

IN THE SURREY CORONER'S COURT  
BEFORE HIS HONOUR JUDGE ROOK QC

IN THE MATTER OF THE INQUEST INTO THE DEATH OF SEAN BENTON

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THIRD WITNESS STATEMENT OF BRIGADIER CHRISTOPHER COLES  
ON CURRENT POLICY AND PRACTICE

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I, BRIGADIER CHRISTOPHER COLES, HEAD OF ARMY PERSONNEL SERVICES  
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WILL SAY AS FOLLOWS:

**1: INTRODUCTION**

1. I am currently the Head of the Army Personnel Services Group (APSG), a one star Directorate in the recently formed Headquarters Home Command. The Directorate is based at the Army Headquarters site in Andover. I have served in this position since January 2017.
2. I have already provided a statement, dated 10 November 2017, which explains how Army policies and systems operated at the Princess Royal Barracks, Deepcut ("Deepcut") in 1995 in relation to the following areas:
  - a. Supervision and support of trainees (including managing recruits who had difficulties in Stage 1 [Phase 1] training);
  - b. Mental health assessment and care of trainees;

- c. The disciplining of trainees;
  - d. Managing discharged trainees;
  - e. Guard duty and the provision of weapons.
3. I provided a second statement dated 8 February 2018 to address issues that had arisen regarding detention practices at Deepcut in 1995.
  4. This third statement addresses current policy and practice in relation to the areas which fall within the scope of the Inquest, as well as the issues of detention and handling the clearance of the scene of a death in training.
  5. Since 1995, Army policies and systems in relation to those specific areas have changed significantly. The conclusions of the 'Blake Review' and the investigations undertaken into the circumstances surrounding the four deaths at Deepcut between 1995 and 2002 were consolidated into a single implementation plan, known as DHALI-B. DHALI-B was implemented under the direction of the Adjutant General, then the Army's Principle Personnel Officer and its second most senior officer, while the Army Inspectorate (reporting to the Adjutant General) monitored the recommendations and changes made under DHALI-B to ensure that they were effective and durable.
  6. Furthermore, the Army has in place today a system of assurance to provide confidence to the Chain of Command that the provision of Individual and Collective Training, Care and Welfare and Education is conducted in accordance with endorsed policies, legislative requirements and organisational standards, and that operational requirements are met effectively. The MOD is currently implementing change with respect to how it defines assurance. While some organisations within Defence still refer to the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> Party model, the Army adopts the Defence Audit Risk Assurance model, which comprises four lines of Defence assurance. Although two models co-exist, the difference between them is merely terminology; the delivery and quality of assurance is unaffected. The 4 Lines of Defence assurance are defined as:

1 <sup>st</sup> Line of Defence	Assurance provided (internally) by those responsible for delivering the output.
2 <sup>nd</sup> Line of Defence	Oversight (of 1 <sup>st</sup> Line) provided from within the chain of command in order to ensure policy compliance.
3 <sup>rd</sup> Line of Defence	An assessment, achieved through internal audit, of the effectiveness of control, risk and performance frameworks.
4 <sup>th</sup> Line of Defence	Assurance conducted by external auditors and regulators.

7. In the context of the Coroner's consideration as to whether a report to prevent future deaths needs to be made under Regulation 28 of **The Coroners (Investigations) Regulations 2013**, the purpose of this statement is to make the Coroner aware of the significant changes that have been made both at a national policy level and within Deepcut itself since 1995. In drafting this statement I have been assisted by discussions with Brigadier Nick Fitzgerald, Director of Operations at the Headquarters of the Army Recruiting and Training Division (HQ ARTD) and Major Leighton Snook, Staff Officer 2 Custodial, Provost Marshal Army.
8. I should say that this statement deliberately incorporates a substantial volume of information from the further witness statement dated 29 January 2016 of Brigadier John Donnelly CBE, which was provided for the Inquest into the death of Cheryl James before His Honour Judge Barker CBE QC in the Surrey Coroner's Court. Information from Brigadier Donnelly's further statement has been incorporated into this statement because some of the policy issues considered in the Inquest into the death of Cheryl James are again being considered within the context of this Inquest.
9. Many of the policies and practices in this statement are subject to an ongoing review by the Army. As a result, it may be the case that by the conclusion of this inquest amendments are made to those policies and practices. The information provided in this statement is believed to be correct as at 29 March 2018.

## **2: DEEPCUT TODAY: BACKGROUND INFORMATION**

### **A: Headquarters of the Royal Logistic Corps, 25 Training Regiment**

10. Today, Deepcut station houses three principal organisations<sup>1</sup>, as depicted in the diagram exhibited to this statement [**Exhibit CC25**]:

- a. The Regimental Headquarters of the Royal Logistics Corps (RLC), which sits outside the main barracks;
- b. The Headquarters of the Defence School of Logistics, one of five schools within the Defence College of Logistics, Policing and Administration (DCLPA). The Defence School of Logistics delivers all logistics training (except driver training) for Phase 2 and Phase 3<sup>2</sup> personnel and comprises four training elements, two of which are based at Deepcut: Command Wing, and the Supply Training Wing. The remaining two training elements of the Defence School of Logistics, the Food Services Wing and the Supply and Movements Training Wing, are based at Worthy Down and RAF Halton respectively.
- c. 25 Training Regiment RLC including the Deepcut Support Unit, which is not involved in the delivery of training but which provides life support to all lodger units within the Deepcut estate. The RLC Training Regiment & Depot, as it was known in 1995, changed its name to 25 Training Support Regiment RLC (25 Trg Sp Regt RLC) in 1999. In April 2008, the title became 25 Training Regiment RLC.

11. The welfare and supervisory systems in place at Deepcut today are outlined in detail in the **Commanding Officer 25 Training Support Regiment RLC, Supervisory Care Directive, Princess Royal Barracks, Deepcut, Training Year 2017/18** (the “Supervisory Care Directive”) [**Exhibit CC26**], to which extensive reference is made

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<sup>1</sup> There is also a small Capability Director Combat Service Support contingent and Defence School of Transport (South) based at Deepcut.

<sup>2</sup> Phase 3 trainees are personnel who have completed Phase 2 training, have been assigned to the Field Army and are undergoing further (career development) training.

in this statement. The Supervisory Care Directive *“details the welfare systems in place to identify and protect those trainees (both Regular and Reserve) who may be particularly vulnerable to harassment, bullying or discrimination; those who have personal, educational or welfare problems that could affect their performance or health; and, those potentially at risk of self-harm or suicide<sup>3</sup>”*. Supervisory Care Directives, which are based on the outcomes of Commanders’ Risk Assessments, are mandatory at all Army training establishments<sup>4</sup>.

12. The Army’s training system continues to be based on the Single Entry Implementation Plan 1993 with the division of training into two phases (Phase 1 and Phase 2). However, a fundamental change since 1995 is that all specialist training courses have sufficient capacity for recruits who have completed Phase 1 training. There are no longer routine delays in trainees being posted onto their specialist trade training courses, and there is no longer a pool of trainees at Deepcut without meaningful occupation.
13. After the completion of Phase 1 training, it remains the case that *“All Phase 2 trainees will undertake a period of specialist trade training prior to being posted to the Field Army, and a trainee will only be posted to the Field Army when they are Phase 2 complete<sup>5</sup>”*. The location of where a trainee undertakes their specialist trade training depends on their specialism within the Corps<sup>6</sup>. Deepcut is the home of Phase 2 training for soldiers in the RLC and small numbers of Royal Engineers and Royal Electrical and Mechanical Engineers, and specifically the DCLPA.
14. The phenomenon referred to in 1995 as Soldiers Awaiting Trade Training is now known as ‘Holdover’. Holdover numbers are much reduced and include all trainees who are not currently undergoing their Specialist Trade or Driver Training. The causes of Holdover include: trainees moving between trade training courses; trainees whose career path is delayed (for example) by medical treatment or failure of an element of their trade course meaning that they remain at Deepcut until reattempting their test. Trainees classed as in Holdover are still conducting training, just not their trade-

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<sup>3</sup> Supervisory Care Directive, paragraph 2 [Exhibit CC26]

<sup>4</sup> JSP 822 Defence Direction and Guidance for Training and Education, Part 1: Directive, page 28, paragraph 7 [Exhibit CC31]

<sup>5</sup> Supervisory Care Directive, paragraph 12 [Exhibit CC26]

<sup>6</sup> Ibid

specific training. Even when the trainees are unable to conduct the next stage of their trade training, they are actively managed in other military training as I shall describe later in this statement. Save for the occurrence of these types of issues, the general position is that soldiers progress from Phase 1 training, through Phase 2 training and are then posted to Field Army units without undue delay.

15. The only soldiers awaiting discharge who are held at Deepcut are Phase 2 trainees who are awaiting discharge for misconduct, discharge for medical reasons or for unsuitability. Trained soldiers from the Field Army who are awaiting discharge are not held at Deepcut; such soldiers are discharged by their own Units.

#### B: Training provided at Deepcut today

##### (i) Specialist training

16. 25 Training Support Regiment comprises three squadrons: 109 Training Squadron, 85 Squadron, Adjutant General's Corps Command Leadership and Management Squadron and the Deepcut Support Unit.
17. Both 109 Training Squadron and 85 Training Squadron are based at Deepcut, but Adjutant General's Corps Command Leadership and Management Squadron is based at Worthy Down:
  - a. 85 Training Squadron (which was known as A Squadron in 1995) conducts all Royal Logistic Corp Phase 3 training courses: Junior, Senior and Warrant Officer Command, Leadership and Management training for all of the RLC (Regular and Reserve); Junior Non-Commissioned Officer Potential Instructor Cadre training<sup>7</sup>; and Basic Close Combat Skills training for Junior and Senior Non-Commissioned Officers (NCOs) and Command Leadership and Management.

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<sup>7</sup> Supervisory Care Directive, paragraph 8 [Exhibit CC26]

- b. 109 Training Squadron (which was known as B Squadron in 1995) conducts induction training; is responsible for the Duty of Care and supervision of Phase 2 trainees whilst they are physically located in Deepcut including: (i) for RLC Career Employment Groups; (ii) for non-RLC soldiers; (iii) for soldiers reallocated from other cap-badges to Deepcut; and (iv) re-joiners who are undertaking RLC Phase 2 training; on-site training delivery coordination with the Defence School of Transport (South) and the Supply Training Wing; off-site delivery coordination; specific learning difficulties support; continuation training; Basic Close Combat Skills training and Military Annual Training Tests for Phase 2; and administrative support to voluntary transfers<sup>8</sup>.

(ii) Continuation training

18. Trainees not undertaking their Initial Trade Training courses are classified as being on 'Holdover' while they wait for their next course and will conduct Continuation Training under the supervision of 109 Squadron. The training activities they conduct are in accordance with the guidance given at **Annex C of the Army Recruiting and Training Division (ARTD) Holdover policy** [Exhibit CC27] and may include: physical development, adventurous training, regimental activity (visits to Regimental Museums and other areas of wider cultural interest), field training exercises, range work, education/personal development and military ethos and leadership. The programme of continuation training is based on the Battlecraft syllabus. Such activities include driving training relevant to the requirements of a trainee's trade, Basic Close Combat Skills training and Military Annual Training Tests<sup>9</sup>.

19. The Basic Close Combat Skills course:

*"is a 4 day, section level, exercise designed to test a trainee's basic close combat skills and ensure they are able to integrate into any unit. The course refreshes a trainee's field craft skills and administration within a field environment. The trainees will undertake a variety of additional activities confirming their ability to navigate, administer first aid, perform counter IED [Improvised Explosive Device] drills and receive exposure to*

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<sup>8</sup> Supervisory Care Directive, paragraph 7 [Exhibit CC26]

<sup>9</sup> Supervisory Care Directive, paragraph 12 [Exhibit CC26]

*section level orders. All students must pass the [Basic Close Combat Skills] BCCS course before posting<sup>10</sup>".*

20. Trainees also undertake a 'conversion to military vehicles' package provided by the Defence School of Transport (North). As already referred to, the Defence School of Transport (South) delivers driver training to Phase 2 trainees at Deepcut.
21. This combination of training "*ensures [that] trainees maintain their military knowledge and reduces any potential skill fade to ensure effective integration when assigned to a working unit*".<sup>11</sup> The provision of continuation training at Deepcut today also ensures that the small number of soldiers in Holdover are meaningfully occupied during their time there.

(iii) Example of continuation training

22. In order to give a real-life example of the improved continuation training at Deepcut, I have been provided with details of a typical trainee who had some Holdover time at Deepcut, Private R.
23. The training log of Private R, a Logistic Supply Specialist who arrived at 25 Trg Regt RLC on 13 August 2017, is exhibited to this statement [**Exhibit CC28**].
24. Private R's Phase 2 training pipeline consisted of a number of trade training courses: his Logistics Specialist (Supply) course and Driver training. Private R undertook continuation training between different elements of his trade training.
25. Continuation training can consist of military training, weapon handling and cleaning, navigation training, fitness training, medical training, presentations and their Military Annual Training Tests. In addition to the military continuation training, there are more holistic activities such as visits, workshops and leadership studies. Ex REVELATION is a Pre-Basic Close Combat Skills package traditionally run prior to an exercise to ensure all that are deploying are at the correct standard. Attendance out of

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<sup>10</sup> Supervisory Care Directive, paragraph 12 [Exhibit CC26]

<sup>11</sup> Ibid



cycle on an Ex REVELATION enables the Service Person to maintain a level of field craft skill required of a trained soldier.

26. Once a trainee has successfully completed their Phase 2 training pipeline, they are assessed as trained and assigned to the Field Army.

### C: Operational Structure

27. The Head of Establishment at Deepcut Station<sup>12</sup> is ultimately responsible for the supervisory care of all personnel operating at Deepcut. The day to day responsibility for the delivery of supervisory care is delegated down to Chief Instructors of the Supply Training Wing and Command Wing. Individual Commanding Officers/Chief Instructors/Officers Commanding within 25 Training Regiment RLC, the Supply Training Wing, Command Wing and Deepcut Support Unit are directly responsible and accountable for ensuring that all personnel (including civilian staff) in their areas comply with the Supervisory Care Directive. This includes issuing supplementary instructions (if required) to reflect any specific needs amongst their personnel and trainees highlighted while completing their respective Commander's Risk Assessment<sup>13</sup>.

