





York St John University (YSJU) signed the Armed Forces Covenant in 2014 and holds the MOD Employer Recognition Gold Award.

The Military Human: Understanding Military Culture & Transition CPD is provided by YSJU and has been delivered too:

- HM Prison and Probation Service (HMPPS)
- Ministry of Defence (MOD)
- NHS Veterans Mental Health teams
- NHS Trusts
- NHS England staff
- Military Charities (Combat Stress, Help for Heroes, Royal British Legion, SSAFA, Care after Combat, Sporting Force AF Covenant portfolio group)
- Local Authorities
- Community Support Service Providers
- YSJU, Anglia Ruskin and Brunel Universities

Students at YSJU receive lectures in understanding military culture & transition in preparation for joining the health & social care workforce.

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Question 1:

 94% of staff either significantly (72%) or agreed (22%) that the learning objectives were achieved

Question 2:

• 97% of staff either significantly (66%) or agreed (31%) that the course met their personal and/or professional objectives

Question 3:

• 94% of staff either significantly (69%) or agreed (25%) that the learning could be applied to their work

Question 4:

 97% of staff either significantly (81%) or agreed (16%) that the facilitator was knowledgeable and informative

Question 5:

• 79% of staff either significantly (69%) or agreed (16%) that the facilitator was helpful and approachable

Question 6:

• 87% of staff either significantly (62%) or agreed (25%) that the content was delivered logically and at a good pace

Question 7:

• 94% of staff either significantly (66%) or agreed (28%) that the communication prior to the course was clear and timely

Question 8:

• 91% of staff either significantly (66%) or agreed (25%) that the webinar technology was fit for purpose

Question 9:

• 90% of staff rated the CPD course either excellent (81%) or good (9%)

Introduction:

Background and origins of Veterans in Custody Support

The Military Human: Understanding Military Culture and Transition certificated CPD was created by the author based around his experience, publications, research and developing the HMPPS Veterans in Custody Support (ViCS) concept in 2010. This led to him becoming the National Offender Management Services (NOMS) ViCS coordinator and supporting other HMPPS staff across England, Wales and Scotland to develop their own ViCS services¹.

These supportive staff are known as ViCS Officers (ViCSO's) and provide support mostly in their own time apart from Scotland, where a designated ViCSO role has been established². In Wales the ViCSO's work closely with the Ex-Forces Liaison Officers (EFLO) establishing an identification and referral pathway³. Research from Swansea University also recommended that the ViCSO role become an embedded role⁴.

During the following years a large amount of HM Prisons would develop their own ViCS services, with some HM Prisons going on to develop Veterans specific projects and wings. However, whilst the 'Veterans in Custody Support' model has received universal praise for its effectiveness⁵ in identification and support of offenders who are veterans, there is concern about the lack of consistent application across the custodial estate.

Prior to the ViCS launch and publication of the Veterans in Custody guidance⁷, the recurring theme that drew the authors attention was the inclusion in most cases, of alcohol and violence^{8 9} contributing to offending with additional concerns around adjustment to civilian life^{10 11}. However, the initial core observation was the absence of accurate data into how many ex-armed forces prisoners were in custody at that time¹² and how vulnerable groups of exarmed forces personnel were being supported through their transition or identified.

Addressing the need:

How could the data regarding the number of ex-armed forces prisoners be collected?

The initial solution in addressing the apparent absence of accurate data to establish the cohort number, was to incorporate into Offender Assessment Systems (OASys)¹³ assessments asking the question (ATQ) "Have you served in the Armed Forces as a Regular or Reservist?". This approach would go on to form the bedrock of the ViCS concept and be replicated across several public and community services. However, it soon became apparent that how the question is asked, and how ex armed forces personnel receive or define the question can create barriers¹⁴.

One such barrier is the way the term 'veteran' is perceived as or defined by the person being asked.

Although veterans are defined as 'anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations' 15 some appear to visualise an older person or don't consider themselves to be a veteran at all.

