



*Aftercare
Service*

ANNUAL REVIEW

2007 - 2008



"Helping our people in need to live their lives"

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Introduction

“HELPING OUR PEOPLE IN NEED TO LIVE THEIR LIVES.”

“The Aftercare Service is an embodiment of Ministerial commitment to assist veterans of The Ulster Defence Regiment and The Royal Irish Regiment (Home Service) and their dependants.”



***Chief of the General Staff, Gen Sir Richard and Lady Dannatt
perform the opening ceremony at Aftercare Service's medical treatment facility
on 21 April 2008***

Established in recognition of enduring need and as a legacy of The Royal Irish Regimental regime (which includes some of the best welfare support available to soldiers, veterans and their families) the Aftercare Service is a truly unique organisation. Having been in existence since September 2007, over the last year the team has engaged with our client group, with service providers and other stakeholders on a wide range of issues in an attempt to provide an holistic approach and solution to welfare challenges. This report is a reflection of that engagement, highlighting both the human and business aspects of our work.

The report contains a brief history of our implementation, a chronological review of key activity undertaken, analysis of outreach, an outline of service provided and then attempts to sum up with an estimation of the effect we have had on our clients and thereby in meeting our aim. This is of crucial importance but inevitably tends to be subjective and can be a difficult topic to quantify. To balance the statistical nature of the report anecdotal accounts are included at the end of each chapter which hopefully bring to life some of the issues involved and confirm the fact that welfare is a “people” service, therefore subject to the vagaries of human nature.

As a team we would like to thank the many organisations and individuals who have supported our work and who continue to advocate on our behalf. Too numerous to mention in full, they include the members of our Owners’ Board (which incorporates the military chain-of-command), Trustees of Regimental Benevolent Funds, service providers, other stakeholders and, most importantly, the many clients themselves. As Director, I would also like to record appreciation for the positive attitude, commitment, professionalism and dedication of all members of staff whose tireless efforts might otherwise seem to go unnoticed.

Each of the following chapters stands alone and can be considered separately but as a whole the report forms a building block for future analysis of our efficacy, and will itself inform a major audit which will eventually determine our continuation after the year 2012. Any comments on style, content or structure will be very welcome.

PETER BAILLIE
Director

November 2008

Disclaimer: This service is unique to Northern Ireland and should not be conflicted with general MOD policy.

Chapter 1

IMPLEMENTATION OF THE AFTERCARE SERVICE

Implementation

Implementation of the Aftercare Service was very much the result of compromise. A hard-fought staffing battle was won some two years ago when the MoD was eventually convinced that something specific was needed to fill the welfare vacuum left by significant down-sizing of the Regimental Headquarters and the disbandment of three Home Service battalions in 2007-08; with the potential to leave, apparently unsupported, thousands of people who had previously served. True, the whole “normalisation” process within Northern Ireland, the end of Operation BANNER and certainly political expediency played their part in its advocacy. However when the MoD commits money to any project, it is fairly certain that a ruthless scrutiny of need has taken place beforehand, and such was the case for the Aftercare Service.

Need

Making redundant around 3000 regular soldiers (1980 of them full time personnel and therefore losing their primary income) within a short space of time and in a small geographical region would have a major impact on any community. Given the socio-economic conditions within Northern Ireland and the significant legacy of over thirty-five years continuous engagement in an internal security struggle, the impact on the wider Regimental family was huge. For over 63,000 ex-soldiers, their dependants and their whole community, the removal of a familiar military structure and its cocooning effect simply reinforced a perception that they would be left to flounder, having to rely on (what was perceived by some to be at best unsympathetic, at worst openly adversarial) the National Health Service and Department of Social Services for assistance. It is evident that a former local soldier living in Northern Ireland can never return to being a straight-forward civilian on retirement. He or she is frequently referred to as an “ex-UDR”, or “ex-RIR” man or woman and in the microcosm which is Northern Ireland everyone seems to know each other’s business and past. Whether real or perceived, previous and on-going threats to individuals continue to impact on their ability to live a normal life. Thus an enduring form of distress can build up, clinically described as cumulative stress, on both individuals and families. The need to maintain high levels of personal security, learned at great cost by painful experience, is continued in civilian life and a state of hyper-vigilance can result. Add to this destructive coping mechanisms, such as excessive alcohol consumption or substance abuse, throw in typical stressors such as debt, relationship breakdowns, bereavement issues and so on, and a volatile cocktail is produced which results in significantly damaged people. Some suffer in silence, some cope on their own, but a large majority cling to the hope that “the Army” (which ironically may well be the actual cause of their problems in some cases) will see them through.

This generates a familiar list of welfare needs:

Practical help and advice	Emotional support
Sign-posting	Befriending
Benevolence	Social support
Medical treatment	Vocational advice

which are traditionally dealt with by a combination of statutory and voluntary civilian agencies, but due to the military origin of the problems and the circumstances within Northern Ireland a bespoke solution was required.

The MoD therefore agreed to set up and fund a one-off organisation, for a limited period of time starting within the disbandment timetable, to provide a very specific welfare support network for this unique community.

Structure (see Fig 1.)

Needless to say the organization is comparatively small, consisting of a total of 25 personnel who are a mix of MoD Civil Servants and Non-Regular Permanent Staff (that is military posts) and most are actively involved in welfare. A most significant advantage is that nearly all of the staff are themselves ex-servicemen and women, or have been closely involved with R IRISH or UDR matters in the recent past, therefore bringing a deep knowledge and understanding of the many issues affecting the client group. This involvement lends a vital credibility to the staff in their efforts to communicate and work with people, some of whom require very sensitive handling.

At the “coal-face” are twelve caseworkers who are all steeped in welfare experience. Together with their administrative staff, they form the four Field Teams which provide outreach to our client group. Geographically they are sited in four regions (north, south, west and east) and for security of documentation are housed in purpose-built facilities co-located within existing TA Centres in Coleraine, Portadown and Enniskillen. The fourth Field Team and the administrative headquarters are located within Palace Barracks in Hollywood.

The headquarters consists of administrative back-up and includes Business Support and Finance, as well as managerial input for welfare, medical and vocational issues.

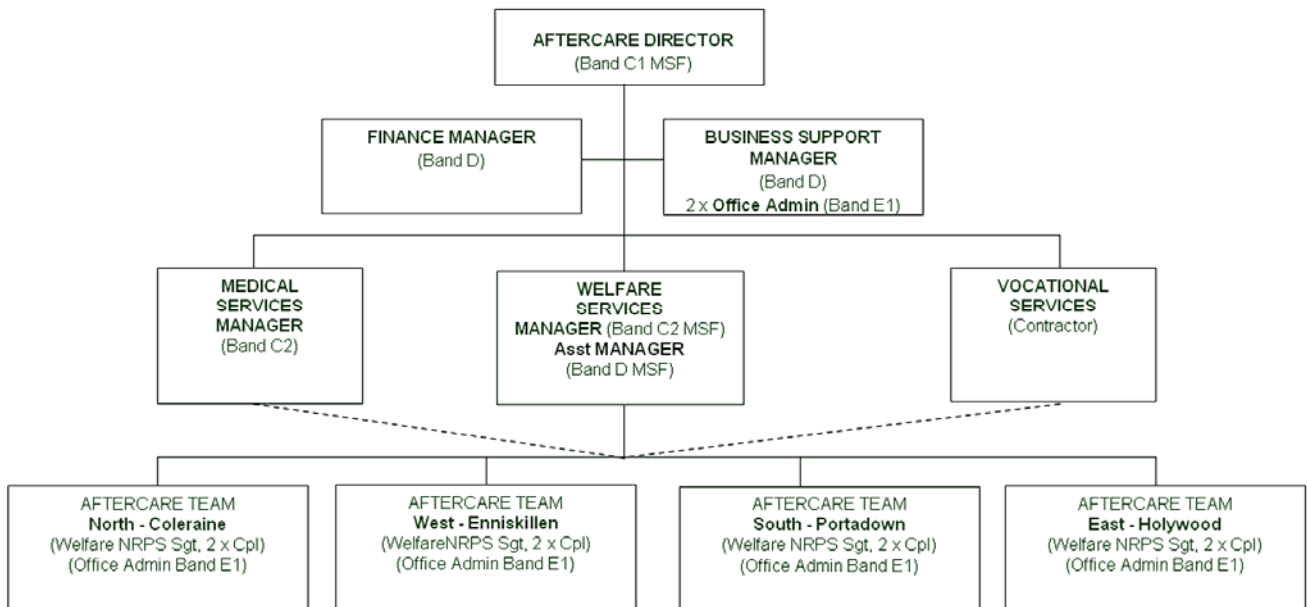


Fig 1. Organizational Structure

Core Business

Imagine the client group as a plinth being supported on three pillars, themselves resting on a foundation.

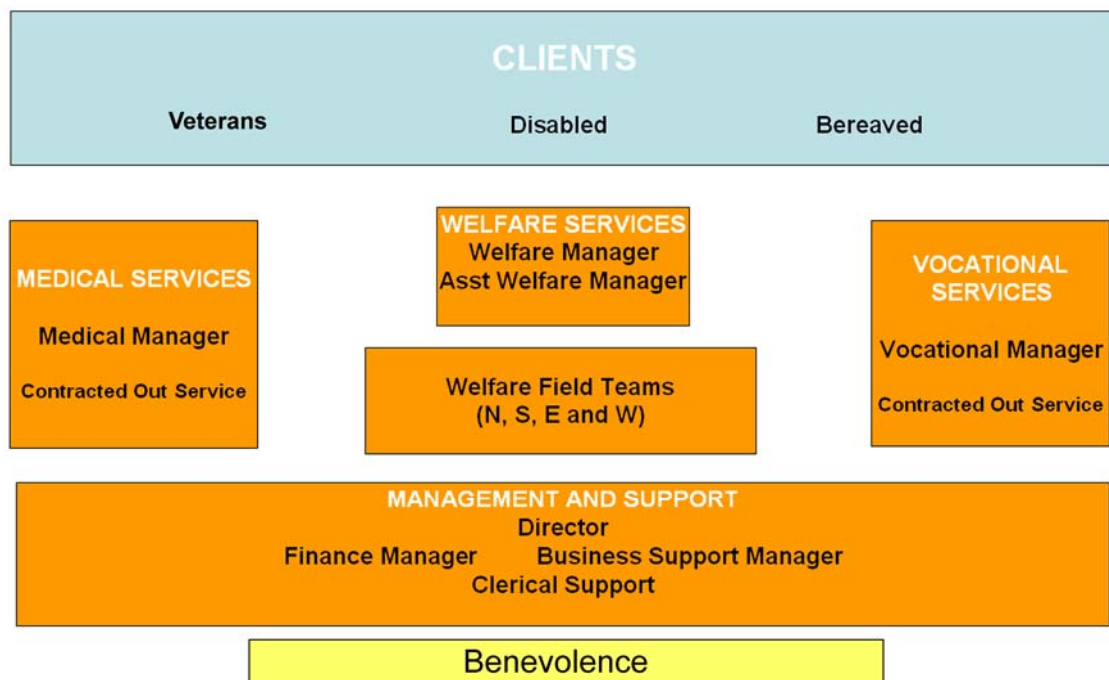


Fig 2. Functional Structure

The central pillar of work is **Welfare** in all its shapes and guises which can range from simple listening skills (a sympathetic ear or a shoulder to cry on) to full-blown intervention to resolve multiple crises within a family. There are many different qualities required to help address the various complex

scenarios presented, and most of the staff rely on previous experience, counselling proficiency and genuine empathy to provide the right level of help and assistance. Intervention is based on consideration of each case on an individual basis and if the required skills are not available within the Field Team, onward referral to a multi-agency solution is the norm.

It may be that a caseworker recognises a requirement for medical intervention, in which case a recommendation is made to the **Medical** service for onward referral and initial assessment. This is done by professionally qualified contractors who work specifically for the Aftercare Service and form what is effectively a confidential and discrete private clinic. The treatment which ensues is complementary to (and not instead of) that provided by the NHS and the individual client's General Practitioner is wholly included in the healing process. Two specific avenues of treatment are available for ailments deemed to be related to having served in the Armed Forces; physiotherapy and psychological therapy. Both are tailored to meet the needs of the individual and, after successful completion of treatment, should lead to referral back to the GP.

It is a recognised fact that worthwhile employment opportunities were at a premium when several hundred redundees entered the job market after each phase of redundancy. While the vast majority had availed of the normal resettlement opportunity offered to all discharged service personnel, many had "knee-jerked" into undertaking training which did not lead to employment, was unsuitable for the individual's resultant circumstances or simply failed to inspire. It was recognised that a second chance to maximise potential might be required so a **Vocational** service is included as the third pillar of the Aftercare Service's capability. Here a professionally qualified career advisor offers individual advice and guidance on career transition, interview techniques, CV writing and so on to give each individual the maximum chance of successful re-employment. And for all regular soldiers discharged after August 2005, there is the prospect of qualifying for a discretionary financial award to offset costs of re-training (all other avenues of funding having first been explored).

While public money underpins the organisational infrastructure, provision of medical treatment and vocational grants and some direct welfare involvement, there is heavy reliance on charitable funding in the form of Benevolent Fund allocation. The determination of need, scrutiny and processing of grant applications forms a fourth (invisible) pillar of work entitled **Benevolence** and this cushions the whole structure of Aftercare. Decision-making remains the prerogative of appointed Trustees who form an autonomous body.

