers are centrally located as the emotional caregiver role and stereotypically assume the burden of family responsibilities (Bottorff et al., 2014). Participant B also highlighted concerns of his mother having three adult children serving in the Northern Ireland conflict:

> ***"I never thought about my Mum until we came back. I mean my Mum died last year. My Mum said when I got injured she thought it was bad enough when all three of us were in Northern Ireland, she said I never slept or ate and I thought I'd never even thought about it. I was only 19, 20, it didn't even cross my mind that my Mum would be panicking like mad about all three of us." (Participant B)***

However, many of the group talked of abusive or difficult family circumstances:

> ***"My Mum had an affair with an American and not until later on in life did I realise I was getting abused. I was physically and mentally abused by … physically by my Mother and, you know, I was touched by my brother and hit and bits and pieces." (Participant F)***

> ***"My Mum suffered depression really badly from events that happened to her when she was very young. She at some, at some point in my life she left home, she just got up one day and she left me and my Dad. She didn't even leave a note. I can remember it because it was on a school day and I just remember waking up and I was like, where's Mum gone? My Dad was like, I don't know, cos my Dad's quite honest, he just said 'I don't know'." (Participant G)***

The Royal British Legion Household Survey (2014) reveals a link between difficult experiences in early life and those who are raised in challenging backgrounds with adverse issues that appear in adult life. Such a finding is consistent with the Howard League's Inquiry into Former Armed Service Personnel in Prison (2011) who suggest that many former Service men and women who commit crime are from low socio-economic or poor educational backgrounds. Pre-Service determinants should therefore be considered possible causal factors for troubled issues that occur in adulthood.

Military Family and Camaraderie

> ***"You know when I ended my 30 miler and got my green beret they said 'welcome to the family' and you know, who else do you turn to but your family in a situation like that?." (Participant A)***

As well as discussion around immediate family support, many of the cohort documented the close-knit relationship between friends in the military and discussed their friendship bonds as akin to a family. Hindojosa and Hindojosa (2011) recognise that the positive relationships that troops have with one another not only create a strong unit cohesion, but also provide positive mental health benefits for serving personnel and veterans. Participant A demonstrates the loss of this support since his transition:

> ***"I think the other thing, you know, with my situation is that, you know, I've lost my family, I've then lost my military family and I've tried to make a smooth transition into the civilian world, so you know I'm not in touch hugely with people and therefore I ended up in an unhealthy relationship." (Participant A)***

Woodward and Jenkings (2011) use the term fictive kinship to denote the familial-like attachments that exist collectively between soldiers, highlighting the strong emotional links and their cohesive identity, as outlined above by Participant F. Much of the discussion around friendships and Military family revolved around camaraderie and the comfort of shared experiences and identity:

> ***"You all share a similar experience, no matter how long or short you've served. You also know that you're made of the same cloth as well. You all go in for similar reasons, you want to serve and you want to protect and you're kind of in a way similar people to be able to do that at all and want to do that, so you've actually got a connection anyway. I've experienced it before I was in the Royal Navy, but I can sit in a room with civilians and I will perhaps walk out of that room after two hours and not know anybody's name, not spoken to one of them or shared a number, you know, but I can sit in a room full of ex-Service people and I know I would have made friends with most of them, had a chat with most of them, all laughing together. It would be completely different and you've never met these people before in your life. It's strange how it works." (Participant E)***

The loss of this camaraderie and like-minded friends with whom to talk and share problems could explain why some of the veterans who do not have a family or friendship network engage in illegal or help-seeking behaviour. Keeping in touch with friends and ex-colleagues appears to be difficult on discharge, mainly due to geographical spread and making the effort to keep in contact:

> ***"I used to be in touch with a couple of lads. It's hard because one of them lives in Northern Ireland and one lives up in Scotland. So we speak by phone and that's it really." (Participant B).***

> ***LC - Are you in touch with any of your old Army buddies?***
> ***"No, I wish I was."***
> ***LC – In touch with any other kind of veterans' support or veteran groups where you meet with other veterans at all?***
> ***"No." (Participant C)***

Greden et al. (2010: 93) used a buddy system to support ex-Service personnel with mental health conditions on discharge by 'using culture to change culture'. Their findings suggest that talking to another colleague who has been part of or has a qualified understanding of the Armed Forces is as valuable in supporting veteran peers as a known Military colleague or friend, perhaps an indicator of one of the benefits of Project Nova.

Bereavement and Loss of Family

I'd lost quite a few I mean the ones I did have [Name] who, he was my spotter, he was with me, we joined together in [place] he died and I've known him all my life and to lose him was hard you know, I'm still getting over that (Participant F).

The cohort have collectively seen Operational Tours in Northern Ireland, the Falkland Islands, Kuwait, Iraq, Afghanistan and the Balkans, as well as Military exercises in various Mediterranean and Far Eastern countries. Cawkill (2009) notes that the main function of the Armed Forces as a protecting and subsequent fighting force means that by its nature, injury and death are expected consequences. The recent conflicts in Iraq and Afghanistan have highlighted both increased media attention on war fatalities and a need for an improvement in bereavement support. MacManus et al. (2014) recognise that these conflicts have significantly increased the attention given to mental health issues of the UK Armed Forces based on political and media interest. Many of the participants recalled losing friends and colleagues whilst on operational tour:

> ***"It's almost like a funeral, not like where you go and see the guys take off the coffins, it's where they do, you basically gather round and you do like a prayer and you speak for these people and stuff and to go and pay your respects and there was one particular guy I think at the time I was 19 and there was an 18 year old guy from the Yorkshire Regiment who I had actually gone through Phase 1 training with, but I didn't know him well, I knew of him, you know and it's just, it's like one of those things that dawns on you. He had just passed away and you look at his photo and you think I'm 19, this guy's 18 and it's just like, you know, you think to yourself I hate to think what his family are going through and you know, there's me standing there with three months left of the tour and I'm thinking are my family going to go through the same thing?" (Participant G)***

Two of the cohort spoke of the bereavement of their parents. Their situations appear to have contributed to significant personal repercussions and in both cases, suggest their losses as the catalyst for their future involvement with the CJS. Following his discharge from the Royal Marines, Participant A lost both of his parents in very quick succession, his father in particularly horrific circumstances.

> ***"OK, so then my mum passed away, erm, sort of, just as I was coming into my third year and think probably some of the difficulty really is that part of the military mind-set is that, you know, you can crack on and deal with anything and you know, a small case of a bereavement or losing a colleague or something it all just stiff-upper-lip and you know, just crack on […] My reaction to that was to turn up to work on Monday morning, you know, not tell anyone and just believe that, you know, because you got a green beret when you were 16 that you're sufficiently robust to go through all of that and deal with it. I took one day off for the funeral and went straight back to work." (Participant A)***

Kristensen, Weisaeth and Heir (2012) suggest that exposure to sudden or violent death leads to the possibility of subsequent mental health issues. Participant A did see combat action and Kristensen and colleagues allude to the fact that the loss of colleagues in operational theatres can lead to deeper trauma for veterans who face civilian bereavement. Following his involvement with Project Nova, Participant A received counselling for mental health issues.

Participant E lost his Father during basic training in the Royal Navy:

> ***"I get a call and the Padre comes and says your Dad's seriously ill blah, blah, blah, so it was a bit of a shock and I didn't, even if it wasn't the Forces, I didn't get any help from anywhere really […] Life was a bit of a rollercoaster from the point when my Dad died really. I tried to like, stick to the right things. I got married and had kids, but everything just went wrong." (Participant E)***

A relatively recent addition to the way the UK military manage mental health support is the introduction of Trauma Risk Management (TRiM). A system first trialed in the Royal Marines (Greenberg et al., 2010), to identify and support at-risk personnel following exposure to any identified traumatic incident or event (Army.UK., 2016). It is unlikely that the majority of veterans participating in the Project Nova pilot would have accessed TRiM support as this is a relatively new system of provision. Other support includes the Unit Welfare Officer, the Padre, the Regimental Medical Officer and other specialist healthcare professionals as recommended.