This observation influenced the wording of the ATQ element to reduce the risk of confusion or misinterpretation, therefore facilitating a more accurate data gathering process. However, a significant influencer is that some of the cohort prefer not to self-identify due to not seeing the support applicable to them, feeling 'let down' by the military, embarrassment, or shame. Further reasons recorded was the fear of reprisals from extremists in prison.¹

DASA (Defence Analytical Services and Advice)

Estimate of cohort



In September 2010, DASA (Defence Analytical Services and Advice) published a revised set of figures from a previous study which contained a further estimate revised upwards to take account of omissions in their original study¹⁶. It asserted that approximately 2,820, or some 3.5% of all those currently in custody in England and Wales had served in the armed forces. DASA undertook a further subsequent study 17 to estimate the numbers of former service personnel offenders who were being supervised by Probation services in England and Wales. The study concluded that 3.4% or 5,860 of offenders who were being supervised by Probation were former service personnel.

By combining the two figures 'custody' and 'probation', this would suggest that around 8,680 offenders who are former service personnel are in contact with the CJS daily. However, a note of caution should be observed as both DASA studies provided only 'snapshot' figures taken on one day of their respective years of study, so therefore did not reflect the annual 'through flow', or total figures of offenders entering custody or receiving probation supervision, possibly leading to fluctuation if collated over a 12-month period.

More recently, and since 2015, as part of the HM Prison Service Basic Custody Screening (BCS) interview, individuals entering custody have been asked whether they had previously served in the armed services and these responses have been recorded.

The Military Human: Understanding Military Culture and Transition CPD Initial request

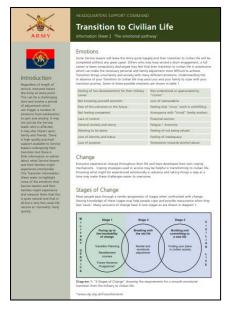
In 2012, and in response to a request by NHS Health Education Yorkshire & Humber (NHS HEY&H) to provide CPD training for staff across the Y&H footprint, after researching the need and available publications to establish appropriate CPD content, the Military Human certificated CPD was launched.

A significant factor prompting the NHS HEY&H request was a comment commonly reported by their staff that they often told by clients/patients, that 'civvies don't understand' so requested a person-centred approach to understanding the military journey, culture and lifestyle. Following a recent NHS England publication his comment appears to be an ongoing issue across the NHS England footprint¹⁸.

To address this ongoing concern, the Military Human CPD takes a person-centred approach focusing on the 'human' experience of the recruitment, cultural, personal investment, and ultimately transition phases of serving within the armed forces. Importantly, it also explores the journey experienced by military families and how deployments and transition may affect them¹⁹.

The course content recognises that the Armed Forces provides all the personal and pastoral needs an individual requires populating Maslow's Hierarchy of Needs ²⁰ effectively. With most recruits joining up during their formative development years, it also aligns to Erikson's Psychosocial Model ²¹ by creating an intense sense of identity and purpose.

This creates a cultural 'bubble' described by many as 'behind the wire' or 'on board ship'. Critically, this perceived 'bubble' cannot be maintained indefinitely with transition being inevitable for all those who serve. Therefore, if being part of the Armed Forces requires an individual to embrace the military cultural lifestyle and invest in the core values, transition preparation should include personal awareness around the inevitable effects of adjustment and transition for themselves and their families²².



A good example of this awareness raising is the British Army – Transition: The Emotional Pathway information sheet²⁴. However, even the leaflet itself recognises that there is 'little information or advice about what Service leavers and their families might experience emotionally'. This suggests that the adjustment experience for service leavers and families goes unaddressed and could potentially lead to anxieties and concerns after leaving the military requiring engagement and interaction with NHS services in the community.

Therefore, future transition planning prior to discharge should include adjustment awareness raising and become part of all service leavers and their families' transition preparation. This may address the concerns many may have prior to leaving the Armed Forces and potentially 'normalise' some of the adjustment experience and reduce anxiety for others.