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<sup>12</sup> The Commanding Officer 25 Trg Regt RLC

<sup>13</sup> Supervisory Care Directive, paragraph 1 [Exhibit CC26]

### 3: SUPERVISION AND SUPPORT OF TRAINEES (INCLUDING MANAGING RECRUITS WHO HAD DIFFICULTIES IN STAGE 1 (PHASE 1) TRAINING)

#### A: The process of recruitment including medical assessments

28. As with the position in 1995, it remains true that the Army recruits individuals from all walks of life. Inevitably, some of those recruited have experienced past family, social, psychological and/or medical problems, which continue to pose challenges for all those involved in supervision, support and welfare in the Army.
29. However, over the last 23 years, the Army has developed a much better understanding of social and welfare problems. As a starting point, all applicants are now actively screened during the recruitment process for potential social, psychological and medical problems.
30. The Army is currently trialling a new model, and consequently there are two possible screening processes that an applicant might undergo. In both processes the Primary Health Care Record (PHCR) is used to medically screen an applicant before allowing them to enter Phase 1 Training:
- a. Common to both, the applicant first completes an Online Medical Questionnaire, which consists of a medical self-declaration that answers a series of 16 questions about their health (current and historic). As part of the Online Medical Questionnaire, the applicant is required to confirm that they do not have any of the major disbaring medical conditions listed<sup>14</sup>. The list is not exhaustive but acts as a useful preliminary filter<sup>15</sup>. The different conditions in that list will be outlined below.
  - b. Once the applicant has successfully passed the Online Medical Questionnaire and passed other non-medical entry checks, the applicant is asked to give consent for the Recruiting Group to obtain a copy of the applicant's PHCR from their GP. Once in Army Service, the Defence Medical Services are responsible

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<sup>14</sup> PULHHEEMS Administrative Pamphlet, 2017 Edition, Version 1.0, paragraph 0804 [Exhibit CC29]

<sup>15</sup> Ibid

for providing routine primary healthcare. The PHCR is obtained primarily to ensure the safe transition of the provision of medical care from the applicant's civilian GP to the Defence Medical Services, and to validate the medical screening process.

- c. In Process One, the applicant is sent a Recruiting Group Medical declaration, which the applicant gives to the GP partially completed. The GP then (with written consent) provides further information in the form of a targeted report. The Recruiting Group Medical declaration is subsequently screened by a Recruiting Group clinical scrutiny team, led by a recruiting Group doctor, who may request further evidence as necessary. If the applicant passes this screening, they are called forward for a Pre-Service Medical Assessment (PSMA), which consists of a face-to-face examination by a doctor and a number of investigations (ECG, blood pressure etc.). In Process One, the PHCR is not routinely reviewed at this stage. The Recruiting Group Medical declaration is held by the training unit until completion of Initial Trade Training, after which it is retained in the individual's military medical healthcare record<sup>16</sup>.
- d. In Process Two, the Recruiting Group Medical declaration step is removed and instead a Recruiting Group Clinical scrutiny team, led by a Recruiting Group doctor at the National Recruiting Centre review the applicant's PHCR with three potential outcomes: reject those who fail to meet entry standards; request further medical evidence as necessary; or, call the applicants who successfully meet the entry standards for a PSMA.

31. Both of these processes are considered to be an effective means of identifying potential problems, both present and historic, amongst applicants. Unlike the position in 1995, the screening process expressly considers the available medical history of all applicants<sup>17</sup>.

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<sup>16</sup> PULHHEEMS Administrative Pamphlet, 2017 Edition, Version 1.0, paragraph 0603(b) [Exhibit CC29]

<sup>17</sup> It should be noted that the PHCR may not be available for CW/Gurkha recruits

## B: Medical Assessments

### (i) The Pre-Service Medical Assessment (PSMA)

32. Applicants who successfully pass through either process of screening are called for a PSMA. The *“purpose of the pre-service medical examination is to determine medical fitness for employment (with respect to the period of engagement)<sup>18</sup>”*.

33. The PSMA, and the subsequent medical assessments, are conducted by reference to the PULHHEEMS system of medical classification, contained in the **PULHHEEMS Administrative Pamphlet, 2017 Edition** [Exhibit CC29]. Broadly reflective of the intentions of the system in 1995, the PULHHEEMS system today is designed to<sup>19</sup>:

- a. Provide a functional assessment of an individual’s capacity for work;
- b. Assist in expressing the physical and mental attributes appropriate to the individual’s employment and fitness for deployment on operations with the Army;
- c. Assist in assigning people to the employment for which they are most suited in the light of their physical, intellectual and emotional make-up allowing efficient use of manpower;
- d. Provide a system which was administratively simple to apply.

34. As was the case in 1995, the PULHHEEMS system of medical classification comprises assessment of the following qualities<sup>20</sup>:

- a. Physical capacity (P). This quality is used to indicate an individual’s overall physical and mental development, his or her potential for physical training and

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<sup>18</sup> JSP 950, Medical Policy Part 1 Leaflet 6-7-7, Joint Service Manual of Medical Fitness (September 2016), Section Three, paragraph 3(a) [Exhibit CC30]

<sup>19</sup> PULHHEEMS Administrative Pamphlet, 2017 Edition, Version 1.0, paragraph 0104 [Exhibit CC29]

<sup>20</sup> PULHHEEMS Administrative Pamphlet, 2017 Edition, Version 1.0, paragraph 0106 [Exhibit CC29]

suitability for employment worldwide (i.e. the overall functional capacity). The 'P' grading is affected by other qualities in the PULHHEEMS profile, namely the 'U', 'L', 'HH', 'EE' and 'S' gradings.

- b. Upper Limbs (U). Indicates the functional use of the hands, arms, shoulder girdle and cervical and thoracic spine, and in general shows the individual's ability to handle weapons and loads. A reduced 'U' grading will affect the 'P' grading.
- c. Locomotion (L). Indicates an individual's ability to march/run. The 'L' grading refers to the functional efficiency of the locomotor system. This quality must therefore take into account assessment of the lumbar spine, pelvis, hips, legs, knees, ankles and feet. Observation of gait and mobility are also important. Any conditions affecting the function of the locomotor system will result in a reduced 'L' grading which in turn will be reflected in the 'P' grading.
- d. Hearing (HH). This quality assesses auditory acuity only. Diseases of the ear such as otitis externa are assessed under the 'P' quality. Severe loss of hearing will affect the 'P' grading.
- e. Eyesight (EE). This quality assesses visual acuity only. Diseases of the eye such as glaucoma are assessed under the 'P' quality. Severe loss of visual acuity will affect the 'P' grading.
- f. Mental capacity (M). Indicates the individual's ability to learn Army skills and duties. Mental capacity is not subject to formal medical assessment at recruitment. However, the recruit selection procedure, including interviews, and the individual's academic record will allow judgement to be made on this quality. Subject changes are only likely to occur as a result of neurological disease or head injury.
- g. Stability (S). The S quality indicates emotional stability which grades the individual's ability to withstand the psychological stress of military life

(especially operations). Amendments to the “S” grade are usually required in cases of psychiatric illness but are not restricted to these circumstances.

35. Each of the PULHHEEMS criteria is assessed and quantified with a numerical rating. Each quality has the potential to be awarded a grade of 1 to 8. Only the ‘E’ quality uses all possible 8 gradings. In addition, the grading of P0 can be used in certain limited circumstances<sup>21</sup>. The permitted gradings are tabulated below:

<b>P</b>	<b>U</b>	<b>L</b>	<b>H</b>	<b>H</b>	<b>E</b>	<b>E</b>	<b>M</b>	<b>S</b>
0								
			1	1	1	1		
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4			4	4	4	4		
					5	5		
					6	6		
7	7	7			7	7	7	7
8	8	8	8	8	8	8	8	8

36. The specific definitions for the grades of P, U, L, M and S qualities are:

<b>Quality</b>	<b>Definition</b>
0	Medically unfit for duty and under medical care (P quality only)
2	Medically fit for unrestricted service worldwide
3	Medically for duty with minor employment limitations
4	Medically fit for duty within the limitations of pregnancy
7	Medically fit for duty with major employment limitations
8	Medically unfit for service

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<sup>21</sup> P0 is awarded where an individual is medically unfit for duty and under medical care. An individual who is discharged from hospital but is expected to remain unfit for duty for a prolonged period (greater than one month) is to be awarded the P0 grading.

37. In the context of the Coroner's investigation into the circumstances of Sean Benton's death, consideration of Mental Capacity (M) and Stability (S) are of greatest relevance. The different gradings for those qualities are defined as follows:

Degree	Mental Capacity (M)	Stability (S)
2	The absence of a medical condition affecting normal function.	The absence of a medical condition affecting normal function.
3	The presence of a limitation to mental function likely to affect the individual's ability to perform in their Career Employment Group (CEG). Able to perform commensurate with the individual's CEG, current rank and training. Able to provide supervisory, leadership and management responsibilities commensurate with their rank and CEG. Fit to perform Military Annual Training Tests.	The presence of a minor limitation to emotional stability likely to affect the individual's ability to perform in their CEG and at their appropriate rank. Fit to attempt Annual Combat Marksmanship Test and pass all Military Annual Training Tests. Able to handle live ammunition and operate a weapon without any risk to themselves or others.
7	Able to read, speak and to operate a computer (or be trained to do so). Able to perform commensurate with the individual's CEG, current rank and training. Able to provide supervisory, leadership and management responsibilities commensurate with their rank and CEG.	The presence of a significant limitation to emotional stability likely to affect the individual's ability to perform in their CEG and at their appropriate rank. Not able to handle live ammunition and operate a weapon without risk to themselves or others for a period not exceeding 12 months. Able to function within a military work environment.
8	Unable to either: - read - speak - operate a computer - undertake training - provide supervisory, leadership and management responsibilities	The presence of a major limitation to emotional stability likely to affect the individual's ability to perform in their CEG (at their substantive rank). Unable to function in a military work environment

	commensurate with their current rank and CEG.	or handle live ammunition for a period exceeding 12 months.
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38. The minimum medical standards for soldiers for entry into the Army are framed by the PULHHEEMS Administrative Pamphlet, 2017 Edition. As with the position in 1995, a soldier must meet the minimum grading of 2 in relation to Mental Capacity (M) and Emotional Stability (S) for admission into the Army.

39. Before the PSMA, the applicant's online medical questionnaire will already have been completed and reviewed. It must be confirmed that there is no history of any conditions incompatible with service<sup>22</sup>. The examining medical officer is required to carefully review and verify the applicant's medical history<sup>23</sup>. In particular, the examining medical officer is to ensure that the individual is asked specifically, and expand where appropriate, about a history of, amongst other conditions, mental ill-health issues and deliberate self-harm<sup>24</sup>. A comprehensive clinical examination is to be undertaken, with all PULHHEEMS criteria assessed.

40. In relation to Mental Capacity and Stability, while the physician is not expected to perform an exhaustive psychiatric examination, enquiries are to be made at the PSMA. Emotional Stability (S) must be assessed by the examining medical officers. It is noted that:

*"There is no adequate group test for temperament or personality and reliance must be placed on history. Contact with psychiatric services, substance abuse, eating disorders and contact with police and social services should all be elicited. Any history of self-harm or post-traumatic stress must be sought<sup>25</sup>".*

41. All examining medical officers are required to have a good knowledge of mental health matters. If the examining medical officers consider that there is insufficient

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<sup>22</sup> JSP 950, Medical Policy Part 1 Leaflet 6-7-7, Joint Service Manual of Medical Fitness (September 2016), Section Three, Annex B, P 3-B-1, paragraph 5 [Exhibit CC30]

<sup>23</sup> JSP 950, Medical Policy Part 1 Leaflet 6-7-7, Joint Service Manual of Medical Fitness (September 2016), Section Three, Annex B, P 3-B-2, paragraph 6 [Exhibit CC30]

<sup>24</sup> Ibid

<sup>25</sup> JSP 950, Medical Policy Part 1 Leaflet 6-7-7, Joint Service Manual of Medical Fitness (September 2016), Section Three, Annex F, page 3-F, paragraph 3 [Exhibit CC30]



information at the PSMA to make a decision in relation to the appropriate PULHHEEMS grading for the applicant's emotional stability, then the applicant can be required to provide further information (such as contemporaneous medical records) or information can be sought from the applicant's GP<sup>26</sup>.

42. As referred to already, a number of medical conditions disqualify an applicant from admission into the Army. Current psychiatric disease or dysfunctional behaviour is always a bar to recruitment<sup>27</sup>. In certain circumstances, recruitment may be possible after a prescribed period of time once the condition has been resolved<sup>28</sup>. If a previous disorder is of a nature where risk of relapse is judged to be likely then recruitment cannot be recommended<sup>29</sup>.

43. Today, there is clear and prescriptive guidance in relation to previous **intentional self-harm**. The guidance states as follows<sup>30</sup>:

*"36. The spectrum of intent in respect of intentional self-harm ranges from stress relief by cutting, through manipulative behaviour or emotional blackmail of others to serious suicidal intent. It is often difficult to tell from a candidate's recorded history where past episodes lie on this spectrum. The majority of candidates with a history of self-harm will have taken a medication overdose. Of other methods used superficial cutting, typically of the arms, thighs or abdomen, is also common. Evidence suggests that this cutting is often a maladaptive way of relieving stress and is more appropriately termed self-mutilation. It may be linked to acute stressors but might also be indicative of long term personality problems or a history of past childhood abuse.*

*37. A single episode of self-harm or self-mutilation in response to a stressful event occurring more than 3 years before application is no bar to recruitment provided the 3-year interim has been free from all symptoms. If there was no precipitating stressful event then the candidate should normally be graded S8, as this indicates an enduring endogenous risk of further self-harm. Candidates with a history of 2 or more episodes, even with clear stressors, should normally be graded S8, as repetition indicates a substantial risk of further repetition and, of more concern, a significant increase in risk of later death by suicide. If multiple attempts occur over a short period of time (weeks rather than months), and can clearly be ascribed to the same single stressful event, then for the purposes of selection, these may be regarded as a single episode".*

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<sup>26</sup> JSP 950, Medical Policy Part 1 Leaflet 6-7-7, Joint Service Manual of Medical Fitness (September 2016), Section Four, Annex L, page 4-L-1, paragraph 4 [Exhibit CC30]

<sup>27</sup> JSP 950, Medical Policy Part 1 Leaflet 6-7-7, Joint Service Manual of Medical Fitness (September 2016), Section Four, Annex L, page 4-L-1, paragraph 5 [Exhibit CC30]

<sup>28</sup> Ibid

<sup>29</sup> Ibid

<sup>30</sup> JSP 950, Medical Policy Part 1 Leaflet 6-7-7, Joint Service Manual of Medical Fitness (September 2016), Section Four, Annex L, p4-L-7 [Exhibit CC30]

44. JSP 950, titled Medical Policy Part 1 Leaflet 6-7-7 (the Joint Service Manual of Medical Fitness) [Exhibit CC30] provides a detailed table of the conditions which, unless one of the listed exceptions applies, are a bar to an applicant's recruitment to the Army<sup>31</sup>. Any mental health condition at the time of examination is an absolute bar to an applicant's recruitment, as are the following:

- a. Alcohol dependence.
- b. The harmful use of alcohol, unless the applicant has been symptom free and has not undergone treatment in the three years before the date of application.
- c. Severe, recurrent or persistent depressive disorders, or three or more mild or moderate depressive episodes, unless: (a) in the case of a single mild or moderate episode, the applicant has been symptom free and has not undergone treatment during the two years prior to the date of application; and (b) in the case of two mild or moderate episodes, the applicant has been symptom free and has not undergone treatment during the four years prior to the date of application.