Moving from Civilian Life into Military 'conditioning'

> ***"The thing is you're going to be engineered differently when you go through the military. You're going to come out differently the other end, whereas this person just, you know, is engineered in their own way. They think in a different way. The problem is with the military you can have a thousand people who are all different people, but once you all go into the military you're all going to come out very similar because you're all trained to kill, you're all trained to think the same, you're all, you know, trained to stand in the same way. It doesn't matter how tall or small you are, how wide or thin you are, you're all trained to do the same thing." (Participant G)***

Bergman, Burdett and Greenberg (2014) define the process of becoming a member of the Armed Forces as a 'culture shock', a life-changing event in an unfamiliar social situation that requires a period of adjustment into a new role. The adaptation into Military ways of thinking and behaving is described by Hockey (1986: 23) as 'civilian role dispossession', a necessary act to bond a group of men and women into a ready and able fighting and protective force. All of the participants talked of the conditioning aspect of 'becoming Military':

> ***"The moment you walk through them gates you're conditioned to how the Force wants you to act and how they want you to behave. It's a completely different world inside them gates. So even when you, I can't speak from experience, but even when you leave basic training and you go off to do your trade training, wherever you're at you're still inside the base and it's a different world, completely different to civilian life and the only time you experience civilian life is if you go on R&R and go on leave and even then it's just a holiday […]It's not civilian life as such because you know you're not having to deal with it, you're just there for a little while and then you're going to go back to what you know, which is normality, but it's not normal, it's what you're conditioned to (Participant E).***

The Point of Separation

> ***"It was just, friends were leaving, cuts being made as well and people were being made redundant and I'd done a fair bit of time so I thought, I just wanted to have a civvy life I think, to try it, because all I'd ever known was the Army, but I think I made a mistake." (Participant F)***

There were a number of reasons given as to why the participants left the Armed Forces. They included pressure from partners and family (4), wanting to return to civilian life (2), medical discharges (2), bereavement (1) and having to leave for a new visible tattoo and refusing removal (1).

> ***"No, I was engaged to a guy who was also in the Army and he left. He persuaded me to leave and we'd get married and he'd look after me and everything and I ended up moving up to [area] to be with him up there. So that's the only reason why I left really. I didn't come out for any other reasons." (Participant D)***

> ***"I wasn't in particularly very long. I joined the Royal Navy and I did my basic training and my Father died so I came out on compassionate leave and I didn't go back (Participant E).***

> ***"I was shot, so it was a medical discharge on PTSD and injuries which meant I couldn't carry on." (Participant J)***

Measuring what is meant by a successful transition is gaining international attention.[4] Using employment as the only metric, as is the case in the UK, the majority of people 'do well' in transition (Ashcroft, 2014: 13), resettling back into civilian life and finding work. However, for a significant minority, problems can occur. From a societal perspective, a bad transition places a burden on society through the need for provision of housing and employment benefits, along with other social costs. From an individual's perspective, the loss of values such as status and responsibility can lead to potentially damaging personal outcomes.

Pressure from partners and the difficulty of emotional detachment from children was cited as a significant reason for discharge from the Military. Padden et al.'s (2011) study of female spouses of Military partners identified this group as having stressful and negative indicators on their mental and physical well-being, resulting from prolonged periods of separation. Like the Serving participants in Woodward and Jenkings' (2011) research, these women engaged coping strategies to manage the deployment period. The Centre for Social Justice Report (CSJ, 2016) highlights the MoD's acknowledgment of the important contribution that Service families make to support the objectives of the Armed Forces (CJS, 2016; MoD, 2016). Moreover, the CSJ Report also calls for recognition of a significant number of relationship breakdowns following both before and after transition and the need for further investigation into this trend. Partners and family were therefore regularly referred to as a significant factor in the decision to leave the Armed Forces:

> ***"I had children as well and I felt like I was neglecting them in a way, d'you know what I mean, being selfish because I was getting what I wanted but they weren't seeing me enough. When my boy turned round and said, there was a couple of times when they tugged at me and he wanted me to stay I found it very hard to go back." (Participant F)***

Two participants were medically discharged. Participant J was discharged in 2014 with a diagnosis of PTSD following a tour of Afghanistan. Participant H was medically discharged 29 years ago following a plane crash in which his co-pilot died. He is also receiving support for PTSD. Participant G suffered acute blast trauma in Afghanistan resulting in hearing difficulties, although he was not medically discharged and voluntarily left the Armed Forces.

As discussed by MacManus et al. (2013), there is evidence to suggest that seeing active duty on an operational tour increases the risk of those who were pre-offenders to commit violent offences post-Service. Whilst there is the possibility that trauma suffered during active Service by our participants could be attributed to their offending, there is not the scope in this Report to consider the possibility of this outcome.

The Resettlement Experience

> ***"Yeah, unless we want to get help, it's always going to be a massive problem because you're kind of forced into doing this stuff. I'll be sitting there and thinking I'm not mentally ready to leave the Army, I'm not ready." (Participant G)***

[4] Report authors are members of a NATO research task group on transition and are members of a North American-led international working group developing a unified theory of transition.

The analysis of the interviews has shown there to be a variety of transition experiences. The participants transitioned out of the military over a very broad time span (between 6 months and 34 years prior to the interviews) and consequently had very differing experiences of access to transition support.

Prior to 1998 all transition support was provided via single services (i.e. Army, RAF and Royal Navy) and support was inconsistent. To help remedy this the Directorate of Training, Education, Skills, Recruiting and Resettlement (TESRR) within the MoD produced clear guidance for transition, which is updated regularly (Ministry of Defence, 2016), and since 1998 practical support has been provided by the Career Transition Partnership (CTP) through an external contract with the MoD. The entitlement to transition support is detailed in Table 6 below:

Years Service	Normal Discharge				Medical Discharge*			
	CTP	GRT	IRTC	Travel	CTP	GRT	IRTC	Travel
<1	CTP Future Horizons	0	No	0	CRP	10	Yes	4
1+	CTP Future Horizons	0	No	0	CRP	30	Yes	6
4+	ESP	0	No	0	CRP	30	Yes	6
6+	CRP	20	Yes	4	CRP	30	Yes	6
8+	CRP	25	Yes	5	CRP	30	Yes	6
12+	CRP	30	Yes	6	CRP	30	Yes	6
16+	CRP	35	Yes	7	CRP	35	Yes	7

Key	
CTP	Career Transition Partnership
GRT	Graduated Resettlement Time (Working Days)
IRTC	Individual Resettlement Training Costs
ESP	Employment Support Programme
CRP	Core Resettlement Programme
*	This includes Reservists who have been medically discharged due to injuries sustained during operational commitments
	Support available for ESLs

Table 6: Entitlement to transition support (reproduced and modified from Joint Services Publication 534 Issue 14, Oct 2015, Para. 0313[4]).