It is important to deal holistically with each client in order not to be merely dabbling in their lives, therefore the Aftercare Service is structured not only to provide immediate intervention but also to signpost cases to other relevant agencies or services and then supervise their onward progress towards total well-being.

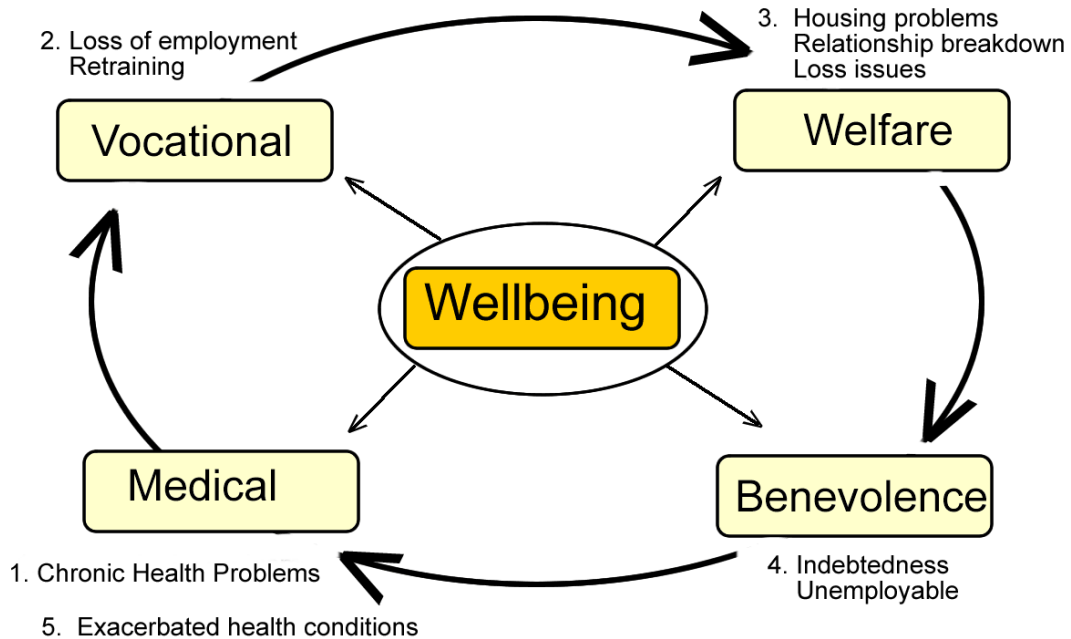


Fig 3. The holistic approach

Advantages and Challenges

Needless to say, the existence of such a bespoke service adds tremendous advantage to client well-being; its single purpose, common delivery and centralised knowledge of the clients (with single cap-badge unity) allows a streamlined service and the fact that all the staff are so well motivated to achieve the aim is a significant asset.

Understandably, there are many and varied challenges to meet, not least of which is to meet the demand in a holistic, credible and trusted manner and to understand, appreciate and communicate with a range of stakeholders.

Anecdotal Accounts

To demonstrate the corporate knowledge and experience embodied in the staff, it is noted that we employ a total of 20 ex-service personnel (mainly ex-R IRISH) with over 450 years' service between them, much of which was spent in latter years in the welfare field; we are lucky to have a former Regimental Welfare Officer and former Regimental Secretary within our ranks. Of the mainstream Civil Servants employed, all have considerable expertise in working within a military environment and it is telling that many of the staff, often voluntarily, have engaged in courses to broaden their capability, such as those undertaken or provided by Citizen's Advice Bureau caseworkers, Department of Social Services (Benefits) officials, social workers, counsellors and psychological therapists. What other organisation would have a Vocational Services Manager, a professional career advisor, who is also accredited with attendance on the Applied Suicide Intervention Skills Training (ASIST) course? Needless to say, any capability gaps will now be met by

individual personal development training but there is a formidable base on which to build additional skills.

Conclusion

While the Aftercare Service exists it will continue to provide a unique and holistic service to a large group of known clients in need (and potentially to a larger group of clients yet to be identified) which is otherwise unobtainable from within statutory organizations. It is a dynamic structure which embraces change where appropriate and seeks to provide more efficient and effective service delivery for the good of clients and stakeholders alike.

Annex A to Chapter 1

CHRONOLOGY (Key dates shaded)

Date (a)	Event (b)	Remarks (c)
AUG 07 31	Main tranche of redundancies	
31	Aftercare Service subsumes welfare business from RHQ R IRISH	Seamless transition envisaged
SEP 07 18 – 19	ASIST Cse for caseworkers	Suicide awareness
26	HQ Aftercare moves into Anderson House	Bldg 44 PBK
OCT 07 2	Combat Stress visit	Med referral protocols
12	Visit to National Arboretum Lichfield	Widows groups
16 - 17	Initial team training	Co Fermanagh
19	Disabled soldiers weekend	
23	Initial Owners' Board meeting	
NOV 07 1	UDR Mil Heritage Society briefed	
1	CRAC team formally engage with Aftercare Service	
2	R IRISH Regtl Council briefed	
6 – 7	NI Police Fund Conference briefed	
21	PR/Advertising contract set with Davidson Cockcroft	
DEC 07 4	UDR Ben Fund Trustees briefed	
10 – 17	First media launch	National and local press
19	Veterans Policy Unit visits	Dr Anne Braidwood
JAN 08 8	West Tyrone Voice briefed	Victims group
16	Consultative Group on the Past (CGP) briefed	Eames/Bradley Commission
18	SSAFA/FH Exec Cttee attended	
FEB 08 4	Casualty Handling Op HERRICK 8	CVO involvement
6	Chairman Owners' Board visits	
13	Families Group meets CGP	
MAR 08 14	Service Command Paper team briefed	David English and Brig Ian Dale
19	Comd Psych HQNI briefed	
26	DRes Conf attended	
30	UDR Assn Conf briefed	
APR 08 4	SSAFA/FH AGM attended	
7	2 Div Bud Man briefed	
15 – 17	Personal development training	
16	CRF visits and briefed	
21	CGS performs official opening ceremony	

(a)	(b)	(c)
MAY 08		
8	R IRISH Ben Fund Trustees briefed	
20	Hillsborough Garden Party attended	
21	Not Forgotten Association AGM attended	
30	Trauma, Conflict and Health Seminar attended	Magee University
JUN 08		
7	Old Soldiers' Day	PBK
10	DCU MPH liaison visit	
11	PWS briefed	
JUL 08		
16	RBL Poppy Factory briefed	
AUG 08		
19	Victims' Commissioner briefed	Mike Nesbitt
27	AG briefed	
SEP 08		
10	Op BANNER Service, St Paul's Cathedral	
15	NI Memorial Fund briefed	

Chapter 2

OUTREACH

Introduction

While much of the work undertaken by the Aftercare Service has been a seamless transition of welfare support to existing clients and Families' Groups¹, the creation of a "new" and relatively unknown organisation requires outreach to other individuals and organisations in order that a credible service can be offered and an holistic approach taken.

Outreach has taken many forms, from purposeful advertising in the local media to inform new clients of our capabilities, to briefing of statutory and voluntary bodies working within similar fields in order to share experience and pool resources.

New Clients

It should be noted that the majority of caseworker intervention with clients takes place in their own homes, thus placing them securely within their own comfort environment and taking cognisance of their circumstances at first hand. It is vital that caseworkers are invited into this zone and do not intrude unnecessarily, therefore clients have first to be made aware of our existence and capabilities.

This is achieved by a variety of net-working techniques, the best of which involves recommendation from a trusted source such as a friend or neighbour who is already aware of our operating technique. It is estimated that referrals from groups such as Regimental Associations has directly accounted for around 350 new clients being taken onto our register. A further 450 individuals have self-referred, either as a result of hearing about Aftercare Service from a third party or via the media.

Advertising

In order to spread awareness of the Aftercare Service, especially in the immediate disbandment period in autumn 2007 when unhelpful rumour was rife, a media advertising campaign was mounted to coincide with Remembrance activities in November of that year. Original press releases which were usually embellished by local editors are reproduced at Annex A. This was reinforced by a second tranche of advertising in April 2008 to coincide with media attention caused by the Chief of the General Staff's personal decision to perform the formal opening ceremony of the Aftercare Service. Thereafter, to keep the service in the public domain, periodic advertising and awareness campaigns, based on newsworthy articles in the Press, have been planned at approximately six-monthly intervals.

¹ Comprising widows, bereaved parents, siblings and children and disabled ex-soldiers and their dependants.

Advertising has been taken out in national, Provincial and local newspapers to ensure broad coverage. Future events will consider the impact made by advertising in closed-circulation free newspapers which are a feature of most towns and regions in Northern Ireland. Individual newspapers used are tabulated at Annex B.



Helping our people in need to live their lives

The Aftercare Service has been created and funded in recognition of the unique set of circumstances which continue to affect the ex-service community, comprising former UDR and R IRISH (HS) soldiers and their families.

Its mission is to provide medical, vocational, welfare and benevolence support to this community in order to reduce suffering.

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BT18 9QA
Tel: 028 9042 0145
Fax: 028 9042 0229
www.aftercareservice.org

 **Aftercare Service**

Fig 1. Copy of press advertisement

Informing

Based on the knowledge that other agencies will inevitably be involved at some stage in seeking an holistic solution to our clients' problems, the Aftercare Service has undertaken liaison with a host of these as illustrated

below and as tabulated at Annex C. Additionally, all those staff involved directly in Welfare carry out routine update briefings to their local branches, offices and individuals which has built up a formidable network of useful contacts. (See also Chapter 4.)

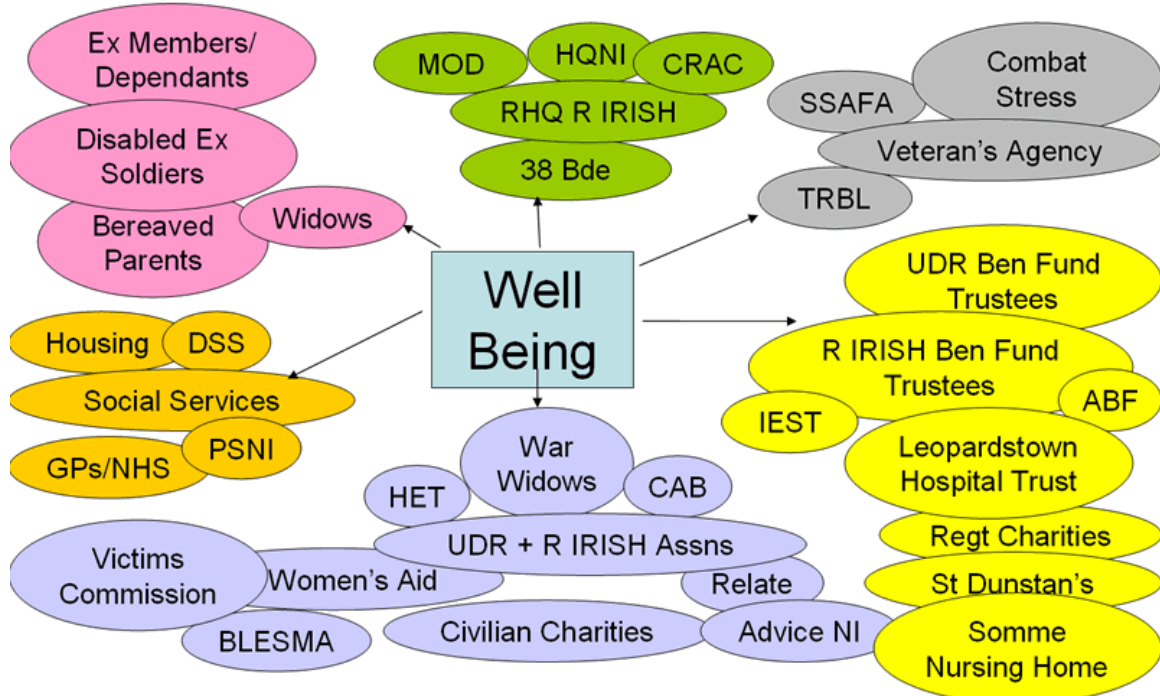


Fig 2. Networking

Anecdotal Accounts

To add some human interest to this report it is worth quoting a couple of instances where advertising has had an effect, although not always to the good.

There has been some initial misconception about eligibility for Aftercare Service assistance and especially for those soldiers transiting between serving and becoming medically discharged. One young Co Down soldier obviously fell between the cracks and was sufficiently annoyed to write to his MP complaining about the lack of treatment available to him after discharge. She in turn corresponded with her colleague, the Under-Secretary of State for Defence which then prompted a Parliamentary Question. It turned out that the ex-soldier was not eligible, having never served in the UDR or R IRISH (Home Service), but his main complaint was that he had no idea how to contact Aftercare Service in the first place, therefore what use was it and why had so much been expended on it? His letter to the MP was accompanied by an article on the introduction of Aftercare Service (“Former soldiers to benefit from £2m care service”) which he had torn from his local newspaper. Immediately beside it, although obviously missed by him when he ripped the paper up, was a full colour, quarter-page advertisement measuring 11 inches

by 6.5 inches showing full contact details of the headquarters and details of our website...!

