Sheffield Hallam University | Helena Kennedy Centre for International Justice

Right Turn Veteran-Specific Recovery Service: 5 Site Evaluation Pilot

INTERIM REPORT

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with

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Acknowledgements

Institutional details:

The Helena Kennedy Centre for International Justice (HKCIJ)

The HKCIJ is a leading centre for social justice and human rights. It provides a vibrant environment at the cutting edge of legal and criminal justice practice, and which champions the cause of human rights and social justice. The centre is home to a range of social justice and human rights activities that include:

- innovation in teaching and education
- research and scholarship work
- international projects
- impact on policy
- professional training and advocacy

Its central values are those of widening access to justice and education, the promotion of human rights, ethics in legal practice, equality and a respect for human dignity in overcoming social injustice. This report is a part of our commitment to evidencing effective community reintegration of marginalised and vulnerable populations, to challenge stigma and exclusion, and to enable people in recovery to fulfil their potential and to be active members of their families and communities.

Addaction

Addaction is a national charity running services for people of all ages and backgrounds affected by drugs and alcohol. Last year, we helped around 70,000 people at 120 locations in England and Scotland. In 2015, Addaction merged with KCA – a respected charity working across Kent and South East England. Together, our shared ambition is to become the leader in evidence-based recovery services in both substance misuse and mental health. We aim to radically improve treatment and outcomes for our service users and their families, so that they can rebuild their lives and reach their full potential.

The Forces in Mind Trust

The aim of the Forces in Mind Trust is to promote the successful transition of Armed Forces personnel, and their families, into civilian life. The Forces in Mind Trust operates to provide an evidence base that will influence and underpin policy making and service delivery in order to enable ex-Service personnel and their families to lead successful civilian lives.

Each year approximately 20,000 people leave the UK Armed Forces and for the vast majority they transition successfully into the civilian world, their lives having been enormously enriched by their time in service. However, some need additional support, and it is these most vulnerable people that Forces in Mind Trust exists to help.

Founded in January 2012 by a £35 million Big Lottery Fund 20-year endowment, Forces in Mind Trust awards grants and commission's research, coordinates the efforts of others, and supports projects that deliver long-term solutions to the challenges faced by ex-Service personnel. For more details, see the web page: http://www.fim-trust.org/.

Heineken

Heineken is the UK's leading cider and beer producer and the name behind iconic drinks brands such as Bulmers, Heineken, Foster's, and Strongbow. Heineken employs around 2,000 people at 8 breweries, cideries and offices across the UK. Heineken also owns around 1,250 pubs through its subsidiary business Star Pubs & Bars.

Heineken's sustainability strategy; Brewing a Better Future is underpinned by a commitment to advocating responsible alcohol consumption and the company has taken a number of steps to advocate this, including:

•   Removing the high strength ciders White Lightning & Strongbow Black from its portfolio

•   Awarding major funding to the Drinkaware Trust, an independent alcohol education charity

•   Co-founding the Portman Group, a self-regulatory organisation for responsible alcohol promotion

Heineken has worked in partnership with Addaction since 2005, supporting new and innovative projects which aim to directly tackle and reduce the harm caused by alcohol abuse.

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Section 1: Introduction to the Right Turn project

This section provides information on the development of the Right Turn project and an update of the delivery activities provided by Addaction project staff. The evaluation component, as explained in the next section, is an impact and outcomes evaluation, not a process evaluation. Therefore the information in this first section is presented here to provide the context for the Right Turn project, and contains material not externally verified by the evaluation team.

For the purposes of this document, the Armed Forces Covenant definition of the term "veteran" is used as 'those who have served for at least a day in HM Armed Forces, whether as a Regular or a Reservist' (MOD 2011[1], p 4). In this report the terms ex-service, ex-forces and veteran are used interchangeably throughout.

1.1 Background to the Right Turn project

Addaction Sheffield identified that a number of their service users had been members of the armed forces and began to question whether their shared military experiences could provide an opportunity that could be used to support their recovery. A treatment group consisting of veterans was established, delivered in partnership with the local branch of the Royal British Legion. This pilot service was initiated with weekly meetings, using a mutual aid, peer support approach, which proved an effect method for enhancing the engagement of other veterans who had little history of participation in mainstream services.

In order to develop a longer term response, Addaction set up its own Veterans' Strategy Group (VSG). The VSG was convened to help Addaction make its services more accessible and meaningful to veterans. As a result of the Addaction Strategy Group's work, the decision was taken by the Senior Leadership Team to prioritise a programme that would raise awareness and address these issues across the organisation. This resulted in the development of the 'Right Turn' model (details in 1.2 below). In 2013, the Right Turn pilot project, with support from corporate sponsor Heineken and their staff initiative 'Act for Addaction', increased the number of Right Turn project delivery sites.

In 2014, the Forces in Mind Trust announced their support for the expansion of the Right Turn project into a total of 20 sites across the UK. The Right Turn national programme is currently being expanded to be delivered in the North of England and the South and South West of England, supported in large part by the funding from the Forces in Mind Trust.

1.2 The Right Turn model

The Right Turn project model is an approach to working with the ex-service personnel community in recovery from substance misuse. The model comprises three integrated elements:

- A targeted campaign aimed at veterans and their families to raise awareness of the impact of substance misuse and increase the numbers of people accessing advice and treatment

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[1] Ministry of Defence (2011) Armed Forces Covenant [on line]
https://www.gov.uk/government/publications/2010-to-2015-government-policy-armed-forces-covenant/2010-to-2015-government-policy-armed-forces-covenant

- Training and support for workers at Addaction's adult services so they can identify and respond to the specific needs of members of the armed services community
- The introduction of veterans-friendly treatment at Addaction services including a network of peer support groups led by volunteers (Veteran Recovery Champions), providing a safe place where veterans can meet together, share their experiences and support each other to achieve recovery

Four key factors inform the Right Turn approach to service delivery and improving outcomes for this small, but frequently complex community:

- veterans tend to present with specific physical and psychological issues, often having been out of the military for over 10 years
- ex-military service personnel are often reluctant to access mainstream support services, given their military background of having to ask for help being considered a 'failure'
- generic- non- veteran focussed services often lack the skills and specialist knowledge to understand and deal effectively with this cohort
- ex-military service personnel are most likely to engage positively to treatment and support services offered by others with direct experience of military life

1.3   Right Turn delivery progress

In 2014, the Right Turn pilot project, with support from corporate sponsor Heineken and their staff initiative 'Act for Addaction'[2] increased the number of Right Turn project delivery sites across the North of the UK. Forces in Mind Trust then agreed to fund Right Turn delivery in a further 10 sites in the south of England.

1.3.1 Developments in the North of England sites

The Right Turn North site lead was recruited into post in September 2014, tasked with introducing the Right Turn project into Addaction sites in the North of England and Scotland. Since programme inception, there have been five successful Right Turn groups set up and, at the time of writing, 3 more in the process of being launched.

Further Right Turn groups are due to start in early 2016 in HMP North Sea Camps and HMP Lincoln and discussions are ongoing for imminent project delivery in Hartlepool, Bradford and Blackpool .

1.3.2   Challenges and facilitators to the North of England service delivery

In the North of England and Scotland delivery area, specific challenges that have arisen are:

- Some Addaction services have been through a retendering process during the period. This has either led to a change of provider so Right Turn no longer runs in a location, or has delayed planned Right Turn work while a renewed service is implemented Services having clear pathways into Right Turn and acting on them
- Creating a clear targeted media campaign strategy in terms of providing clarity and distinction from the approximately 2500 veterans services in the UK
- Delivering veterans awareness training packages

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[2] https://www.heineken.co.uk/a-decade-of-partnership-working

In the North of England delivery area, specific facilitators and recent project delivery successes have been:

- The development of a wide package of diversionary activities
- The Right Turn Co-ordinator has been asked to contribute his expertise at more than 8 nationally strategic reports and consultations
- The Right Turn Lead has spoken at a number of ex-Service specific conferences and the project won 2 awards: Worker and Volunteer for the biggest impact of developing ex-Service specific services
- A Veteran Recovery Champion has been involved in making an NHS training film in conjunction with Maudsley and Kings College Hospitals

The table below illustrates the activities in the North of England project delivery area:

Delivery site	Veterans currently engaging	Veteran Recovery Champions
Sheffield	12	2
Barnsley	5	1
St Helen's	23	1
Derbyshire	4	1
Wigan	13	2
Lincoln	3	1
Nuneaton	3	1
Boston	3	1
Total	**66**	**10**

1.3.3 Developments in the South and South West sites

A Right Turn South site coordinator was successfully recruited into post in April 2015, tasked with introducing the Right Turn project into ten Addaction sites in the South and South West of England.

This large and largely rural geographic area covers Cornwall, Devon, Bournemouth and Poole and North Somerset. Since April, the South co-ordinator has:

- Conducted a targeted campaign within Addaction sites in the South West, raising awareness of veterans accessing recovery services
- Negotiated with four different commissioners, using two different electronic file systems in order for a 'veterans status' question to be inserted into the electronic data assessment system
- Delivered Veterans Awareness Training to 131 generic Addaction staff and a series of external partner agencies, including prisons, a residential rehabilitation centre, probation staff and Council Covenant groups
- Excellent working relations have been established with a variety of relevant organisations

The table below illustrates the activities in the South and South West area:

Delivery sites	Veterans engaging	Veteran Recovery Champions
North Somerset	15*	1
Bournemouth & Poole	4	2
Cornwall	7 (1 of whom is being supported towards treatment engagement)	1
Devon	1	Training commences February 2016
Total	**27**	**4**

* In North Somerset there have been particular challenges with veterans indicating an interest in Right Turn but subsequently deciding that they did not require additional support, hence the take up for the group meetings remains very low.