45. Because any present or historic experience of these conditions is a strict barrier to an applicant's entry, the Army is able to identify many applicants who, on account of their medical, psychological and social history, would be unsuited to Army life. The system today is an extremely detailed one. The level of granular and detailed consideration given to applicant's suitability at the PSMA supplements the screening processes previously undertaken.

46. Applicants who have not previously served in the Army are graded as follows at the conclusion of the PSMA<sup>32</sup>: (i) Pass- (Fit); (ii) Probationary Pass- (Temporarily Medically Unfit). This grade is only used for candidates for Scholarships or Bursaries considered to be temporarily unfit but likely to meet entry standards in time to

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<sup>31</sup> JSP 950, Medical Policy Part 1 Leaflet 6-7-7, Joint Service Manual of Medical Fitness (September 2016), Section Four, Annex L, p4-L-8 [Exhibit CC30]

<sup>32</sup> PULHHEEMS Administrative Pamphlet, 2017 Edition, Version 1.0, paragraph 0808 [Exhibit CC29]

commence Basic Training; (c) Defer- (Temporarily Medically Unfit). Candidates considered temporarily unfit (for example those who require a specialist opinion or time to recover fitness from illness or injury, or pregnancy) are to be graded temporarily medically unfit until a final decision is made; and (d) Fail- (Permanently Medically Unfit). Such applicants do not require a further assessment by a second medical examiner. The outcome of the PSMA is valid for 12 months. In other words, an applicant who passes the medical assessment at the PSMA can start their basic training at any point up until 12 months after the date of the assessment.

#### (ii) The Initial Medical Assessment

47. Within a week of starting basic training, recruits today are required to undergo the Initial Medical Assessment to confirm their fitness to commence training. The Recruiting Group Medical Declaration, the applicant's PHCR and the result of the PSMA must be available and considered at the Initial Medical Assessment. Unless all such information is available, the Initial Medical Assessment must be deferred until the information is obtained.
48. The applicant's PHCR is scrutinised by the examining medical officer conducting the assessment. The scrutiny of the records at the Initial Medical Assessment is a further safeguard to identify any social, medical or psychological problems that may not have been highlighted by an applicant or their GP in the recruitment process, or may not have been identified during the screening processes. The Initial Medical Assessment is conducted by a doctor from the Defence Medical Services, who may undertake a repeat physical examination of the Soldier Under Training. The PHCR of the Soldier Under Training is summarised and all other pre-service medical screening documentation is retained in the electronic health care record<sup>33</sup>.
49. If new information comes to light at the Initial Medical Assessment (a new health issue or a previously undeclared historical issue) the Soldier Under Training may not be passed fit for Phase 1 training. In that event, their conditional offer of employment would be withdrawn, or suspended pending review. Like the PSMA, the Initial

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<sup>33</sup> PULHHEEMS Administrative Pamphlet, 2017 Edition, Version 1.0, Paragraph 0823 [Exhibit CC29]

Medical Assessment is conducted by reference to the PULHHEEMS criteria. Both the soldier's Mental Capacity (M) and (Emotional) Stability (S) are, again, expressly considered.

(iii) Medical Assessment on completion of Initial Trade Training

50. All Soldiers Under Training are then required to undergo a further medical assessment at the completion of their initial trade training. The Unit Medical Officer is required to confirm that all Soldiers Under Training meet the minimum standards for entry into the Field Army. A further physical examination may be conducted. As with the PSMA and the Initial Medical Assessment, this assessment is conducted by reference to the PULHHEEMS criteria.

C: Differences between the system of recruitment today and the system in 1995

51. Today, the process of recruitment is far better equipped than the process that operated in 1995. There are four key points which illustrate the improvements in the current system:

- a. The routine consideration of an applicant's PHCR;
- b. The detailed, prescriptive list of conditions that place an absolute bar on a person's recruitment into the Army;
- c. The focus on mental health and wellbeing issues; and
- d. The channel of communication and the storage of information in the electronic health record.

(i) The routine consideration of the PHCR

52. As I noted in my previous witness statement, in 1995 an applicant's civilian medical records were not considered as a matter of routine during the process of recruitment. In fact, the possibility of doing so was ruled out in 1993 on the grounds of cost

effectiveness. Without the routine consideration of an applicant's medical history, it is fair to say that the system of recruitment as it stood in 1995 was susceptible to the potential problems that might arise in relation to an applicant having unidentified physical or mental health conditions.

53. For a long time, and in response to the recommendations made by Nicholas Blake QC (as he then was) in **The Deepcut Review, A review of the circumstances surrounding the death of four soldiers at Princess Royal Barracks, Deepcut between 1995 and 2002** (March 2006) (the "Blake Review"), the Army has routinely considered an applicant's PHCR as part of the process of recruitment. Indeed, as outlined already, the process followed today is that an applicant's PHCR is screened before they undergo medical examination at the PSMA/Initial Medical Assessment.
54. The benefits to this current practice have been enormous. First, the ability to screen the PHCR enables an applicant's full medical history to be considered at a very early stage in the process. Applicants with medical or social issues which make them obviously unsuitable for Army life can be identified and removed from selection at an early stage.
55. Second, consideration of the PHCR provides an important safeguarding function: it allows the information provided by an applicant in their Online Medical Questionnaire or that provided by their GP during the recruitment process to be corroborated; or, in certain cases, for missing information to be identified.
56. Third, the information in the PHCR informs the applicant's medical examinations. Providing the examining medical officer with the applicant's full medical history ensures that the examination is comprehensive and thorough. In many cases, considering in detail an applicant's social and medical history is a powerful method of determining whether, in relation to emotional stability (S), the applicant meets the threshold criteria for recruitment into the Army.
57. Fourth, obtaining the PHCR is the channel by which the applicant's civilian medical history is transferred to the Defence Medical Service.

58. It is important to point out that the PHCR is not just considered during the screening process but, rather, informs the whole process of recruitment. Consideration of the PHCR is a crucial, and indeed mandatory, part of the Initial Medical Assessments. On successful completion of the PSMA, the Recruiting Group obtains a copy of the applicant's PHCR and provides it to the medical staff at the training establishment. Since February 2017, the Recruiting Group has, with consent from the applicant, been permitted to examine the PHCR of regular soldier applicants in lieu of the Recruiting Group Medical Declaration and prior to the PSMA. Doing so reduced the need for information requests and removes the need for the Civilian GP to complete the Recruiting Group Medical Declaration.

(ii) The conditions which act as a bar to recruitment

59. It is now clear as a matter of policy that a psychiatric disease or dysfunctional behaviour at the time of the Initial Medical Assessment is an absolute bar to an applicant's recruitment into the Army. If, at the time of their application, an applicant has suffered historically from any of the disbaring conditions set out in JSP 950 (and outlined in this statement already), that will also act as an absolute bar to their recruitment.

60. The list of conditions is detailed and comprehensive. In combination with the thorough screening of the applicant's PHCR, it is designed to ensure that those unsuitable for Army life on account of their social, medical and psychological history are not recruited. There is now clear and prescriptive guidance as to what will prevent an applicant's recruitment into the Army.

(iii) Focus on mental health and issues of wellbeing

61. The process of recruitment places heightened importance on mental health and wellbeing.

62. By way of example, on 25 April 2016 the Online Medical Questionnaire [Exhibit CC71] was updated to include a number of questions relating specifically to mental wellbeing<sup>34</sup>. They comprise the following:

- a. Have you ever been diagnosed with a Mental Health problem?
- b. Have you ever been sectioned under The Mental Health Act?
- c. Have you ever been diagnosed as having: Schizophrenia, Psychosis, Bipolar Disorder or Obsessive Compulsive Disorder?
- d. Have you had Anxiety disorder or Panic Attacks in the last year?
- e. Have you had more than two separate episodes of Depression treated by a doctor?
- f. Have you self-harmed, cut or overdosed more than once?
- g. Have you ever been diagnosed by a doctor with either Alcohol addiction or Recreational Drug addiction?
- h. Have you ever been diagnosed by a doctor as having Anorexia Nervosa or Bulimia?

63. Such questions are designed to elicit relevant information about an applicant that may not be apparent, or readily apparent, from their PHCR. For example, if an applicant who had previously self-harmed had not sought medical attention in relation to that episode of self-harm, information about the fact that they had self-harmed would not necessarily have been contained in their PHCR.

64. By way of further example, the Recruiting Group Medical Declaration [Exhibit CC72], which is sent to an applicant's GP so that the GP can corroborate the applicant's self-

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<sup>34</sup> Online Medical Questionnaire, page 3 [Exhibit CC71]

declared medical history, also poses a number of questions relating to an applicant's mental wellbeing<sup>35</sup>. They include the following:

- a. Do the medical records you hold on this patient contain any reference to current or past problems with their mental health?
- b. Information in relation to the following key diagnoses is required: depression, self-harm, eating disorders, alcohol or substance misuse problems, ADHD, counselling/Community Psychiatric Nurse contact, psychotic illness, any psychiatric admission or referral to psychiatrist.
- c. The GP is required to provide key information in relation to any mental wellbeing issues, including details of the treatment received, the date of the last symptoms/consultation/treatment and copies of relevant clinic letters.

#### (iv) Electronic Health Record

65. Prior to arrival at the training unit, a summary of an applicant's PHCR is created by a Defence Medical Services nurse and stored as part of the applicant's Defence Medical Services electronic health record. The electronic health record enables information to be retained and shared by those responsible for a soldier's healthcare provision throughout their Army career.

#### D: Supervision and support during Phase 1 training

66. Under **JSP 822, titled Defence Direction and Guidance for Training and Education, Part 1: Directive [Exhibit CC31]**, "*Commanders must conduct a Commander's Risk Assessment (CRA) of all aspects of training conducted in their establishment or unit*<sup>36</sup>". The Commander's Risk Assessment must contain a succinct explanation of the unit's role and environment, and a comprehensive assessment of risk to recruits, trainees and staff. It is noted that:

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<sup>35</sup> Recruiting Group Medical Declaration, section 3.5 [Exhibit CC72]

<sup>36</sup> JSP 822, Defence Direction and Guidance for Training and Education, Part 1: Directive, page 28, paragraph 7 [Exhibit CC31]



*"[The CRA] will include identifying areas of concern regarding Permanent Staff welfare, recruit and trainee welfare and the Training Environment. The assessment will identify risks which require command action and must be built from the 'bottom up'. Permanent Staff must be involved in the risk assessment process, as they appreciate where the real risks lie. The CRA will form the basis of a set of orders presented in the form of a Supervisory Care Directive (SCD). The SCD will identify what action needs to be taken and by whom, to mitigate identified risks. The application of military judgement will be required, reflecting local circumstances and particular recruit or trainee cohorts, to produce an effective SCD<sup>37</sup>".*

67. Today therefore, the supervision and support of those during Phase 1 training is underpinned by the requirement that a Commander is to undertake a Commander's Risk Assessment in relation to training at their establishment. And, in response to the risks that are identified, the Supervisory Care Directive is then put in place.

68. All Phase 1 training establishments are required to have in place a Supervisory Care Directive, which is reviewed annually. The Supervisory Care Directive is based on the findings of the risk assessment conducted by the Commanding Officer. The Supervisory Care Directive must be a living, practical document that provides instructional staff with an overview of how the unit works and their part in its running. The document must provide a framework within which the unit discharges its Supervisory Care responsibilities and must demonstrate and clearly articulate the Commanding Officer's commitment to the care of the trainees. The care regime must establish appropriate levels of supervision and welfare cover at all times, not only during training, but also out-of-hours, holdovers, at weekends and during leave or stand-down periods. Supervisory care aims to provide appropriate levels of support, assistance or advice to those in training.

#### E: The Commander's Risk Assessment and Supervisory Care Directive at Pirbright

69. Today, Pirbright is home to the Army Training Centre (ATC), the Army's largest Phase One training establishment, which consists of three regiments: 1 ATR, 2 ATR and HQ Regt ATC. Collectively, the three ATC Commanding Officers have a legal obligation

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<sup>37</sup> JSP 822, Defence Direction and Guidance for Training and Education, Part 1: Directive, page 28, paragraph 7 [Exhibit CC31]

for the wellbeing of those in training and are directly accountable for providing an effective supervisory care regime for soldiers undergoing training in the unit.

70. The levels of supervisory care at Pirbright are based on the findings of the Pirbright Commander's Risk Assessment. The Commander's Risk Assessment takes account of a range of factors relevant to the ATC, including the types of issues faced by Recruits Under Training and the nature of the training which is undertaken. It aims to analyse and categorise the different risks faced by recruits and, to identify the required levels of staff supervision. Reference is made to the size, maturity and diversity of the Recruit population, and the location and nature of the activities undertaken by Recruits at Pirbright. The Commander's Risk Assessment also aims to take account of the implications for instructors, especially junior ones and those just returning from operations, whose work/life balance is often poor due to the increased pressure placed on them.
71. The care regime at the ATC has established appropriate levels of supervision and welfare cover at all times. The supervision of care is applied during all periods of formal training, in and out of barracks. Care is provided in the evenings and during weekends and periods of leave, for those recruits remaining within barracks. During the first seven weeks recruits are supervised more closely, for example being marched to all meals and having a duty person dedicated to the platoon. After week eight a duty person will be available in each training company.
72. The Commander's Risk Assessment is reviewed annually or when required, but at least once in every training year. Analysis/recommendations from trends identified by monthly reports from the Services Welfare, Unit Welfare Committee and Trainee Forum are included in any update, in addition to any recommendations from assurance visits. Instructors, administrative and welfare staff are encouraged to contribute further to this process by helping to ensure that all relevant risks have been identified in the Commander's Risk Assessment, and appropriate and feasible mitigation measures are in place. All comments and amendments are fed through the appropriate Chain of Command. The Supervisory Care Directive directs how staff are to mitigate the risks identified in the Commander's Risk Assessment and the responsibilities of the staff.