Another ex-soldier from Co Fermanagh obviously read the same article in his local press and was moved to complain that he had not yet received his share of the £2 million pounds to which he thought himself eminently entitled. It was gently explained to him that the money was not being handed out on a per capita basis but had been used to create a support organisation.

On a more positive note, one lad who had engaged with the Vocational Service manager and been found eligible for a discretionary training award wrote in to thank us and identified the advertisement in his local paper as being the trigger for his application for assistance. In addition he said that he would be happy to offer his assistance in any fundraising activity which we undertook, so satisfied was he with the service that he had received.

PRESS ARTICLES

BELFAST TELEGRAPH WEDNESDAY DECEMBER 5 2007

2 NEWS

Former soldiers to benefit from £2m care service

BY CLAIRE McNEILLY

MORE than 60,000 former soldiers are set to benefit from a new £2m care service that was launched today.

The fund was set up to help ex-members of the UDR and home service Royal Irish Regiment to deal with the legacy of the Troubles and to re-adjust to civilian life.

There will also be re-training available for around 2,000 soldiers who were made redundant earlier this year.

Speaking to the Belfast Telegraph today, Jim Wright, a former Warrant Officer with the Fourth Battalion based in Omagh, welcomed the news and said the investment into an aftercare service was essential.

"Anything that can help soldiers in their transition to civilian life has to be commended," he said.

"It's a starting point. It's good to see something actually being done — and that it's accessible."

The 45-year-old Belfast man, who left the Army in 2001 after 24 years of service, said that it is difficult for soldiers to re-adjust to civilian life.

"It takes a lot of time — about two years — to get back into it," he said.

"Military life is completely dif-

ferent to civilian life. You're in a routine in military life. You are working 24 hours a day, seven days a week, 365 days a year and if you're told to do something, you just get on and do it.

"It is particularly hard for ex-UDR and home service RIR soldiers to adjust because of the backdrop of the Troubles."

The provision of the Aftercare Service fulfils a government pledge that a publicly funded welfare organisation would be set up after the RIR home service battalions were disbanded this summer.

Its aim is to help former soldiers adjust to civilian life.

Londonderry UUP councillor Mary Hamilton, whose brother-in-law, a part time UDR soldier, was shot dead at work in 1972, praised the fund's establishment.

"I would welcome any help that comes to the UDR and their families," she said.

"Those soldiers risked their lives and limbs. They risked their families' lives to protect the country and they seem to be forgotten about."

The Aftercare Service will offer advice on how to qualify for welfare and benevolent support, job training and access to medical care.

The service will be based at

I would welcome any help that comes to the UDR and their families

Palace Barracks in Holywood, and 12 of its 25 staff will be located at TA centres in Coleraine, Enniskillen and Portadown.

Colonel Mark Campbell, the last commanding officer of the home service battalions, said the service would help acknowledge the debt owed by the community to those who served in the UDR and the Royal Irish.

"We must acknowledge the debt owed by the community to our colleagues with more than warm words," he said.

"We must do all we can to alleviate their suffering and meet needs arising as a direct result of their service to the whole community."

During the Troubles, 271 locally recruited soldiers were murdered, and more than 600 were left physically disabled.

The Minister for the Armed Forces Bob Ainsworth welcomed the establishment of the vital service.

"I am pleased with the rapid progress that has been made in setting up this service," said Mr Ainsworth.

"The Government's commitment reflects its obligations to treat these soldiers and their families with fairness and dignity."

£2m Aftercare service launched for UDR and Royal Irish soldiers

Advertisement feature
A £2m a year care service was formally launched on Friday, December 7, to help ex-UDR and Royal Irish (Home Service) soldiers and their families deal with the legacy of the Troubles.

The UDR & R Irish (HS) Aftercare Service fulfils a pledge by Government, that a publicly funded welfare organisation would be set up as part of an overall resettlement package.

Commented a spokesperson, "Specifically the Aftercare Service will combine existing welfare provision with the offer of medical and vocational programmes in a 'whole person' approach to meet the particular needs of former UDR and Royal Irish (Home Service) personnel as they seek to adjust to civilian life.

"An advertising campaign is being launched to reach out to and advise ex-soldiers who may qualify for ongoing welfare and benevolent support, including access to the medical programme and vocational assistance.

"The vocational re-training award may be available to the 2,000 full-time members of the Home Service who have been discharged since August 1, 2005. The official opening of the premises and unveiling of the service is being planned early next year but we are now in a position to formally launch the service and advertise its benefits.

"The medical services will be provided

through the Police Rehabilitation and Retraining Trust (PRRT) based in Belfast. PRRT has been providing these and other services to ex RUC and PSNI officers since 1999. The appointment of PRRT reflects the pledge by the Armed Forces Minister that the soldiers who stood 'shoulder to shoulder' with the police would have the same standard of aftercare service."

Colonel Mark Campbell, board member of the owners' board of the Aftercare Service and last serving Colonel of the Royal Irish Regiment, says that 'the Troubles' have taken a physical and mental toll on many of our soldiers and their families.

He said, "We must acknowledge the debt owed by the community to our colleagues with more than warm words. We must do all we can to alleviate their suffering and meet needs arising as a direct result of their service to the whole community."

The Minister for the Armed Forces, Bob Ainsworth, said: "I am pleased with the rapid progress that has been made in setting up this service.

"The Government's commitment reflects its obligations to treat these soldiers and their families with fairness and dignity. The provision of funding will be kept under review to guarantee that the service will continue to meet the needs of the ex-UDR and Royal Irish (Home Service) personnel together with their dependants in the longer term."

Since the UDR was established in 1970, more than 50,000 men and women served in its ranks with a further 13,000 in the Royal Irish Regiment (Home Service) which succeeded it in 1992. During the 36 years of the Troubles and since, nearly 1,000 of these families have been bereaved, over 640 soldiers were physically disabled and 271 serving and former soldiers were killed directly by terrorist activity.

The Aftercare Service will be based in Palace Barracks, Holywood and will have 12 of its 25 staff located in TA Centres in Coleraine, Enniskillen and Portadown.

"It is appropriate that we announce the launch of this service in the weeks immediately following Remembrance Sunday. Many of our colleagues made the ultimate sacrifice and their dedication to duty will not be forgotten. However, we also have a major responsibility towards those who survive them as colleagues and families. We must ensure that those who contributed so significantly to establishing the more peaceful place that Northern Ireland has become are properly supported and assisted to thrive as valuable members of this society," said Colonel Campbell.

Annex B to Chapter 2

ADVERTISING

Newspaper	Circulation	Main Area Served
Belfast Telegraph	86,000	Provincewide
Irish News	49,000	Provincewide
Newsletter	24,000	Provincewide
Daily Mirror	60,000	Provincewide
Ballymena Times	4,500	Co Antrim
Carrick Times	3,750	
Ulster Star	10,250	
Portadown Times	10,500	Co Armagh
Down Recorder	11,750	Co Down
Newtownards Chronicle & Bangor Spectator	11,250	
Dromore & Banbridge Leader	3,750	
Mourne Observer		
Impartial Reporter	14,000	Co Fermanagh
Coleraine Chronicle	15,500	Co Londonderry
Roe Valley Sentinel	5,000	
Londonderry Sentinel	6,000	
Tyrone Constitution		Co Tyrone
Mid-Ulster Mail	10,750	Co Londonderry and Co Tyrone
Ulster Herald	12,500	

INFORMING

Service Organizations	MoD	PS4
		Veterans Policy Unit
	LAND	
	HQNI & 38 (Irish) Bde	
	2 Div	
	HQ Inf	
	RHQ R IRISH	
	G2 CRAC Team	
Ex Service Organizations and Charities	The Royal British Legion (RBL)/FH	
	SSAFA	
	Irish Ex Services Trust (IEST)	
	Leopardstown Park Hospital Trust (LPHT)	
	Army Benevolent Fund	
	Combat Stress	
	Somme Nursing Home	
	Not Forgotten Association (NFA)	
	St Dunstan's	
	Leonard Cheshire Trust	
	UDR Benevolent Fund	
	R IRISH Benevolent Fund	
	Regimental Associations	
Statutory Organizations	National Health Service (NHS)	
	Department of Social Services (DSS)	Jobs & Benefits Trauma Advisory Panels
	Service Personnel & Veterans Agency (SP&VA)	
	Northern Ireland Housing Executive (NIHE)	
	Victims Commissioners	
	Consultative Group on the Past	
	Historical Enquiries Team	

Voluntary Organisations and Charities	Citizens' Advice Bureau (CAB)	
	CRUSE Bereavement Centre	
	WAVE Trauma Centre	
	RELATE NI	
	NSPCC	
	The Samaritans	
	SAVER/NAVER	Victims group Armagh
	FAIR	Victims group
	West Tyrone Voice	Victims group
Others	The Phoenix Group	

Chapter 3

UPTAKE

Introduction

As a result of proactive briefings, co-ordinated implementation and successful outreach, a relatively seamless transition of welfare support was achieved from the previous Regimental system to that of Aftercare Service. The majority of Families' Groups and individual clients saw little change in how their cases were handled, other than the introduction of new personalities in some instances.

However, there was also a need to identify and interact with other clients who had previously remained unsupported but who had service-related issues and were eligible for assistance. Needless to say, if all 63,000 potential clients sought to make use of our services the Aftercare Service would be unable to cope without massive resource implications, however a steady increase in demand over time indicates that there is a real need in the ex-service community which is not otherwise being catered for.

Regime	No of Client Interactions	Remarks
Regimental Welfare	3,500	Including Family Group members
Aftercare Service 07 – 08	3,900	i.e new clients
Aftercare Service 08 – 09	4,400	Includes projected uptake by Mar 09
Aftercare Service 09 - 10	5,000	Projection

Fig 1. Client numbers

Uptake has therefore been measured in a variety of ways to demonstrate support to clients. However, rather than list raw statistics in relative isolation, Uptake will feature in and be illustrated by the four main functional areas which are covered in the following chapters:

Chapter 4. Welfare Service and Benevolence.

Chapter 5. Medical Service.

Chapter 6. Vocational Service.

Anecdotal Accounts

Many and various clients have engaged with the Aftercare Service, ranging from relative youngsters in their early twenties who joined The Royal Irish Regiment just before disbandment, to former Second World War veterans who returned to “do their bit” in the early days of the Ulster Defence Regiment – the oldest recorded client is 84 years of age. A dedicated welfare outreach service, and especially access to benevolence, needs to continue in some guise to help these eligible people for the next forty or fifty years but inevitably their numbers will diminish over time.

While the vast majority continue to reside in Northern Ireland, and continue to be affected by the political climate therein, others have emigrated further afield. Scotland is a popular alternative, being sufficiently removed from reminders of the past yet still close enough to retain family ties. The furthest flung live in Australia and Canada and we have one client on the island of Rhodes, all of whom would inevitably attract visits from welfare staff, if only funding and moral scruples allowed!

A few clients actually live in the Republic of Ireland but most tend to return to their original homesteads, villages and towns to remain within their accustomed family and community environment. This has both positive and negative effect. While many enjoy the on-going support of sympathetic friends and relatives and can relax in their well-known surroundings, others who may have been targeted at or near their homes re-live the terror on a frequent basis and may live with constant reminders of the past; which often become triggers for retrogressive mental health problems. One client can almost set his clock by the regularity of a neighbour, a former terrorist who attempted to assassinate him at his family home, driving past at the same time each day to point a gun-like finger at his would-be victim. The fact that the perpetrator is well-known and glories in his past (but has paid his dues to society by a prison sentence long expired) exacerbates the frustration felt by the ex-soldier, who is resigned to undergoing this purgatory. What is the alternative?

There is also a reasonably numerous group of individuals who should perhaps be members of the Family Groups by eligibility, but who choose to have nothing to do with formal association with their past. Several are elderly widows who, although not necessarily in need as prescribed by financial, health or emotional issues, grieve daily for lost loved-ones and unfulfilled opportunities. Reaching these people with meaningful intent can be a very sensitive task as resolution is not within our gift. One member of the Consultative Group on the Past (the Eames/Bradley Commission) on meeting some of these widows commented that they presented "a mood of sad hopelessness and unfairness at what had been done to them, and at the perception that nothing much could be done by anyone to remedy their circumstances".

Finally, there are many angry and disillusioned people who have chosen not to engage with Aftercare Service as it is seen to be a legacy of the very organisation that caused their hurt in the first place. Ex-soldiers and their families, whether bereaved, disabled, hurt or just sad, refuse any offer of help on the grounds that it is untimely and artificial; many hint at its offer as mere appeasement.

How best to reach out to and generate practical assistance for these needy individuals continues to exercise the management planning team. A steady, understated and compassionate approach by the Field Teams may be part of the answer, but peer affirmation and acceptance will play a significant role.

The credibility of the Aftercare Service must therefore not be allowed to diminish and outreach plus evidence-based results remain priority avenues of approach.

Chapter 4

WELFARE SERVICE

Introduction

The Welfare Service pillar of the Aftercare Service with its multifarious facets continues to be the centre of focus and manpower resourcing. The aim of having a “seamless transition” between the pre-existing welfare departments of the three Home Service Battalions to the newly formed organisation has been successfully met, especially within the key client group of UDR and R IRISH widows, bereaved parents and disabled ex soldiers. Additionally the 3500 veterans and their families who were receiving assistance through the Battalion-based welfare structure prior to disbandment have been successfully transferred to the regionally-based teams of the Aftercare Service and continue to enjoy the holistic support and assistance they received in the past.