1.3.4   Challenges and facilitators to South and South West service delivery

In the South and South West, specific challenges that have arisen are as follows:

- Having four different commissioners operating in this geographic area have resulted in specific challenges to a co-ordinated approach to the Right Turn project roll out

- Two of the Addaction delivery services (covering Cornwall and Devon) are relatively new services, resulting from mergers with NHS Trust agencies, where core contract issues are still bedding down

In the South West, specific facilitators and recent project delivery successes have been as follows:

- The successful identification of veteran leads for North Somerset, South Devon, North Cornwall, South Cornwall and Bournemouth
- Addaction operates an existing open access drop-in harm reduction service in Bournemouth, through which the Right Turn South project co-ordinator has achieved a successful working relationships with Dorset NHS Mental Healthcare Trust Veteran's Service, YMCA, Veteran's Welfare Service, Bournemouth Churches Housing Association, Alabare Housing Association and SSAFA.
- This means that the Right Turn South project co-ordinator can delivering innovative and bespoke services to the identified veterans in that geographic area, although when clients have been assessed as in need of structured treatment they move to a different provider at which point Addaction are unable to access their client records.
- The co-ordinator has successfully initiated good working relations with local military force bases in the area where agreements have been reached for Right Turn staff to input into the existing forces Resilience Program being delivered in-house.
- The production of a Veterans Resource Directory for North Somerset and another being progressed in Cornwall

Section 2: The evaluation

2.1 Background to the evaluation

The Department of Law and Criminology (DLC) at Sheffield Hallam University have been commissioned by Addaction (through funding from the Forces in Mind Trust) to conduct a two-year evaluation on the impact and outcomes on veterans engaging in five Right Turn delivery sites. The Right Turn project model provides an opportunity to explore the multi-layered identity and experiences of a UK cohort engaging in an innovative veteran-specific recovery service.

The Sheffield Hallam University evaluation focuses on the growth of personal and social recovery capital for individual veteran participants in the program. Additional evaluation activities have been designed to ascertain any specific benefits for those wider communities hosting the Right Turn project. The aim is not only to assess the growth of recovery capital as both a model for individual recovery and development but also as a community-level concept that maps the transition of communities to therapeutic landscapes of recovery that will support veteran recovery pathways.

A Right Turn evaluation steering group has been established, comprising DLC and Addaction staff, where we are hoping to recruit a veteran service user and a representative from the Forces in Mind Trust has also been invited to join the group. At the time of writing the steering group has convened on five occasions since evaluation inception in December 2015.

2.2 Evaluation aims

The aims of the evaluation are to:

- establish the impact of engagement with Right Turn for a cohort of veterans utilising a repeat measure methodology
- assess the effectiveness of this model to support veterans to develop new behaviours in a way that assists social interaction with others in their local community
- identify if this model of interacting with others in recovery with a history of military service assists veterans to integrate more successfully into civilian life
- establish similarities or differences in treatment engagement and outcomes for a veteran specific cohort using a control group methodology with a mirrored sample of Addaction's non-veteran client-base data

2.3 Methodological approach

The evaluation is designed around a structured data collection process using an established repeat measure design and a common data collection model across sites. The focus of the evaluation activities are specifically designed to assess the impact and outcomes for the veteran cohort engaging in the initiative.

2.3.1   A phased data collection approach

This two year project is being undertaken between December 2015 and February 2017, with the core of the data being conducted during three focussed data collection phases:

•   Phase 1- baseline measures

•   Phase 2- follow up measures and recovery community workshop mapping

•   Phase 3 - longitudinal activities, secondary data and control group data analysis activities

Interim and final reports will be presented to Addaction and Forces in Mind, respectively in February 2016 and February 2017.

2.3.2   Quantitative data collection activities

This two year evaluation utilises the following data collection methods:

• A repeat survey, conducted at base line and follow up data collection phases with as many ex-Service participants as can be recruited to the base line evaluation activities

• a retrospective analysis of two sets from anonymised secondary data to occur at follow-up phase. This will include data extracted from Addaction Treatment Outcomes Profile (ToPs) data and case file data from an anonymous veteran cohort engaging in the Right Turn project

• a control group retrospective analysis from two sets of anonymised secondary data from Addaction's non-veteran client group) This will include data extracted from Addaction ToPs form data and anonymised case file data

• a Social Identity Mapping activity will be conducted at base-line and follow-up data collection phases

2.3.3   Qualitative data collection activities

• Participative, interactive workshops will be conducted at each of the sites during base-line and follow up data collection phases

• Qualitative semi-structured interviews will be conducted with the veteran sample both at base-line and follow up data collection phases. Qualitative interviews will be conducted with key project delivery staff

• One recovery community focus group will be conducted in each of sites with wider agency stakeholders during the follow-up data collection phase

• Longitudinal semi-structured interviews will be conducted with a sample of veterans in late 2016 to capture the longer term impacts of engagement with the project

2.4   Phase 1 fieldwork conducted

Between June and November 2015, baseline data collection was completed with twenty-five veteran participants engaging with 5 Right Turn delivery sites, between June and November 2015 as follows:

- St Helen's - 10 participants
- Sheffield - 5 participants
- Wigan- 6 participants
- Derbyshire- 2 participants
- Barnsley - 2 participants

Phase 1 base line data collection activities conducted with this sample are as follows:

- a participative Evaluation workshop in each site[3]
- a Social Identity Mapping workshops[4] to establish base-line social network measures
- base-line survey completion to establish health and wellbeing measures
- a semi-structured qualitative interview focusing on establishing prior life experience
- interviews with two Right Turn regional co-ordinators

Ultimately, this mixed-methods approach enables the testing of the Right Turn model's underpinning assertion, that increasing positive social interaction with others in the local community along with others in recovery with a history of military service assists veterans to integrate more successfully into civilian life.

Research team visits, both conducted and planned in the South West sites proved unproductive in terms of veteran participant recruitment, despite a range of participant incentives. Given the timetabling imperative for repeat measure evaluation activity, the commissioned reporting schedule and the voluntary nature of veteran participation in evaluation activities, accessing South West veterans became increasingly untenable. It was therefore agreed by the Steering Group and Forces in Mind to substitute the initially anticipated 2 southern sites with 2 more established Right Turn delivery sites in the North.

2.5   Ensuring veteran participation from the South and South West

However, to ensure the inclusion of the experiences of veterans from the South and South West Right Turn delivery sites in the overall analysis, a commitment has been made to design a snap-shot (not repeated measure) self-completion survey. This survey will be provided for any veterans engaging in Right Turn sites (both southern and north sites) after completion of initial base-line data collection activities. This will ensure that any veterans beginning to engage with Right Turn activities will not be excluded from contributing to the evaluation. It is anticipated that this short-survey design will mirror the existing Right Turn base-line data collection survey including both quantitative, one-off standardised measures and more qualitative data collection sections.

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[3] Involving service users in the evaluation process, to determine that the evaluation design is capturing the most appropriate impact measures for this cohort.

[4] Best, D., I. Lubman, D., Savic, M., Wilson, A., Dingle, G., Alexander Haslam, S., Haslam, C. and Jetten, J., 2014. Social and transitional identity: exploring social networks and their significance in a therapeutic community setting. Therapeutic Communities: The International Journal of Therapeutic Communities, 35(1), pp.10-20.

2.6 Data analysis

2.6.1 Quantitative data analysis

The quantitative data produced through base-line survey completion were analysed using the Statistical Package for the Social Sciences (SPSS) software. The analysis of quantitative data for phase 1 was used to present the base-line measure results for the sample profile (for comparison with phase two follow up data measures). However, for the purposes of the interim report, correlations in the data were also identified to establish whether and how strongly any pairs of variables are related for the veteran sample.

2.6.2 Qualitative data analysis

The analysis of the qualitative data is informed by the overall concept of social identity development and transition. Interview data were subject to an initial inductive, open coding scheme utilising a grounded approach to thematic analysis (Strauss and Corbin 1990[5]). The data were then subjected to a subsequent de-deductive thematic analysis, where themes initially identified were clarified and counted in order to illustrate to the reader how many participant's raised these particular issues.

The qualitative participant evaluation workshop data were merged into one analysis document according to the three areas of focus: 1) priorities 2) barriers and 3) facilitators to living a fulfilling life. Each of these three data sections were subject to a two stage process of coding:

- initial coding, the breaking down, examining and initial categorising of raw data; followed by
- a selective or focussed coding process, where the core category or central focus around which all other categories are integrated were then compiled

For example, in section 7.1 of this report, in the priorities section, initial open coding resulted in references to "Having a pastime"; "Hobbies"; "Having adventures"; "New challenges"; "Getting some excitement", were factors categorised separately, while at the selective coding stage, these factors were collapsed together under the core theme of "Having opportunities to engage in new hobbies, activities and pastimes facilitating different life experiences and challenges in a fun, social and exciting way" (see section 7.1).

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[5] Strauss, A. L., & Corbin, J. (1990). Basics of qualitative research: grounded theory procedures and techniques. Newbury Park, CA: Sage.

Section 3: Profiling the base-line veteran sample

This section of the report contains the results of the base-line data capture activities reporting the profile details of the total base-line sample of twenty-five veterans accessing the Right Turn project.

3.1   Demographic profile

3.1.2   Gender

The baseline sample consists of twenty-five participants - 8% are female (n = 2) and 92% (n = 23) were male.

Figure 3.1.2 Gender

Gender profile
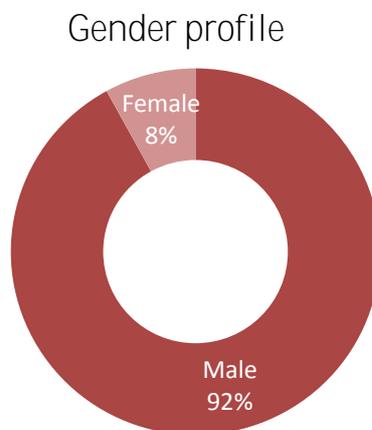
3.1.3   Age

The age profile of the sample is 12% aged 35 to 39 (n = 3), 23% aged between 40 and 49 (n= 6), 46% aged between 50 and 59 (n = 12) and 19% between 60 and 70 years old (n = 5), as demonstrated in the figure below. The average age of participants is 52.6 years.