## F: Improvements to the Phase 1 training process

73. Today, Standard Entry Phase 1 training for non-infantry recruits consists of a 14 week Common Military Syllabus (Recruit) delivered at the ATC based at Pirbright or the Army Training Regiment (ATR) based at Winchester. Infantry soldiers complete a 26 week long combined Phase 1 and Phase 2 Combat Infantry Course at Catterick. Junior Soldiers conduct all the components of Phase 1 training at the Army Foundation College Harrogate during either a nine month course, known as Junior Entry (Long), or a six month short course, depending on the trade that they join. The 14 week Phase 1 course, which is structured and progressive, is designed to transition soldiers from joining the Army as civilians to the commencement of Phase 2 training. The first seven weeks of the course are designed specifically to facilitate a soldier's transition from civilian to military life.
74. Platoons at ATC Pirbright are today up to 48 strong. Their command structure comprises a Platoon Commander, a Sergeant and four Corporals. In line with the minimum requirements of the Pirbright Commander's Risk Assessment, there is a staff to recruit supervisory care ratio of 1:12<sup>38</sup>.
75. Platoons at ATR Winchester are, due to restrictions in accommodation, up to 40 strong. Like the position at Pirbright, the command structure for each Platoon comprises a Platoon Commander, a Sergeant and four Corporals. That results in a supervisory care ratio of 1:10.
76. The risk for Phase 1 recruits is regarded as higher during their first 7 weeks of training, as they transition from civilian life into military service. It is during that time that the highest level of supervision is required. In principle, levels of supervision can be reduced over the course of training as recruits gain in maturity and become more self-managing. Nonetheless, duty supervisory staff are available at all times during evenings and out of hours periods. In addition a Welfare Officer and Padre are on call

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<sup>38</sup> That ratio is based on the existence of four Corporals

24 hours a day, with Royal Voluntary Service staff available during evenings and regular working hours.

77. Of particular importance in the Pirbright Supervisory Care Directive is the need for Commanding Officers to have systems in place to identify and protect those recruits or trainees who are particularly vulnerable to harassment, bullying or discrimination; those who have personal, educational or welfare problems that could affect their performance or health; and those potentially at risk of self-harm or suicide.
78. Such individuals are monitored using a 'Risk Register' and through a Regimental Review Board, involving training, medical and welfare staff as appropriate. This Board sets clear direction on the actions to be taken. The Risk Register provides a formal record of individual recruit issues, whether personal or professional, and the actions taken, and by whom, to support the individual. Registers are routinely updated, and within appropriate boundaries of confidentiality the detail is accessible to the individual's Chain of Command. Those considered at risk or on relevant ATR Regimental Review Boards are brought to the attention of the duty staff. U18s are also identified to Duty Staff. Any recruit thought to be at a particular risk or vulnerable, would be admitted to the Medical Centre with a member of staff to escort them.
79. Today, there is also in place a system of assurance, which involves the evaluation, audit and inspection of training activities. This system is designed to assure the Chain of Command that the training provided is:
  - i. Effective and meets requirements;
  - ii. Is conducted in accordance with endorsed Defence and single Service training policies;
  - iii. Meets Defence Care and Welfare obligations;
  - iv. Where appropriate, it meets the requirements of UK legislation and other national standards; and

- v. Fosters a culture of Continuous Improvement.

80. As briefly summarised in the introduction to this statement, the system of assurance comprises four levels: 1<sup>st</sup> Line of Defence assurance; 2<sup>nd</sup> Line of Defence assurance; 3<sup>rd</sup> Line of Defence assurance; and 4<sup>th</sup> Line of Defence assurance.

- a. **1<sup>st</sup> Line of Defence assurance** - the way the organisation controls and manages risk day-to-day. Assurance comes direct from those responsible for delivering specific objectives or processes. It may lack independence but its value is that it comes from those who know the business and day-to-day challenges; activity is carried out by all units to ensure that what is happening on the ground in the units is in line with the correct processes and procedures. This is confirmed by external inspections by the unit's HQ, Peer Reviews (unit on unit inspections) and the Independent Advisory Panel. Inspections will happen at least annually but normally more frequently. Auditors at unit level are trained to conduct internal audits, and personnel selected to conduct these will have sufficient experience and skills. The emphasis will be focused upon the training output. However, each function will be examined to ensure they are supporting training in the most efficient and effective manner.
- b. **2<sup>nd</sup> Line of Defence assurance** - the way the Department oversees the control framework so that it operates effectively. It captures the whole training system and is conducted by the Army chain of command, in the main by the Assurance Inspection Team ARTD. Training Establishments are subject to a multi-disciplinary review at least every 24 months or more frequently should it be required. Inspection Team outcomes / key themes are reported both to General Officer Commanding ARTD and to his Command Group, the senior leadership of the Division, once a quarter.
- c. **3<sup>rd</sup> Line of Defence assurance** - mainly through internal audit, providing reasonable (not absolute) assurance to the Permanent Secretary and Defence Board of the overall effectiveness of the control framework. This relates to independent and objective assurance; it captures the whole training system and is conducted by The Army Inspector and Defence organisations external

to the Army's chain of command. The Army Inspector works directly to the Chief of the General Staff, providing his internal, independent assurance function.

- d. **4<sup>th</sup> Line of Defence assurance** - external auditors, regulators and other external bodies. This is achieved through scrutiny by external bodies which include, principally, the Ofsted inspection regime and the Independent Advisory Panels. Both scrutinise the experiences of those in training. In the context of the inspection of welfare and duty of care, the three principle themes for Ofsted are: outcomes for recruits and trainees - the impact and effectiveness of arrangements for welfare and duty of care; the quality of welfare and duty of care arrangements; and the effectiveness of leadership and management - of systems for welfare and duty of care and making improvements. The latest Ofsted Report for Deepcut noted that the overall effectiveness of welfare was good.

#### G: Recruits struggling during Phase 1

- 81. Recruit performance is monitored formally through weekly individual interviews with platoon staff. Weekly reports are maintained by training staff to record and monitor performance, but also to provide feedback to the recruits.
- 82. The nature of any intervention will depend on the issue with which the recruit may be struggling. A recruit who is not performing well with specific aspects of training will be given additional tuition, and if necessary removed from training to the Remedial/Rehabilitation Company to get them to the standard required at a slower pace prior to re-commencing general training. The closeness of successive course starts means that there are frequent opportunities for a recruit to re-enter a programme should they need to.
- 83. Weekly feedback is an opportunity for the training staff to point out to recruits, not just areas to improve but where they are doing well to build confidence and encourage them. If a recruit is struggling with home sickness or settling-in, training staff will try

to identify the issue and, if required, signpost the recruit to additional support staff, including the Welfare Officer, Royal Voluntary Service, and the Padre.

84. Recruits who have been identified as struggling with any aspect of Phase 1 will be placed on the Company Risk Register and managed through the weekly Company Review Board. If the Company Commander deems it necessary, the case will be raised with the Commanding Officer at the fortnightly Regimental Review Board. Here, the relevant welfare, training or medical staff will advise the Commanding Officer on the best course of action to support the recruit, and this will be recorded on the Risk Register, with actions to be taken and reviewed at subsequent Review Boards. Ultimately, should remedial training, medical rehabilitation or other interventions not get a recruit back to the required standard, their discharge may be applied for in accordance with the Queen's Regulations 1975.

#### H: The transfer of information from Phase 1 establishments to Phase 2 establishments

85. All standard entry recruits have a 16 page report completed over the (Phase 1) 14 week course, which includes their weekly progress reports. As a minimum, all recruits' individual Phase 1 report books are handed over to the Phase 2 training establishments. These are reviewed by Phase 2 staff prior to the recruits' arrival to understand the general performance and attitude of the individuals they will be responsible for. Poorly performing recruits or those with a poor attitude towards discipline, but who nevertheless go on to pass their Phase 1 training, can be identified before their arrival at their Phase 2 training establishment. A recruit who struggles with Phase 1 training, but who is not considered to be "At Risk" (as described below), will therefore be identified to a Phase 2 training establishment in advance of their arrival.
86. Where an individual deemed to be "At Risk" passes from one training establishment to the other, it is required today, as a matter of policy, that there exists an effective method of transferring information about that individual<sup>39</sup>. *The **ARTD Handbook***,

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<sup>39</sup> JSP 822, Defence Direction and Guidance for Training and Education, Part 1: Directive, page 36, paragraph 10 [Exhibit CC31]

**Supervisory Care Direction, G1- Personnel and Administration**<sup>40</sup> [Exhibit CC32]

states that it is essential that information regarding “At Risk” recruits is passed effectively from Phase 1 to Phase 2<sup>41</sup>.

87. Specific recruits in Phase 1 who are identified as “At Risk” for performance, attitude, welfare or any other reason are placed on a Risk Register and monitored and managed fortnightly at a Regimental Review Board comprising the Chain of Command, medical, welfare and training staff as required. The Regimental Review Board is designed to assess the state of an individual with a view to deciding the most appropriate category of risk and the appropriate action required to support that individual. It is undertaken in addition to the weekly individual interviews. All soldiers that are Under 18 are routinely discussed on these boards.
88. Deciding whether an individual should be categorised as being at risk is ultimately the responsibility of the Commanding Officer. The Commanding Officer will, however, consult relevant subject matter experts on the Board, in order to ensure that there is a common approach to the way in which risk is categorised across the unit. A record of all action undertaken by those providing support is maintained so that the case history can be understood without reference to the support worker. Those recruits at risk of self-harm or suicide are managed through a Vulnerability Risk Management Register, in accordance with **Army Suicide Vulnerability Risk Management Policy (Army General and Administrative Instructions (AGAI) Volume 3, Chapter 110)** [Exhibit CC33]. This will be explained in greater detail in the sections of the statement which follow.
89. Where recruits will move onto Phase 2 with an on-going entry on the Risk Register, the receiving Phase 2 unit will be notified directly. In all cases where a recruit has been on the Vulnerability Risk Management Register during Phase 1, the Phase 2 training establishment will also be notified specifically. This process is monitored monthly by

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<sup>40</sup> Army Recruiting and Training Division Handbook, Supervisory Care Direction, G1- Personnel and Administration, issued on 4 August 2006 and last reviewed on 14 April 2017 [Exhibit CC32]

<sup>41</sup> Army Recruiting and Training Division Handbook, Supervisory Care Direction, G1- Personnel and Administration, paragraph 6 [Exhibit CC32]



HQ ARTD through the Training Operations Board, where any failings in the passage of information can be identified and rectified swiftly.

I: Supervision and support during Phase 2

90. As referred to in my previous statement, the Blake Review identified as a theme the “persistent shortage of supervisory staff in the Training Regiment<sup>42</sup>” at Deepcut in 1995 and the years which followed. The evidence it considered indicated that there were times in 1995 where the ratio of corporals to soldiers was 1:100 and rarely less than 1:80<sup>43</sup>. At night, when married staff returned to their quarters, the ratio could be increased to 1:200<sup>44</sup>. My previous statement conceded that the problem of low supervisory ratios, a resources-based problem, meant that there were insufficient staff to provide the most appropriate level of care and supervision to trainees which, in turn, impacted upon their welfare.

91. Though it remains important for there to be a progressive lifting of supervision during Phase 2 training in order to prepare soldiers for their deployment into the Field Army, there are now strictly defined minimum levels of supervision at Deepcut today.

92. It is a requirement under **JSP 822, Defence Direction and Guidance for Training and Education, Part 1: Directive** [Exhibit CC31] that:

*“The care regime must establish appropriate levels of supervision and welfare cover at all times, not only during training, but also out-of-hours, holdovers, at weekends and during leave or stand-down periods. It must include or refer to appropriate procedures, processes and policies to ensure compliance with higher level requirements, and consistency/coherence with other Unit/Command/Service/Defence activities as appropriate. The minimum acceptable levels of supervision determined from the CRA [Commander’s Risk Assessment] must be clearly articulated against relevant serials during the working day, out-of-hours, weekends and leave periods. If, due to unforeseen and unavoidable circumstances, the requisite levels of supervision cannot be maintained, suitable mitigating measures are to be identified and implemented<sup>45</sup>”.*

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<sup>42</sup> Blake Review, paragraph 5.191

<sup>43</sup> Blake Review, paragraph 4.74

<sup>44</sup> Ibid

<sup>45</sup> JSP 822, Defence Direction and Guidance for Training and Education, Part 1: Directive, page 35, paragraph 8 [Exhibit CC31]

93. As with the position at Pirbright, the Supervisory Care Regime at Deepcut, framed by the Supervisory Care Directive, is based on the findings of the Commander's Risk Assessment. The Supervisory Care Directive at Deepcut is updated, as a minimum, every training year.
94. Under the Supervisory Care Directive, the Commanding Officers/Officers Commanding/Chief Instructors are to ensure that: when trainees are under instruction, there is a minimum of one supervisor to every 30 trainees; and during fitness training, that there is a minimum of one supervisor to every 15 trainees (this ratio will be determined in each case, through the Risk Assessment process, and the ratio can be increased subject to certain caveats)<sup>46</sup>.
95. As noted by the Supervisory Care Directive, these "*ratios represent the minimum acceptable levels of supervision*" at Deepcut<sup>47</sup>. Higher ratios can be set, if determined by the Commander's Risk Assessment, but need to be articulated by the Commanding Officers/Officers Commanding/Chief Instructors<sup>48</sup>.
96. The minimum ratios set down in the Supervisory Care Directive are never compromised. Unlike the position in 1995, where the cyclical flow of trainees to and from Deepcut made supervision difficult to regulate, supervision is today closely monitored by those in the Chain of Command. Trainees will not be admitted to Deepcut if the minimum supervisory ratios will be breached. There are contingencies in place to ensure that the ratios are maintained if there is a temporary surplus of trainees. The Supervisory Care Directive notes, in this respect, that:

*"If, due to unavoidable circumstances, the required levels of supervision cannot be achieved HQ DCLPA [the Headquarters of the Defence College of Logistics, Policing and Administration] must be made aware via the DCLPA Risk Register and suitable*

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<sup>46</sup> Supervisory Care Directive, paragraph 60 [Exhibit CC26]; further guidance on the facts that should be taken into account when assessing the risks of conducting PT can be found in **AGAI Volume 1 Chapter 7, Annex B** [Exhibit CC73] which provides at paragraph 14 that exceptionally within ARTD and ITG [Initial Training Group] the ratios for indoor lessons can be adjusted to 1:24 and outdoor lessons (runs, marches, obstacle course etc) to 1:16 subject to attendance at the lesson by other training staff (not to be involved from the Personal Training Instructor point of view but to ensure adequate duty of care).