During the reporting period the demand for welfare support has increased significantly and is unlikely to reduce in the near future. While there is no clearly defined explanation for the increase there are a number of factors which have had significant impact. For example, the Service is dealing with an increasingly aging veteran community and the type of assistance needed varies accordingly. The battalion-based infrastructure, expertise and comradeship which dealt with (and perhaps masked) a number of issues has gone and there are no longer work colleagues around who can empathise with and understand the issues faced by ex-service personnel. Thirdly, the global economic downturn has obviously affected everyone, however within the Province those on low incomes or suffering disability, who were perhaps just managing in the past, now find themselves overwhelmed by the ever-increasing demand on their limited finances.

Service Provided

The four regionally-based Aftercare Field Teams, each consisting of three caseworkers supported by an administrator, provide practical help, support and guidance with the myriad welfare-related issues presented to their offices on a daily basis. It is an important facet of outreach that the majority of client interaction takes place within their own homes. Caseworkers carry out domiciliary visits to veterans and their families in order to confirm eligibility and need. They establish how best we can help and identify ways of improving the clients’ quality of life. Requests for advice and guidance are many and varied, ranging from sympathetic listening to practical intervention at all levels. The list includes:

Help with benefits	Death and bereavement issues
Homelessness	Stress-related situations
Anxiety and depression issues	Requests for medical and vocational advice
Debt management	
Financial assistance from Benevolent Funds	
Signposting to other service-related support organisations and charities	
Information on medals, war pensions and former service.	

The Aftercare caseworkers aim to tailor their support and assistance to meet each client's individual needs.



Fig 1. Field Team office locations

Staff Training

While the Aftercare Service caseworkers and supporting staff are not necessarily qualified social workers, benefits experts or counsellors, they receive basic awareness training in all of these disciplines and many more in order that they are equipped to provide sound, professional, knowledge-based guidance to veterans and their families². Regular meetings with and briefings by ex-service charities and other statutory and voluntary organisations have established a strong network of support from which detailed knowledge and expertise can be drawn. Similarly each regional office has established a known and trusted network of local contacts within the public and private sector which provides specialist and professional advice within their particular discipline when required.

During the reporting period Welfare Service staff received briefings from the Service Personnel and Veterans Agency, The Royal British Legion, the

² Additionally many of the staff are undertaking professional qualification training courses, even at their own expense, in order to develop their capability and standard of service offered.

Northern Ireland Memorial Fund, Historical Enquiries Team, and Combat Stress to name but a few. A number of staff also attended The Royal British Legion Caseworkers Course, the Applied Suicide Intervention Skills Training and Citizens Advice Bureau Advisor Course and Benefits training. A full training programme will be planned for next year concentrating on the subject of Benefits which is a key function of the work carried out.

General Enquiries

The number and type of enquiries received by each office each year are many and varied and general service-related queries have notably increased with the demise of the R IRISH Legacy Team which disbanded in March 2008. Requests for Welfare Service support fluctuate throughout the year and the number of inquiries varies, with more occurring in the autumn particularly in the run-up to Remembrance Week and Christmas. (This trend may also be linked to the Aftercare Service and Benevolent Fund advertisements which go out regionally at the end of November generating a flurry of enquiries and requests for help.) Not all enquiries require a home visit and a lot of these can be dealt with and answered over the phone.

Benevolence

The ready ability to provide financial assistance from the Benevolent Funds of The Ulster Defence Regiment and The Royal Irish Regiment to our veterans and their families who are in need is a significant part of the work that we do. Instead of merely offering guidance and signposting to other charitable organisations caseworkers will assist veterans in completing application forms for Regimental benevolence and staff the cases to the Headquarters which in turn presents the cases to the relevant Trustees for consideration. The number of cases presented by each office during the reporting period is shown below.

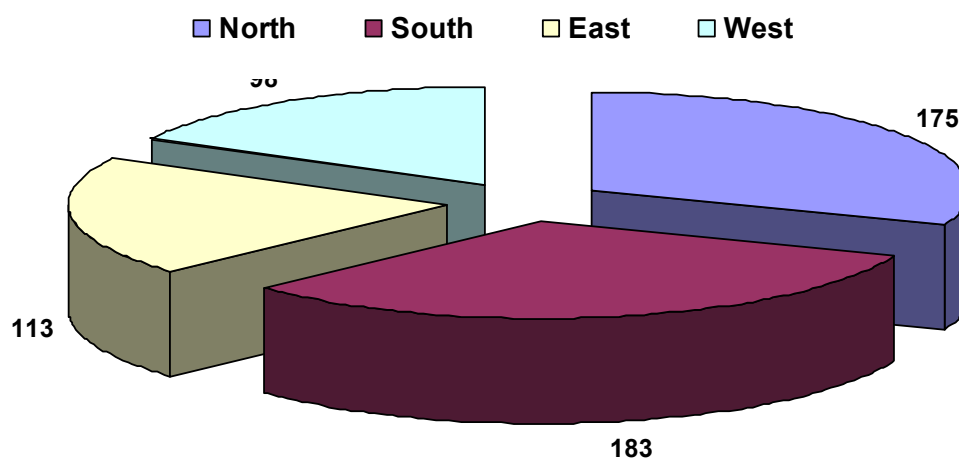


Fig 2. Number of financial applications by Aftercare offices

This does not include applications which are received from other organisations and agencies such as Combat Stress, The Royal British Legion

and The Soldiers, Sailors Airmen and Families Association (SSAFA) and Leopardstown Park Hospital Trust. Applications from these organisations are normally generated within the United Kingdom but we have also received enquiries from Australia, Canada and other European countries. During this period these “exotic” calls have collectively totalled 126.

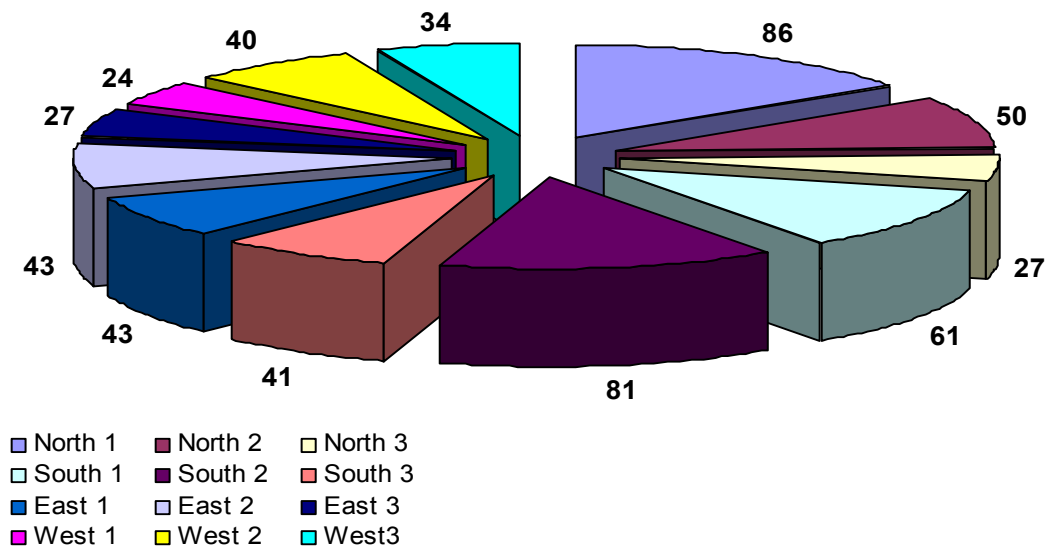


Fig 3. Number of financial applications by caseworker

Types of benevolent assistance provided vary from help with home heating oil or the purchase of a new cooker, to helping homeless veterans establish themselves in new accommodation. The demand for help with home maintenance assistance has increased as has the demand for help with disabled equipment and low income grants. Given the current economic climate this profile is unlikely to change radically in the forthcoming period. A breakdown of categories of financial assistance for the period is illustrated below:

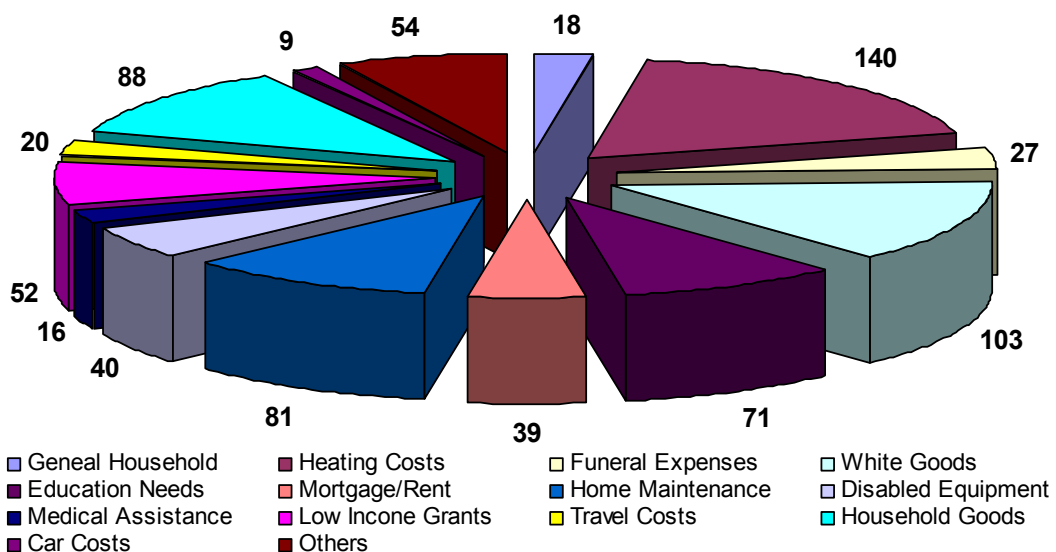


Fig 4. Categories of financial assistance

Key Client Groups

The largest client group with which we deal comprises widows, bereaved parents and disabled ex-soldiers and is collectively referred to as the 'Families Group'. These mutual support groups were first formed in the eleven battalions of The Ulster Defence Regiment as a result of the level of casualties sustained by each unit and were directly supported by Battalion Welfare staff. Eventually, following several mergers over the last fifteen years of the Regiment's existence, support transferred to the Welfare staff of the three remaining Home Service (HS) battalions. There are currently 710 members in the Family Group who are evenly distributed across the Province and now supported by Aftercare Service Field Team staff. It should be noted that, as older members pass away, new eligible members may be invited to join thereby guaranteeing continuity; inevitably a time will come when there are no eligible newcomers and the groups will cease to exist in their current state. A breakdown of numbers involved across the Province is shown in Fig 5:

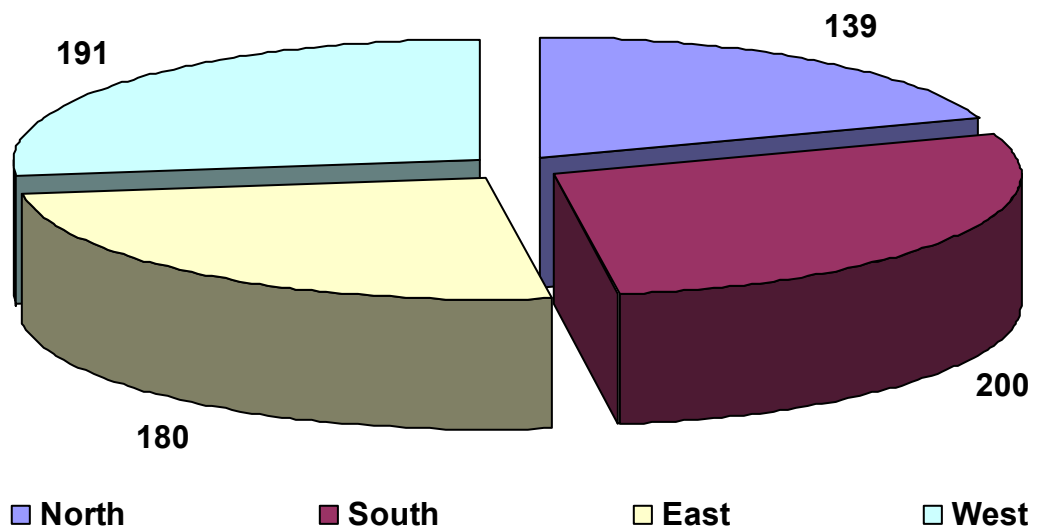


Fig 5. Number of Family Group members by Field Team

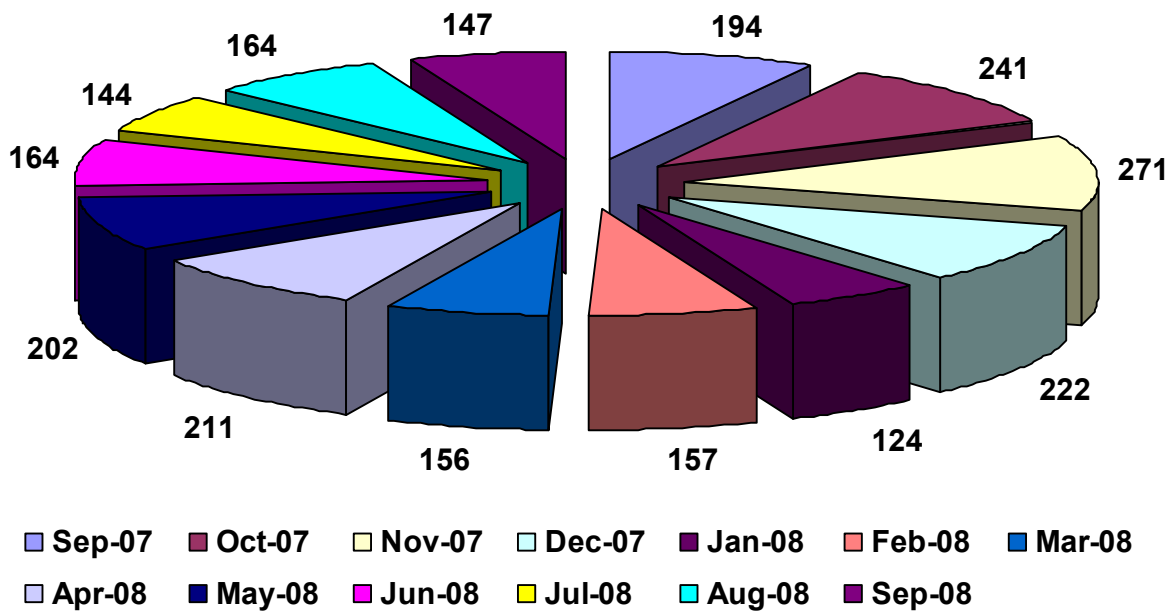


Fig 6. Monthly Family Group visits by Field Team staff

Groups in each area meet on a regular basis, usually monthly, engage with support agencies and enjoy a largely self-financed programme of social and remembrance events, day trips and respite breaks, often coordinated and facilitated by each of the Field Teams. These include social outings, such as a trip to the theatre or to the Somme Heritage Centre, and also respite breaks within the United Kingdom, Ireland or in some cases abroad. Field Teams also act as a conduit for financial support for events which may be obtained from a variety of sources including Regimental Benevolent Funds, group fundraising events, individual self-funding or from grants from external organisations such as the Community Relations Council. The provision of publicly-funded Hired Road Transport to support Family Group events is an accepted norm and regularly used to meet their initial transport needs, particularly in rural areas where group members are widely dispersed.

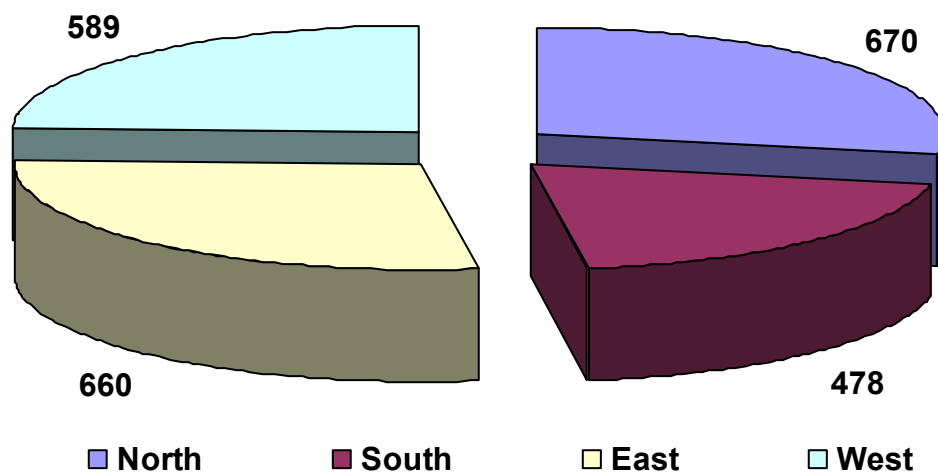


Fig 7. Number of Family Group visits by Field Team

External Briefings

Although the Aftercare Service receive a large number of self-referrals directly from former members and their families, proportionally we are a relatively small organisation striving to reach a large veteran population and we rely heavily on the 'eyes and ears' of others to make us aware of those who are in need. Our close working relationship with the other ex-Service charities and organisations already mentioned in this report has been very fruitful and veterans are continuously cross-referred between organisations which have particular expertise to assist.

Branches of The Ulster Defence Regiment and The Royal Irish Regiment Associations have been particularly helpful in identifying veterans who may benefit from some element of Aftercare assistance and each Branch is regularly briefed by the relevant regional Aftercare Field Team. Additionally local Branches of The Royal British Legion and various local Victims Groups receive information and briefings in order to extend the level of knowledge about the Aftercare Service and reach out to those who are unaware of what it can provide.

The following chart illustrates the number of external briefings carried out by each Field Team and as can be seen from the chart some areas have a greater number than others:

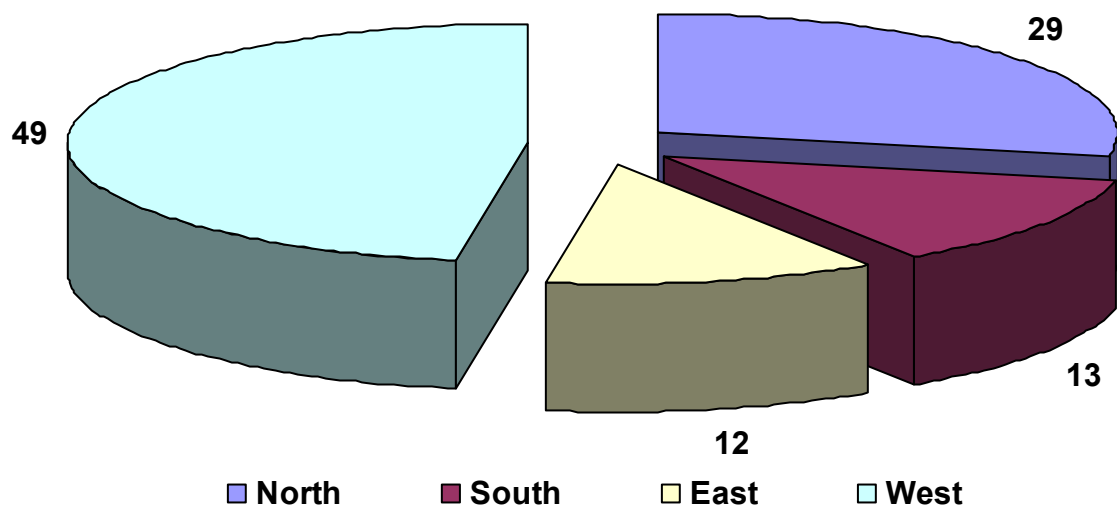


Fig 8. Number of external briefings conducted by Field Teams

Anecdotal Accounts

Unlike other chapters, no anecdotal accounts are recounted here as the welfare Field Team caseworkers are the identifiers of need and triggers for so much other support described in the report. Numerous examples of their intervention are described at Annex A to Chapter 9.

Summary

In summary, the Welfare Service has had a very busy reporting period with no indication that the workload is likely to reduce in the near future. Indeed demand is much more likely to increase.

The holistic Welfare Service envisaged on the formation of the Aftercare Service has been a considerable success and we strive to meet the many and varied needs of the veterans, their families and our Families Group. Links with ex-Service organisations and charities and Regimental Associations which were already well established have flourished and been improved upon.

Measurement of success of the Welfare Service has been difficult to quantify. Unless individuals tell us directly, it is not easy to ascertain clearly how many of our veterans' lives have been improved upon or affected by our intervention; be it superficial or profound, practical or emotional. The recent introduction of a satisfaction questionnaire which is now circulated to welfare clients will provide a tool to achieve measurement but currently we are guided only by anecdotal evidence and the feedback we receive from within the ex-service community, which has been very positive.

For the future there is no doubt that there are areas for improvement and we have welcomed suggestions from a variety of sources as to how this can be achieved. At present we derive some satisfaction from the view that what we are providing is appropriate, right and not otherwise available but we cannot "rest on our laurels" and must continue to strive to improve our service as best we can.

Chapter 5

VOCATIONAL SERVICE

Introduction

An important aspect of the UDR & R IRISH (HS) Aftercare Service model is the holistic approach it adopts when dealing with its clients' needs, and this is demonstrated by the inclusion of a Vocational component.

The disbandment of the Home Service battalions resulted in approximately 1980 full time soldiers being made redundant and, as the vast majority of these remain within the Northern Ireland labour market, it was deemed prudent to have a vocational consultant as an integral part of the Aftercare Service headquarters team.

The requirement went out to competitive tender and the contract was awarded to Right Management, a market leader in the provision of vocational services. The appointment of a Vocational Manager has meant that the Home Service redundees have a focal point of contact for all employment and re-training issues, and that the Welfare and Medical components of the service can avail of a vocational service specifically catering for their client's requirements. It should also be noted that career guidance in all its forms is available to all ex-servicemen and women who have served in the Regimental family in whatever capacity.

Services Provided

The Vocational Manager offers a full range of employment and re-training services tailored to the particular circumstances and requirements of the client. These include:

- Career guidance consultations
- Training needs identification
- CV production
- Searching employment opportunities
- Interview technique training
- Sign-posting to other professional bodies
- Assistance in completing employment application forms

The Vocational Manager is also responsible for the management of the Discretionary Training Award. This grant facility is subject to strict eligibility criteria and is aimed at assisting the client with the training costs associated with up-skilling, thus helping them to maintain/obtain sustainable employment.

The objective is to make the vocational facility as accessible as possible, and to this end clinics are held in each of the Field Team locations.

Uptake

There has been a steady uptake of the Vocational Service throughout its existence and by September 2008 the number of new client contacts had reached 326. Although the majority of enquiries relate to the Discretionary Training Award, there has been an increase in those individuals seeking general career guidance. It is expected that this proportion will increase as clients seek to develop their civilian careers.

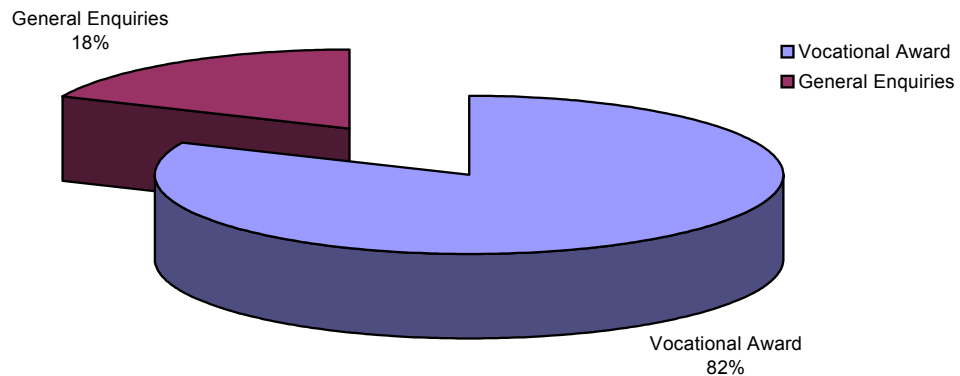


Fig 1. Reason for vocational contact

Contacts have shown a good spread across the rank structure, with the majority of enquiries understandably coming from Junior Ranks. There have also been a small number of enquiries from individuals who were discharged prior to the announced eligibility date of August 1995 (which refers to Discretionary Training Award eligibility only).

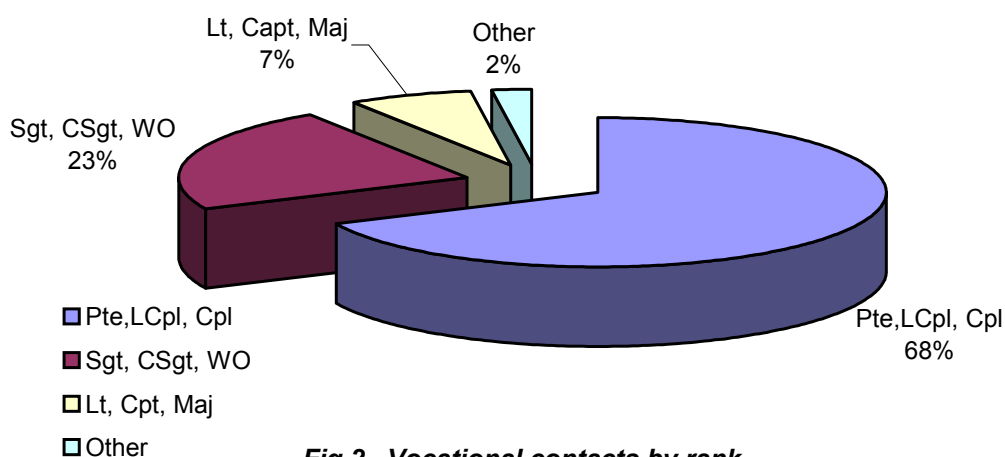


Fig 2. Vocational contacts by rank

General Enquiries

Although general enquiries represent only 18% (60 cases) they normally result in multiple consultations. The key services provided are career guidance, interview techniques, completion of employment application forms and production of CVs.

During the early stages of implementing the Aftercare Service it was asserted that any general vocational enquiries could be dealt with through the normal resettlement facilities provided by the Career Transition Partnership (CTP).