Figure 3.1.3 Age profile of sample

Age range
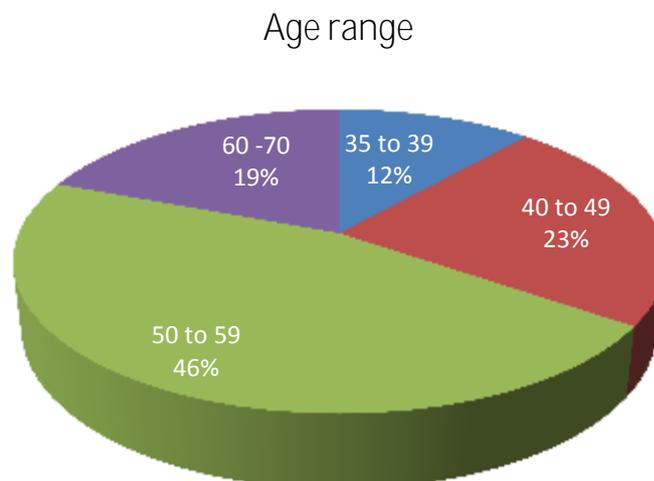
3.1.4 Country of birth and ethnicity

All participants reported their country of birth as the UK (eighteen describing themselves as English, 2 as Scottish and 5 as from the UK), and all twenty-five describing themselves as a White British category.

3.1.5 Marital status

The figure below provides an overview of the samples current marital status.

Table 3.1.5   Current marital status

		Frequency	Valid Percent
Valid	Married or cohabiting	7	28.0
	Separated or divorced	8	32.0
	Single	8	32.0
	Engaged	1	4.0
	Widowed	1	4.0
	Total	25	100.0

3.1.6 Current accommodation profile

As reported in the table below there was considerable variability in accommodation at the time of the evaluation activities.

Table 3.1.6 Current accommodation status

		Frequency	Valid Percent
Valid	Recovery housing	2	8.0
	Private renting	8	32.0
	Public renting	4	16.0
	Boarding house shelter or refuge	2	8.0
	Own home	6	24.0
	Parents family home	2	8.0
	Friends home	1	4.0
	Total	25	100.0

Nine of the participants reported that they lived alone; 7 with family members; 4 with partners; two with recovery peers and 1 with friends; data were missing for the other 2 participants. The largest group lived in private rental accommodation but six owned their own homes and none reported to be street homeless at the time of the interview. Four people reported that they lived with people with substance use problems and one reported that their partner had a substance use problem.

3.1.7   Current employment profile

The majority of the participants were unemployed at the time of the interview (7 reported that they were unemployed and a further 7 on disability living allowance); 2 on other benefits; 4 engaged in volunteering; 3 were retired; one was in residential rehabilitation and one person was working full-time.

3.1.7   Educational attainment profile

There was also considerable variability in qualifications obtained - 3 participants reported that they had no formal qualifications; 9 had O Levels or GCSEs; 2 had A or AS levels; 3 had BTEC qualifications; one had an apprenticeship; 1 had a degree and the remaining 6 had some other form of vocational qualifications.

3.2   Military Service profile

3.2.1   Force Served

Twenty of the participants reported that they had been in the Army, 2 in the Navy, 2 in the RAF and one in the Military Police. Twenty-one served in the Regular service, 3 were reservists[6] and 1 had served in both.

3.2.2   Age at enlistment

Forty-eight percent of the sample had enlisted between 16 and 18 years old (*n*= 12), 44% (*n*= 11) enlisted between 19 and 21 years of age and 8% had enlisted between 24 and 26 years of age (*n*= 2). The average age of enlistment was 18.9 years.

Figure 3.2.2 Age at enlistment

Age at enlistment

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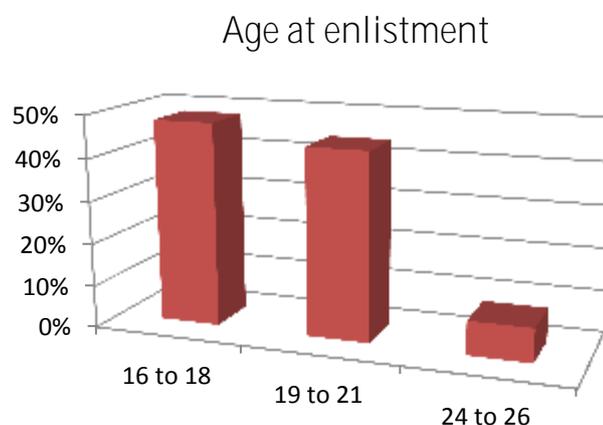
[6] citizens of a country who combine a military role or career with a civilian career.

3.2.3   Active combat deployment profile

Eighty percent of the veteran sample reported having active deployment experienced (*n*=20), half of whom reported multiple active combat active experience (*n*= 10).

3.2.4   Length of military service

On average, the length of the veteran sample's military service was 117.9 months (just under ten years). With only 8% (*n*= 2) reporting that they were early leavers (served under 4 years). Sixty-eight percent served between 4 and 9 years (*n*=17) and 24% served between thirteen and thirty-five years in the military (*n*= 6).

Figure 3.2.4 Military service profile

Military service profile
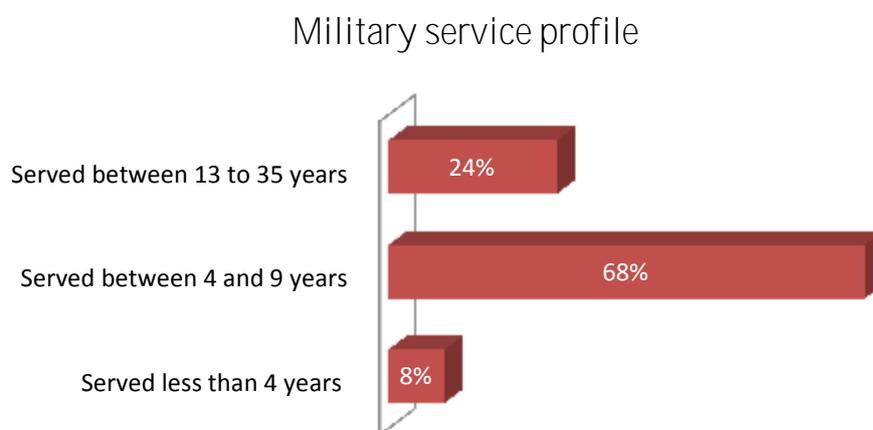
3.2.5   Age at service discharge

Four percent (*n*=1) of the veteran participants were discharged at 19 years of age, 60% were discharged from the forces between 21 and 29 years of age (*n*= 15), 24% were between 30 and 37 years old when discharged and 12% were discharged between 40 and 52 years old (*n*= 3). The average age at discharge was 29.1 years.

While the profile of service discharge across the UK Armed Forces is to some extent determined by the nature of contracts under which personnel serve, this veteran sample's age at service discharge is broadly representative of all forces leavers. According to the Ministry of Justice, in the 12 months to 31 March 2014, 60.2% of all Other Ranks (excluding Officers) occurred between the ages of 20 and 34, while the age of 40 broadly corresponds with personnel completing a full 22-year career (Mod 2014[7]).

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[7] Ministry of Defence (2014) UK Armed Forces Annual Personnel Report 1 April 2014 [on line] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/312539/uk_af_annual_pers onnel_report_2014.pdf (Accessed 29/02/2016).

Figure 3.2.5 Age at service discharge

Age at discharge

19
4%

40- 52
12%

30- 37
24%

21- 29
60%
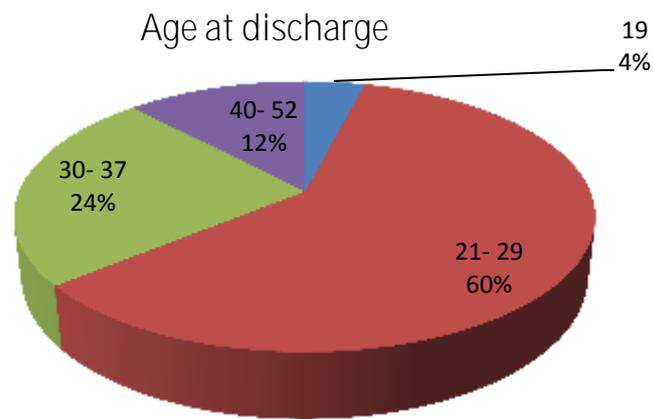
3.2.6   Discharge profile

Eighteen of the sample of twenty-five reported that their departure from the forces was voluntary and the remaining 7 reported that their service was terminated.

Section 4: Base line measurement results

The quantitative data presented in this report is based on interviewer-administered structured questionnaires. This combines standardised instruments and bespoke measures that were developed specifically for the Right Turn project. Surveys were completed by a total of twenty-five ex-service personnel currently engaging with the Right Turn project.

4.1. Social support and contact networks

Participants reported an average of 5.2 close friends (range of 0 to 20) and an average of 4.5 friends (range of 0 to 20) that they have at least weekly contact with. When asked who they mainly spent their free time with, participants reported as follows: family (*n*=11); non-users (*n*=8); alone (n=3) and a mix of users and non-users (*n*=2).

When asked if they mixed with other veterans as their peers, 9 people reported that they did this more than weekly; twelve that they did so weekly and 1 person reported mixing with veterans monthly. Only 1 person reported mixing with veterans only twice a year and 1 person reported that they did not have this form of social engagement, indicating that overall other veterans played a significant role in the social network. Given the evaluation participants generally meet other veterans at weekly Right Turn meetings- the research team will return to this section of the survey to clarify any apparent confusion in the wording of this section.

However, fourteen participants reported clearly that they had no contact with formal ex-forces support agencies (e.g. British Legion or SSAFA[8]), with only 3 people reporting this form of contact weekly or more; 4 monthly; 3, twice a year and 1 annually. Further, only 4 people had any contact with current members of the forces - 1 person on a weekly basis, 1 monthly and 2 twice a year.

A second measure of social support and connection was taken from the 'Social Cure' work developed by Jetten, Haslam and Haslam (2012[9]), designed to assess the impact of social network engagement on wellbeing, and is a 4-item measure with a score from 4-28 with higher scores representing greater perceived support. The mean score on this measure is 20.0 with a range of 6-28, suggesting that there is generally a high rate of social network engagement.

4.2 Recovery networks

On average participants reported that they knew 11.7 people in recovery (ranging widely from 0 to 60) with most reporting regular contact. Six participants reported that they had more than weekly contact with people in recovery, sixteen had weekly contact; 1 had monthly contact and 2 had no contact with people in recovery.