Participants voiced personal dissatisfaction with their engagement with the resettlement process. It is acknowledged that these findings only allude to the experiences of this particular cohort:

> ***"I stayed on to get, you know, I don't know what it's called anymore, but you know, some money to retrain and I stayed on just long enough to get that. I thought that would be a sensible decision and then sort of moved on. So when I first left I mean I, at the time, this is sort of when IT and computers and things were on the rise, the view was the streets were paved with gold (laughs). Well I did that for my resettlement package and rapidly came to the realisation that a career in IT was not for me. That's the only thing I really learnt from that five week package was that I don't want to be sat behind a desk necessarily typing away all day." (Participant A)***

> ***"I'll be really honest, I sort of, last year I just blew that all out of the water, how to turn up for an interview and you know, how to write a good CV and stuff and the thing is people have this very dogmatic view that if you have military written on your CV it's, people aren't interested […] It's not a great resource for everybody." (CTP) (Participant G)***

Within the wider cohort, a number of the veterans were not eligible for CTP, either due to their discharge prior to its implementation in 1998, or ESL's discharged prior to 2015, who at the time had a lack of entitlement. Others have not had a positive transition period which has led to negative feelings about support:

> ***"Well because they kicked me out so quickly I had no re-settlement package. I literally went to one, one thing which was some kind of leaving thing, like a seminar to talk about where you go to get your housing. I was so angry at the way they were kicking me out I didn't really take in anything that they were telling me. It was so quick from them having a go about my tattoo to me being out of the Army, it was, so what do I do now?" (Participant C)***

For those who did use the services of CTP, there was a sense of facing difficulties with negotiating employment, housing and other family related issues, there was a sense of being left to 'fend for themselves' and a lack of support at the point of discharge. Further, three of the participants (B, F and H) discharged prior to the inception of CTP and received little support at the point of leaving.

> ***"Most recent veterans aren't suffering because they remember what was bad, they're suffering because they miss what was good." (Stajura, 2013)***

Hale (2011) acknowledges that a strong sense of belonging to the Military family is fundamental to the construction and militarization of the fighting force, including the recognition of compliance, belonging and acceptance within that community. The Military legacy and the return to civilian ways is problematic for many of the veterans in this cohort. At the point of discharge these boundaries change completely and as the Veterans' Transition Review (Ashcroft, 2014) recognises, preparation and signposting to information for this shift to occur is essential for a 'good' transition. Difficulties in transition was a dominant theme of the interviews:

> ***LC – What was the, how did you find the transition back into civilian life?***
>
> ***"Fairly appalling. Nothing new there. Well, it's really hard going from such a professional outfit from something like the Royal Marines or any branch of the military actually into doing a, you know, regular job, yeah, pretty naff jobs and actually, you know, you feel like you've got a lot to offer an employer and you've got no real way of conveying those skills." (Participant A)***
>
> ***"When you go in you are made to be this new person and when you leave you're not helped to go back to the person you went in as and I think finding yourself again is probably the hardest thing, because you don't know who you are anymore because you're trained to be different." (Participant E)***

Many of the interviews reflected on the lack of a point of reference about how to 'be' a civilian.

> ***"They knock you down, then build you into a soldier, but they don't then switch you off and turn you back into a civilian." (Ashcroft, 2014: 125 – Service Leaver Interview).***

Despite leaving the Army over 10 years ago, Participant C still describes himself as a soldier:

> ***"No, you lot are weird."***
> ***LC – Who's 'we'?***
> ***"Civvies."***
> ***LC – Interestingly you said that you think 'we' civilians are weird. So in your head you're still military?***
> ***"Yeah, yeah, definitely." (Participant C)***

All of the participants joined the Military between the ages of 15-18 years, going into the Armed Forces straight from the family home and without experience of life as an adult civilian before their return to civilian life. The participants reflected on lack of everyday experiences and the regimented nature of Military living:

> ***"In the Army your bills are all paid for you, you're fed. I came out and I was like, I don't know how to pay rent on a house. How do I go about doing that? I don't know. I don't know how to ring up an electric company and start paying electric, it's all done for you, as sad as it seems." (Participant C)***

> "***You've got in and had that intense training and from the moment you went in you were told how to do your shoe laces properly and how to make your bed a certain way, how to iron your uniform a certain way, what time you would eat and you know, where you would be at a certain time and what you'd be doing, to having to make decisions about when that happens and what you want to wear today and what time you can do, you know, go to the toilet or whatever. For the lads and lasses as well that go in. Unless they marry or go into living quarters, if you go in, you're taught how to iron perfectly and do your washing. You never learn how to cook because it's done for you, unless you're married and go into married quarters. That's a struggle and money as well, because you don't need money really, everything is done for you unless you decide to live separately. There's a lot of things you need to learn when you come out." (Participant E)***

The return to civilian life appears to have been difficult for all but one of the participants, Participant I, who initially left with a plan for her future. A feeling of 'us and them' (Military and civilians) emerged in a number of the discussions, including a recognition of the loss of comradeship on discharge.

> ***"There's also the thing in the Services that if something goes horribly wrong you can go and see someone and you know you can get some help. In Civvy Street they're not interested. There are all these people you're told to go and see, you go and see them and unless you're flipping more or less on death's door they don't want to know you." (Participant B)***

Albertson, Irving and Best (2015) recognise that comradeship and mutual resilience underpins military life. Grossman (2009) notes the formidable sense of accountability that particularly Service

personnel on operational tours have to their fellow comrades, reflecting that their motivations to protect each other provides a bond that can often be more powerful than relationships with spouses. These feelings are reiterated in the following narratives:

> ***"It's like when you're in the contact you can, you realise like, that you've got someone standing next to you who keeps your strength and you keep his strength, but in Civvy Street you ain't got that […] everything was, my world was just turned upside down because the comradeship weren't there. The people who think things are funny just drop you in the s*** because, I mean, it's a different world […] Whether I was ignorant or what, when I came out of the Forces I thought everything was straight down the line […] When you're a sniper in the Army you're the guardian. You know, my call sign was [name] and to me, that was, you know you believe you are that angel. You believe are looking above them all the time because if you think about it, when you look down them sights you are above them, you've never below them, are you? You are looking above them people. If anything happens to you, they lose their lives, d'you know what I mean? So you make sure whatever you do, you protect every single person that's in front of you in them sights […] When you feel like you can't protect someone, that's the worst feeling in the world, that is." (Participant F)***

An important component of the loss of comradeship in civilian life was the lack of military 'banter' and the difference in socially acceptable boundaries:

> ***"That's what we like, we like the fact that we can test the boundaries and we can have a laugh with each other without worrying about who's he going to upset, whose he going to tell, what's upset him and get in trouble." (Participant J)***

Williams (2008) has found that groups of men often use humour in two ways; to diffuse vulnerabilities and as a form of shared relaxation or connectedness in the company of other men. Caddick et al. (2015b) had similar findings, suggesting that narrative or banter, particularly for those who have served in the Military, unites those who have powerful connections and promotes positive interpersonal relationships. However, Participant J faced repercussions in one of his first jobs post-transition, when he experienced the different boundaries of acceptability between Military and civilian humour:

> ***"I made a joke at one of my jobs and I got sacked because of the joke I made. Well I wasn't sacked, I was asked politely to leave and not ask for a reference." (Participant J)***

Regret

> ***"If they said come back tomorrow I'd go. That's the thing. I would go straight back in if I could." (Participant C)***

Added to the difficulties some face in transition is the tension of not wanting to move into the unknown and an apprehension to adjusting to civilian life:

> ***"I think that's the difficulty with transition, is that you know, its, you're always constantly sort of, you're always going to be part of the family, but in order to fully transition I felt that I needed to cut my ties with it, or at least keep it at arm's length, otherwise I'm never going to fully civilianise. I'm never going to fully accept that my day job is never going to be fast boats." (Participant A).***

Only one participant voiced a positive attitude to her time of discharge, leaving the Army to pro-actively pursue a positive transition. For Normal Service Leavers who discharge voluntary at the end of their engagement, Bergman, Burdett and Greenberg (2014) refer to this period of adjustment as the honeymoon period, where the excitement of new experiences in the first phase of transition are ideological compared to their known Military surroundings: .....