However it should be remembered that the Aftercare Service caters for a wider target audience, is not time-bound in its delivery of services and that facilities are available through clinics held in the local Field Team offices; all of which makes it a more comprehensive and bespoke service.

However the Vocational Manager maintains an excellent working relationship with the CTP and seeks to complement any existing facilities available to eligible former soldiers, thus maximising their opportunities.

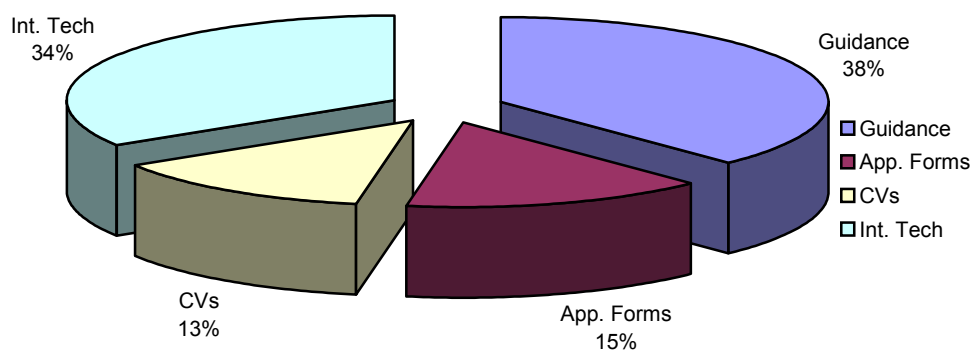


Fig 3. General inquiries by type

Discretionary Training Award

The majority of vocational contacts are currently in relation to the provision of the Discretionary Training Award.

It is important to remember that this is not an entitlement, but rather a discretionary grant which has approved eligibility criteria and that each application is assessed on individual merit and is subject to a career guidance interview with the Vocational Manager. Financial propriety of the award is very stringently managed by oversight from within the appropriate budgetary chain.

Discretionary Training Award Criteria

The Aftercare Service can grant a Discretionary Award to assist with the re-training costs, which will enable individuals to secure employment, or progress within their chosen career field. The Discretionary Award is subject to the following criteria:

- The Discretionary Award is only available to former Full Time soldiers of the Royal Irish Regiment (Home Service) who were discharged after 1 August 2005.
- It must be issued by 31 July 2012.
- Only one Award will be considered per individual.
- The Award will cover up to 80% of training course costs, subject to a maximum ceiling of £2,500 (inclusive of VAT).
- The training course funded must enhance the applicant's career prospects, either within their current job role or to help secure new employment.
- All supporting paperwork, including formal quotations from the course provider, must be submitted with the application form.
- Applicants must discuss the merits of the training course with the Vocational Manager prior to submitting an application form.
- The training must result in the applicant being up-skilled.
- Funding is only available for the course costs as defined by the training provider, and does not include travel or subsistence.
- Prior to booking an Award funded course, the applicant should normally be in receipt of a formal Letter of Offer from the Vocational Manager, which will advise the terms and conditions of approval, and how re-imbursement of monies will be made.
- The training course represents a private contract between the applicant and the course provider. The Aftercare Service cannot accept liability for choice of course, content or delivery.
- The course provider must complete an Aftercare Service Attendance Certificate at the end of the training.
- Upon completion of the training course the applicant must send the original paid invoice and the Attendance Certificate to the Vocational Manager, to enable the payment of the Award to be requested.

Issue of Discretionary Training Awards

A total of 87 Discretionary Training Award offers have been issued as at 30 September 2008, equating to £161,531, or an average of £1856 per case.

The spread of offers indicates that approximately two thirds have been issued in assisting former Junior Ranks to up-skill/ re-train in their quest for sustainable employment.

Discretionary Training Award Assisted Courses

Primary categories include:

Health & Safety / Domestic Energy Assessor
Security-related
Trades – tiling, painting & decorating, lock-smith, domestic boiler engineering, commercial cleaning, scaffolding etc.
Off-shore oil and gas industry
Licences - plant, driver, crane
Vocational – social work, medical, fitness
Academic – accounting, Prince 2, environmental studies, human resources.

The largest individual sector is security related (24%). This includes terrorism studies, security management/operations, delivery of Security Sector training and also close protection.

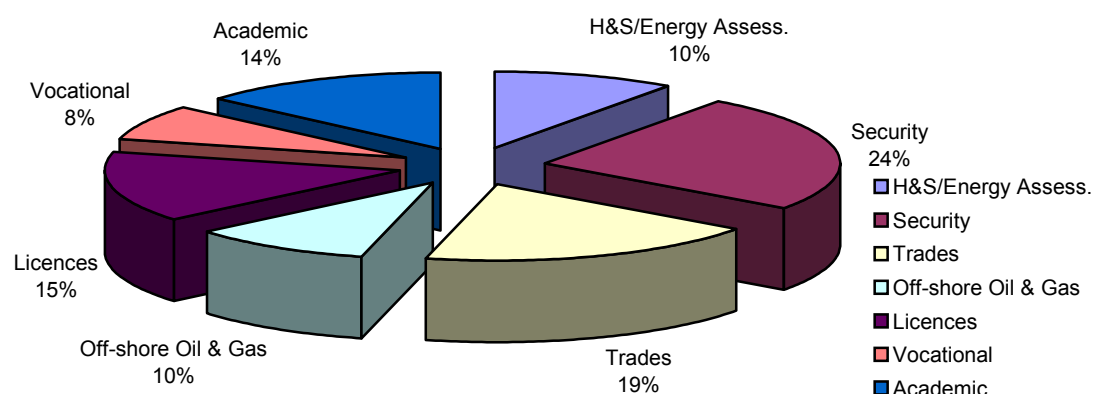


Fig 4. Discretionary award training courses

Internal & External Stakeholders

The Vocational Manager has liaised with numerous internal and external stakeholders including:

- Career Transition Partnership
- Right Management
- Regular Forces Employment Agency
- Enhanced Learning Credits
- The Royal British Legion
- UDR and R IRISH Regimental Associations
- Department of Education and Learning

- Jobs and Benefits Offices
- Skills sector councils
- Education and Guidance Service for Adults
- Recruitment agencies
- Local Industry and Business Community
- MLAs and members of the local Town /City Councils

Anecdotal Account

There has been a steady increase in the demand for Vocational Services during the first year of operations and it is anticipated that this trend will continue.

A referral following a Field Team welfare visit resulted in a client receiving vocational assistance which helped him secure employment. The individual had numerous personal issues which meant he had difficulty obtaining a job, and this was causing further problems with his mental health. However within the holistic approach of Aftercare Service we were able to provide vocational intervention which included career guidance, the sourcing of a part-time employment opportunity, help with his rehabilitation into the employment market, assistance with the application process, and personal presentation skills for the interview. He suitably impressed the employment panel and was offered the job.

The client's personal life has now stabilised, he is still in employment and its part-time nature means that he can also avail of our Medical Service assistance. The client is to return for further vocational assistance to help secure full-time employment and to identify any skill deficit which may be addressed through the Discretionary Training Award.

Summary

The provision of a vocational service within the welfare organisation is unique and indicates that the Aftercare Service is committed to providing a holistic approach to helping those in need.

The majority of contacts have been in relation to the Discretionary Training Award. However there has been a marked increase in the number of general career-guidance enquiries and this is expected to continue, especially with the downturn in employment markets.

As a result of the intervention of the Aftercare Vocational Service, 87 clients have obtained recognised qualifications in their chosen career paths, and others have successfully obtained employment including:

- Managers within national retail outlets
- Operation Managers with national security firms
- Head of Security within major institutions
- Health and safety managers
- Off-shore oil and gas industry

Chapter 6

MEDICAL SERVICE

Introduction

On 1 September 2007 a contract was let with the Police Rehabilitation and Retraining Trust (PRRT) for the provision of medical services to the Aftercare Service. Initially PRRT had limited capacity to accept referral of clients and did not become fully operational until 1 January 2008. On 28 January a new wing at the PRRT Maryfield site was completed and opened for the purpose of providing treatment for Aftercare Service clients. This purpose-built facility contains two full-time Physiotherapy and two full-time Psychotherapy clinicians along with three full-time administrators for the provision of medical services to the Aftercare Service. The facility allows for approximately 115 referrals for psychological therapy and approximately 300 physiotherapy referrals per annum.

Services Provided

The medical services provided by the Aftercare contract with PRRT are limited to physiotherapy and psychological therapy to deal with symptoms that are attributable to or exacerbated by the client's service in either the UDR and or R IRISH (HS).

Uptake

Demand for treatment has remained steady and consistent throughout the first year of service and this trend is expected to continue or will probably increase as the availability of the facility becomes more widely known to the target client group.

Geographical Distribution of Referrals

Aftercare Welfare Service caseworkers are geographically dispersed throughout the Province in four Field Teams located in Coleraine, Enniskillen, Holywood and Portadown. The respective number of approved referrals from each office and for each service is shown at Fig 1.

Field Team	Physiotherapy	Psychological Therapies	Total Referrals
Coleraine (North)	21	25	46
Enniskillen (West)	18	14	32
Holywood (East)	43	48	91
Portadown (South)	40	52	92
Totals	122	139	261

Fig 1. Referrals submitted and approved for submission to PRRT Sep 07 - Aug 08

Fig 2 details those referrals which were not approved due to not meeting the eligibility criteria or to insufficient detail on the referral form - a total of 8 referrals from 269 or 2.97% indicating that the referral process is achieving a satisfactory level of accuracy and screening for client referrals is robust.

Field Team	Physiotherapy	Psychological Therapies
Coleraine (North)	1	4
Holywood (East)		2
Portadown (South)	1	

Fig 2. Non-approved referrals by field team and service requested Sep 07 - Aug 08

Total Referrals to PRRT

During the period 1 September 2007 to 31 August 2008 PRRT accepted a total of 211 medical referrals into both physiotherapy and psychological therapies. This information is shown in Fig 3 by service requested and Field Team requesting.

Field Team	Physiotherapy	Psychological Therapies	Total Referrals
Coleraine (North)	11	27	38
Enniskillen (West)	9	14	23
Holywood (East)	43	38	81
Portadown (South)	26	43	69
Totals	89	122	211

Fig 3. Number of referrals accepted by PRRT Sep 07 - Aug 08

Completed Referrals (Clients Discharged) for Psychological Therapies

From 1 September 2007 to 31 August 2008 a total of 68 clients referred for psychological therapies have been discharged – Fig 4 details these interventions. Column (a) is the reported reason for discharge. Discharge by default means that the client did not attend for a scheduled appointment and failed to contact PRRT within 14 days of receiving a letter asking him/her to do so. Column (b) is an indication of the client's perceived benefit from the treatment.

Discharge Reason	Client Benefit	Total
(a)	(b)	(c)
Clients own request	No	18
Clients own request	Yes	2
Discharged by default	No	19
Discharged by default	Yes	1
Treatment completed	Yes	16
Treatment not appropriate	No	12
	Total	68

Fig 4. Number of completed psychological referrals Sep 07 - Aug 08

Completed Referrals (Clients Discharged) for Physiotherapy

From 1 Sep 07 to 31 Aug 08 a total of 45 clients referred for physiotherapy have been discharged – Fig 5 details these interventions. Column (a) is the reported reason for discharge. Discharge by default means that the client did not attend for a scheduled appointment and failed to contact PRRT within 14 days of receiving a letter asking them to do so. Column (b) is an indication of the client’s perceived benefit of the treatment.

Discharge Reason (a)	Client Benefit (b)	Total (c)
Clients own request	No	6
Clients own request	Yes	1
Discharged by default	No	1
Discharged by default	Yes	3
Treatment completed	No	1
Treatment completed	Yes	27
Treatment not appropriate	No	6
	Total	45

Fig 5. Number of completed physiotherapy referrals Sep 07 - Aug 08

Breakdown of Clients Referred to PRRT by Age

Fig 6 shows the breakdown by age from 20s to 70s of all clients referred to PRRT from September 2007 to August 2008 This chart is for both physiotherapy and psychological therapies.

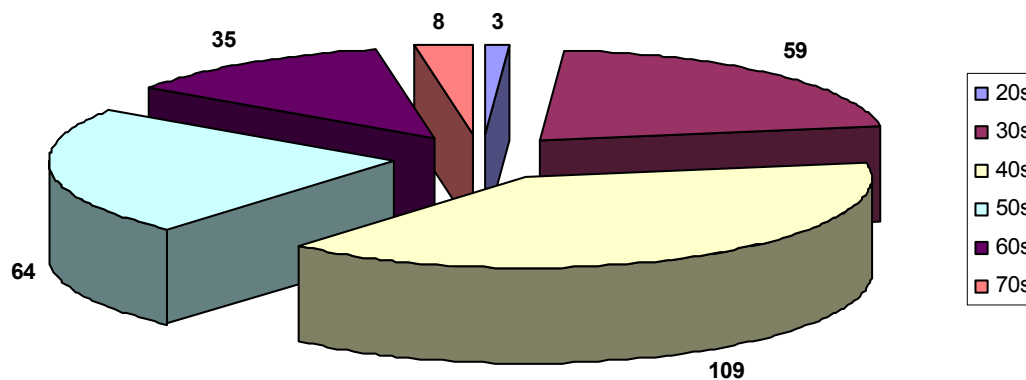


Fig 6. Chart showing breakdown of age groups for all clients referred to PRRT Sep 07 – Aug 08

Rank	% of Referrals
Pte	51.2
LCpl	12.3
Cpl	13.5
Sgt	6.1
CSgt	9.4
WO2	3.7
WO1	0.8
Lt	0.4
Capt	1.6
Major	0.8

Breakdown by Rank

Fig 7 provides a breakdown of the 189 ex-members as a percentage of referrals by rank submitted to PRRT from the period September 2007 – August 2008. The table represents all referrals irrespective of the service required but is limited to ex-members only. Fig 8 below details those referrals that fall into the “Families and Disabled Soldiers Group”

Fig 7. Percentage of referrals by rank

Client Group	Total
Disabled Soldier	2
Family Member	5
Spouse / Partner	15
Total	22

Breakdown of Families Group

Fig 8 details the number of referrals received from clients and submitted to PRRT from September 2007 to August08 who are either in the Disabled Soldier Group or who are eligible for treatment as a family member.