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[8] Soldiers, Sailors, Airmen and Families Association (SSAFA)
[9] Jetten, J., Haslam, C. and Alexander, S.H. eds., 2012. The social cure: Identity, health and well-being. Psychology Press.

4.3 Social and emotional support

A standard 12-item scale using 7-point Likert measures was used to assess social and emotional support resulting in a score of between 12 and 84, with higher scores constituting greater perceptions of support. The average reported score was 61.7 (range of 18 to 84) suggesting that positive perceptions of social support, but significant variability existed within the group of participants.

4.4 Recovery capital and recovery group participation

As recovery theory has advanced so the notion of recovery capital (Cloud and Granfield 1998[10]) has come to be increasingly prominent as a metric for progress in the recovery journey. In the current study this was measured using summary versions of:

- the Assessment of Recovery Capital (Groshkova et al. 2013[11]), a 0- 10 scale, with higher scores representing greater capital, and
- the Recovery Group Participation Scale (Groshkova et al. 2011[12]), with a range of 0- 14, where higher scores represent greater involvement in recovery support groups

For the Right Turn veteran's sample, the mean score on the Assessment of Recovery Capital was 7.0 suggesting that overall there was relatively high recovery capital. While one might expect this score to be relatively high for veterans accessing the Right Turn project as part of a move towards independence, at follow-up we will be able to asses if this score changes according to length of time in treatment.

The mean score for this sample on the Recovery Group Participation Scale was 9.6 with a range of between 2 and 14, suggesting that there is very high engagement in community mutual aid groups with none of the participants reporting no involvement in this form of recovery support. This finding may be as a result of veteran's engagement with other Addaction mutual-aid groups, at follow-up data collection stage the identification of these networks will be submitted to further scrutiny. The measure does not assess frequency of attendance rather it is a measure of active engagement.

4.4.1 Linking social and emotional support to recovery capital

From the findings above, there were significant correlations between recovery capital, recovery group involvement and perceived social support in the Right Turn sample, as shown in the table below.

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[10] Cloud, W. and Granfield, R., 2008. Conceptualizing recovery capital: Expansion of a theoretical construct. Substance use & misuse, 43(12-13), pp.1971-1986.

[11] Groshkova, T., Best, D. and White, W., 2013. The assessment of recovery capital: Properties and psychometrics of a measure of addiction recovery strengths. Drug and Alcohol Review, 32(2), pp.187-194. A 10 item scale with a total score range of 0-10.

[12] Groshkova, T., Best, D. and White, W., 2011. Recovery Group Participation Scale (RGPS): Factor structure in alcohol and heroin recovery populations. Journal of Groups in Addiction & Recovery, 6(1-2), pp.76-92.

Table 4.4.1.: Social capital and emotional support to recovery capital

Correlation with	Recovery capital	Recovery group participation
Social and emotional support	r = 0.78 (<0.001)	r = 0.43 (p<0.05)
Assessment of social support	r = 0.70 (p<0.001)	r = 0.44 (p<0.05)

For both of the measures of social support that were used in the study, there is a very strong association with recovery capital – in other words, the more social support people perceive, the better recovery capital. However, for involvement in community recovery groups, the associations are still significant with social support but are statistically much less strong.

4.5   Social identity

A key part of the model of recovery that this evaluation is based on is the growing evidence that sustainable recovery requires not only a change of identity from an addict to person in recovery but that this change in identity is linked to social networks and groups. For this reason we deployed an existing addictions / recovery identity scale (Buckingham et al, 2013[13]), to ascertain the extent of the sample's identification with drink and drug user and addict identities. The evaluation team subsequently designed a bespoke military/ civilian identity scale, mirroring this methodology. This enabled the extent of identification to 4 salient group identities to be measured:

- drug user / drinker
- addict
- military
- civilian

The table below shows the mean scores for identification with each of these groups. Each scale is rated between 4 and 28 with higher scores indicative of higher levels of identification:

Table 4.5 Social identification with various group identities

	Drug user /drinker	Addict	Military identity	Civilian identity
Mean	15.2	15.7	23.8	17.6
Range	4-28	4-28	5-28	4-28

What is immediately apparent is that the military identity is the dominant identify for this population in spite of the length of time since leaving military service, suggesting that this is still a core part of how they see themselves. There was no relationship between the two measures of substance use identity and the measures of military or civilian identity. There was a negative but not statistically significant relationship between civilian and military identity.

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[13] Buckingham, Sarah A., Daniel Frings, and Ian P. Albery. "Group membership and social identity in addiction recovery." Psychology of Addictive Behaviors 27.4 (2013): 1132.

4.6   Health and wellbeing

The instrument used a number of standard measures of physical and psychological symptoms and measures of psychological functioning.

4.6.1   Physical health

This was assessed using the 10-item health symptom scale from the Maudsley Addiction Profile (Marsden et al, 1998[14]), which produces a score between 0 and 40 with higher scores indicative of more health symptoms. The mean score was 15.5 (with a range of 2-36), suggesting some residual adverse health effects from the substance using career.

4.6.2   Psychological distress

This was assessed using the 10 item Kessler K10 scale which has a score range of 10 to 50 with higher scores representing greater psychological distress. The mean score was 22.4 with a range of 10-39, again indicating relatively high rates of ongoing psychological pathology.

Overall, this would suggest reasonably good physical and psychological health.

4.6.3   Self-esteem and self- efficacy

Both self-esteem and self-efficacy measurements were are taken from the Texas Christian University (TCU) Client Evaluation of Self and Treatment (Simpson et al, 2012[15]). They are recoded to create scores with ranges of 10 to 50 with higher scores representing better functioning in this area and scores over 30 generally representing positive functioning in this domain.

Self-esteem: The mean score was 35.5 with a range of 19 to 49

Self-efficacy: The mean score was 36.3 with a range of 18 to 50

In both of these areas, the Right Turn cohort reported generally positive levels of self-esteem and self-efficacy.

4.6.4   Quality of life measure

Quality of Life was measured using the first two items from the World Health Organisation (2004) Quality of Life instrument[16]. Both items are 5-point measures ranging from very poor to very good with higher scores representing better quality of life.

The mean score for overall life quality was 3.4 (range 1-5)

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[14] Marsden, J., Gossop, M., Stewart, D., Best, D., Farrell, M., Lehmann, P., Edwards, C. and Strang, J., 1998. The Maudsley Addiction Profile (MAP): a brief instrument for assessing treatment outcome. Addiction, 93(12), pp.1857-1867.
[15] Simpson, D.D., Joe, G.W., Knight, K., Rowan-Szal, G.A. and Gray, J.S., 2012. Texas Christian University (TCU) short forms for assessing client needs and functioning in addiction treatment. Journal of offender rehabilitation, 51(1-2), pp.34-56.
[16] World Health Organisation (2014) WHOQOL BREF [on line] http://www.who.int/substance_abuse/research_tools/en/english_whoqol.pdf

The mean score for health satisfaction was 2.9 (range 1-5)

This suggests slightly above average rating for overall quality of life but slightly lower mean ratings for health-related quality of life.

4.7   Relationships between health measures and functioning

The relationships between health measures and other measures of functioning are shown in the table below.

Table 4.7 Correlation coefficients for health measures with other wellbeing indicators

	Physical health	Psychological health	Self-efficacy	Self-esteem
Social and emotional support	-0.15	-0.39	0.40	0.48*
ARC[17] total	-0.36	-0.54**	0.44	0.55**
Social identity - user	0.32	0.69***	0.01	-0.74***
Social identity - addict	0.29	0.52**	-0.07	-0.70***
Social identity - military	0.43*	0.39	0.24	-0.23
Quality of life	-0.28	-0.50*	0.60**	0.59**
Health life quality	-0.72***	-0.73***	0.57**	0.62**

There are however some powerful and interesting relationships here, particularly concerning self-esteem which is strongly linked to a number of the other factors measured. Veterans who had higher quality of life also reported higher levels of positive social and emotional support, better physical health and better general quality of life. People who reported better self-esteem also reported greater recovery capital and were less likely to see themselves as either a 'substance user' or as an 'addict'.

Likewise, veterans who reported better psychological health also typically reported higher recovery capital and better quality of life, and were less likely to see themselves as 'substance users' or ' addicts'. Interestingly, retaining a strong military identity was linked to better physical health.

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[17] Assessment of Recovery Capital

Section 5: Military service in the life course

While it is well established that only a small minority of veterans fare badly after their military service, little is known about the life course of the intervening years between leaving the forces and presenting at support services. This cohort's life course psychosocial information is presented here.

This section contains an overview of the findings from the qualitative data collection activities relating to information about this veteran cohort's pre-military, military, and post-military life experiences to inform those with little previous experience of working with this cohort.

5.1   Joining up as aspiration and escape

From the total sample of twenty-four veterans who engaged with the qualitative interview activity (compared to twenty-five for the quantitative) 63% expressed their rationale for joining the forces as a career choice or as a way of improving their present and future career prospects (*n*= 15).

The remaining 37% of the veteran interviewee sample (*n*=9) spoke about joining the forces as a way of escaping - from challenging family lives; from social groups engaging in low level criminal or drugs and alcohol-related behaviour. However, even in these instances, joining the forces was seen as a constructive step towards a more positive life.

5.2   Early adaptations to life in the military

Without exception, all the veteran participants reported enjoying their time in the military. Respondents articulated their early military experiences through reorienting concepts of: a sense of achievement; the uniqueness of these experiences and; of learning to embrace the different structures and expectations of the military identity.

5.3   Defining, aligning and belonging

All twenty-five veterans reported that the most positive things they experienced during their past military career were the camaraderie, the sense of purpose and the sense of belonging, although a smaller group also mentioned a sense of achievement and recognition. The aspects veterans reported as most challenging about their military service were combat-related (*n*=8); dealing with difficult emotions and feelings (*n*=5); the physical demands (*n*=4); managing family life (*n*=2); and the challenge of the training and education they undertook in the forces (*n*=2).