<sup>47</sup> Ibid

<sup>48</sup> Ibid

*mitigating measures are to be identified and implemented using a site-wide response if necessary<sup>49</sup>".*

97. All permanent staff at Deepcut have a supervisory care responsibility for trainees regardless of their working relationship<sup>50</sup>. During normal working hours, all trainees are to be directly supervised by school instructors or unit support staff. Schools are to provide appropriate safety supervisor management, during specific development or exercise activities outside of the classroom environment, in order to reduce the chance of risk to trainees<sup>51</sup>.

98. Outside of normal working hours and any time that trainees are on site, duty staff are maintained to provide duty of care for trainees. The duty staff consists of:

a. **The Squadron Orderly Corporal (SOC)** is the first point of contact for all trainees. They are a member of the 24 hour support team and are responsible for the out of hours supervision of Phase 2 trainees. The SOC's duty includes a final bed check at 2300hrs, during which every effort should be made to ensure that a soldier of the opposite sex escorts the SOC during the various accommodation blocks. The SOC performs their duties around the Phase 2 accommodation lines and is required to be contactable at the duty room, through the guardroom or by the duty mobile at all times during the course of their duty<sup>52</sup>. The SOC is provided with appropriate accommodation in a location close to the trainees in order to carry out supervisory duties, which include monitoring the catering, retail, leisure and recreational areas, and specifically the accommodation areas during the duty period. The SOC acts as a principal point of contact for any welfare/discipline, administrative issues that may arise out of working hours. Issues which arise are recorded and passed up the Chain of Command as appropriate.

b. **The Barrack Orderly Sergeant (BOS)** is the next level of contact in the event of an emergency. The BOS reports to the Regimental Sergeant Major of 25

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<sup>49</sup> Supervisory Care Directive, paragraph 60 [Exhibit CC26]

<sup>50</sup> Supervisory Care Directive, paragraph 61 [Exhibit CC26]

<sup>51</sup> Supervisory Care Directive, paragraph 66 [Exhibit CC26]

<sup>52</sup> Supervisory Care Directive, paragraph 65 [Exhibit CC26]

Training Regiment at 0745hrs on the day of duty for a briefing and then remains within the barracks or immediate service accommodation throughout the 24 hour duty period. The BOS is to be contactable by all Phase 2 trainees and permanent staff<sup>53</sup>.

- c. **The Barrack Orderly Officer (BOO)** is the next level of contact after the BOS. The BOO reports to the Adjutant of 25 Training Regiment at 0745hrs on the day of duty for a briefing and then remains within the barracks or immediate service accommodation throughout the 24 hour duty period. The BOO should be informed immediately of any emergency.
- d. **The Deepcut Duty Station Officer (DSDO)** is the highest level of duty staff. The DSDO reports to the Adjutant of 25 Training Regiment at 0745hrs on the first day of duty for a briefing and then remains within the barracks or within an hour of the station in the silent hours throughout the seven day duty period. The DSDO is responsible for contacting the Commanding Officer and Higher Headquarters if deemed necessary.
- e. **The Unit Welfare Officer** maintains a 24 hour duty rota to provide immediate welfare support and advice.

99. The Chain of Command is required to ensure that the BOO and the SOC are available on call and on site, as a first point of contact for all Phase 2 trainees<sup>54</sup>.

#### J: Welfare

100. In 1995, there were a number of welfare agencies available to trainees which supplemented the Chain of Command's responsibility for welfare. They included the Padre (the Army Chaplain), representatives from the WRVS (Women's Royal Voluntary Service), the Medical Officer (the Army doctor) and the civilian doctor.

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<sup>53</sup> Supervisory Care Directive, paragraph 64 [Exhibit CC26]

<sup>54</sup> Supervisory Care Directive, paragraph 67 [Exhibit CC26]

101. My previous statement highlighted several points of criticism of the welfare systems in place at Deepcut in 1995<sup>55</sup>. First, that a shortage of permanent staff at Deepcut in 1995 meant that pastoral care was limited and that there were insufficient people to look for potential problems amongst trainees<sup>56</sup>. Second, that there was no formal overall welfare policy<sup>57</sup>. Third, that there was no officer in the regiment dedicated to dealing with welfare problems amongst trainees<sup>58</sup>. Fourth, that the Army's approach to welfare was uncoordinated, with the different welfare agencies working in isolation<sup>59</sup>.

102. The provision of welfare support to Phase 2 trainees today is very different. The principles that underpin welfare policy across the Armed forces are defined in **JSP 770, Tri Service Operational and Non Operational Welfare Policy**<sup>60</sup> [Exhibit CC34]:

- i. The primacy of the Chain of Command, who are responsible for the welfare support of personnel under their command and their entitled families.
- ii. To provide guidance for the individual in their responsibilities and the pivotal role needed to ensure they communicate effectively with both their families and the Command in times of complex need.
- iii. To provide a widely-recognised and accessible personal and community support structure which secures and improves the well-being of serving personnel and their families, and in doing so, optimises the military capability and motivation of Service personnel.
- iv. To provide welfare support, in both operational and non-operational areas, to secure the well-being of all Armed Forces personnel.

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<sup>55</sup> See my previous witness statement at paragraphs 99-104

<sup>56</sup> 1995 Statement, paragraph 104

<sup>57</sup> 1995 Statement, paragraph 100

<sup>58</sup> 1995 Statement, paragraph 99

<sup>59</sup> 1995 Statement, paragraph 100

<sup>60</sup> JSP 770, Tri Service Operational and Non Operational Welfare Policy, Part 1: Directive, Version 12, August 2017, paragraph 1.1.05 [Exhibit CC34]

- v. To have in place balanced, resourced and appropriate welfare packages, ready for immediate activation when Armed Forces personnel are deployed.
- vi. To provide overseas, as far as is reasonably practicable, the services that are normally available in England, through Service specialist welfare organisations.
- vii. To provide, as far as reasonably practicable, an equal standard of welfare support for Reservists in conjunction with Local Authority provision.
- viii. To limit, as far as reasonably practicable, those factors that are detrimental to the operational effectiveness of Armed Forces personnel.

103. Welfare policy across the Armed Forces is also shaped by the provisions of the **JSP 822, Defence Direction and Guidance for Training and Education, Part 1: Directive [Exhibit CC31]**, which states that:

*“The sharing of concerns over recruits and trainees among welfare practitioners and the Chain of Command must be formalised within establishments. Vulnerable or potentially vulnerable recruits and trainees must be identified as early as possible and appropriate action taken for their well-being.....There must also be a formalised welfare forum with Terms of Reference and regular, routine meetings that are centrally co-ordinated. Welfare points of contact should be widely publicised and recruits and trainees apprised of all avenues of complaint, including the Service Complaints Commissioner<sup>61</sup>”.*

104. Within the framework of these requirements under the Joint Service Publications, the Army’s Welfare Policy is promulgated through the **Army General and Administrative Instructions, Volume 3, Chapter 81, Army Welfare Policy** (AGAI 81)<sup>62</sup> [Exhibit CC35]. Under the provisions of AGAI 81, Commanders are required to<sup>63</sup>:

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<sup>61</sup> JSP 822, Part 1, page 29, paragraph 9 [Exhibit CC31]

<sup>62</sup> Dated November 2016

<sup>63</sup> AGAI 81, paragraph 81.005 [Exhibit CC35]

- a. Where practicable, provide and maintain as a minimum the standard of welfare and community support assets as detailed in the Mandatory Unit Welfare Responsibilities, which is exhibited to AGAI 81 at Annex A.
- b. Establish a stigma-free welfare culture that encourages personnel to seek advice at the earliest opportunity through the Chain of Command or directly through unit welfare personnel.
- c. Provide or ensure access to welfare resources where normal civil society does not meet the need.
- d. Ensure that all appropriate personnel undergo suitable training to meet their welfare responsibilities.
- e. Ensure that all vital information, including full details of welfare and community support services, is communicated effectively to the Service community in a way that is suitable to meet their individual needs. This is to include details of the MOD's Equality and Diversity Policy and MOD Harassment Complaints Procedures, ensuring that the welfare needs of the parties to a complaint (complainant and respondent) are properly considered and that they are protected from the stresses of their situation.
- f. Seek specialist advice where necessary. Timely advice and guidance should be sought from higher authority where required. Potentially high profile and contentious issues should be referred to higher authority for consideration before unit action is taken.
- g. Maintain a close working relationship with specialist welfare organisations granting suitable access where required. The Commanding Officer is to regularly hold formal welfare meetings run by unit welfare and specialist staff to address current welfare issues and ensure that a seamless and coherent welfare service is available.

- h. Include welfare requirements within preparations for all exercise and operational deployments; this should apply equally to mobilised reservists attached to the unit.
- i. Publish a Welfare Plan/Charter that sets out the unit welfare strategy. The document should cover, as a minimum entitlement, delivery, responsibility and funding framework.
- j. Disseminate, as part of the induction process for personnel and their families newly arrived at a unit, the following information as a minimum:
  - i. Details of the welfare Chain of Command. Personnel should be made fully aware of whom they or their families can contact.
  - ii. Assurances that the unit is a stigma-free welfare environment.
  - iii. MOD's Equality and Diversity policy and the MoD Harassment Complaints Procedures and contact details for the Army's Confidential Bullying, Harassment and Discrimination Helpline.
  - iv. Details of welfare facilities both on and off base. These should include at the very least, the HIVE and community centre; education and sports facilities; social and retail facilities; and youth and childcare facilities and activities.

105. The Army's policies in relation to welfare are far more developed and comprehensive than they were in 1995. That is illustrated by the fact that the current version of AGAI 81 which promulgates the Army Welfare Policy consists of 153 pages, including annexes, compared to the version which appears to have been extant in 1995 which consisted of only 14 pages including annexes. The Army recognises that preserving soldiers' welfare is a key command responsibility.



106. The most recent Ofsted Report<sup>64</sup>, dated July 2017 [Exhibit CC36] concluded that the overall effectiveness of welfare was at least good in seven of the nine graded establishments, with two establishments judged to require improvement and two establishments judged to be outstanding<sup>65</sup>; the overall the effectiveness of welfare at Deepcut was graded as good<sup>66</sup>. In particular, the following points were noted<sup>67</sup>:

- a. The strategic oversight of welfare and care by the DCLPA across its five schools is good.
- b. The operational management of welfare and care within the training schools visited is good.
- c. Trainees enjoy their training and develop their professional and military skills to the high standards expected. Completion rates are particularly high in several training wings visited.
- d. Instructors, staff in the Chain of Command and welfare staff work closely together, sharing information to ensure that trainees receive timely and effective support when needed. The few trainees who sustain injuries are well looked after, although those who are not in training for unacceptably long periods become demotivated.
- e. DCPLA's oversight and management of training require improvement because too many trainees spend too long waiting for training. Additionally, most courses take longer than expected to complete.
- f. Trainees at Deepcut and Worthy Down are in sub-standard accommodation. The male accommodation blocks at Deepcut are now in reasonable decorative order but have regular, recurring problems with heating, hot water, toilets and

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<sup>64</sup> Titled 'Welfare and duty of care in Armed forces initial training, Ofsted's report to the Minister of State for the Armed Forces ("Ofsted Report"), published July 2017 [Exhibit CC36]

<sup>65</sup> Ofsted Report, page 4 [Exhibit CC36]

<sup>66</sup> Ofsted Report, page 50 [Exhibit CC36]

<sup>67</sup> Ofsted Report, pages 49-52 [Exhibit CC36]

lighting. Repairs by the contractor are not always effective or to a satisfactory standard.

- g. The welfare and well-being of trainees who are under 18 are also monitored frequently. Arrangements to provide an additional level of mentoring are appropriate and, where necessary, parents, guardians, carers and local authority support workers receive reports on trainees' progress. Trainees' use of social media and online activity are not well monitored. Many trainees are only lately being made aware of the government's 'Prevent' duty. Trainees feel safe.

107. As a starting point, the minimum supervision ratios (as already discussed) ensure that trainees are at all times in sufficiently close proximity to permanent staff. Furthermore, under the Supervisory Care Directive, the Chain of Command is required to ensure *"that trainees have unhindered access to welfare services which are provided on a site-wide basis<sup>68</sup>"*. Trainees are not required to provide an explanation at any time if they want to seek access to welfare services. The administration of welfare at Deepcut is now based on a series of well established and well worked procedures.

108. Today, welfare is provided by a number of organisations. As noted by **AGAI 81** [Exhibit CC35], the Army's provision of welfare comprises four different levels of support<sup>69</sup>:

- a. **Statutory**. Support, such as that under the NHS or Social Services, which is provided by the state or local authorities pursuant to legislation.
- b. **Primary**. The provision of welfare support generally available from within unit resources. Primary level support can be given by Commanding Officers, their Chain of Command and the unit administrative and welfare staff including pastoral and medical personnel. Unit welfare specialists will identify, advise, assist and refer soldiers, recruits, trainees and their families on their welfare needs. The trained Unit Welfare Officer is one of the unit specialists provided

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<sup>68</sup> Supervisory Care Directive, paragraph 34 [Exhibit CC26]

<sup>69</sup> AGAI 81, paragraph 81.009 [Exhibit CC35]

as part of the Army's primary level of support. The limitations of primary support are acknowledged by AGAI 81. It is noted that "*Primary level welfare support is appropriate for those welfare situations that can be dealt with by practical help, advice or a one-off listening session*<sup>70</sup>" and that "*Where any doubt exists about the appropriate level of welfare support, unit staff and other first line welfare providers must consult with the Army Welfare Service (AWS)*<sup>71</sup>" who "*will advise on issues which may require secondary level welfare provision*<sup>72</sup>".