Military Human: Understanding Military Culture and Transition CPD Face to face & webinar deliveries

Historically, the Military Human CPD training has been delivered using a face-to-face (F2F) training room format with several thousand staff receiving the CPD in this way. The face-to-face format requires staff to allocate one day to attend training and factor in travel to a suitable location identified by commissioning teams.

However, in response to the rapidly changing educational and CPD training environment due to the COVID pandemic, a second webinar version of the Military Human CPD was migrated over to a webinar format utilising the MS Teams platform. This format utilises 2 x 2-hour webinars that can be delivered over 2 separate days and at different times (AM or PM) or can be delivered withing the same day (AM & PM). The key difference between the F2F and webinar versions is that there is no staff requirement to travel as the webinar can be accessed anywhere subject to having an internet (Wi-Fi) connection.

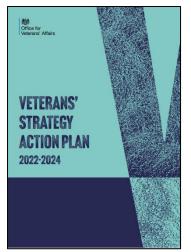
This change brought its own challenges but following initial concerns regarding a new delivery format and maintaining the quality of the staff training experience, delivery sessions of the Military Human CPD significantly increased. This flexible approach has worked successfully across the NHS, HMPPS, Councils and other community service provider groups.

Importantly, all the CPD training documents (Handbook, Pre webinar information, Resource Toolkit) continue to be provided but are now sent in pdf format to staff. This has had a positive effect as staff have been able to share the resource toolkit.

Combining the face to face and webinar formats, over 4500 staff have now experienced the Military Human certificated CPD training since its initial launch in 2012.

Going forward.