When interviewees spoke about their past life experiences of military, they spoke with a sense of pride, as they articulated their memories of their military career which ended on average twenty-three years earlier. The inductive thematic analysis of the narration of their past military service experience being constructed around three clear and key notions:

- a sense of belonging and strong reciprocal kinship ties
- a sense of honour, duty, safety, purpose and self-sufficiency
- an affiliation with alcohol use, as a social expectation, as a way of being accepted and as a coping mechanism

It is interesting to note that the data presented in the previous quantitative data section showed the sample's ex- military identity is not strongly linked with self-esteem. However, the qualitative findings here demonstrate that the sample view their past military identity as being strongly linked to pride, a sense of purpose and achievement – feelings that are part of a sense of self-esteem. While a non-statistically robust effect from the quantitative analysis may be due to the small sample, it is important to note that the qualitative data refers to how they feel about their past active military identity– when it would appear that their self-esteem around their military identity was more pronounced than their current ex-military identity.

5.4   Relinquishing the military life

Of the adjusted sample of twenty-four[18] veterans who talked about leaving the forces, 8 ended their military career by being discharged dishonourably or administratively. Three were discharged due to criminal, alcohol and drug-related issues. A further 3 were discharged with psychological battle-trauma related issues and 1 veteran was medically discharged with a combat related physical injury.

Others described (n=6) leaving the forces life due to external relationship and caring duties, a further 6 left due to meeting their agreed length of military service (n=6), with 1 of this group leaving and going straight into retirement. A smaller group (n=3) left due to becoming weary of the forces lifestyle. Interestingly, despite the explanations for leaving the forces, many spoke with an overwhelming sense of regret, expressed through a sense of loss and sometimes rejection.

5.5   Disorientation on transition

The veteran sample spoke frankly about the challenges they faced on their return to civilian life. The narratives surrounding this transition are signified by the disorientation veterans reported. The demobilisation stage of their lives were articulated through concepts of alienation, the incompatibility of military and civilian skill sets and general social bewilderment. Concepts of estrangement, fear and lack of appreciation were also articulated, but the overarching sense from these experiences is one of social isolation. Veterans expressed a sense of feeling ill-equipped to negotiate the different terrains of civilian life coming across administrative processes and institutional systems they had no previous experience of. Similarly, some veterans spoke about relationships in civilian life with a real sense of bewilderment, as expectations were incompatible with the social interaction they experienced within the serving military community.

5.6   The intervening years

Substance use issues among both active military personnel and veterans are well known, however their intervening life experiences and recovery journeys remain under-investigated (Laudet et al. 2014[19]).

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[18] One veteran did not complete the qualitative interview and 1 veteran did not elucidate on their reasons for leaving the forces during the qualitative interview.
[19] Laudet, A., Timko, C., and Hill, T. (2014) 'Comparing Life Experiences in Active Addiction and Recovery Between Veterans and Non-Veterans: A National Study', Journal of Addictive Diseases, 33 (2): 148-162.

The Right Turn veteran sample left the forces on average 23.4 years prior to interview, 12% (*n*=30 left the forces less than 10 years ago, 24% (*n*= 6) left between 10 and 20 years ago, whilst the majority, 64% having left the forces over 30 years ago (*n*= 16),

What follows is a short summary of the key intervening experiences of this sample of veterans, formulated from both the quantitative and qualitative data sets.

5.6.1   Homelessness profile

From the quantitative data it was established that of the total of twenty-five veterans in the sample, 64%, (*n*= 16) reported never having had any life time experience of homelessness. Of the remaining 9 in the sample, 6 reported having a single occasion of homelessness and 3 reported experiencing homelessness on multiple occasions. None of the veterans referred to their experiences of homelessness during the interviews.

5.6.2   Employment post service

Of the twenty-four veterans engaged in the qualitative interview, more than half, 56%, reported securing full time employment straight out of the forces (*n*=14). However, of this subsample, exactly half reported subsequently losing their job at a later date due to alcohol-related issues (*n*=7). A further 6 reported gaining casual, insecure or part time employment. Two of this cohort reported experiencing difficulties retaining these insecure jobs because of continuing issues with alcohol use. Of the remaining 4, 1 reported being too ill to work within a year of leaving for forces and one reported sustaining a work-related injury. A further veteran became a full time carer and 1 reported retiring into civilian life after completing a full term in the forces.

5.6.3   Physical health

Fifty-six percent of participants report currently managing a chronic medical condition, with the remaining 44% reporting no issues. Of the 56% reporting chronic conditions, the table below details the range of disorders the cohort receives continuing health care for.

Figure 5.6.3 Physical health status

Current chronic health issues

- None
- Musculoskeletal disorders
- Liver Disease related
- Alcohol dependency related issues
- Psychological trauma/ Chronic fatique
- Coronary heart disease related
- Diabetes related complications
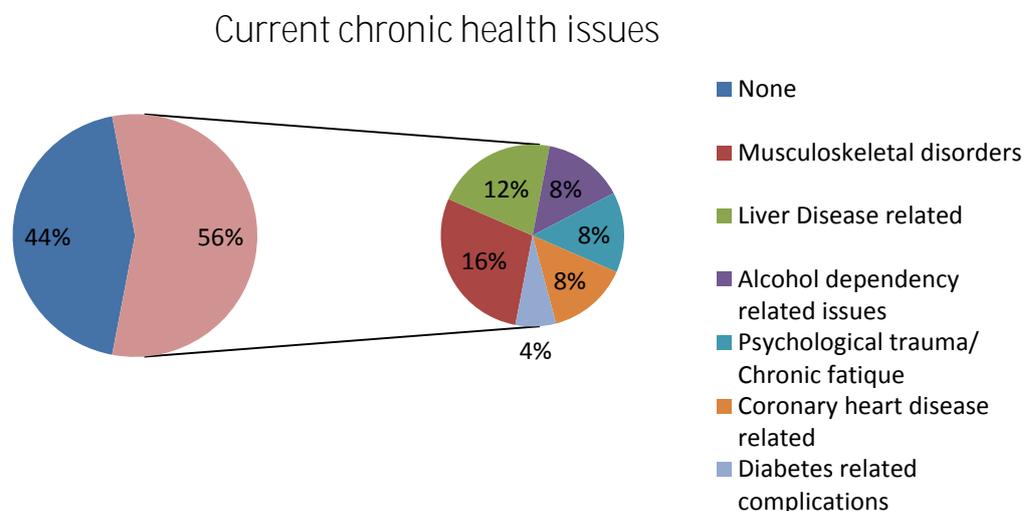
5.6.4   Mental health

Eighty percent of the sample reported seeking the help of a health professional regarding mental health issues at some point (*n*= 20). Ninety percent (*n*=18) of those seeking support for their mental health reported seeking help post-military service[20]. Two veterans reported having received mental health diagnosis directly relating to their conflict experience (diagnoses of Gulf War Syndrome and PTSD).

The majority of these veterans (65%) reported being referred for medication; psychological therapies; and counselling services (*n*=13), while the remaining 35% (*n*=7) reported being recommended to a variety of alcohol recovery support services. That is not to suggest however that all the veterans referred into services accessed them immediately or successfully. At least 1 veteran indicated an important barrier to accessing support services for those veterans presenting with comorbid mental health and substance misuse issues, as illustrated in the quote below:

> I got erm referred to one of the psychotherapists. And he was gonna do CBT therapy. But he said I'd have to be clean and sober to do that so I just never went back. Cos I just found I didn't want to face all of it. He was saying that we'd go back into many years and stuff would be painful and I just ran for the hills. To the nearest boozer (RT-N2-01-ChVSU-M-GILLIE-240615).

This illuminates the often complex barriers to accessing support services which do not cross psycho-social health disciplinary boundaries.

5.6.5   Help-seeking

Interestingly, within this sample of veterans, the period of time between leaving the forces and presenting at support services, is on average 13.7 years, which is comparable with the 13 years after service discharge before seeking help identified by Combat Stress (2015[21]), confirming this marked (and potentially damaging) gap before the initiation of help-seeking.

Figure 5.6.5: Help seeking behaviour

Length of time from leaving the military to first help-seeking (in years)
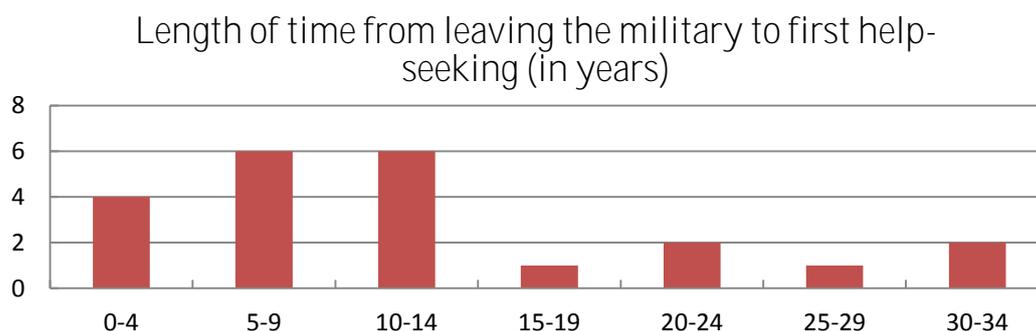
[20] of the remaining 2, one accessed mental health residential support before enlistment and one accessed mental health support services during their service; neither of these reported requiring mental health service support post military service.
[21] Combat Stress (2015) Key Fact Sheet v8 [on line]
https://www.combatstress.org.uk/media/204885/fact_sheet_2015_-_v8.pdf

5.6.6   Contact with the criminal justice sector

Of the twenty-five veterans who completed the survey, eleven reported having no history of contact with criminal justice agencies at all during their life time, while fourteen reported contact with the criminal justice sector at some point during their lives, as demonstrated in the figure below. During follow-up data collection, the nature of these offences will be examined in more detail.

Figure 5.6.6 Profile of contact with the Criminal Justice sector

Contact with the criminal justice system

5.6.7   Substance misuse profile

Of the veteran sample, daily substance misuse was reported by 20% of the total sample of twenty-five across the life course (*n*= 5); 16% as occurring before enlistment and after leaving the forces, but not during military service (*n*= 4), while in a total of 32% of cases reported daily drinking occurring not before, but during and after military service (*n*= 8) and 32% as occurring after military service only (*n*= 8). As illustrated in the figure below.