Fig 8. Referrals by family group

Waiting Lists

As previously stated the capacity for referrals at PRRT is approximately 300 and 115 per annum for physiotherapy and psychological therapy respectively. Demand for psychological therapy is exceeding PRRT contractual capacity. While demand for physiotherapy has been less than anticipated in the greater Belfast region there is clearly a need to provide a regionally-based physiotherapy service elsewhere to meet growing demand. As a result waiting lists have developed for both services and a solution is being found.

Psychological Therapies

On 31 August 2008 the waiting list for psychological therapy registered 25 clients, the earliest referral having waited a total of 87 days with the most recent referral being 7 days prior to 31 August 08. The mean waiting time of everyone on the list is 55 days. Measures are being taken to reduce this.

Physiotherapy

On 31 August 2008 a total of 32 clients were on the waiting list for physiotherapy. All of those clients live outside the area of acceptable travel for physiotherapy treatment (beyond greater Belfast) although some clients

have opted to travel so the list is not as large as it had been previously. The earliest referral has waited a total of 189 days (unable to travel to PRRT) with the most recent referral being 15 days prior to the 31 August 2008. The mean waiting time of everyone on the list is 111 days. Measures are being taken to reduce this.

Other Services

As the Aftercare Service has bedded in and initial assumptions are being challenged, it has been realised that other medical services need to be delivered, both for clients and for staff.

Clinical Supervision

Clinical supervision for all Aftercare Service personnel has been introduced with all Field Team staff attending a compulsory group session every six months. The remainder of staff attend a compulsory group session once a year. In addition all staff will have access to a personal one-on-one session at their own request. All staff have been made aware of the importance of "Caring for the Carer" and have engaged willingly with the clinical supervision programme.

Care Call

An additional service, currently available to police clients via PRRT has been introduced for Aftercare Service clients from the middle of September 08. The facility is a 24-hour, free telephone counselling service and offers an avenue of support to those clients who have been referred for psychological therapies but are on a waiting list or in treatment and who may need to have access to a trained counsellor outside their treatment slots. This same service can be availed of by Aftercare Staff should they also experience the need for it.

Anecdotal Accounts

One client who had been referred for psychological therapy at PRRT felt that he needed to "talk to someone" over a particular weekend as he was feeling suicidal. He decided to use the free phone number given to him by his caseworker. Care Call staff who operated the service felt sufficiently concerned to send a Crisis Team to the client's house and then immediately brought him into a one-to-one counselling programme in order for the client to learn coping strategies to deal with his anxiety and concerns.

Regarding the psychological therapy service at PRRT, one anonymous lady caller telephoned to say "You don't know me, but I just want to say thank you so very much for what you have done for my husband. You have no idea what it means to me, to have back the man I fell in love with and married."

Summary

The provision of Medical Services as remitted by the UDR and R IRISH (HS) Aftercare Service is a unique and bespoke solution to provide medical treatment quickly to those most in need. It is noted that it is complementary to, and not instead of, treatment available from the National Health Service, however for many ex-servicemen and women it is the only appropriate treatment that they have engaged with.

The first twelve months of the service have not been without their challenges and many of the initial assumptions that defined the original business case are now being questioned. These challenges do not undermine the requirement for provision of medical treatment; in fact the evidence clearly indicates that greater need exists and that the Aftercare Medical Service must play a significant role towards meeting this crucial demand.

However nothing is perfect and provision of Medical Services is no exception; for this reason the Aftercare Service is actively seeking methods of delivery that could be more efficient and effective in meeting our clients' needs. Its aim is to continue to provide suitable, timely and appropriate medical intervention as required within its remit.

Chapter 7
WORKLOAD

Introduction

In addition to populating an electronic calendar of events, all 25 members of staff maintain a diary of work for their own use and to illustrate how their time is utilised. However it is difficult and probably nugatory to try to present this as meaningful data in its own right; other than to say that demand is currently met in full by prioritisation, often by voluntary overtime and work done in anti-social hours. Much more useful is to analyse the workload of the 12 caseworkers who engage in face-to-face intervention with our clients and whose daily work is intimately related to the provision of the key functional services described in the previous three chapters.

Analysis

Every month each caseworker within the four Field Teams compiles an accurate account of their hours spent working. This has been broken down into functional areas of client engagement (existing and new), liaison meetings, escort and hosting tasks, driving and miscellaneous administration including report writing, telephone conversations, form-filling applications and general administrative follow-up to casework. These are depicted in tabular style at Fig 2 and 3 and summarised in the chart below.

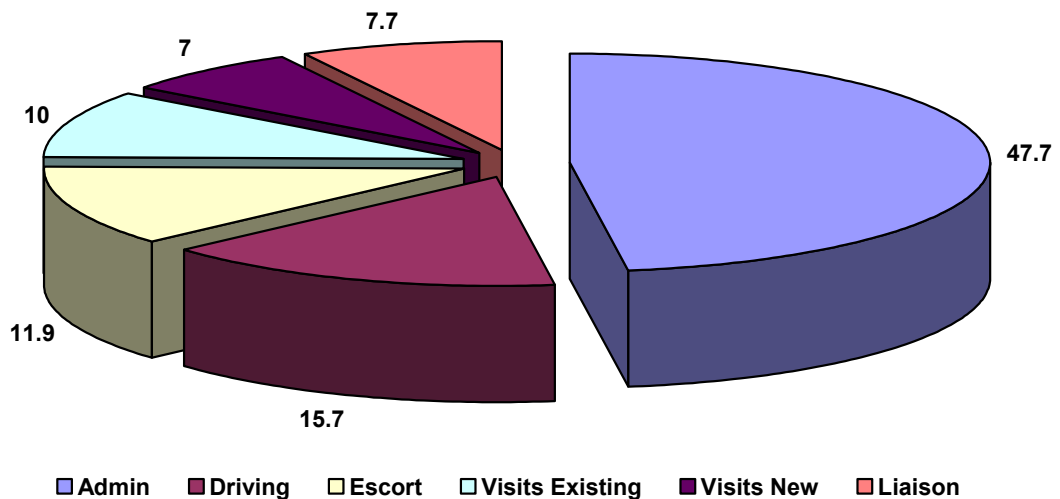


Fig 1. Workload by percentage of time involved

Comment

The statistics shown are deemed to be conservative in that caseworkers spend a lot more time thinking about, and worrying about, clients in their

“spare” time and many of the hours logged account for evenings and weekends. (In future this will be properly recorded and included in statistical analysis.) Although the Aftercare Service does not operate a 24 hour response capability, relationships between caseworkers and clients inevitably become close and, in spite of warnings to the contrary, individual mobile phone number details are often shared to reassure the most needy people that they have help at hand. Unsurprisingly this kindness has the potential to be abused which, even in the mildest way, adds to the stress and strain imposed on Field Teams and other welfare staff.

Statistics shown below are generalised but prove that caseworkers are busy people whose interaction with the client group is a definable asset to their overall well-being, but this is extremely difficult to quantify except by “customer” feedback. Due to the hectic nature of the first year of implementation, with on-going change and disruption being manifested throughout the organisation, it was decided that client satisfaction questionnaires should not be introduced until all other procedures had been finalised and the Aftercare Service was running on an even keel. The Welfare Service has now implemented such a questionnaire and this will be followed in early 2009 by similar questionnaires for clients engaged in Medical and Vocational Services (accepting that many individual clients will overlap in all three areas of support received).

It is also noticeable that a single visit to a client can generate an inordinate amount of follow-up work; the days of “tea and sympathy” visits are dwindling. The average length of time spent getting to know a new client during an initial visit is four hours. This is a necessary commodity in order to get sufficient detail for subsequent support and also to begin building the relationship of trust so necessary between all parties.

Breakdown of Statistics (from Oct 07 – Aug 08)

Category	Total No/ Hrs Taken	Average Tasks Per Caseworker	Tasks Per Month/ Per Week
Domiciliary visit to existing client	1766 2055 hrs	147	15 4
Domiciliary visit to new client	898 1456 hrs	74	7 2
Liaison meeting	561 1623 hrs	47	5 1
Escort duty (often overnight stays)	167 2490 hrs	14	1.5

Fig 2. Time spent with clients

Category	Total No/ Hrs Taken	Average Per Caseworker	Per Month/ Per Week
Miles driven	116,784 3272 hrs	9732	
Administration (report writing, form filling, telephone calls)	9964 hrs	830 hrs	
TOTAL	20,862 hrs	1738 hrs	160 hrs pm 40 hrs pw

Fig 3. Time spent on behalf of clients

It should be noted that the total of 40 hours worked per week is a raw figure and does not incorporate holidays nor illustrate at what time of day or night the hours were worked. It effectively shows that each caseworker averages 40 hours per week EVERY week of the year; when leave and other stand-down periods are incorporated, the figure will be more like 55+ hours. To facilitate continuity of service and avoid staff fatigue, this figure may eventually have to be reduced by redistribution of tasks or other means.

Risk

Caseworkers usually work alone in order to generate maximum support to clients. There are many risks involved which have been identified, managed and, hopefully, minimised. One of the most basic is that of continuous driving, not necessarily for great distances but over long hours and mainly in a rural environment. Notwithstanding other Health and Safety issues, the biggest risk is assessed to be that of Lone Working, as potential exists for all manner of harm, abuse or distress to be caused by clients in their own homes, especially where anger, substance abuse or mental instability is involved. Regrettably, there still exists a security risk to caseworkers who are military Non Regular Permanent Staff and who are easily identified as such by operating out of TA Centres. In spite of measures to minimise this, the nature of the job and the individual circumstances of some Field Team staff place them under a significant threat level which understandably adds to their anxiety.

Some measure of relief is provided by mandatory attendance at clinical supervision in the form of psychiatric evaluative therapy. Here professional therapists help to “de-stress” individuals who are burdened by the nature of their work and offer self-help and follow-up methods of coping to welfare staff. The importance of caring for the carer should never be understated.

Anecdotal Accounts

Two instances serve to illustrate some of the pressures faced by Field Team caseworkers during the course of their work.

A veteran had been referred by another ex-service charity and during his initial visit the caseworker recognised that the potential client had mental

health issues which were being addressed by the NHS. As part of our holistic approach an application for benevolence support was processed to enable the client to redecorate his rather shoddy house and, as is the norm, robust carpets were selected from a preferred supplier for fitting. The client, however, wanted much more expensive carpets but was unwilling and unable to pay for these. He became abusive and aggressive to the staff at the carpet retailer who then contacted the caseworker for intervention. Abuse and aggression transferred to the caseworker, to the extent that the client almost picketed the office for four weeks in order to force a confrontation. Eventually the original referring charity was contacted and they admitted, too late, that their fear of the client had resulted in their decision not to allow lone workers to approach him, and to decline assistance until his attitude improved. Dealing with personal invective almost becomes part of the accepted norm but should not have to be endured.

An existing client was visited in order to process a referral for mental health treatment and was found to be very depressed, having still not come to terms with a previous bereavement issue. This prompted a much more speedy referral and almost constant attendance by the caseworker. An appointment was made within the next few days, even though the client had previously found it difficult to interact with the clinicians. Sadly, the client took his own life later that evening leaving his family, the local community and, of course, all the welfare staff in devastation. Accepting responsibility, or even blame, for a client's actions is illogical but nonetheless inescapable for the caseworker who continues to run "if only" scenarios in his or her head for many years to come. Partly as a result of this sad incident a capability gap was identified which has now been filled to some extent with the implementation of a 24 hour telephone counselling facility; necessarily available to both clients and caseworkers alike.

Conclusion

Provision of welfare support is necessarily a time-consuming business but procedures are being implemented and monitored to reduce inefficiency and risk.

Chapter 8

EFFECT

Introduction

Perusal of a recent consultation paper on a strategic approach for dealing with Victims and Survivors³ of the Northern Ireland “Troubles” confirms that measurement of effectiveness is essential but that “the establishment of outcome measures is difficult...” We concur.

For the Aftercare Service’s internal Performance Management appraisal both qualitative and quantitative data have been used to evaluate organisational effectiveness across the four functional fields of Clients, Resources, People (Staff) and Infrastructure. The validity of using such qualitative data may be unconventional but in a “people” service such as ours it is widely accepted from both an academic and a practitioner standpoint. However, qualitative data should ideally be reinforced and underpinned by hard, evidence-based statistical analysis and actual outcome, be it clinical, vocational or financial.