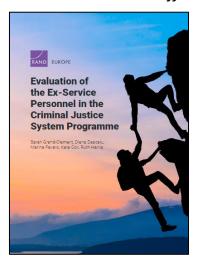
Research evidence and policy

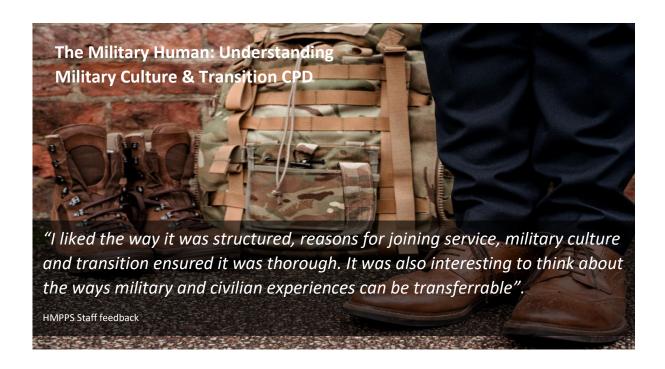


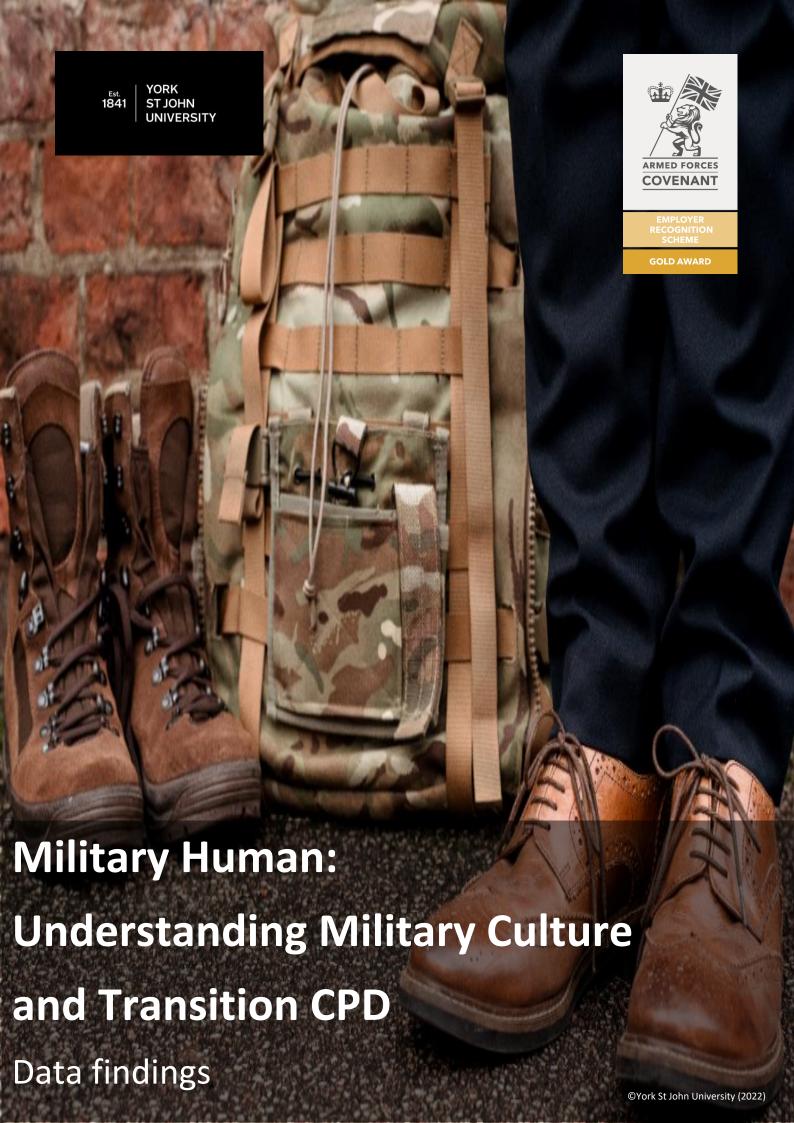
In response to the latest Office for Veterans Affairs publication *Veterans Strategy Action Plan*²⁵ suggesting that the Ministry of Justice (MoJ) *will evaluate the impact of an innovative pilot intervention which offers*

veterans in custody, and the recommendation by Grand-Clement et al (2021, p110) that the Veterans in Custody Support Officer (ViCSO)

role should be made permanent and expanded into police forces, courts and tribunals, York St John University continues to work closely with the HMPPS CFO Network for Ex-Service Personnel team.







Post training Military Human CPD Qualtrics Survey:

Data findings

The following data has been drawn from the HMPPS staff Qualtrics feedback survey over the 2021-year period. The feedback survey is provided for all staff attending the Military Human CPD.

A total of 81 HMPPS and associated HMPPS members of staff attended the CPD over 2021 with 32 staff responding to the feedback survey, representing a wide range of Criminal Justice Service professionals (see appendix 1)

Key findings:

- 94% of staff either significantly (72%) or agreed (22%) that the learning objectives were achieved
- 97% of staff either significantly (66%) or agreed (31%) that the course met their personal and/or professional objectives
- 94% of staff either significantly (69%) or agreed (25%) that the learning could be applied to their work
- 90% of staff rated the CPD course either excellent (81%) or good (9%)



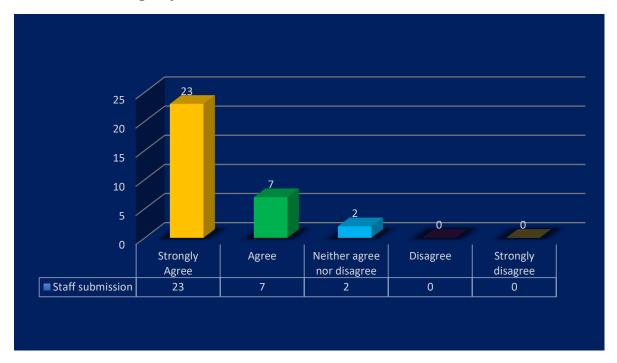
"A very good course. It gave me insight into the difficulties military personnel face, the barriers they come across and the problems they face transitioning to civilian life".

"The course content can be applied to my work with immediate effect".