Figure 5.6.7 Life-time substance misuse profile

Life-times substance misuse profile
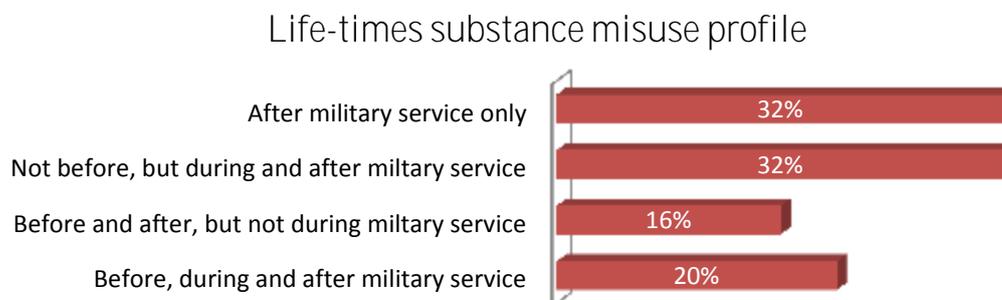
As this section has illustrated the Right Turn veteran participant sample have had varied experiences, both during and after their military service. As little is known about the life experiences of those serving in the military post-release, these insights may serve to foster a better understanding of this cohort for those hoping to support their recovery journeys.

Section 6: Right Turn recovery champion case studies

Two descriptive case studies are presented here to illuminate the relatively undocumented recovery experiences of veterans. The focus here is on highlighting the possibilities that Right Turn project engagement may have on those veterans accessing the project. The real names of these case study participants have not been used.

6.1   Case study 1

GILLIE, now 35 years old, enlisted in the army when he was 17 years old. GILLIE served 8 years, leaving when he was twenty-five years old, 10 years ago. GILLIE accessed Addaction in 2012, and two years later in 2014, got involved in the Right Turn project launch in his area.

GILLIE joined the RAF, reaching a senior rank during his 8 year military career. GILLIE was involved in three international combat postings, during the last of which he was injured. GILLIE was medically discharged from the forces. GILLIE self-identified as a career soldier, with ambition and a future in the forces he was keen to advance:

> Where some lads I knew just were joining up for a couple of years to seem be able to do what they wanted to do but I knew. My vision for me was so strong and so like phew that's going to happen, y'know I'll try that, at this age I will do this

The injury he sustained however, called an end to his future career plans, as GILLIE's roles were downgraded progressively into more and more sedentary duties as the impact of the injuries on his mobility were realised. This had a huge impact on GILLIE's sense of self-worth:

> It was horrible and the unit I was on, it was y'know was 180 trained soldiers (…) I was like the youngest one ever to pass it in my regiment (…) but when you're sick (…) the infantry unit like that where it's all about y'know toughness and endurance and stamina and not quitting, you'd be put on the canteen to serve coffees (…) but I had to go on that canteen and y'know you could see and I could feel things changing with people how they viewed me

GILLIE was so opposed to accepting that his injuries would impede him, that even during his downgrading, when he was experiencing extreme pain, he would still try the usual physical activities with his peers, actually doing further harm, just to convince himself this was not the end of his military career. When GILLIE was eventually discharged on medical grounds, this had a huge impact on his mental health. As GILLIE began to process what had happened to him, he turned to alcohol, which initially seemed to help, as it "had worked when I've been sad before". However, GILLIE was clearly struggling to come to terms with the reality of his situation:

> What, was it my fault, why did that have to happen? Y'know the whole sort of dreams that I had were all going through my head and knowing that they were gone, they were just like 'puff' a puff of smoke. And I just started like regressing very quickly into myself. And started using a lot of alcohol to just like, to forget, to numb

GILLIE's relationship with his family "went sour pretty fast" as he retreated into social isolation: "just shut down" and "Just didn't want to do anything". GILLIE described the next few years as increasingly turning to other substances, including prescribed drugs, cocaine, ecstasy and cannabis.

> I just could not see, it was just that, it meant that much and it impacted me that hard that I just couldn't, I just couldn't see erm a future for me. Just couldn't see a future. It was like, and it soon became I don't want to see a future, if I can't do that y'know (…)

GILLIE life was fast spiralling out of control, even where he tried to do more positive activities, the realities he was refusing to face seem to drag him back, eventually getting him into scrapes with the criminal justice system.

> I tried little jobs (…) then it just sort of, I'd lose that job eventually and everything just came back worse. And I'd make it worse and just y'know going lower and lower. I was pushing that self-destruct button harder and harder.

> I half like wanted things to happen like kick offs, violence and I used to go into [town] on my own and getting tanked up and loads of drugs and just brawling with people. Not, never really thought of y'know winning but just to feel, feel like that adrenaline, y'know that rush of being in I suppose similar to yeah it was similar to y'know feel like I used to. Feel alive. What the job, what I was doing and y'know and the danger and all of that.

GILLIE did however once ask for help during a 5 year downward spiral, and was referred to a CBT psychotherapist. However at their first session it became apparent that the mental health issues would not be treated before the alcoholism was under control. Interestingly however, the end of GILLIE's downward spiral occurred when he was invited to get involved in some much more serious criminal activities. GILLIE realised that if he agreed, "I'm gonna end up going so far over the line here that there will be no way back". So, GILLIE went to the local Recovery Centre to ask for support and met a worker who inspired him because they adapted their approach to model something GILLIE would recognise, and respond to, because:

> She reminded me of my sergeant. She was right down on the line of like it was no all "tell me how you feel" and that, it was like "get a grip, y'know stop feeling sorry for yourself" and just brought that back out and like you can do something new, all that's still there, you've just got to fight it

GILLIE entered and successfully completed a 12 step recovery programme and spent the next few years completing courses in peer support and peer mentoring, eventually becoming an Addaction mentor. However, GILLIE left this volunteer post to reflect on his next recovery journey step, as he described it as to " sort of get a glimpse of life without drugs and I thought well now I've got rid of it, do I want to work in y'know be round all the time?". GILLIE stayed away from the recovery centre for almost 6 months, considering his employment and career options.

However, once GILLIE heard about the Right Turn veteran-specific project being started in his local area, he knew he wanted to be involved. From the very beginning, as he had always thought working with veterans was what he'd like to do

because [an Addaction worker] always used to say to me when I first rocked up with the recovery, "What would really light your fire? [What] would replace soldier and sniper and all that" and I said "to work with veterans. Like myself". So they didn't have to go through all that. The years of shit and this, that and the other and be like er be there for them. And when I heard about this, y'know I was straight down here.

GILLIE now works as a full time volunteer Veterans Recovery champion, reporting that being involved in the project has given his life a purpose again- to make a positive difference to the lives of those veterans experiencing addiction and inspire those who come after him.

6.2   Case study 2

ROBBIE enlisted in the army at 19 and left at 28 years of age. ROBBIE left the forces 16 years ago, accessing both Addaction services 5 years ago and assisting in the launch of the Right Turn project in his area in 2011.

ROBBIE had been in the forces for three years before he experienced a combat posting. This experience impacted negatively on his sense of wellness almost immediately:

When I came back from Bosnia, that's when I started getting in a bit of trouble and stuff so what they tend to do is move you away from like your friends and stuff like that, because I'd have been classed as like sort, how can I explain it, like bad influence sort of thing, because of my experience and I'm kicking off and doing all different things (…) I started getting angry and stuff with everything

After only a few weeks of being back in the UK, ROBBIE "plucked up courage" to approach his platoon sergeant with the difficulties he was experiencing. However, when the sergeant was unsympathetic, ROBBIE went through the resources at camp and contacted a military psychiatrist who diagnosed him with post-traumatic stress disorder. With this support, ROBBIE stayed in the forces for 5 more years, however:

that's where my alcohol started cos I was self-medicating and to try and blank it out sort of thing and then it basically spirals out of control really.

ROBBIE's daily drinking pattern was established at the age of 24, and he was eventually discharged from the forces. On leaving, things initially went well for ROBBIE, securing a job, getting married, gaining a house and children. Given these developments, ROBBIE's previous drinking patterns became increasingly hidden, but ROBBIE felt he managed reasonably well with periodic resurgences of his PTSD symptoms, learning to live with them, particularly as he got older.

Six years after leaving the forces however, ROBBIE suffered a close family bereavement which sparked a particularly difficult PTSD episode and a period of significant alcohol intake.

And then my dad died. And that were like my trigger even with me PTSD. It were like everything changed (…) I didn't feel like I got any support (…) I basically watched my dad die. (…) everything seemed to come back y'know from Bosnia and stuff like that, it were as if I'd only just come out.

This difficult key life event activated a ten year period characterised by a return to daily drinking, punctuated by family breakdown, experiences of homelessness and instability.

> drinking started [again] then (…)I ended up leaving her, and then I were living here, there and everywhere… (…) get into relationships just for somewhere to sleep (…)there were few nights like I spent about, probably about five nights all together on the streets (…) finally got my own place but it, I couldn't look after myself (…) I were proper raving alcoholic and stuff

ROBBIE referenced the instance of a friend taking him into his own home as being the stabilising event that signalled an end to what was effectively ten missing years:

> one of my friends put me up and then that was sort of the turning point where things started looking good then (…) from there, British Legion got involved and they were giving some money towards me rent and then also I got erm a doctor came to visit me

Given financial support by the British Legion, ROBBIE felt ready to begin to return to a more stable life. However, given the co-morbidity of both alcohol and mental health issues', accessing the most appropriate support into recovery was not a straight forward step.

> they put me into what were it called, Combat Stress, but then they threw me out because of the drinking cos they couldn't deal with the drinking

ROBBIE was eventually admitted to a residential detox ward. On release, he was supported by the community mental health nurse in the community. ROBBIE began to engage with Addaction services and progressed through the Addaction mentor training schemes, coping with bouts of PTSD symptoms which precluded him from considering working full time. However, it was a difficult time and ROBBIE still often felt anxious and socially isolated. ROBBIE then learnt about the Right Turn initiative.

> I went to a Right Turn meeting and could see that the people were the same as me – all ex-forces. It was a safe environment to open up. Today I still feel isolated sometimes but I have learnt to go out, to speak to other human beings for an hour and cope with my condition.