> ***"My boyfriend had just proposed and he was a Sergeant in Germany and also I was wanting to settle down and have a family and not be part of an institution anymore. I wanted my own identity with kids and a dog and a house and catch up with family life, so that was the real reason. It was joint personal reasons and also I was, I couldn't think of anything more that the Army could offer me that I'd find interesting. So being a civilian was all new and exciting, getting rid of all the Army uniform and that institution. It, I wasn't in any rush to do anything, I just wanted to find my feet." (Participant I)***

Participant I left the Army with a positive attitude to her future life and employment. Her involvement with the CJS came ten years after her transition period. She expresses her belief of the difficulty she felt her male colleagues would face when losing the regimented nature of the Armed Forces:

> ***"But I do feel sorry for the blokes that leave there because they take it all for granted, but when they leave they don't realise just how much they wanted that structure. They come out and they, they don't have that same mentality with the people they are working with. See it's a shock to their system. I think they find it very hard to, to try and relate to how the outside world works outside of the Army. Even just talking to people." (Participant I)***

Many of the participants maintain their Military connection through their Reservist status. Kirby and Naftel (2000) outline the various conflicts of remaining a Reservist, particularly the effect on family life, possible mobilisation into theatres of conflict and the negatives of re-visiting a job which re-visits previous skills and training. There remains tensions between re-joining the known entity of Army life, along with the re-buff that some felt due to their lack of support at the point of transition:

> ***"I think the difficulty has been, Linda, is that I can see that I've made repeated attempts to sort of re-join the military. So looking at it by going back in as a Reservist, obviously there's a deficit somewhere in my life that's not being fulfilled and those attempts are a flirtation, like getting an old love letter or something." (Participant A)***

Alcohol

Seven of the ten participants had been arrested prior to the offence that led to their involvement with Project Nova. All of their previous offences involved the consumption of alcohol, either leading to fighting or alcohol related incidents such as criminal damage. There is no pattern to the age of the individuals when these offences took place. MacManus et al.'s (2014) study found that military personnel were less likely to have committed a non-violent offence in their lifetime than a similarly aged sample from the general population, going some way towards dispelling the myth that all veterans who have seen combat service are 'mad, bad or sad'. However, discussion around alcohol consumption during Service was prominent.

> ***"Drinking heavily, especially in the Royal Marines is all par for the course, you know there's nothing wrong with that at all, you know it's part and parcel of the culture […] So drinking heavily is absolutely tolerated and almost encouraged. I would go as far as saying it's tribal." (Participant A)***

The Military Families and Transition Report undertaken by The Centre for Social Justice (2014) found that alcohol plays a significant part in the Military, with drinking seen as part of Service life and encouraged to support group bonding. This view is also expressed in the Phillips Report (2014) that suggested the majority of low-level offences committed by veterans are often in connection with excessive alcohol or substance abuse.

Van der Knapp et al.'s (2012) study of the Dutch penal system also found that untreated alcohol and substance abuse are high indicators of the possibility of re-conviction. Eighty five per cent of veteran offenders who participated in the Brown et al. (2013) study used alcohol to reduce memories of war experiences. MacManus et al. (2012) suggest a link between risk-taking and anti-social behaviour such as alcohol misuse, both prior to enlistment and on return from military deployment. The Royal British Legion's Report (2014) of UK veterans in the criminal justice system concludes that experience of military conflict does not increase the likelihood of criminal behaviour following discharge, but as suggested by McManus et al. (2012), may enhance levels of risk taking behaviour.

> ***"I think the drink is, because I had a bit of a drinking problem when I left, well when I came back from Afghan I started drinking heavily […] because you get, like after a Friday afternoon you're ordered to parade to the bar afterwards and if you're not there then you get in trouble."***
> ***LC – So it's part of Army life?***
> ***"Yeah." (Participant D)***

Unlike the findings from the original battery of questions regarding alcohol consumption, the interviews suggested a much greater level of alcohol use than the original pilot findings from the 34 respondents suggest. The findings here also cannot be generalizable to the other 111 original respondents. This brings into question the accuracy of self-report tools, particularly when asking questions, such as levels of alcohol intake. Fan et al. (2006) outline that this method of data collection is inexpensive and encourages more candid answers, but it does draw into question the validity and possible inconsistency of responses.

Jakupcak et al. (2014) recognise that alcohol misuse is more likely among men who exhibit stereotypical, gendered norms. In this vein, discussion around alcohol also provoked comments around the use of aggression between men, with fighting seen as both ritualistic and a way

of 'problem solving' within the Military. These narratives are distinctive from combat fighting whilst on active duty. The normalisation of discussion around fighting, whether defending friends or resolving disagreements, articulates the hyper-masculinity that often exists in Military surroundings. Hale (2008) acknowledges the Military as a masculine institution that acts as an arena for the construction of rituals and practices where extreme masculinity is demonstrated, as suggested here:

> ***"If you've got a problem with someone there's only one way to solve it and that's by fighting."***
> ***LC – Does the fighting solve the problems?***
> ***"Yes."***
> ***LC – It does?***
> ***"Yes. We were a tight Regiment. You sort of, you know, I think the world itself is changing a lot. Too much of this [mimics talking with his hand], too much of that. I'm not saying that violence solves anything, but you know, it's just like, within the Regiment it just like, if people spoke behind your back you'd be like just have the spine to say it to my face basically, too much bickering. It didn't happen all the time. It wasn't like you were going into the Regiment and it was a Royal Rumble every night, you know what I mean, it wasn't like that."***
> ***LC – But if there was a problem that's how it was sorted out?***
> ***"Most of the time, when drink was involved more than likely, yes." (Participant G)***

Project Nova Interventions

> ***"I was homeless, I had nothing, I had no friends, no family, absolutely nothing and I was in complete despair. I literally looked at every option that I had available to me everywhere else and there was nothing, it was a dead end everywhere I looked and then all of a sudden [Nova team member] turned up and a new avenue to travel down and a new life, which is what I was looking for at the time." (Participant E)***

Hearing about Project Nova

> ***"I mean there was a whole host of kind of charity, first sector organisations on there [list of support groups], but you know the one that spoke to me was, obviously being a veteran, was Nova really." (Participant A)***

The section 'Description of Project Nova' outlines the procedure that all arrestees have to undertake when taken to the PIC. Once the veteran has agreed for their details to be passed to the Project Nova team, there are various methods of communication that the Project Nova team engage in order to make initial contact, including telephone calls, leaflets, business cards and letters, as well as various forms of social media for those who are harder to contact:

> ***"When I got to the Police Station they said could they contact me and I said yes. [Nova team member] phoned me I think just before I got released and said [they] would come out and see me at home and [Name] did and we went from there." (Participant B)***

> ***"Yeah, before I had a really bad spell of getting into trouble with the Police and I didn't have any support afterwards, but the last time I got arrested the lady said to me 'have you heard of Project Nova?' and I said no, so she gave me the pack and I spoke to [Nova team member]." (Participant D)***

Accepting Support (including Counselling)

> ***"I think that's probably part of the problem, not problem, issue, is that real macho thing, I can cope. But there are times when you need help." (Participant H)***

The perceived stigma of accepting help, including being seen as weak or repercussions in the workplace remain barriers for veterans in seeking support (Farmer et al., 2010). A lack of belief in the practitioners, and trusting in the process are also common obstacles to help-seeking (Cornish et al., 2014). Dirkzwager, Bramsen and van der Ploeg's (2002) study of veterans specifically with PTSD shows that social interactions and support is an important factor in lowering symptoms and reducing stress. We have shown the difficulty the cohort have had in accepting support for a number of different needs, particularly when veterans' support is predominantly delivered from charitable organisations and means veterans may have a sense of taking 'hand-outs' or accepting charity.

In terms of gendered differences, men and women have different coping styles and men are more likely to detach their emotions as a coping strategy, a further deterrent to being open to receiving support (Matud, 2004). Both of the studies by Dirkzwager et al. (2002) and Matud (2004) highlight how men may struggle to accept help, even if needed:

> ***"Well I don't think I'd be here if I didn't get involved with Project Nova because … I was in a right bad state when they found me. I think, well I'll be 100% honest, I don't think I'd be here if I didn't have the support I have because my mindset was, I'd had enough. My body, I just felt my body, my brain, my spirit, everything had just taken too much and I was on, I was just, it wasn't thoughts of … it was just thoughts of, you just don't have any self-worth." (Participant F)***

A key element of Military training is providing troops with the skills to survive in inhospitable conditions and a way of being able to cope in surroundings that most civilians would not endure. For veterans who have been trained to cope in any circumstance and have a robust sense of resilience, accepting support does not come easily and homelessness becomes a viable option. For some veterans, homelessness and risk taking in British society is much less of an ordeal than facing and surviving life-threatening conditions whilst on operational tour.