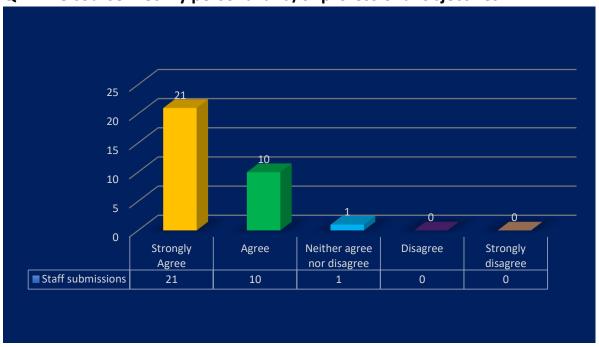
HMPPS staff feedback



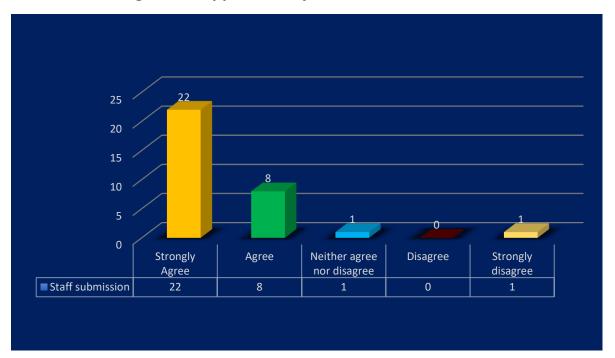
Q1 - The learning objectives were achieved



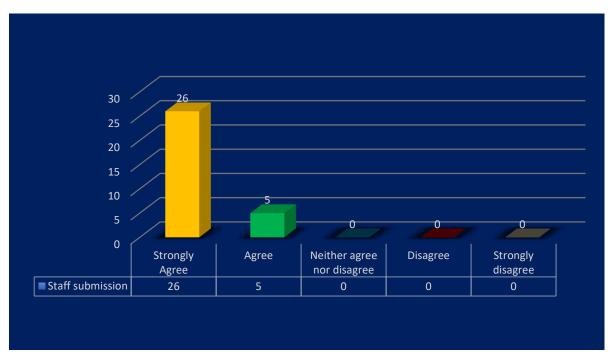
Q2 - The course met my personal and/or professional objectives



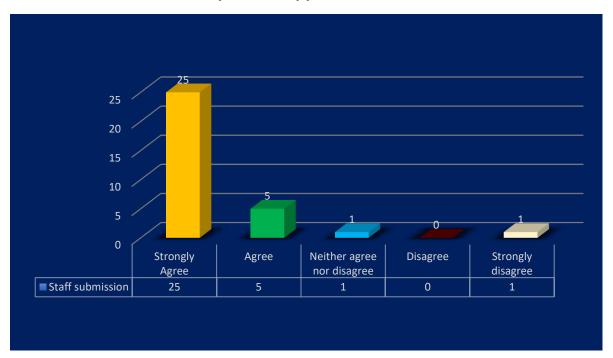
Q3 - The learning can be applied to my work



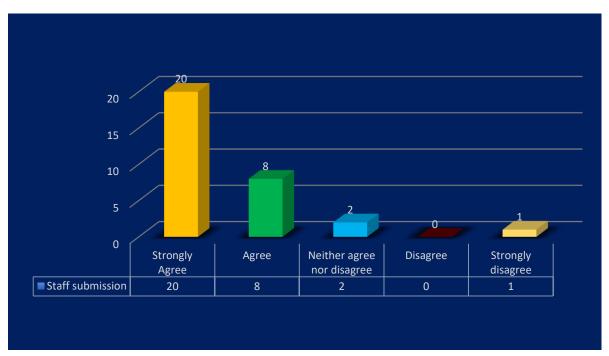
Q4 - The facilitator was knowledgeable and informative