- c. **Specialist**. Specialist level support, involving the use of specialist trained staff, is appropriate to deal with situations involving complex personal and/or family issues that cannot be helped by practical intervention alone, as well as those which require extensive ongoing support. In certain situations, such as where an adult is considered to be at risk of serious harm, the case must be referred to the Army Welfare Services.
- d. **MOD/Third Sector/Charity/Corporate**. Support which is provided by the MOD, corporate, charitable and voluntary organisations, which include organisations such as: the MOD's Joint Casualty and Compassionate Centre, Forces Line, Bereavement and Support Cell and MOD's Veterans UK.

109. Today, each squadron at Deepcut has an Administrative Officer (a Captain) designated to dealing with welfare issues. Alongside the Administrative Officer, a number of specialist welfare agencies currently operate at Deepcut in tandem with each other:

- i. **The Unit Welfare Officer (UWO)**, an officer outside of trainees' immediate Chain of Command who is available to assist all military personnel within the unit<sup>73</sup>. As outlined above, the welfare role of the UWO is provided as part of the Army's primary level of welfare support. The UWO reports to the Commanding Officer of 25 Regiment and is located in the Regimental

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<sup>70</sup> AGAI 81, paragraph 81.009(b) [Exhibit CC35]

<sup>71</sup> Ibid

<sup>72</sup> Ibid

<sup>73</sup> Supervisory Care Directive, paragraph 34(a) [Exhibit CC26]

Administration Office Building. The UWO must have attended the UWO Training Course at Bristol University.

- ii. **The Army Welfare Service**, which provides a confidential and professional counselling service that is available to all military personnel, including trainees, and their immediate families<sup>74</sup>. The Army Welfare Service are normally approached by a referral from the Chain of Command or the UWO, though individuals may also approach the Army Welfare Service directly.
- iii. **The Royal Voluntary Service (RVS) (Services Welfare)**, a signposting agency whose staff are employed primarily to provide welfare support to trainees<sup>75</sup>. The agency was known previously as the Women's Royal Voluntary Service in 1995. RVS staff are not counsellors but provide an important source of psychological support and guide trainees to the relevant agencies where they can get the best help and advice. The RVS staff are introduced to trainees during induction.
- iv. **The Chaplain/Padre**. Trainees are introduced to the Chaplain/Padre during their induction. AGAI 81 emphasises the importance that "*trainees have complete freedom of contact with the Padre*<sup>76</sup>".
- v. **The Senior Medical Officer**, to whom trainees have the right of unhindered access.
- vi. **The HIVE (Help Information Volunteer Exchange)** is an information organisation, providing trainees with an extensive range of information on unit and civilian facilities, places of interest, schools, further education, housing, healthcare and travel. Information about the HIVE is provided on the British Army's website<sup>77</sup>.

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<sup>74</sup> Supervisory Care Directive, paragraph 34(b) [Exhibit CC26]

<sup>75</sup> Supervisory Care Directive, paragraph 34(c) [Exhibit CC26]

<sup>76</sup> Supervisory Care Directive, paragraph 34(d) [Exhibit CC26]

<sup>77</sup> <https://www.army.mod.uk/personnel-and-welfare/hives/>

- vii. **The Independent Complaints Officer**, an officer available to trainees outside of their Chain of Command with whom any Phase 2 soldier can discuss a grievance or a complaint against someone in absolute and guaranteed confidence.
110. All recruits are introduced to these available welfare provisions as part of their integration process and introduction to the Army, as well as through written policies and also through advertisements and flyers.
111. Though the designated Administrative Officer serves as the immediate point of contact in the regiment for trainees with welfare problems, it is clearly important for trainees to have access to welfare services outside of the Chain of Command, particularly where welfare problems might relate to those in their Chain of Command. All soldiers under training (indeed, all soldiers) are briefed and made aware of the face-to-face alternatives on each camp to provide confidential advice and help. Furthermore, all soldiers under training undertake a minimum of two confidential and anonymous continuous attitude surveys. Within the question set are opportunities for soldiers to raise concerns about their treatment during their time in that training establishment.
112. The Commanding Officer of 25 Training Regiment is ultimately responsible for the Supervisory Care of all personnel operating within Deepcut. The Commanding Officer has overall responsibility for the welfare of all Phase 2 trainees at Deepcut.
113. The Welfare Team and the Padre brief the Commanding Officer of 25 Training Regiment RLC weekly, or more frequently as appropriate, on welfare matters affecting Station personnel, including trainees. 109 Squadron also conducts a weekly Squadron Watch Register meeting. The Unit Welfare Officer, Padre and Senior Medical Officer are bound by professional codes of conduct regarding confidentiality as to how much detail they are able to provide at these meetings.
114. A quarterly Unit Health Care Meeting is chaired by the Commanding Officer and attended by representatives from across the station to discuss matters of policy and guidance on health and welfare.

115. Additionally, a Unit Health Committee meeting is held monthly to discuss individual cases<sup>78</sup>. This is attended by unit Chain of Command and station medical, welfare and physical training staff.
116. Individuals deemed to be 'At Risk' are to be placed on one of the following registers<sup>79</sup>:
- a. **Troop/Squadron Watch Register.** For individuals who have issues of a general nature and require a little extra attention in management terms but are not considered at risk of self-harm or suicide.
  - b. **Regiment Vulnerability Risk Management Register (VRM).** For individuals who are deemed at risk from self-harm or suicide. Those on the VRM Register are to be the subject of a Care Action Plan (which will be discussed in greater detail in this statement in due course). The Chain of Command is to ensure that VRM Registers, or copies, are secured and access is limited to an appropriate level within the Chain of Command.
117. The Supervisory Care Directive also specifies that "*Phase 2 soldiers must have Welfare periods (e.g. Fireside Chats, interaction with the Padre and Troop In-Nights) to allow any issues to be raised and addressed*<sup>80</sup>". These 'fireside chats' are informal gatherings, conducted separately by the Regimental Commanding Officer and Squadron Officer Commanding. The main purpose is to gather any points that trainees wish to raise with the Chain of Command. It is an open forum and the trainees are asked to raise any topic they wish. Immediate feedback is provided if possible; if not, notes are taken and feedback is given subsequently. The notes are typed up and placed on the unit SharePoint and in the Phase 2 accommodation for review. Verbal feedback is given by the OC on Squadron parades, and points are followed up at the beginning of the meeting.

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<sup>78</sup> As required by AGAI 81, 81A-5, paragraph 10 [Exhibit CC35]

<sup>79</sup> Supervisory Care Directive, paragraph 37 [Exhibit CC26]

<sup>80</sup> Supervisory Care Directive, paragraph 36 [Exhibit CC26]

K: Confidential telephone support lines at Deepcut

118. At Deepcut today, all soldiers and trainees have access to two confidential telephone support lines. The first is the **Bullying, Harassment and Discrimination helpline, known as 'Speak Out'** [Exhibit CC37]. Soldiers (both trained and untrained) are briefed regularly on the existence of the helpline number and within ARTD their understanding of this is checked during Diversity & Inclusion Climate Assessments.
119. The Speak Out telephone is staffed from 0830 to 1730 Monday to Friday, except for set block leave periods and bank holidays<sup>81</sup>. A mobile telephone is available to cover occasions when the Speak Out team is in transit. Speak Out can also be contacted by email at [army-speakout@mod.uk](mailto:army-speakout@mod.uk).
120. During silent hours and weekends the Speak Out voicemail message invites callers to leave a message or to email and advise when their message will be actioned<sup>82</sup>. For immediate help, the message signposts callers to 24 hour services such as unit duty personnel, the Army Welfare Service response team and the Samaritans<sup>83</sup>. A similar facility is in place for the Speak Out email inbox<sup>84</sup>.
121. The Bullying, Harassment and Discrimination Team remain primarily responsible for operating Speak Out<sup>85</sup>. Speak Out operators undergo training to ensure that the advice provided is consistent.
122. The current Supervisory Care Directive at Deepcut, for the Training Year 2017-18, refers to the existence of the Confidential Support Line. In fact, the Confidential Support Line has been replaced by the Speak Out Line. The Supervisory Care Directive will be updated in due course to reflect that change and will provide the Speak Out phone number.

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<sup>81</sup> BH&D Section Complaints Telephone Line (Speak Out Helpline) Standard Operating Procedure (1 August 2017), paragraph 6(b) [Exhibit CC37]

<sup>82</sup> BH&D Section Complaints Telephone Line (Speak Out Helpline) Standard Operating Procedure (1 August 2017), paragraph 6(c) [Exhibit CC37]

<sup>83</sup> Ibid

<sup>84</sup> Ibid

<sup>85</sup> BH&D Section Complaints Telephone Line (Speak Out Helpline) Standard Operating Procedure (1 August 2017), paragraphs 7 and 8 [Exhibit CC37]

123. Additionally, soldiers are also made aware of the SSAFA confidential help-line as an alternate source for advice should they not wish to engage with the MoD Speak Out team.

#### L: Recent initiatives

124. The Army's welfare support has been bolstered by a number of recent initiatives. In July 2017, the MOD unveiled the Defence People Mental Health and Wellbeing Strategy. The strategy introduced new standardised training and education for all those working in the Defence Forces. Both current and former Service Personnel will have improved access to clinical assessment and treatment. Those still serving will benefit from standardised mental health training and education to assist in identifying and preventing mental health suffering. The strategy seeks to complement the work already being done throughout the UK at 20 'hub and spoke' mental health centres, comprising 11 hubs and a further nine teams nationwide.
125. In October 2017 it was announced that the MOD and the Royal Foundation would launch a new partnership with the primary aim of improving the mental health of current and former Armed Forces personnel. The partnership was intended to enable the Royal Foundation to provide the MOD with advice and resources to assist with training, education and information sharing in respect of mental health in the Armed Forces. The partnership was intended to assist and enable the MOD to successfully implement the Defence People Mental Health and Wellbeing Strategy.
126. Furthermore, on 25 February 2018, the Ministry of Defence, in partnership with Combat Stress, a leading military mental health charity, launched a 24 hour Military Mental Health Helpline (0800 323 4444) for serving military personnel and their families<sup>86</sup>. Combat Stress had previously run a 24 hour helpline service for serving personnel and veterans since 2011, and has almost a century's experience of working with the military and veteran communities.

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<sup>86</sup> For the full Government announcement, please see:  
<https://www.gov.uk/government/news/defence-secretary-shows-commitment-to-armed-forces-mental-health-with-over-220-million-funding-and-new-helpline>



127. The Helpline is run by a team of professionals who are trained to provide advice and to make onward referrals, if necessary. The Helpline is designed for Serving Personnel in crisis, or those in need of support, as well as for family members to call if they are concerned about a Service Person's mental health. The Helpline does not replace the existing support mechanisms but instead increases the range of welfare and mental healthcare services already provided.
128. The Helpline is a continuation of the MOD's anti-stigma campaign in relation to mental health (Don't Bottle It Up), which promotes a military culture in which individuals with mental health problems are encouraged to seek help. The launch of the new helpline has been supplemented by a major internal communications campaign on mental fitness across the Armed Forces.
129. The Defence Secretary has also pledged to increase funding for Armed Forces mental health services over the next decade by an extra £2 million per year. That will take the total projected spent over the next decade on Armed Forces mental health services to £220 million.

#### M: Training of instructors

130. In 1995, instructors at Deepcut were not given induction training to their unit or the facilities available within the barracks and they received no formal training in welfare. Consequently, instructors did not necessarily know how to deal with welfare problems amongst trainees.
131. Today, instructors selected to work at training establishments are selected by Career Management Staff at Army Personnel Centre Glasgow<sup>87</sup>. It is intended that NCO instructors are selected only from the pool of junior and senior NCOs who have successfully completed their Junior Potential Instructor Course and who have been recommended to work in a training establishment<sup>88</sup>. As noted by the Supervisory Care Directive, *"The selection of appropriate personnel for trainer/support duties is key to*

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<sup>87</sup> Supervisory Care Directive, paragraph 26 [Exhibit CC26]

<sup>88</sup> Ibid

*successful training delivery and achievement of Training Objectives in all training establishments<sup>89</sup>".*

132. Training in welfare is engrained from the outset of an instructor's selection to work at Deepcut and at any military training establishment. All instructional staff are required to complete supervisory care training as part of the **Defence Train the Trainer (Second Version) (DTTTv2) course** [Exhibit CC38], at the ARTD Staff Leadership School as pre-employment training. Moreover, all trainers, regardless of rank, are required to be qualified in Defence Instructional Techniques as a minimum. All instructional staff undertaking the DTTTv2 course are also to complete, within six months of completing the DTTT course, the DTTTv2 Workplace Trainer Portfolio under the supervision of Defence Trainer Supervisors. Furthermore, all instructional staff must remain up-to-date by undertaking ongoing specific continuing professional development.
133. If personnel arrive without the DTTT qualification, they may carry out instruction 'at risk' but are to be closely supervised and mentored. Instructors not qualified must be recorded as a risk, with such information to be made available for internal and external audits. The Commanding Officer of 25 Training Regiment personally signs all Risk Certificates for those personnel arriving at the Unit who do not hold DBS clearance or who have not attended DTTT.
134. During their initial induction phase in an instructional post, all instructional staff are supported by a qualified Army Instructor Supervisor.
135. On arrival at Deepcut, all military and civil servant staff and contractors are required to attend the Deepcut Induction Briefings and thereafter every three years. The Induction Briefing, provided by the Deepcut Support Unit, covers amongst other welfare issues a "*Brief on Supervisory Care for Phase 2 Trainees (with reference to care of under 18s)*", an "*overview of [the] structure and organisation [of the Deepcut Support Unit]*" as well as the "*facilities on [the Deepcut] site including [the] availability of Medical, Dental and Welfare Services<sup>90</sup>*". It is recognised by the Army that ensuring that staff are properly

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<sup>89</sup> Supervisory Care Directive, paragraph 26 [Exhibit CC26]

<sup>90</sup> Supervisory Care Directive, paragraph 25 [Exhibit CC26]

trained is central to establishing Supervisory Care, a consideration which is most acute in the context of the military training environment.