Realistically the work conducted by any welfare organisation inevitably attracts constraint under Data Protection legislation, clinical governance guidelines and similar. Ideally an Annual Report would itemise measurable success and failure in full, as this one has attempted to do in the preceding chapters, but a very real restriction is imposed by the simple question: how does one factually determine improvement in quality of life or well-being?

Clinical outcome aside, this is often best achieved by asking recipients of welfare support (the clients themselves) how they feel as a result of the intervention. Unfortunately, client satisfaction questionnaires have yet to be rolled out in any meaningful way across the Aftercare Service. This is due, principally, to constant adjustment and modification to the service initially installed, as transition was made from the existing Regimental system to that of a brand-new and largely exploratory regime. A decision was taken to wait until the best possible service had been implemented and some stability achieved, otherwise responses within the questionnaires could prove to be largely negative and probably of limited analytical value. By this time next year clients should have completed such questionnaires in large number and may also have been engaged by professional survey experts (such as Price Waterhouse Coopers or similar) to determine outcome.

In the meantime, the effect on our clients of receiving support from the Aftercare Service is felt rather than demonstrably tangible. Anecdotal accounts convey an impression of the breadth and variety of our engagement and must therefore suffice as an indication of effectiveness to date.

³ Published by Victims Unit, Office of the First Minister & Deputy First Minister, NI Legislative Assembly.

Anecdotal Accounts

A number of anecdotal accounts are published at Annex A which serve to demonstrate the complexity of welfare work and also the effect our intervention has had on clients. In time these should become more quantitatively measurable and a more balanced assessment achieved, including analysis of nil responses. Naturally the inclination is to highlight success and the host of “thank you” cards received is testimony to gratitude expressed by many clients for services rendered. (Many of which repeat, “If not for you, how else could I have been helped?”) However, there are also examples of less successful intervention and these provide impetus and challenge to continue to improve our service. The reader is urged to scan these stories, as each one highlights change to a real person’s life and circumstances.

Conclusion

The Aftercare Service is still far from perfect but can argue that its outreach and intervention has been largely effective in achieving its Mission Statement, which is:

“To provide and facilitate appropriate welfare, vocational, medical and benevolence support to ex-members of the UDR and R IRISH (HS) and their families in order to reduce suffering.”

The fact is that many hundreds of needy people are being helped who might otherwise receive no such support from any other quarter, either as a result of ignorance, ineligibility or, more commonly, due to an understandable disinclination to engage with some other statutory and voluntary bodies.

The unique nature of the Aftercare Service appeals to this target audience in that its staff and their work are seen as credible, practical and, most importantly, trustworthy. The challenge is to set and maintain high standards for as long as need persists and to have the will and resources to continue living up to our motto, which is:

“Helping our people in need to live their lives.”

EFFECT ON CLIENTS

Many clients are visited and helped initially for one reason and only thereafter are other problems identified and solutions sought. This is consistent with the Aftercare Service's policy of adopting a holistic approach. Some interventions are described below and labelled for a specific purpose but in practice there is much overlap and complexity to the service ultimately delivered.

Social assistance

Some clients are so dysfunctional that the caseworker must effectively step in and manage their lives for a period of time before any resolution to their problems is achieved. This may be very time consuming and requires development of trust, especially where clients feel let down or abandoned by "the system". Very often the caseworker becomes the lead element in a multi-agency approach.

An example is that of an ex-UDR soldier who was discharged in the early 1970s as a result of being shot during a terrorist attack on his patrol. Since then he had had no contact with any ex-service organisation. His injury caused him continuous pain and he was required to undergo periodic surgery; the most recent operation left him immobilised for 8 weeks, during which time he was informed that he was to be made redundant from work. Anxious about his future, and unable to access benefits due to having some savings, he felt he was unable to cope any more but thankfully heard about the Aftercare Service and got in touch. The team were able to offer advice and direction to the Citizen's Advice Bureau on claiming benefits and encouraged him and his wife to join the Disabled Soldiers Group for respite activity. As a result of this simple intervention, over a period of time the ex-soldier has learned to cope, safe in the knowledge that someone is there for him who empathises with his situation and can provide practical support.

In another case an elderly veteran, who had seen service during the Second World War as well as the UDR, sought assistance when he moved into a smaller and more manageable house. This single gentleman is quite frail and profoundly deaf but very proud of his independence. Mobility problems beset him but he was unable to access the Social Services adequately and, having no immediate family, resigned himself to his circumstances. After referral from a branch of the Regimental Association a caseworker intervened and arranged for a Social Worker and Occupational Therapist to visit to assess his situation – he required considerable modification to his bath and toilet, a specially modified chair and bed and handrails, ramps and alarms throughout his home. After 8 months no work had been undertaken in spite of obvious need, recommendation and constant urging. A financial application for benevolence assistance was successfully made and the work carried out in full. After a full year of busy casework, the old gentleman now has a carer appointed by the Social Services and is having his hearing aid requirements

reassessed. He now has a much improved quality of life and assurance that someone still cares about him, which is worth a great deal.

Similarly, an elderly lady from a Bereaved Families' group who suffers from many physical and mental health problems was engaged with the Northern Ireland Housing Executive to have her home renovated. Work was eventually approved and builders contracted but sadly they pulled out of the job at the last minute. A caseworker visited and was shocked to find the house in poor repair and hazardous to health and safety. An application for benevolence support was successfully completed, the support of local politicians engaged and new builders found. After almost two years of intervention, the lady can now relax in her refurbished home.

Another veteran who was effectively homeless and being accommodated in a Simon Community hostel contacted us for financial help after hearing about the Aftercare Service on local radio. A caseworker ascertained that he had recently split up with his wife and, due to the volatile nature of their marriage, their children had been placed in care. Attempting to regain their custody, the former soldier needed to prove to the authorities that he was in a position to offer his children a comfortable and permanent home. Engagement with the relevant authorities over a protracted four month period led to his being offered a flat which a grant from the Benevolent Fund helped to furnish appropriately. The veteran gained full custody of his children and all are now happily living under one roof. As a result of his stability he is now in full-time employment and receiving formal counselling for anger management.

An ex-soldier had been involved in a road traffic accident and, as a result of separating from his wife, had moved into new accommodation. The caseworker found him to be in a depressed state as the house lacked furniture. Application to the Benevolent Fund secured him essential goods to furnish his home and liaison with The Royal British Legion allowed him a respite break at their residential home by the seaside. On re-visiting, the caseworker was pleased to hear that the ex-soldier was now coping well and took great heart from his "testimony". The veteran said that he had been seriously contemplating taking his own life but that intervention from relative strangers who had now become friends had given him the will to reinvest in his life. Job satisfaction at its best!

Medical assistance

Reluctance to engage with the National Health Service, either because of security concerns or lack of confidence in its ability to help, has led many clients to suffer in silence. The provision of a bespoke, confidential and discrete medical service which is quickly available and recommended by and accessed through the caseworker can have radical results.

A widow had become very depressed and was visited by a caseworker, who found her agitated about her circumstances, wondering what life would have been like if her husband had not been murdered. She was reluctant to attend her General Practitioner as she felt unable to relate the circumstances of her

husband's death and reveal his service identity; plus she felt that, after 20 years had elapsed, the doctor would not understand her feelings. She was referred for psychological therapy and, as a result of sympathetic and sensitive treatment, has turned her life around. She has become more outgoing and recently volunteered to work with a children's playgroup.

A similar example concerns a younger man, a former Senior Non-Commissioned Officer, who succumbed to stress at his place of work and was absent through illness for a number of weeks. Due to his locality he was unhappy to reveal his service past to his doctor and so suffered in silence until visited by a caseworker whom he knew and trusted. Referral for psychotherapy quickly followed and, after a number of weeks in treatment, he returned to the office to offer his thanks. He had been transformed from a deeply depressed, stammering and potentially suicidal person into a more confident man who was empowered to cope. His symptoms had been directly attributable to traumatic service-related incidents and off-duty threats to his life which he had suppressed for some time.

A case of guilt resolution found a caseworker in the home of a very angry ex-soldier who blamed himself for the deaths of colleagues in a major incident. He had punched holes in doors and walls, smashed windows and broken furniture and was clearly very distressed and agitated. He revealed that he had been medically discharged some years previously and was in receipt of a disablement pension from the Veterans' Agency as a result of suffering from Post Traumatic Stress Disorder. He had had bad experiences with previous attempts to provide psychological remedy and was very much against the idea of re-experiencing clinical treatment. However, the caseworker reassured him and built up trust to the extent that the client agreed to enter counselling once again. After several sessions of cognitive behavioural therapy, he is beginning the healing process and learning to cope with his symptoms.

An existing client had been diagnosed with cancer and was unable to drive so relied on public transport for trips to hospital to receive chemotherapy. She was already in financial need and in receipt of a small recurring grant from the Benevolent Fund. A caseworker highlighted her plight and succeeded in an application to help with the cost of travel for her very necessary treatment. The lady, being too proud to ask directly for such assistance, is profoundly grateful for the recognition and practical support she received.

Vocational assistance

"A hand up rather than a handout" is often quoted as a useful maxim. Enabling a veteran to maximise his or her re-employment potential often prevents stress caused by uncertainty and worry for the future. Having the services of a professional career advisor on hand defuses many potentially damaging and unsettling domestic situations.

A former part-time soldier was experiencing difficulty in securing employment and it was beginning adversely to affect his health. Ideally he wanted a security-related position and, after some career guidance, he decided to apply

for a position within a local security firm. The application process was long and protracted, however assistance was provided in the form of help with completing paperwork, interview techniques and basic confidence-building. As a result of this the individual was accepted for a post and will commence induction training later this year.

A former soldier who had undertaken the Health & Safety NEBOSH Certificate as part of his resettlement package prior to discharge was unable to secure employment. As a minimum he needed to upgrade his qualification to Diploma level. Through the Discretionary Training Award he was able to achieve this via further paid study and has now secured worthy and permanent employment.

The same Award enabled two individuals to acquire a skill and fill a niche market by gaining qualifications in Trauma Scene Clean-up (Deep Clean) which is required after forensic interventions. Due to no local companies being previously available, contracts for this service traditionally went to firms from GB, but now they are able to compete for contractual tender.

It has become increasingly difficult to secure employment in the off-shore oil and gas industry without having a specialist skill. The Discretionary Training Award has assisted a number of veterans to gain qualifications in:

- Rope access – for rig inspections
- Penetration and ultrasonic inspection for metal fatigue
- Marine crane operation
- Off-shore medical provision
- Off-shore survival training

Acquisition of these skills, when augmented with career guidance, has resulted in direct employment for former soldiers in the industry.

Frustration and disappointment

Not all cases can be successfully resolved, but where this is due to the actions of clients themselves caseworkers are understandably frustrated at the futility of their efforts and the waste of resources involved. Added to this can be aggression, anger and spite directed towards the individual caseworker and other anti-social behaviour which can lead to a moral dilemma of whether or not to continue trying to intervene. Inevitably the patience, professionalism and caring nature of caseworkers tend to surface and the challenge is taken up again.

For example, an ex-soldier medically discharged after being diagnosed with a debilitating condition made it known to Trustees of the Benevolent Fund that he and his wife could not avail of organised respite breaks due to his disability and lack of facilities at chosen locations. Field Team staff were engaged to research a suitable venue and successfully argued a case to provide appropriate transport, insurance cover, additional spending money and the inclusion of an additional carer on the break. At the last moment, and for no

apparent reason, the family decided not to avail of this opportunity and showed no qualms in declining the offer of assistance.

Another client asked for financial help to pay for rates arrears as he was being taken to court for non-payment and risked having his house re-possessed. A caseworker visited to assess the situation and was appalled to find out that no rates had been paid for over three years, as the client felt they were unjust due to his wife being on social service benefits, and that the client had further committed himself to debt by taking out a considerable loan to build an extension on their house. He was strongly advised to seek help from the Citizens' Advice Bureau but said he had already tried this on two occasions; which turned out to be untrue, as did his declaration that he could not afford food for the family (despite taking them away for a long weekend break to a expensive hotel). Nor did he disclose to the Benefits Office or the caseworker that he had had recent employment which netted him sufficient money to pay his rates bill. When this was discovered his application for financial assistance was rightly rejected, however the caseworker recognised that the ex-soldier was in genuine pain so referred him for physiotherapy to ease his pain and help reduce the symptoms of PTSD.

Finally, a homeless client sought help after having to live in a tent for two weeks in extremely inclement weather conditions. A caseworker tried to delve into the reasons why Social Services had not immediately intervened and was discomfited to learn that the client was homeless by choice as a result of having a criminal record. Trying to remain non-judgemental and to focus on need, the caseworker referred the man to the Royal British Legion for help in re-housing and continued to follow-up on other aspects of welfare assistance.

Conclusion

Every case is unique and requires an individual solution. There is no doubt that the quality of clients' lives is improved by intervention by Aftercare Service staff and that even a modicum of care shown can have disproportionately beneficial effects. Quantifying this is difficult unless the many hundreds of people helped are able to tell their own stories directly. In the absence of such evidence, it is hoped that the examples given reveal a flavour of the effect had on needy people who are otherwise unable to attract assistance.