> ***"I do know that there's a lot of ex-Servicemen out there on the streets homeless or getting into prison. I'm not going to go anywhere down that route at all unless I have to. But to be honest with you, I think I'm intelligent enough that if I do end up sleeping in the park that I can make myself comfortable out there." (Participant H)***

Relationship difficulties, feelings of being entrapped by former partners and others, along with recurrences of mental health conditions were the predominant reasons given for the issues that led to the arrests. A repeated theme from all of the respondents was a feeling at 'rock bottom' and a lack of pride:

> ***"When you don't have a job and you've been arrested, I mean you're at rock bottom. You question everything. You think how on earth did I manage to get here, how on earth, when it's completely out of your personality of who you are, you have to think how on earth did I get here? There was nothing else available and it's the shame factor as well. You know, no-one wants to admit they've been arrested." (Participant I)***

There is a stereotypical theme among the male participants regarding toughness and the difficulty of asking for help. Much is written about the hyper-masculine or hegemonic behaviour of males in the military (Farrimond, 2011; O'Brien, Hunt and Hart, 2005). Displays of masculinity, including the lack of willingness to share outward emotional distress and a desire to protect others and demonstrate extreme self-reliance, adds layers of difficulty for those who should be help-seeking (Jakupcak et al., 2014).

Caddick, Smith and Phoenix (2015b) suggest stereotypical norms can be renegotiated by turning the difficulty of asking for help to be seen as positive, masculine behaviour of being able to openly seek support. Participant J describes the issues he faced when confronted with his introduction to Project Nova:

> ***"If you're not ready then it's not going to help because you're never going to be able to talk about the stuff with problems, you don't want to talk about the stuff which you're trying to avoid. It's the small details which are the problem […] There was nothing which was going to happen which had a good outcome and if I'd have turned it down then I more than likely would have been in prison and still had another three years left to serve as a minimum. So it was either accept the help and see what was the worst that could happen, they can't make things any worse." (Participant J)***

The difficulty of asking for help was not restricted to the male participants. Biddle et al. (2007: 983) suggest a 'cycle of avoidance' strategy is used as a means to side-step support, particularly when needed. [Female] Participant I's transcript is an example of this tactic:

> ***"[Nova team member] got in contact with me. I accepted his first call, but I wasn't interested in help, but [Name] persisted for about eight months. Every month [they] would give me a call saying 'Are you OK? Can I help? Let's meet up'. It was [Name's] pure persistence that I, I relented and met up with [them] in Starbucks in [area] and it's the best thing I've ever done […] it was just my frame of mind, I have to think things out for myself. I've always been, I've always thought of myself as a functional person. I can analyse, I can solve things, I don't need any help, but God, did I […] I find it very hard to accept help, it breaks me because, you know, I think my purpose was to look after people and then when you can't do that and you're not able to, it's an inner conflict." (Participant I)***

Working with the Project Nova Team and its Characteristics

> ***"Well, I mean that initial conversation with [Nova member], that conversation was a huge, huge relief. All of a sudden just all of these people came out of the woodwork who are, you know, on your side and prepared to do something for you and if I hadn't have picked up that leaflet I would never have known about any of it. It's out there." (Participant A)***

Project Nova team members are not trained mental health practitioners, however, the narratives from the Project Nova clients suggest an important part of their working relationship is the conversation between team member and veteran. Jagosh et al. (2011) acknowledge that clear communication and attentiveness between the client and the listener enhances health outcomes and increases the likelihood of the client revealing their issues or problems.

> ***"Yeah, [Nova] signposted me and supported me. Made sure I was where I needed to go. They supported me just by being there, someone to talk to. Keeps, not pushing me, but encouraging me in the right direction. [Project Nova member's name] not qualified, as far as I understand, in drugs. [Name] didn't want to delve into something that [they weren't] qualified in or didn't particularly understand. The non-judgement and everything was superb. I couldn't have asked for anything more from [Name]. [Name] did above and beyond really what [they] should have done." (Participant E)***

The team employ a person-centred therapy strategy, which allows clients to engage in continuous talk, with a non-judgemental attitude of the listener (Fitzgerald and Leudar, 2010).

> ***"The fact that he was there. The fact that there was someone there." (Participant B)***

> ***"Just knowing there's someone there, just knowing that they're there. Before it was just, I don't know who to go to, but just knowing they're there, that's the main thing." (Participant C)***

As well as the need for emotional help, the Project Nova team have helped their clients with a wide range of practical support including legal representation, housing, employment and funding

for training, benefits and welfare advice, MoD correspondence, mental health support, substance misuse and alcohol dependency group providers and family matters.

> ***"[Nova team member] helped me with my housing situation, came up the Council with me, made sure I was, gave me a list of actions, so we would have a meeting and talk and because I'm so forgetful and my head's all over the place. [Nova team member] would say right, you need to do this, this, this to give me good direction, so really helped me in that way." (Participant D)***

> ***"They got me a job at a factory just because I said that I just want to earn some money and I think it was about a week or two later they said we've got you a job interview at this factory. Here's the time, here's the address, make your way there and you should be able to get a job there. So they can help with work, pretty much within a month I'd say, just to start earning a bit of money. That's definitely what you need." (Participant J)***

All of the participants were asked if there were things with which the Nova team would be unable to help and all, without exception, felt that they could go to their Project Nova support worker with any issue. The participants voiced that should specialist help be needed that was outside of the scope of the team members, such as drug misuse or mental health support, that they were directed to the appropriate support service.

Wider Support Networks

> ***"Like when we came here for the Forgiveness Programme, when you see a bloke turn round and forgive someone. I walked out 'cos that upset me and I came back in and I thought if he can do this and have that kind of mind-set then I'm pretty damn sure I can find some of it." (Participant F)***

The Project Nova team have organised many projects and programmes for the veterans, both necessary intervention support and diversionary measures. In terms of structured events, one of the main workshops is the Restore Project (previously named the 'Forgiveness Project'). Restore is an award-winning two-day intensive programme to enable participants to develop empathy, evaluate their lives and take responsibility for change through the use of personal testimonies, film and structured discussion. The programme explores forgiveness as a resilient response to trauma and instils motivation and engagement. The programme gets to the core of an individuals' problems, whilst providing a safe environment in the hands of excellent facilitators.

Other events include **Veterans' Recall,** run in conjunction with Age UK, where Project Nova veterans meet with older veterans with dementia. The team discovered similar issues between young and old, including social isolation, anger issues and loss of identity. A well-received tea-dance, recreated as a 1940s themed buffet was organised as a social event.

Project Nova also used the wider network of RFEA to find employment and put veterans in touch with other Walking with the Wounded projects such as **Head Start,** one-to-one therapy for mental health issues, **Steps into Health,** for work experience and opportunities in the NHS environment and **Home Straight** for homelessness problems. Work with Forward Assist includes cooking lessons and catering for the local veterans community, as well as diversionary activities such as fishing, outdoor activities, archery classes, employment assistance and a first aid course.

The Project Nova team also work in conjunction with **Outside the Wire** and have recently advised that a veteran has been abstinent for the first time in over 20 years, which he credits down to his partnership with Project Nova and Outside the Wire.

Social events include visits to a local club to watch a game of football and to Twickenham for the rugby. There has also been a day at a local motor sports track. Charity events have included a static bike ride to raise funds and awareness and the Walk of Britain.