ROBBIE increasingly become involved in supporting, facilitating and arranging the various activities the Veterans group get involved in. This has impacted on ROBBIE's confidence and given him meaningful tasks to both occupy his time whilst also increasing his social and support networks.

> I was at a conference recently where I was given an award for my volunteering work. I visit ex-forces lads who are not mobile or those who have difficulties getting out. I make their dinner for them and have a chat and a cup of tea with them.

ROBBIE has been a fully trained Veteran Recovery Champion for Right Turn for a year and a half. ROBBIE volunteers full time, acting as a role model and inspiring other ex-service personnel through their own recovery journeys.

6.3 Case study observations

The general issues the two illustrative case studies above highlight are that while veterans with substance misuse issues can and do recover, however:

- Accessing support to stop substance misuse is challenging enough, while successful maintenance requires on-going support and social networks that will continue to support veterans recovery efforts
- Having a purpose in life is important for everyone, but possibly particularly significant for those who have served in the armed forces who sometimes struggle to find a replacement for the sense of structure and purpose they had during their military service
- The co-morbidity of mental health and substance misuse issues can sometimes result in significant delays in effective treatment pathways within this cohort
- While it is accepted that having a social network that you can identify with and have common understanding and experiences with is important in one's recovery journey, within the veteran community, one could surmise that as their military experiences are so unique - veteran-specific projects and services could provide added value to mainstream community-based recovery maintenance provision

At this stage of the evaluation we can only comment on the benefits for the Veteran Recovery Champions at this point. Given the vast majority of the veteran participants have been engaging with Right Turn for a short period of time, it will be at follow-up data collection phases that we will be able to comment on more than motivation to engage with this project.

With this issue in mind, the research team conducted participative evaluation activities with the Right Turn veterans to ascertain their priorities and their perceived barriers and facilitators to living a fulfilling life. These findings are detailed in the next section of this report.

Section 7: Identifying priorities for the veteran in recovery community

Two separate activities were designed to illicit life priorities data in a participative workshop setting. The first workshop activity involved facilitating participants to think about what they felt they needed to assist them in living a fulfilling life. Participants wrote these factors on post it notes (*n*= 129). The second workshop activity involved the sample identifying barriers (*n*= 26) and facilitators (*n*=36) to realising their aspirations. For an account of specific coding process undertaken see 2.6, the data analysis section of this report.

7.1   Priorities

The first activity conducted with all Right Turn site groups produced a total of 129[22] factors[23] associated with this cohort's needs and priorities for living a fulfilling life. The necessities to assist them in order to live a fulfilling life were identified as four-fold, as:

- Having practical day-to-day essentials met (26%) which included for example: good physical health; being in a position to engage in meaningful employment, education or training opportunities; and becoming financially secure
- Having opportunities to engage in new hobbies, activities and pastimes (14%) facilitating different life experiences and challenges in a fun, social and exciting way
- Engaging in fulfilling relationships- both maintaining existing ones and making new social group connections (34%), for example, this category included any factors relating to the ability to: maintain or begin engaging in positive relationships with family members; access to a social group of friends and peers (this includes their veteran peers); and the opportunity to form romantic relationships
- An improved sense of self-worth and increased life satisfaction (30%), this category for example included references to desires for: respect and trust; happiness and contentment; for a sense of purpose or direction in life and more externalised military-specific issues, expressed as: a desire for respect and recognition of their military service; a sense of forgiveness for their actions during service; addressing the apparent disinterest in the civilian population; and addressing the lack of understanding of their unique experiences

7.2   Barriers to living a fulfilling life

The workshops moved onto a second activity, which resulted in the identification of a total of 26[24] barriers the veteran's cohort felt they faced. These 26 factors were subject to open and then selective coding processes. Across the workshops, 3 distinct categories of barriers were identified as impeding the sample's ability to engage in a fulfilling life:

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[22] For the purposes of this analysis 129 represents 100%. Percentages were rounded up or down to the nearest percentage point.
[23] 2 footballing aspirations were excluded (Wigan Athletic and Liverpool getting in the premiership)
[24] In this section analysis- 26=100%

- Forty-two percent of responses refer to the incompatibility of military culture and civilian community, which for example included veterans incomprehension at the excess bureaucracy they encounter in civilian life
- Thirty-one percent of responses refer to veterans own military conditioned responses, which included for example: self-reliance; not giving in; to keep on fighting; and as not asking for help, as this seen as failure
- Twenty-seven percent of responses were categorised as referring to participant's goals' being undermined by for example: substance misuse issues; mental health issues; and a lack of access to finances. These factors were proposed as being both significant and perpetuating barriers to realising a fulfilling life for this cohort

Figure 7.2: Identified barriers to realising a fulfilling life
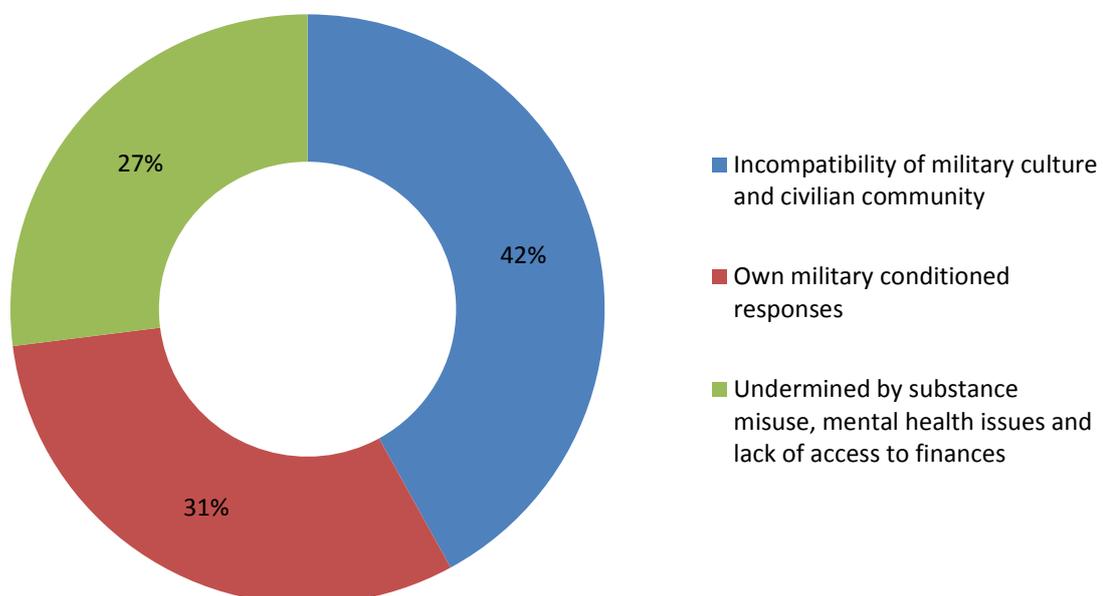


7.3 Facilitators to living a fulfilling life

The participative evaluation workshop moved onto considering the facilitators the veteran's cohort felt they had to support their living a fulfilling life, which produced a total of 36[25] factors. Across the workshops, these data was first open coded and then selectively coded into three categories of facilitating factors that were identified that impacting positively on the sample's ability to engage in a fulfilling life:

- Eleven percent of suggestions were categorised as having the day-to-day fundamentals in place, which included for example: factors referring to secure housing, finances and health as identified in section above

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[25] For this section 36=100%

- Seventy-two percent of suggestions referred to the peer group collective model of support , for example any references to the peer group support the Right Turn project offers them were included here
- the final 17% of facilitating factors collated were categorised as the availability of a variety of substance use support, for example this category included any references to recovery specific treatments, for example : alternative therapies, medication; and the availability of residential rehabilitation

Figure 7.3 Facilitators to living a fulfilling life

Facilitating a fulfilling life

Category	Percentage
Access to a variety of substance use support therapies	17%
Access to a collective peer-group model of support	72%
Having practical day-to- day fundamentals in place	11%
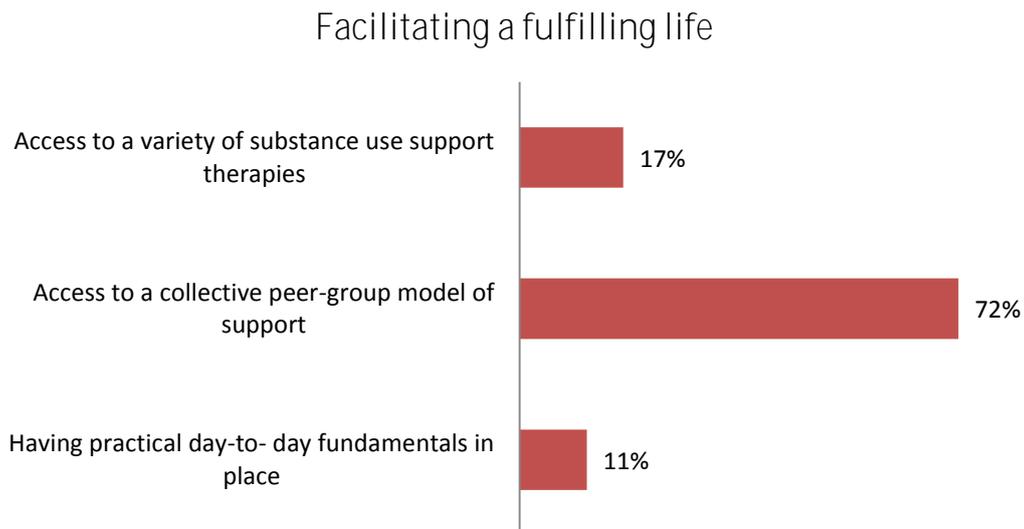
This model of recovery support, harnesses the unique experiences gained by military service, characterised by this distinctive use of dark humour. This acts as a binding agent, which further supports group cohesion. The power of a model of recovery support utilising this sense of group distinctiveness were also underlined during the 1:1 interviews, presented in the next section of this report.

Section 8: Beginning to explore the potential of the Right Turn model

This section contains the veteran participants own views regarding the potential for veteran peer-group interventions within the veteran community, as expressed explicitly in the total of twenty-four 24 qualitative interviews undertaken. It is interesting to note that while the vast majority of veterans participating in evaluation activities had not been engaging with the Right Turn project for very long, many immediately saw its potential. The 6 veterans who had been engaging with Right Turn for over a year, focussed on illustrating the value of the project model through articulating their own personal experiences of being involved in the Right Turn project, as illustrated by the quotes included below.