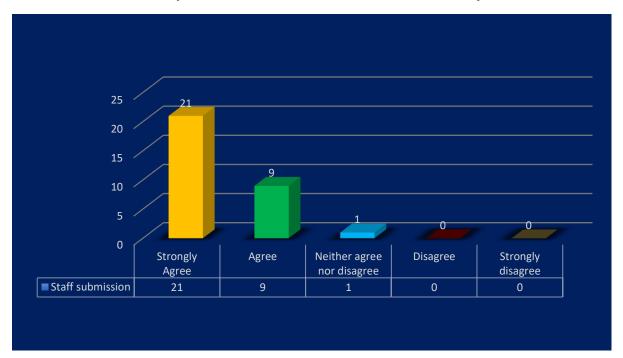
Q5 - The facilitator was helpful and approachable



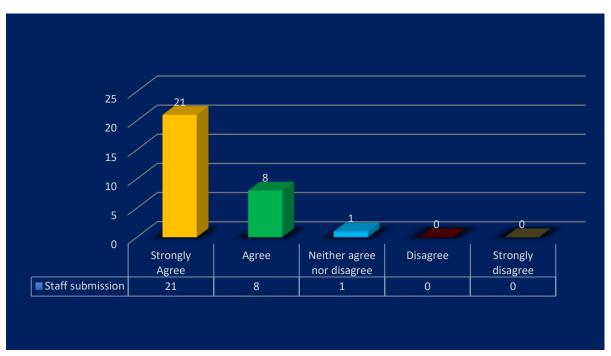
Q6 - The content was delivered logically and at a good pace



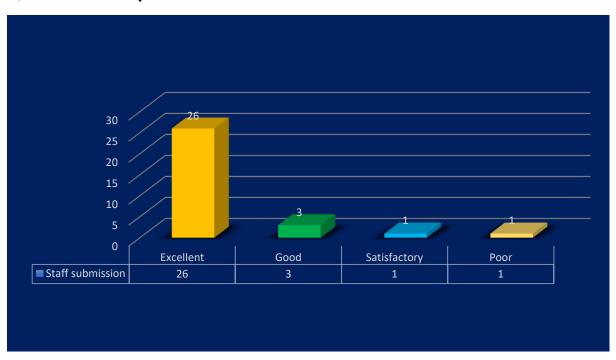
Q7 - Communication prior to the course was clear and timely

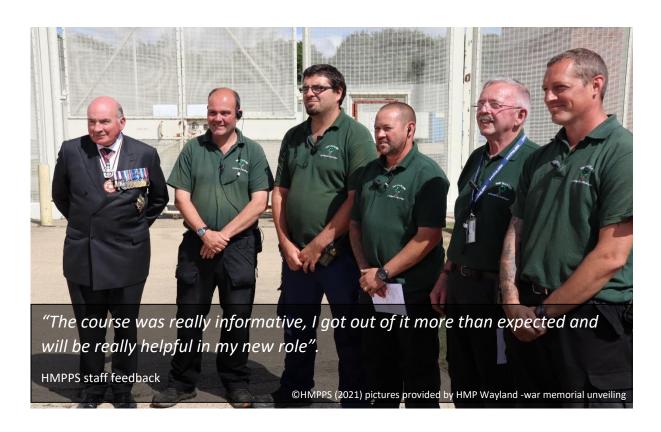


Q8 - The webinar technology was fit for purpose



Q9 - How would you rate the course overall?







Q10 - Please describe the 3 best aspects of the course and state why you found it useful

(Examples from staff feedback)

Most useful was the details of how ex-Armed Forces members might fall into criminal activity and how to deal with and prevent.

- It was very informative but didn't overload you with information.
- Application to theoretical models was very helpful.
- The links provided will be very useful Intuitive approach, real life examples enhanced the training.
- Comprehensive knowledge of the tutor, little need for questions.
- Material, Delivery, Learning Point.
- I learned a lot of facts I did not know about military personnel and how difficult it is to transition into civilian life.
- I liked the group reflection before each break, mixture of power point and videos and the attachments sent prior to the course, especially the tool kit which can be used long after the course.
- Psychological research was linked to transition, and this was useful to understand.
- Trainer was knowledgeable and kept it interesting.
- Theories I found that applying theories to the information helped me understand the subject a lot more.
- Knowledge, experience, and eye opening. It widened my knowledge base of military life and how to adjust to civilian life.
- Presenter was knowledgeable on subject matter, both presenter and inputs he prompted from participants gave new perspectives.
- The course content can be applied to my work with immediate effect.
- Talked about the families and their struggles not just ex-serving personnel.
- Good information on support networks available.
- Provided support for service personnel and their families transitioning between military and civilian life.