> ***"21 miles I done! [The Walk of Britain] but the thing is to do that you, it was just the awareness bit there. It was just, you know, people don't see it, they don't understand it. I mean there's people out there a hell of a lot worse off, you know and watching a bloke every 15, 20 yards taking his foot off, so he can get the blood to move back, I mean and he's in and I sit there and I think I know I've got problems, but I ain't got that." (Participant F)***

> ***"I've done the Forgiveness Project as well. It helped with the fact that it made me realise stuff about myself which I need to address."***
> ***[Nova team member]: [name] has also taken part in the Veterans Recall as well, talking to the older veterans, haven't you? You've been really good at that.***
> ***"Yeah I have, it's been really good." (Participant J)***

A list of the project website or portal addresses is available at Appendix 7.

> ***"I don't know if you have any Forces background, but I know that [Nova team members] certainly do and having that additional understanding, you all have something in common and understanding about someone's background is important and you wouldn't get that from a civilian team." (Participant E)***

All of the male respondents articulated a sense of comfort with being able to engage with a Nova team member who was ex-Military or part of the military community and culture:

> ***"I guess it's not just having counselling, it's the being a veteran and having a military counsellor or someone who understands, you know, all of that life and you know [counselling service] for all of their help, how beneficial they were at the time, it's not the same." (Participant A)***

> ***"[Name] knew where I was coming from and ex-Forces as well you know and I could talk to [Name], I could talk to [Name] about anything and you know, I could actually be honest now." (Participant F)***

Only one participant, a female respondent, was ambivalent to the idea of a support worker having to be ex-Military, but like a number of the cohort alluded to the importance of someone 'being there':

> ***LC - Was the fact that they're ex-Military important?***
> ***"I don't know. I don't really think so. I think it's just knowing that someone's there." (Participant D)***

> ***"I can talk about that now because my psych has allowed me to do that now and I wouldn't have had that if I hadn't have been with Project Nova anyway." (Participant F)***

There were many discussions around the notion of feeling invincible in the Armed Forces and subsequent emotions of loneliness and isolation in civilian life, despite being back with families. Cornish et al. (2014) explore the anxieties that veterans retain around the stigma of seeking support, particularly for mental health related conditions. Concerns include feelings of weakness, a lack of encouragement to access resources and a shortage of knowledge to feel comfortable in looking for help. The need to access counselling services took many of the participants time to acknowledge.

> ***LC – Was it good for you to talk? Did you find it of use?***
> ***"Yes, yeah, because when your life is thrown out of control and you feel like you haven't got anyone to turn to and if you haven't got, like my family have been a bit better recently in supporting me, but at the time I didn't have anyone. It does really help." (Participant D)***

Others were more resistant to receiving support or not yet ready to think about seeking help:

> ***"I don't want to sit down and have counselling. I don't want that, I've had it from a young age and it's never helped me from a young age. It didn't help me when I was being mentally discharged [sic] with my PTSD and nothing has really helped me." (Participant J)***

> ***"The thing with people like me, I think they feel like they're taking, well you know, without giving, so if there's a way in us being able to give something back, i.e. like me doing the gardening, being a couple of days, being a week, that's something, that's like, a squaddie don't just take, he will, he will want to earn what he's been given." (Participant F).***

For veterans who have been used to being part of a strong team and the defenders of others, there was often a desire to continue help others, often for those in need of a high level of support themselves. Caddick, Phoenix and Smith (2015a: 293) highlight the mutual expectation by veterans of 'looking out for each other' by actively providing support for others. There were several examples of this in the interview narratives:

> ***"Helping other people, you know, that's why I wanted to do this, because if the research helps other people that's brilliant." (Participant D)***

> ***"Yeah of course giving back, you know. It would be nice, you know, I'm sick and tired of hearing veterans going through a lot of problems and I'd like to do something about it to be honest." (Participant G)***

Attrition between arrestees and those who undertook the battery of questions was high (n=111). The participants were asked what reasons they could suggest as to why veterans would not engage with Project Nova. Their answers included possible embarrassment following the loss of a position of importance; also veterans who were issued with 'No Further Action' at the point of arrest, and wanting to distance themselves from their index offence.

> ***"Maybe the embarrassment of what they've done or what's caused them to be arrested. Maybe they're embarrassed, I don't know. I was embarrassed about what I did, I was embarrassed because it was stupid, but maybe that's a reason." (Participant C)***

A lack of trust is also common to gaining support and help (Cornish et al., 2014):

> ***"I personally think, a lot of people don't trust or don't know how to trust. The first time I was offered the help I didn't understand it, I didn't trust it and I didn't accept it so it just went away." (Participant F)***

Ideas were proposed during the interviews of possible ways that could enhance the future work of Project Nova or getting more veterans involved with the Project. Anecdotal suggestions include instigating support for personnel prior to discharge as part of their Personal Development Plan, rather than waiting for problems to potentially arise at the point of transition. It should be stressed to those leaving the Military that seeking guidance in how to enhance job applications is common to everyone looking for work, including civilians. Further, leaflets advertising the work of Project Nova would likely be discarded if presented at the point of discharge because it is unlikely to be relevant to the cohort at that time.

> ***"Like you said there are other projects, but I'm not really sure what's available or what they involve, so maybe if there was more information on what it actually is that the projects are about, that might help people go to them a bit more?" (Participant D)***

> ***"So much of your self-worth is around what you do, isn't it, especially coming from such a proud organisation as the Royal Marines to nothing, you know, to doing b******* jobs really, that I could have done when I was 16." (Participant A)***

Currently, a 'good' transition is measured using the sole metric of employment outcome, which is a veteran being in 14 weeks' continuous employment within six months of discharge (MoD, 2014). There remains some argument as to whether this is an appropriate and accurate indicator (Fossey, 2010a; Ashcroft, 2014). In the first quarter of 2013/2014, 82% of regular Service Leavers who used CTP services were in full time work (MoD, 2014). Although these figures demonstrate a good return to the job market, they do not address whether personnel are going into jobs that are equivalent to their status or role in the Armed Forces or if they are taking any job in order to gain entry to the civilian job market. Many veterans often take jobs that underestimate their transferable skills from Military to civilian employment (Ashcroft, 2014). The data also does not address whether veterans have any underlying issues that may have taken place or are still problematic whilst holding down full-time work. Up until recently[5] this employment metric only applied to those personnel entitled to transition support. Consequently personnel discharged before 4 years of service or disciplinarily discharged (Early Service Leavers (ESLs)) would not have had any support and would not therefore have been included in the metrics. The success rate of 82% should be qualified with the statement that this is not representative of all service leavers. Some of the Nova clients would have been ineligible for any transition support due to their reason for discharge.

[5] In October 2015 the MOD issued a new contract for employment support that, for the first time, included provision for ESLs, this change falls outside of the pilot period.

Getting Nova clients into regular employment is seen as a long term outcome for the veterans by the Nova team. Discussion with the Project Nova providers indicates that there is often a significant amount of work to do to get a client to the point of being able to maintain regular employment, often in conjunction with other health care professionals. Employment is seen as a longer term, end result goal.

> ***"I want to go back to full-time work to get involved in things, but at the moment I'm just not afforded that opportunity […] I know that month by month I'm getting stronger and stronger, whereby I'll be able to, I don't want to let anybody down at work, I just want to be able to be reliable and I want to be productive. I don't want to fail at anything." (Participant I)***

Seven of the ten interview participants had been arrested at least once six months prior to their Nova index offence, none have gone on to commit further offences six months post their involvement with Project Nova.

All of the participants articulated that in their own ways, they are moving forward in re-building their lives following their involvement with Project Nova, notwithstanding that all participants are still receiving help from the Nova team and most are also engaging with support from external groups or agencies.