136. More specifically, supervisory staff who fulfil care and welfare roles must today also attend the Care of Trainees Course [Exhibit CC39], held either at the Defence Centre of Training Support or within their training establishment<sup>91</sup>. The Care of Trainees course is held over two days and covers, amongst others things, personal welfare issues.
137. Commanding Officers of Phase 1, 2 and 3 training establishments must attend the Defence Course for Commanding Officers of Training Establishments at the Defence Centre of Training Support prior to assuming command.
138. Furthermore, instructors are today subject to a process of ongoing assessment. After their completion of the Defence Instructional Techniques/DTTT, I am advised they are monitored twice a year through a formal validation programme by an appropriately qualified assessor. A record of all such assessments is kept, meaning that the process of assessment is entirely transparent and auditable. As part of their continuing professional development, all instructors are encouraged to undertake development to enhance their competence as instructors. CPD courses include coaching development courses such as the Army Instructor Supervisor Course and the Army Instructor Leader Course, as well as internal coaching courses. There are also training development courses run by the Defence Centre of Training Support, such as the Defence Trainer Supervisor Course.
139. These training courses ensure that all instructors at Deepcut are well aware of the welfare systems available to trainees. Continuous professional development ensures that all instructors are kept up to date with any developments.

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<sup>91</sup> JSP 822, Defence Direction and Guidance for Training and Education, Part 1: Directive, page 37, paragraph 11 [Exhibit CC31]

#### **4: MENTAL HEALTH ASSESSMENT AND CARE OF TRAINEES**

##### **A: Overview**

140. Suicide was an Army problem in 1995, and the years which preceded and followed it, as highlighted by the findings of **the Walton Report**<sup>92</sup> [Exhibit CC11]. Between 1990 and June 1996, the rates of intentionally self-inflicted death in the British Army were at least twice as high as those in the civilian population. The Walton Report noted that these high suicide rates were not due to chance effects but that “*Factors in the infrastructure of the Army or within the individual themselves (or some combination of the two) [in some way contributed] to the decision, by some soldiers, to take their own lives*”<sup>93</sup>.

141. Today, while there are no grounds for complacency, the Army is regarded as a generally low-risk environment for suicide<sup>94</sup>. The UK Armed Forces have seen a declining trend in male suicide rates since the 1990s. Suicide is a rare event, evidenced by the small number of deaths in each year. For the twenty year period 1998-2017, the overall UK Regular Armed Forces male suicide rate was 8 per 100,000<sup>95</sup>. Indeed, for that same twenty year period, the male suicide rate for the UK Regular Armed Forces was statistically significantly lower than the UK general population<sup>96</sup>. In 2016, it is understood that there were 4 suicides in the UK Regular Armed Forces<sup>97</sup>.

142. Similarly, the rates for deliberate self-harm in the Armed Forces remain low. In a bulletin dated 11 January 2018<sup>98</sup>, the MOD collated information on the number and rate of UK Armed Forces personnel who had at least one episode of Deliberate Self-Harm recorded between 2010/11 and 2016/17. The rate of Deliberate Self-Harm

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<sup>92</sup> Suicide in the British Army, Part 1: Prevalence and Methods, December 1996 (the Walton Report, Part 1) [Exhibit CC11]

<sup>93</sup> The Walton Report, Part 1, paragraph 4.6 [Exhibit CC11]

<sup>94</sup> Army General and Administrative Instructions, Volume 3, Chapter 110, Army Suicide Vulnerability Risk Management (SVRM) Policy, paragraph 110.001 [Exhibit CC33]

<sup>95</sup> Suicide and Open Verdict Deaths in the UK Regular Armed Forces: Annual Summary and Trends Over Time, 1 January 1984 to 31 December 2017, dated 27 March 2018, p1 [Exhibit CC40]

<sup>96</sup> Ibid

<sup>97</sup> Deaths in the UK Regular Armed Forces: Annual Summary and Trends over Time, 1 January 2008 to 31 December 2017, dated 27 March 2018, Figure 4, p8 [Exhibit CC41]

<sup>98</sup> Ad Hoc Statistical Bulletin, Deliberate Self-Harm (DSH) in the UK Armed Forces, 1 April 2010- 31 March 2017 [Exhibit CC42]

in the Army for 2016/7 was 3.6 per 1000<sup>99</sup>, while the overall rate among the UK Armed Forces personnel was 2.8 per 1000<sup>100</sup>.

143. My previous statement accepted that in several respects the Army failed to address adequately the risk of self-harm amongst Phase 2 trainees at Deepcut in 1995: first, that there was no evidence to suggest that consideration was given to the risk of self-harm posed by granting trainees unsupervised access to firearms while on guard duty; second, that the low supervisory ratios of permanent staff to trainees meant that welfare problems may often have gone unnoticed; and third, that the absence of a coordinated approach to welfare at Deepcut meant that the system was ill-equipped to manage the kind of welfare issues generated by young soldiers in the training establishment.

144. Today, the Army is acutely aware of the risk of self-harm and mental health issues and has instigated a range of practices and systems to prevent its occurrence.

#### B: Assessments during the recruitment and training process

145. The process of mental health assessment starts from before the date of a soldier's enlistment. As has been outlined already, through the detailed consideration of the PHCR all applicants are today routinely screened for potential mental health problems. Current psychiatric disease or dysfunctional behaviour is a bar to a soldier's recruitment, as are the detailed list of conditions set out in JSP 850 which have been outlined already in this statement. By screening applicants in this way, the Army is able to identify many applicants who, on account of mental health grounds, are unsuitable for military service and thus remove them from the process of selection.

146. As has also been outlined already, the process of recruitment for the Army also comprises a number of medical assessments: (i) the Pre-Service Medical Assessment, which is undertaken once a soldier has passed the screening process; (ii) the Initial Medical Assessment, undertaken within a week of basic training; and (iii) a further

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<sup>99</sup> Ad Hoc Statistical Bulletin, Deliberate Self-Harm (DSH) in the UK Armed Forces, 1 April 2010- 31 March 2017, pp2-3 [Exhibit CC42]

<sup>100</sup> Ibid

medical assessment on the completion of Initial Trade Training. Each medical assessment is conducted by reference to the PULHHEEMS system of medical classification, which includes consideration of Mental Capacity (M) and Emotional Stability (S). Both qualities can be graded as 2, 3, 7 or 8. The different gradings for those qualities have already been set out in a table in this statement.

147. The minimum medical standards for soldiers for entry into the Army are framed by the **PULHHEEMS Administrative Pamphlet, 2017 Edition** [Exhibit CC29]. A soldier must meet the minimum grading of 2 in relation to Mental Capacity (M) and Emotional Stability (S) for admission into the Army.

148. At the PSMA, while the examining medical officer is not required to perform a detailed psychiatric examination, a comprehensive clinical examination is undertaken, with the medical officer required to ensure that the applicant is asked specifically about any history of mental health issues or deliberate self-harm. PULHHEEMS Assessments are repeated at the second and third medical assessments.

149. Beyond the scope of the initial recruitment/training process, a soldier can be subject to a further PULHHEEMS medical assessment at any time. A soldier who is medically downgraded to grading 7 or 8, in relation to emotional stability, cannot handle live ammunition. A soldier's medical downgrading may ultimately result in their discharge, on medical grounds, from military service.

150. Guidance in relation to how self-harm should be considered at any PULHHEEMS Assessment undertaken during service (different to the guidance which is relevant to pre-entry assessment) is set out in **JSP 950, Medical Policy Part 1, Leaflet 6-7-7**<sup>101</sup> [Exhibit CC30].

*"[Self-harm] is associated with a myriad of psychiatric disorders, as well as personality dysfunction. All significant episodes of self-harm should be reviewed by the psychiatric services and considering for grading [Medically Not Deployable] in the first instance. If the individual committed the action in response to an isolated event, and provided there has been no evidence of ongoing psychological symptoms, the individual may be considered for re-grading to [Medically Fully Deployable]. In all cases a patient should have a full mental health assessment, although this does not need to be by a mental*

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<sup>101</sup> See Section 5, Annex L, pg 5-L-7 [Exhibit CC30]

*health professional necessarily, and co-morbid mental health and social issues addressed as far as reasonable. Recurrent self-harm is usually associated with significant psychiatric disorder or personality dysfunction and is not normally compatible with military service. In the case of psychiatric disorder this should normally be graded as P8 S8 if treatment for the primary disorder has been provided as above”.*

151. Unlike the position in 1995 therefore, there is now clear and detailed guidance on psychiatric assessment, as part of a PULHHEEMS Assessment, during Service. Such guidance makes clear that:

- a. Any soldier who self-harms is required to have a full mental health assessment. That does not necessarily need to be undertaken by a mental health professional<sup>102</sup>.
- b. All significant episodes of self-harm should be reviewed by the psychiatric services and should, as a starting point, be considered Medical Non Deployable (MND).
- c. If the episode of self-harm was an isolated event, provided there has been no evidence of ongoing psychological symptoms the individual may be considered for re-grading to Medical Full Deployable (MFD).
- d. Recurrent self-harm is not normally compatible with military service. A soldier who self-harms on a repeated basis will normally be medically downgraded and discharged from military service.

152. Though comparisons with the UK general population are difficult to make, studies by the MOD<sup>103</sup> indicate that the rate of mental disorder among UK Armed Forces personnel assessed within specialised psychiatric services was lower than the rate within the UK general population (based on access to NHS secondary mental

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<sup>102</sup> JSP 950, Medical Policy Part 1 Leaflet 6-7-7, Joint Service Manual of Medical Fitness, Section Five, Annex L, p 5-L-7, paragraph 26 [Exhibit CC30]

<sup>103</sup> UK Armed Forces Mental Health: Annual Summary & Trends Over Time, 2007/8- 2016/7 [Exhibit CC43]

health services)<sup>104</sup>. It is thought that the lower rates seen among the UK Armed Forces personnel accessed within specialist mental health services, compared to the UK general population may be due to the following factors<sup>105</sup>:

- a. The structure within the military: tight unit cohesion plays a vital role in maintaining good mental health as well as helping to identify early signs of mental ill health.
- b. The rigorous selection of individuals into the UK Armed Forces may help to prevent those with more serious mental disorders joining the Services.
- c. Those with a mental disorder which prevents continued Service in the military environment may be considered for medical discharge. Those with more severe mental health problems- requiring, for example, admission into a medical establishment- may not remain in the Armed Forces.

#### C: Tackling self-harm today

153. The minimum supervision levels and the far more coordinated approach to welfare ensures that potential self-harm and mental health issues amongst Phase 2 trainees are much less likely to go unnoticed. Moreover, Phase 2 trainees no longer undertake routine guard duty and do not have unsupervised access to weapons. In this respect, the Supervisory Care Directive acknowledges that *“the greatest potential threat to trainees’ safety comes from access to weapons and ammunition”* which makes the *“supervision of all activities involving weapons, ammunition and other pyrotechnics [is] of critical importance<sup>106</sup>”*.

154. The Army’s systems in respect of preventing intentionally self-inflicted deaths and self harm within training units are framed by the provisions of **JSP 822, Defence**

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<sup>104</sup> UK Armed Forces Mental Health: Annual Summary & Trends Over Time, 2007/8- 2016/7, p5, paragraph 9 [Exhibit CC43]

<sup>105</sup> UK Armed Forces Mental Health: Annual Summary & Trends Over Time, 2007/8- 2016/7, p5, paragraphs 9-12 [Exhibit CC43]

<sup>106</sup> Supervisory Care Directive, paragraph 21 [Exhibit CC26]



**Direction and Guidance for Training and Education, Part 1: Directive [Exhibit CC31]**, which states:

*“Of particular importance is the need for COs to have systems in place to identify and protect those recruits or trainees who are particularly vulnerable to harassment, bullying or discrimination; those who have personal, educational or welfare problems that could affect their performance or health; and those potentially at risk of radicalisation, self-harm or suicide. Such individuals must be monitored using an ‘At Risk Register’ and clear direction on the actions to be taken must be given both to the permanent staff (military and civilian) and to the recruits/trainees within the establishment. ‘At Risk Registers’ should provide a formal record of individual recruit or trainee issues, whether personal or professional, and the actions taken, and by whom, to support the individual. Registers should be routinely updated, and within appropriate boundaries of confidentiality and detail, be accessible to the individual’s Chain of Command<sup>107</sup>”.*

155. Meeting those requirements under the JSP, the Army has in place today the **Army Suicide Vulnerability Risk Management (SVRM) Policy<sup>108</sup>** [Exhibit CC33], *“a preventative strategy that aims to reduce the annual suicide rate<sup>109</sup>”.*

156. The SVRM Policy *“is a measured, individual assessment designed to assist in identifying potential suicide victims and give a measure of structure to subsequent support<sup>110</sup>”.* Its aim is to *“provide guidance to commanders by: a. assisting them to identify those who may be at risk of suicide and b. signposting appropriate responses and management tools to mitigate identified risk in order that they may make judgement as to how to actively manage vulnerable personnel<sup>111</sup>”.* It is acknowledged that *“All individuals are different but some may be at risk of a suicidal tendency when experiencing psychological difficulties arising from the cumulative impact of generic and circumstantial risk factors. The keys to suicide prevention in these circumstances are to identify the warning signs, mitigate the risk factors and initiate protective measures<sup>112</sup>”.*

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<sup>107</sup> JSP 822, Defence Direction and Guidance for Training and Education, Part 1: Directive (March 2017, pg 36, paragraph 9 [Exhibit CC31]

<sup>108</sup> Army General and Administrative Instructions, Volume 3, Chapter 110, Army Suicide Vulnerability Risk Management (SVRM) Policy [Exhibit CC33]

<sup>109</sup> Army General and Administrative Instructions, Volume 3, Chapter 110, Army Suicide Vulnerability Risk Management (SVRM) Policy, paragraph 110.001 [Exhibit CC33]

<sup>110</sup> Army General and Administrative Instructions, Volume 3, Chapter 110, Army Suicide Vulnerability Risk Management (SVRM) Policy, paragraph 110.004 [Exhibit CC33]

<sup>111</sup> Army General and Administrative Instructions, Volume 3, Chapter 110, Army Suicide Vulnerability Risk Management (SVRM) Policy paragraph 110.003 [Exhibit CC33]

<sup>112</sup> Army General and Administrative Instructions, Volume 3, Chapter 110, Army Suicide Vulnerability Risk Management (SVRM) Policy, paragraph 110.031 [Exhibit CC33]

157. Under the SVRM Policy, all units are required to identify “a competent authority” within their establishment to act as the lead for SVRM matters. Acknowledging the social stigma that can be attached to self-harm and suicide, it is noted that: *“The lead and competent authority must be widely known throughout the unit Chain of Command but, under no circumstances, should the individual be advertised as the Unit Suicide Officer or anything similar. Indeed the use of the word ‘suicide’ should be routinely avoided whenever possible in all spoken and written communication because of the continuing stigma attached to it<sup>113</sup>”*.