- I liked the way it was structured, reasons for joining service, military culture and transition ensured it was thorough. It was also interesting to think about the ways military and civilian experiences can be transferrable.
- The presenter was very passionate.
- The toolkit is an excellent resource that I can distribute to others in the course of my job role.
- Practical tips on engaging with ex forces personnel. Links to videos and resources anyone can access.
- Having the right support materials and referrals is really beneficial to me in my work.



Q11 - How could we improve the course to enhance learning? What could we do better?

(Examples from staff feedback)

- I would have liked to engage in more discussion.
- Could there be a follow on course, with clinical interventions that have helped and are appropriate for military patients?
- Just an observation but it may have been useful to conduct some group activities to gain the understanding of the learners knowledge and then challenge some of their perceptions; this would have been very engaging I think and could have helped.
- The course was just right thank you.
- Maybe think of allowing more time so the course has a seminar part so we could have some discussion.
- I think at the moment it's spot on.
- The information needed is all included and because its quite relaxed its easier to take the information in.
- It was a great course although I wonder whether face to face teaching might enable more interaction and discussion.
- The course was excellent, what was covered in it, the pace and amount of information given.
- Maybe a section on how to work with this client group (tips, interventions, etc) although this would probably constitute another training day.
- Make it longer.
- Perhaps more case studies covering mental health issues etc.
- It would be good to have classroom based again to encourage more
 discussions when able to maybe a bit more interactive if there are more
 people involved then using the break out rooms to encourage
 discussions and scenarios on what support they would offer.
- I think it is fine how it is.
- I've done twice now and can see information is updated regularly.

Q12 - What other learning and development opportunities are you interested in?

(Examples of staff feedback)

- Veterans health and wellbeing.
- TRIM and using trauma informed approaches.
- I feel with this training, I have only scratched the surface and I am looking forward to unpicking this topic further in my own practice.
- Understanding NHS issues associated with managing veterans in a health and mental health context.
- Suicide understanding it and how best to manage the identification and immediate first aid for someone who might be in that frame of mind.
- I feel this is a key area which needs to be spoken about and to ultimately break the stigma surrounding this hidden illness.
- I would be interested in any other training relevant to my role working with veterans.
- Always open to learning opportunities.

Q13 - Do you have any further comments?

(Examples from staff feedback)

- It gave me insight into the difficulties military personnel face and the barriers they come across and the problems they face transitioning to civilian life.
- Fantastic course, thank you.
- The course was well run and the deliverer took into account his audience very well, just the right balance of military stories for those of us who have heard hundreds (of very similar stories) over the years.
- Brilliant delivery and great information.
- The facilitator was extremely helpful in delivering a well put together presentation which was engaging, fun and helped me with my own practice.
- This course would be beneficial for anyone involved in the military in any capacity to help with transition and the challenges veterans face.
- Great course this should be done I think more often as a refresher.
- The course leader I thought was really good at directing the course and incorporated enough breaks so it was not to heavy which was great.
- Despite the fact I am ex forces myself it offered new outlooks on things and was good to link in with colleagues.
- Great course and look forward to any other training that could be offered that I can use in my role.
- The course was really informative, I got out of it more than expected and will be really helpful in my new role.



Conclusion:

Data findings and evidence

Providing bespoke versions of the Military Human CPD (face to face, webinar, and developing online digital learning platform) ensures the high-quality educational experience is maintained and aligned to commissioning organisation requirements. Staff flexibility, availability, and time constraints can be successfully addressed and facilitated.