> ***"That's like you've had a weight taken off you. I've actually, my partner's even knows that, I've noticed that she's more affectionate, she's more, she'll talk to me now, she's not as stand back now and friends you know, friends talk to me, you know I'm not that abrasive person anymore." (Participant F)***

> ***"Project Nova helped me to pick up the pieces at that time. Thankfully 14 months down the line it's all over and dealt with and my life's in a hell of a lot better place than it was back then." (Participant E)***

Limitations

Sample size

It is not possible with such a small sample to draw any definitive conclusions. The evaluation is limited and the results are only indicative. The veterans using the service were not randomised nor was a waiting list control used. It is, however, possible to give an indication where further work with a much larger sample should be undertaken to explore an effect that has been observed here.

It is important to emphasise that this was a mixed methods evaluation of the pilot. The numerical data gathered during the pilot are just one component. To enable the researchers to gain a deeper understanding into the impact of Project Nova, extensive interviews were also conducted with a sample of the participants. These interviews were transcribed and analysed and the research findings have been instrumental in helping to paint a far more comprehensive picture of the impact of the pilot.

Service Delivery Challenges

A number of the veterans referred to Project Nova have complex needs. The team members are extremely dedicated and experienced, however they are not qualified social workers and do not have the support and supervisory mechanisms associated with statutory social work provision. In the early stages of the pilot there was an expectation from the veterans that Nova staff were available for advice and support outside of the normal working hours of the service, and the commitment of the staff led them to work in excess of their expected hours.

> ***"I've rung him up at 1 o'clock in the morning just because I needed someone to talk to and he was on the other end of the phone." (Participant J)***

Throughout the course of the project iterative mechanisms were introduced to ensure that necessary changes were made to policies, procedures and practice to safeguard staff and participants. The veterans have been made aware that Nova is not a 'blue-light' service and other support is available for referral outside of normal contact hours. There is a team ethos of "going the extra mile", and training sessions have been incorporated to highlight the need for staff to protect their own safeguarding issues.

> ***"I'll be honest, at the start of the project I was working flat out for many hours. A, because I was on my own, I had admin support but that was it and we had to make the project work and we were learning. We were learning on the hoof as such. We've become far more disciplined now, we have processes in place. Norfolk and Suffolk was very much the test area to prove the model and now obviously, now we're in the north east and the north west we have different systems and processes in place. I've ensured that the team is not contacted outside of normal hours. There is an on-call system for service providers to contact Nova, but we will say to the veterans, you know, 6 o'clock is the cut-off point unless it is a real emergency and we give them a little card that explains where else they can go for 24 hour support [Nova]."***

The narrative above outlines the labour intensive nature of Project Nova's approach. Whilst this appears to be a key factor of the success of the programme, the costs, both in terms of time and money, need to be considered when using this type of intervention strategy.

Summary

This Report has considered evidence from two sources. First, data collected by the Project Nova Team, which was augmented by historical offending information from local Police data sources. Second, in depth interviews conducted with a representative sample of Project Nova participants as well as interviews with a member of the Project Nova team and a Police custody officer.

The first stage of the research required the collection of quantitative data for veterans who identified themselves at the point of arrest (n=145) and those who went on to complete the battery of questions (n=34). The findings indicate that a number of veterans have difficulties following the transition period. Key points can be drawn from the overall findings of the Project.

The numbers of participants during the pilot stage of the programme was small. Of the 145 referrals, 78 were not contactable and a further 17 did not meet the referral criteria. A further 16 declined any support and the final 34 engaged with the Project. Discounting the veterans who were un-contactable those declining support accounted for about one quarter (24%) of the cohort.

Evidence suggests a trend towards a reduction in recidivism across all offending types for veterans who have engaged in Project Nova. However, as this trend was not statistically significant, it would be prudent to analyse a larger sample of participants. Our calculations suggest that at least 137 participants would be required in both the test and comparator groups.

Seven out of 10 of the interview participants had offended at least once in the six month period prior to their Nova index offence. However, none of the 10 respondents had re-offended six months post their involvement with Project Nova. A higher percentage of offences committed by veterans referred to Nova were violent or sexual, compared to the general offender population of Norfolk and Suffolk (43.3 vs 19.5%). This difference was found to be significant which is in line with other research (MacManus et al., 2013). It is important to note that we do not have data to suggest that Military service has any effect on subsequent offending. Therefore no inference can be made as to the causation of offending behaviour.

Compared to UK averages the majority of the respondents scored in the bottom 20% for mental health wellbeing (73%, n=29), 70% reported moderate to severe psychopathology for social adjustment (n=30) and 62% reported possible PTSD symptoms on a self-report scale (n=34).

Using the AUDIT alcohol scale, 23 veterans were recorded as low risk and 11 respondents as increasing risk, or high risk of possible alcohol dependence. Twelve participants suggested that their alcohol use is linked to their offending. The numbers of participants suggesting that their alcohol intake is low is not representative of the discussions held with the veterans during the qualitative interviews (n=10).

Following on from the quantitative data collection, the interviews provided a number of recurring themes that were important to the veterans: family, military legacy, transition and the utility of Project Nova. Based on the responses to these areas of discussion, a number of key observations can be made.

The Project Nova team act as facilitators to enable veterans to return to or engage with employment, education or training schemes (EET). The work that the Project Nova team do in supporting veterans in the short term should be seen as ‘distance travelled’ towards EET, with a long-term, end goal objective to place clients in work by the end of the Project.

A key message that came across from the analysis of the interviews was the need for veterans to be ready to accept support. Many participants articulated the need to reach 'rock bottom' before engaging with Project Nova. An important part of this process was to be able to place trust in the Project Nova team member and accept help. In the case of all ten of the respondents, they articulated that they had moved on and were in a 'better place', with the possibility that more positive outcomes were achievable. The intensive and diverse support given to Project Nova clients appears to be a key reason for veterans' engagement. These emotions are the opposite of the extreme resilience that the participants, as veterans, publicly and routinely exhibit.

The male participants demonstrate a tension between their masculine, military identities and their perceived sense of deeply embedded weakness if they accept care and support. The female participants also shared sentiments of loss of pride when receiving help for themselves. Involvement with Project Nova allowed these veterans to 'open up' and feel more confident in agreeing to receiving help at this stage in their lives.

Nine out of ten of the participants expressed the importance of mentors or support workers understanding the military culture, such as the team members of Project Nova. For a number of the cohort, this was the factor that encouraged them to engage with the programme. Assistance include personal help from the Project Nova team and/or other health care professionals, signposting to other third sector services and interventions such as letters of support or referral.

Observations made in this Report are specific to the cohort of veterans who live in Norfolk and Suffolk and have accessed the local Project Nova service. A larger scale exploration of support available to veteran offenders is considered necessary, as the Nova figures are too small to be representative of the overall veteran offender population. The Veterans & Families Institute at Anglia Ruskin University have been commissioned to undertake a nationwide audit of services and support provision[6].

Given the success of the pilot utilising a personalised service, consideration would need to be given to the intricacies of replicating this small-scale model to a large scale, regional roll-out. We would recommend that as the programme is being rolled out, it would be advisable to review the numbers and support requirements of staff in light of the demanding nature of the case management approach used by the team. This is particularly the case as the evaluation has highlighted the high degree of practical and emotional involvement expended by the staff in order to support the Nova clients. The findings in this Report would warrant a more substantial, follow-on piece of research, to consider the on-going evaluation of the project roll-out and the efficacy of the programme.

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Acronyms

ARU – Anglia Ruskin University

AUDIT – Alcohol Use Disorders Identification Test

CATS – Court Assessment and Treatment Services (Australia)

CJ – Criminal Justice

CJS – Criminal Justice System

CMHS – Centre for Mental Health Services (US)

CSC – Correctional Services Canada

ESL – Early Service Leaver

L&D – Liaison and Diversion Service

HMP – Her Majesty's Prison

NHS – National Health Service

NVivo – qualitative data analysis software

PC-PTSD – Primary Care PTSD Test

PIC – Police Investigation Centre

PNC – Police National Computer

PTSD – Post Traumatic Stress Disorder

RAF – Royal Air Force

RFEA – Regular Forces Employment Association

RN – Royal Navy

SWEMWBS – Short Warwick-Edinburgh Mental Well-Being Scale

UK – United Kingdom

US(A) – United States of America

VA – Department of Veterans Affairs (US)

VFI – Veterans and Families Institute

WSAS – Work and Social Adjustment Scale

WWTW – Walking With the Wounded

N.B. All acronyms are UK unless otherwise stated.