8.1   Identified benefits of the Right Turn model delivery

The veteran participant interviews demonstrated enthusiastic support for veteran-specific services. The sample reported seeing this peer-model as providing added value as well as increasing the effectiveness of recovery services within this cohort. The analysis of the qualitative interviews identified 3 clear rationales for veteran-specific services, as:

- addressing issues of social isolation within this cohort (n= 3) by providing safe and trusting 'spaces and places' to interact with others they can relate to, overcoming the general sense of alienation experienced in civilian life (n= 7);
- providing a realistic sense of hope and inspiration for recovery in this cohort (n=4); and
- providing opportunities for reciprocation and generativity within the veteran community (n= 2)

8.1.1   Addressing social isolation

Veteran participants predominantly spoke about their engagement with the Right Turn project within the broader terms of the benefits they felt the initiative afforded them. For some, the main benefit of engagement with the Right Turn project was as a way of addressing a sense of social isolation some of them face, as articulated below:

> [They are] the only real contacts on a friendly basis is the support groups that I attend. Which is one of the things that Right Turn project has done for me (RT-N5-01-VSU-M-SMM%9790-111115).

8.1.2   Providing a sense of hope and inspiration for recovery

Others expressed the benefits of the Right Turn project model as facilitating space and time for veterans to socially reconnect within a circle of ex-military people, who like themselves have experienced substance misuse issues. As in the illustrative quote below, the barrier of veteran's military conditioned self-sufficiency is removed through this delivery model:

> where you can meet people who've been in the forces, they know what you're talking, they know cos civilians don't know what you're talking about (…) they [veterans] don't

want help. They don't want help, they'd rather suffer (…). we're ex-squaddies, we know where you're coming from y'know (…) If it's coming from a veteran (RT-N3-01-VSU-M-HAPPY-260815).

In this way, the shared, collective characteristics of the Right Turn project's delivery model was expressed as benefitting veterans by tapping into a communal structure those veterans recognised. This enhanced the veterans' feelings of being with a group where you were both accepted and understood, which was seen as addressing the alienation some veterans still feel from their civilian community networks. This created a real sense of belonging to the group, which was recognised as challenging to recreate with non-veteran specific services as expressed by one participant explicitly:

So I'd had a trial with them at Addaction and then they sent me out to Right Turn (…) cos the civilian side of Addaction doesn't quite understand what we've been through (RT-N4-01-VSU-M-MANCITY59- 111115).

The quote above is also an interesting description of how Addaction is perceived by some veteran service users as being made up of two separate parts, an issue Addaction may need to address.

Significantly however, the veteran's conceptions of the Right Turn project were articulated as providing opportunities for them to reconcile negative self-narratives within their peer group, as they described their engagement in Right Turn as a way of beginning to regain a sense of coherence and hope for their future and their own recovery journey, as illustrated in the quote below:

[we are] all likeminded people. When you join the military, you all end up virtually the same, don't you? You think the same and everything do the same, cos it's, you're trained to do the same all the time (…). But I can deal with it, now that, cos I got all the help from these [Right Turn] I can deal with it without going back on the bottle (RT-N1-01-VSU-M-DREWSY-090715).

8.1.3 Opportunities for reciprocation and generativity

The training of Veteran Recovery champions forms an integral part of the Right Turn model. As the first cohort of these champions comes through to being fully trained, they both provide inspiration and act as role models for those veterans new to the group and new to recovery. This approach also has the added value of enhancing the maintenance of Veteran Recovery Champions own recovery journeys. This element of the Right Turn model ensures a mutually sustainable model of the peer, veteran-led approach, as veterans retain ownership of their own social recovery groups through the cyclical Recovery Champions training of veterans new to recovery to support the next cohort.

The benefits of this model for current Veteran Recovery Champions were also expressed through the concept of tapping into the reciprocation that ex-forces personnel recognise and respond to:

The therapeutic value of one veteran helping another, [is] that's the only person they will listen to. Cos I know I was the same (RT-N2-01-ChVSU-M-GILLIE-240615).Veterans being there to help other veterans and the, you've got that trust, that bond straight away which is quicker than the 12 Steps because you've got (…) just something it's a power in them rooms. Something with these really it's like yeah it's unexplainable, probably yeah some sort of spiritual bond but that's the only way (RT-N2-01-ChVSU-M-GILLIE-240615).

I'm giving something back to them that they've give to me really (RT-N2-01-VSU-M-SCOUSE-240615).

By way of further and a final illustration, one Veteran Recovery Champion went on to contrast his experience of engaging with both veteran-specific and non-veteran specific addiction recovery services:

> this Right Turn Project, and the 12 Steps. I've always been not y'know couldn't relate, more ideas much but having this, it's sort of filled y'know it's give us a purpose again. I've been [and] done recovery but not really as happy as I used to be but I am now with this because I can do what, my goal is to y'know is what I've just said, to help other veterans so they don't have to go through this and make sure if can make a difference or be part of making a difference, because yeah it's just it's, it's only my life but my experience of all that addiction and the isolation and going back to civilian life (…) I don't want people to go through that cos they don't need to (RT-N2-01-ChVSU-M-GILLIE-240615).

As this section has begun to demonstrate, for the veterans in recovery accessing the Right Turn groups, the benefits of engaging with this model of delivery are perceived to be manifold, powerful and sustainable. In this way, this model of delivery ensures a small, but hard-to-reach cohort of veterans in recovery can essentially reject being labelled as part of the problem, through support that enables them to become part of the solution.

Section 9: Key interim report messages

9.1 Summary

The Right Turn project model takes an innovative cohort-specific approach to supporting veterans who are experiencing substance misuse, mental health and social isolation issues. This pioneering project operates on the assertion that the comradeship and mutual resilience underpinning military life can be re-directed to support recovery and desistance journeys through assertive linkage to peer support which enables engagement in community support and pro-social activities.

Innovative evaluation methodologies have been designed using mixed methods, including a visualisation task, to map social networks and are currently being piloted in five project delivery sites. The Right Turn evaluation provides an opportunity to explore the multi-layered identity and experiences of a UK cohort engaging in an innovative veteran-specific recovery service.

The evaluation focuses on the growth of personal and social recovery capital for individual veteran participants in the program. This report presents the interim findings of the phase 1 evaluation activities conducted between March and December 2015.

9.2 Key interim report findings

This interim report contains details of the key base-line findings relating to the twenty-five veteran participants in evaluation activities, who were all accessing the Right Turn project when the evaluation activities were conducted.

9.2.1 Sample profile

- the sample contains twenty-three male and 2 female veterans
- the age of the sample ranges from between 35 to 70 years old
- twenty of the sample served in the Army, 2 in the RAF, 2 in the Navy and 1 the Military Police
- the average length of military service is just under ten years
- eighty percent reported combat experience
- on average, participants had left the service more than twenty-three years ago
- reports of periods of homelessness were rare

9.2.2 Base line measurement

- participants generally rate highly on social network measures and positive perceptions of social support was identified, but significant variability existed within the group
- in spite of the often extended length of time since leaving military service, base-line measures demonstrate that the military identity remains the dominant identity

- overall, participants are in reasonably good physical and psychological health, as measures show slightly above average quality of life, but slightly lower mean ratings for health-related quality of life
- some interesting relationships were identified particularly around self-esteem which is strongly linked to positive social and emotional support, health and general quality of life, greater recovery capital and lower self-identities as both a substance user and as an addict
- likewise, better psychological health is associated with higher recovery capital and life quality, and with less of a strong identification with substance users and with addiction
- interestingly, retaining a strong military identity was linked to better physical health

9.3   The potentially added value of the Right Turn support model

As these interim report findings have shown, the veteran in recovery community see the Right Turn's peer group, collective model of support as facilitating their recovery, by:

- addressing issues of social isolation- providing a safe and trusting place to interact with others they can relate to
- providing a realistic sense of hope and inspiration for recovery in this cohort and
- providing opportunities for reciprocation and generativity or 'giving back' within the veteran community

9.4   Key learning points to inform those working with the veteran cohort

Comorbidity issues, military conditioning and other barriers to accessing support services for this cohort, identified within the main body of this report are highlighted below. These findings may be used to inform generic support staff when encountering veterans within health and wellbeing settings:

- fifty-six percent of the sample report currently managing a chronic medical condition
- eighty percent reported having sought the help of a mental health professional
- over 60% of the sample reported daily substance misuse as beginning during military service and continuing into civilian life or beginning only once their military service was over
- the cohorts 'military-conditioned' avoidance of help-seeking behaviour was identified by the sample as a further barrier to accessing support services
- this finding is underlined by the period of time between leaving the forces and presenting at support services within this sample, being on average 13.7 years

These interim sample profiling details may be used to dispel some common myths transmitted about the ex-service community, from the mainly media- propagated perception that the veteran community are homeless and violent offenders, to that they all suffer with PTSD. This study has shown that:

- those with military service have had distinct and unique life experiences, which they feel the civilian community cannot understand
- this impacts negatively on their perception of the effectiveness of services in the civilian community
- more than half of the sample reported life time contact with the criminal justice sector

- the majority of the sample report being unemployed currently
- ex-military personnel often find it can be difficult when they no longer have access to those who have shared similar experiences when they leave the forces

These interim findings demonstrate that veterans have a unique set of life experiences, of which their military service forms a part of their overall life course. While the sample report that their service was on the whole a positive and rewarding experience, this can often result in long lasting anxieties and a sense of alienation for veterans seeking to cope with substance misuse issues in civilian life.

9.5   Next steps for the evaluation

While the response of the veteran participants in the base-line data collection stage of this evaluation suggests that there is a clear need for veteran specific services, it is only at follow up data collection stage that this evaluation will be able to establish the extent to which this veteran-specific service delivery model is effective.

As detailed in section 2.3 of this report, the evaluation team will be returning to the 5 Right Turn sites to conduct follow-up measurement activities with which to assess the impact of veteran engagement in the Right Turn project. It is anticipated the final report containing the comparative evaluation data findings will be produced in January 2017.

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