The data evidence demonstrates that the vast majority of HMPPS staff (94%) either significantly agreed (69%) or agreed (25%) that the learning could be applied to their work. This data finding will have a positive and direct impact on reducing reoffending and supporting veterans whilst in the custodial and community setting to address their health, wellbeing and social care needs.

In addition, by applying this learning staff can also have a positive impact on supporting the families of veterans due to the ability to share support information regarding the access to military charity support.

Importantly, the Military Human CPD training provides key awareness training solutions highlighted within the latest FIMT Armed Forces Covenant publication²⁶, is aligned to the recent review of the Armed Forces Bill²⁷ and the updated Armed Forces Covenant statutory guidance²⁸.

The CPD also contributes to the Veterans Strategy Action Plan²⁹ and research⁵ by ensuring that 'the right support is in place for those who are in the criminal justice system, reducing the risk of re-offending, understanding why some veterans enter the system and doing more to prevent it'.

In addtion, by offering the CPD to healthcare staff within the custodial and community setting, the awareness element aligns with the NHS Healthcare for the Armed Forces community: forward view³⁰ which states a 'commitment to supporting veterans in the criminal justice system'.

Appendix 1:

Example of staff professional roles.

- Diversion Manager.
- Director of Violence prevention Unit.
- National Probation Service.
- Police /Safeguarding.
- Police officer.
- HMPPS.
- Prison Chaplain.
- Quality Development Officer.
- Administrator.
- Community Case Manager.
- Accountant.
- PEI prison officer.
- Mental health nurse.
- PSO.
- CFO3 and CFO Activity Hub staff.
- Contract Support Officer.
- Retired.
- Support Worker.
- SSAFA Caseworker.
- Head of Delivery justice activity hubs.
- Civil Servant.
- Achieve case manager.
- Senior Support worker.
- Community Case Manager.
- Community Support Officer.
- Diversion Manager, Gwent Police.
- Director of Violence prevention Unit.
- CT Police /Safeguarding.

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⁴ Davies, G, & Davies, J. (2020) An Independent Evaluation of the SToMP (Supporting Transition of Military Personnel) Project: Phase Two

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⁸ Short et al (2018) Offending behaviour, health and wellbeing of military veterans in the criminal justice system

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¹⁰ Fossey, M (2010) Across the wire: Veterans mental health and vulnerability

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¹² HMIP (2014) People in prison: Ex Service personnel

¹³ NOMS (2015) A compendium of research and analysis on the Offender Assessment System (OASys)

¹⁴ Burdett et al (2012) Are you a veteran: understanding of the term veteran among UK ex service personnel

¹⁵ Office of Veterans Affairs: Veterans Factsheet 2020

¹⁶ DASA (2010) Estimating the proportion of offenders supervised by Probation Trusts in England and Wales who are ex-Armed Forces

¹⁷ DASA (2010) Estimating the proportion of prisoners in England and Wales who are ex-Armed Forces - further analysis

¹⁸ NHS England (2021) Improving health and wellbeing support for armed forces families

¹⁹ Selous et al, (2020) Living in our shoes: Understanding the needs of UK armed forces families

²⁰ Maslow, A (1943) A theory of human motivation

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²² MOD (2015) Information sheet 2: Transition the emotional pathway

²³ Laver-Fawcett, A. Wood, N.& Southwell, E (2021) An Independent evaluation of the Keeping Families in Mind Service

²⁴ MOD (2015) Information sheet 2: The emotional pathway

²⁵ Office for Veterans Affairs (2022) Strategy for veterans: Action plan

²⁶ FIMT (2022) A Decade of the Covenant: A review of delivery and impact of ten years of the Armed Forces Covenant

²⁷ Armed Forces Bill (2021)

²⁸ Armed Forces Covenant Duty Statutory Guidance November 2022

²⁹ Veterans Strategy Action Plan 2022 to 2024

³⁰ NHS England (2021) Healthcare for the armed forces community: a forward view