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Appendices

Appendix 1 – Questionnaires

SWEMWBS (Short Warwick-Edinburgh Mental Well-Being Scale) NHS Scotland

Registration and permission to use this test was granted by Warwick University on 03.09.15.

WSAS (Work and Social Adjustment Scale)

Permission to use this tool was granted by Professor Isaac Marks, Kings College London on 11.09.15.

The following five questions asked of the veterans:

Q1 Because of my [problem] my ability to work is impaired. '0' means not at all impaired and '8' means severely impaired to the point that I can't work

Q2 Because of my [problem] my home management (cleaning, tidying, shopping, cooking, looking after home or children, paying bills) is impaired

Q3 Because of my [problem] my social leisure activities (with other people e.g parties, bars, clubs, outings, visits, dating, home entertaining) are impaired

Q4 Because of my [problem] my private leisure activities (done alone, such as reading, gardening, collecting, sewing, walking alone) are impaired

Q5 Because of my [problem] my ability to form and maintain close relationships with others, including those I live with, is impaired

Alcohol Screening Tool

(Alcohol Use Disorders Identification Test - AUDIT)

Public Health England – fully available in the public domain at Public Health England website (www.alcohollearningcentre.org.uk)

Using the AUDIT alcohol screening tool, the following questions were asked of the veterans:

1. How often do you have a drink containing alcohol?
2. How many units of alcohol do you drink on a typical day when you are drinking?
3. How often have you had 6 or more units if female or 8 or more if male, on a single occasion in the last year?
4. How often during the last year have you found that you were not able to stop drinking once you started?
5. How often during the last year have you failed to do what was normally expected of you because of your drinking?
6. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?
7. How often during the last year have you had a feeling of guilt or remorse after drinking?
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

9. Have you or somebody else been injured as a result of your drinking?
10. Has a relative or a friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?

PC-PTSD (Primary Care–Post Traumatic Stress Disorder)

Veteran Affairs (VA), US

The four questions asked of the respondents were:

In your life, have you ever had any experience that was so frightening, horrible or upsetting that, in the past month you:

Q1 Have had nightmares about it or thought about it when you did not want to?

Q2 Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

Q3 Were constantly on guard, watchful or easily startled?

Q4 Felt numb or detached from others, activities or your surroundings?

Domestic Violence. The four questions asked of the respondents were:

1. Is this your first incident?
2. DV - have you previously sought help?
3. Do you want support for this?
4. Have you been violent to others?

Appendix 2 – Interview Participants

Veteran Participants	
Participant A	Aged 34, joined the Royal Marines in 1997 aged 16, Served 6 years, discharged in 2003. Trained as a trauma medic on discharge. Currently working part-time in the NHS alongside his studies as a medical student. Bereavement issues following the sudden death of both of his parents. Arrested for harassment/issued with a Restraining Order*.
Participant B	Served for 12 years in the Royal Navy until 1979 and subsequently worked as a Police Officer for a further 22 years. He was medically discharged from the Police following an accident that left him with partial paralysis in his legs. 60 years of age. Arrested for sexual activity with a child/No Further Action*.
Participant C	Served in the Army, discharged after 5 years of Service in 2005 for refusing removal of a new tattoo that was visible above the neck. Following his discharge, became involved in illegal Rave activity. 31 years old. Arrested for domestic violence/No Further Action*.

Participant D	29 year old female. Joined the Army aged 16 and Served for 7 years until 2009. Worked as a design draughts person in the Royal Engineers. Left the Armed Forces to live with her partner and subsequently went travelling, but suffered mental health issues. Arrested for criminal damage/Charges dropped*.
Participant E	Joined the Royal Navy at 17 years old and discharged 16 months later due to the death of his Father in 1997. 37 years old. He completed basic training, but did not advance to trade training. Following the breakdown of his marriage and loss of employment, he became drug dependent and homeless. Arrested for intent to supply Class A drugs/12 months Suspended Sentence*.
Participant F	52 years of age. He served in the Army for 24 years as a Paratrooper, citing the pressure from his family to leave and discharged in 2004. Has worked in a number of driving and road maintenance jobs. Arrested for sexual activity with a child/No Further Action, all charges dropped*.
Participant G	Served 6 years as an Infantryman in the Army. 24 years old. Suffered hearing loss whilst on operational tour, but was not medically discharged, leaving in 2014. He works with children with disabilities and is currently submitting an application to train as a physiotherapist. Arrested for criminal damage/No Further Action*.
Participant H	Joined the Army aged 15 and Served for 15 years in the Royal Artillery. Was invalided out of the Army following a plane crash in 1985. Subsequently worked for many years in the financial service sector before retiring. 61 years old. Arrested for harassment/issued with Restraining Order*.
Participant I	46 year old female. Served for 9 years in the Army, discharged in 1995. Worked abroad for many years after discharge and following a divorce and a significant dispute with her employers, returned to the UK financially insolvent. Arrested for theft/issued with Community Service*.
Participant J	Served for 7 years as an Infantryman, was shot whilst on operational tour and medically discharged with PTSD in 2014. 26 years old. Arrested for harassment/issued with a Restraining Order*. The evidence provided by Participant J surrounding his arrest was found to be unreliable and we have therefore not used his narratives in this aspect of the Report. However, his discussions on his involvement with Project Nova was consistent with findings from the other participants and has been included.

Appendix 3 – Themes

Themes identified for analysis from the qualitative interviews

Themes	Sub-themes
Arrests prior to Nova	
Civilian life	Cannot trust civilians
	Differences between AF and civilians
	Different rules
	Problems in Civvy St do not go away
	Protected from problems in AF
Family	Bereavement and loss of family
	Childhood memories
	Deficits in family life
	Home family
	Military family
	Pressure to discharge
	Relationships
Military attributes	Ability to survive
	Alcohol
	Duty and honour
	Gender behaviours
	Lack of thinking for yourself
	Language and banter
	Military mentality conditioning
	Self-deprecating
	Sporty
	To protect others
Operational Tours	Afghanistan
	Bosnia
	Falklands
	Iraq
	Northern Ireland
	Op Tours misc

Project Nova	Effect on the family
	Alcohol
	Arrest related to service or not
	Asking for help
	Buddy support
	Charitable support
	Couldn't believe accusation
	Counselling
	Drugs
	Emotions pride rock bottom
	Events leading up to arrest
	Ex-military who understand
	Forgiveness Project
	Getting life back on track
	How did you hear about Nova
	I wouldn't be here without Nova
	Knowing someone cares and is there
	Not using Nova's services
	Nowhere else to turn
	Outcomes of arrest
	Practical support
	Pre events
	Ripple Pond
	Safe space
	Suggestions for future support
	Support by Nova team
	Trust
	Understanding talking listening
	Veterans Recall
Transition	Acceptance that you have left
	Closed door on leaving
	CTP
	Difficulties
	Employment or study current
	Family pressure
	Reason for leaving
	Re-joining or Reservists
	Resettlement training
	Support
	Wish they'd stayed in

Appendix 4 – Charity Partners

Useful website and portal addresses

Age UK (Veterans' Recall)
T: 0800 169 2081
W: www.ageuk.org.uk

Forward Assist
T: 0191 250 4877
W: www.forward-assist.com

Regular Forces Employment Charity (RFEA)
T: 0121 236 0058
W: www.rfea.org.uk

Walking with the Wounded (Project Nova, Head Start, Steps into Health, Home Start)
T: 01263 863900
W: www.wwtw.org.uk