158. There are five stages to the SVRM process:

- a. **Risk identification**, in which individuals considered to be at risk of suicide are formally identified by recognising the presence of risk factors: history of previous suicide attempts; history of deliberate self harm; mental health referral or diagnosis; relationship problems; significant loss (death of someone close); loneliness and isolation; a sense of hopelessness, powerlessness or helplessness; current or pending disciplinary or legal action; investigations in relation to sex offences; substance abuse; financial problems; a serious medical problem; work related problems; transitions (retirement, discharge etc.<sup>114</sup>); or behavioural changes (withdrawal from social support and ineffective problem solving)<sup>115</sup>.
- b. **Risk conference**, at which a subjective decision is made on whether an individual should be included in the unit SVRM register taking into account all known circumstances<sup>116</sup>. The Commanding Officer has ultimate responsibility for deciding whether an individual should be categorised as

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<sup>113</sup> Army General and Administrative Instructions, Volume 3, Chapter 110, Army Suicide Vulnerability Risk Management (SVRM) Policy, paragraph 110.007 [Exhibit CC33]

<sup>114</sup> See Annex C to Chapter 110, Army Suicide Vulnerability Risk Management Policy, A Guide to Risk Factors and Recognising Distress in Individuals [Exhibit CC33]

<sup>115</sup> Army General and Administrative Instructions, Volume 3, Chapter 110, Army Suicide Vulnerability Risk Management (SVRM) Policy, paragraphs 110.009 and 1110.011 [Exhibit CC33]

<sup>116</sup> Army General and Administrative Instructions, Volume 3, Chapter 110, Army Suicide Vulnerability Risk Management (SVRM) Policy, paragraph 110.016 [Exhibit CC33]

being at risk<sup>117</sup>. The decision is taken in close collaboration with the immediate Chain of Command, the medical and welfare agencies and, eventually, the individual at risk<sup>118</sup>. Inevitably, the decision to include an individual on a unit VRM Register will be a subjective judgement based on: (i) the guidance at Annex C to AGAI 110, titled **A Guide to Risk Factors and Recognizing Distress in Individuals**; (ii) intimate knowledge of the individual; (iii) the immediate circumstances; (iv) military experience; and (v) common sense. Rarely will the decision be obvious. The Commanding Officer is advised to err on the side of caution and to place an individual on the SVRM Register when there is doubt.

- c. **Initiating the Care Assessment Plan**, a programme of active care and management for an individual that is put into place once an individual has been categorised as being at risk<sup>119</sup>. At Deepcut, the UWO has oversight of all Care Action Plans<sup>120</sup>. Such plans focus on the protection of individuals, to reduce the possibility that an individual will commit suicide, as well as providing counselling<sup>121</sup>. As noted in SVRM Policy, *“the key to suicide prevention is to increase the protective factors and to decrease the risk factors<sup>122</sup>”*. The first issue is to make an informed ‘risk assessment’ of the possible means of suicide open to the individual. It is not sufficient to simply prevent future access to weapons or ammunition. The Commanding Officer is required to consider: checking and tightening procedures for the issue of weapons and live ammunition, particularly in the immediate environment of the individual; ensuring that the individual cannot be ‘accidentally’ issued with a weapon (access to private weapons must be checked); searching the individual’s room (under the guise of searching an entire block) for any contraband ammunition; removing or

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<sup>117</sup> Army General and Administrative Instructions, Volume 3, Chapter 110, Army Suicide Vulnerability Risk Management (SVRM) Policy, paragraph 110.018 [Exhibit CC33]

<sup>118</sup> Army General and Administrative Instructions, Volume 3, Chapter 110, Army Suicide Vulnerability Risk Management (SVRM) Policy, paragraph 110.018 [Exhibit CC33]

<sup>119</sup> Army General and Administrative Instructions, Volume 3, Chapter 110, Army Suicide Vulnerability Risk Management (SVRM) Policy, paragraph 110.022 [Exhibit CC33]

<sup>120</sup> Supervisory Care Directive, paragraph 40(e) [Exhibit CC26]

<sup>121</sup> Army General and Administrative Instructions, Volume 3, Chapter 110, Army Suicide Vulnerability Risk Management (SVRM) Policy, paragraph 110.022 [Exhibit CC33]

<sup>122</sup> Army General and Administrative Instructions, Volume 3, Chapter 110, Army Suicide Vulnerability Risk Management (SVRM) Policy, Annex D, paragraph 5 [Exhibit CC33]

limiting, with medical agreement, all prescription drugs; removing or limiting all non-prescription drugs; restricting or removing the ability to drive vehicles, particularly armoured vehicles or troop carriers; and checking and removing or simply loosening all obvious ligature points, such as hooks on the back of doors<sup>123</sup>.

- d. **Reviews and closure.** An individual's care plan should be managed to reflect, it is hoped, their decreasing risk of suicide. Once an individual is deemed to be no longer at risk, they should be allowed to return to a 'normal' unregulated regime<sup>124</sup>. The Unit Health Committee, which is held each month, must formally review all cases held on the Unit's VRM Register. As noted already, the monthly Unit Health Committee is attended by the Unit Chain of Command, as well as station medical, welfare and physical training staff. Formal assessments are to be properly documented. The decision as to when an individual is no longer considered at risk is taken by the Commanding Officer, in close collaboration with the immediate Chain of Command and the medical and welfare agencies<sup>125</sup>.
- e. **Reports.** An annual report is to be provided to the Chain of Command highlighting the number of new cases, suicide figures and the reasons for inclusion in that year<sup>126</sup>.

159. While the Commanding Officer is ultimately responsible for the Unit VRM Register, in most units at Deepcut the competent authority, with day-to-day management of the SVRM Register, is the Adjutant or the UWO because appropriate training is delivered on their courses. Others such as the Regimental Sergeant Major or the Regimental Careers Management Officer might also be appropriate to serve in

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<sup>123</sup> Army General and Administrative Instructions, Volume 3, Chapter 110, Army Suicide Vulnerability Risk Management (SVRM) Policy, Annex D [Exhibit CC33]

<sup>124</sup> Army General and Administrative Instructions, Volume 3, Chapter 110, Army Suicide Vulnerability Risk Management (SVRM) Policy, paragraph 110.026 [Exhibit CC33]

<sup>125</sup> Army General and Administrative Instructions, Volume 3, Chapter 110, Army Suicide Vulnerability Risk Management (SVRM) Policy, paragraph 110.027 [Exhibit CC33]

<sup>126</sup> Army General and Administrative Instructions, Volume 3, Chapter 110, Army Suicide Vulnerability Risk Management (SVRM) Policy, paragraph 110.030 [Exhibit CC33]

that position also. However, the day-to-day management of a soldier on the SVRM Register would fall within the responsibility of that soldier's Chain of Command.

160. The operation of the SVRM is supplemented by the provisions under the Supervisory Care Directive, by which all permanent staff at Deepcut *"must be particularly alert and understand that one of the best things to do if you think someone may be feeling suicidal is to encourage them to talk about their feelings and listen to what they say<sup>127</sup>".*

161. In my previous statement, I noted that in 1995, where a trainee was medically downgraded on psychiatric grounds, following the diagnosis of depression or a psychiatric disorder for example, that trainee's access to weapons would have been formally removed. But, that short of medical downgrading, there was no other *formal* avenue by which a trainee's access to weapons could be removed where there were concerns about their mental health or stability.

162. Today, if a soldier were to present with the same pattern of self-harm that Sean Benton did before his death in 1995, it would be mandatory to hold a Risk Conference and the soldier would be entered on the SVRM register with a Care Assessment Plan drawn up. Under the Care Assessment Plan, steps would be taken to remove the soldier's access to the means of self-harm. The benefit of this is that the Army has in place today a formal system to coordinate the restriction of a soldier's access to means of self-harm.

163. Soldiers awaiting discharge are managed and assessed in accordance with routine Regimental and Squadron practices. Those who may present a heightened risk will be subject to enhanced oversight, consideration on the Squadron Watch Register meetings and SVRM if it is deemed appropriate. It should be noted that for some trainees, the prospect of discharge is a welcome event and the risk may actually therefore be reduced. In all cases, the discharge process is expedited as quickly as possible in order to reduce the waiting time between a soldier being notified that their discharge is being applied for and it being authorised and enacted. Soldiers receive specific briefings as part of the discharge process to ease their transition back into

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<sup>127</sup> Supervisory Care Directive, paragraph 40(h) [Exhibit CC26]

civilian life. This may include referral of individuals to the Veterans Welfare Services (via the Army Welfare Service) and charities as deemed appropriate.

#### D: Assessment of mental health issues and self-harm

164. Any person within the training environment at Deepcut, including a fellow trainee, may identify someone who is potentially at risk of self-harm<sup>128</sup>. The Supervisory Care Directive specifies that *“During the initial week of Phase 2 training, early identification [of those at risk] may be made by: b. Information relayed to the SMO or Chain of Command immediately prior to arrival of an ‘At Risk’ soldier identified in Phase 1 training. i. Information volunteered by a trainee during induction. ii. Information obtained by the Chain of Command on receipt of Personal Files or during the initial interview<sup>129</sup>”*.

165. Furthermore, the notification of both potential and confirmed ‘At Risk’ soldiers can be passed on from many sources at any time during Phase 2 training including: the UWO, the Army Welfare Services, the Medical Staff, the Padre, the Royal Voluntary Service, Trade Training Instructors, Duty Personnel, Other Phase 2 Trainees, Parent/Guardians, HIVE workers, the Independent Complaints Officer<sup>130</sup> and any other individual on camp who has regular access to Phase 2 soldiers<sup>131</sup>.

166. The Supervisory Care Directive specifies that once initial managed decisions have been made and care plans put in place, individuals who are identified as being at risk should be placed on once of the following registers and discussed with the Chain of Command at the monthly Unit Welfare Committee. As noted in paragraph 116 above, the two registers are:

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<sup>128</sup> Supervisory Care Directive, paragraph 40 [Exhibit CC26]

<sup>129</sup> Ibid

<sup>130</sup> Any Phase 2 soldier that has a grievance or complaint against individuals within their Chain of Command will be able to discuss the issue in absolute and guaranteed confidence with an Independent Complaints Officer outside of their immediate environment. The Independent Complaints Officer for Deepcut is DCOS Defence Logistic School who can, if required, independently deal with complaints raised by Phase 2 trainees, Phase 3 students or Permanent Staff.

<sup>131</sup> Supervisory Care Directive, paragraph 40 [Exhibit CC26]

- a. **The Troop/Squadron Watch Register**, for individuals who have issues of a general nature and require a little extra attention in management terms but are not considered at risk of self-harm or suicide.
  - b. **Regiment Vulnerability Risk Management Register**, for individuals who are deemed at risk from self-harm or suicide.
167. The Chain of Command is to ensure that VRM Registers, or copies, are secured and access is limited to an appropriate level.

E: Sources of support for trainees suffering from mental health problems

168. Today, there is a range of welfare and support mechanisms for trainees in the Army. I have outlined those in some detail already in this statement. In addition to the use of the registers and the SVRM Policy, personnel in the UK Armed Forces experiencing mental health problems can access care at three levels<sup>132</sup>:
- a. In Primary Health Care: by the patient's own Medical Officer. Some patients can be treated wholly within the primary care setting by their GP or medical officer.
  - b. In the community: through specialists in military Departments of Community Mental Health, which are specialised psychiatric services based on community mental health teams with primary care services at sites in the UK and abroad.
  - c. In hospitals: either at an NHS hospital or in a contracted In-Patient Service Provider. UK Armed Forces personnel may access specialist mental health care as an outpatient at a MOD Department of Community Mental Health and/or as an in-patient at an MOD in-patient care provider.

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<sup>132</sup> UK Armed Forces Mental Health: Annual Summary & Trends Over Time, 2007/8- 2016/7, paragraph 1 [Exhibit CC43]

169. As of course with any condition, the level of care a patient may require is determined by a number of factors, which include the severity of symptoms and the degree of risk posed by the patient's current condition<sup>133</sup>.

170. The MOD promotes a military culture in which individuals with mental health problems are encouraged to seek help. It has pursued an anti-stigma campaign, in relation to mental health, known as *Don't Bottle It Up*. The Army's welfare support has been bolstered by a number of recent initiatives, which have been outlined in this statement at paragraphs 124 to 129.

171. Though the situation today is worlds apart from the position in 1995, the complexities of mental health problems amongst service personnel continue to pose challenges for the Army. Recognising that, the MOD takes every possible step to advance and refine the way in which mental health problems are dealt with.

## **5: THE DISCIPLINING OF TRAINEES**

### **A: The standards of discipline**

172. **The Values and Standards of the British Army** [Exhibit CC44], which apply Army wide, identify discipline as a core value of the British Army that is central to operational effectiveness. All soldiers are required to understand and live by the Values and Standards, and all commanders, from the most senior to the most junior, must show "*emphatic leadership*"<sup>134</sup>, accompanied by "*continuous and appropriate example*"<sup>135</sup>.

173. The Values and Standards of the British Army make clear that:

- i. Values and Standards apply at all times: whether on operations, in barracks, in homes or off duty<sup>136</sup>;

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<sup>133</sup> UK Armed Forces Mental Health: Annual Summary & Trends Over Time, 2007/8- 2016/7, paragraph 2 [Exhibit CC43]

<sup>134</sup> Values and Standards of the British Army, paragraph 1 [Exhibit CC44]

<sup>135</sup> Values and Standards of the British Army, paragraph 3 [Exhibit CC44]

<sup>136</sup> Ibid



- ii. Operational effectiveness requires the Army to have values and standards that are different from society and the Army's Values and Standards are more demanding of the individual<sup>137</sup>;
- iii. The Values and Standards are a moral requirement and have functional utility – they are interdependent, and if any one of them is lacking, operational effectiveness is threatened<sup>138</sup>; and
- iv. Upholding the Values and Standards is the collective responsibility of all members of the Army<sup>139</sup>.

174. Good discipline is vital in nurturing a culture of trust and confidence amongst soldiers, and in ensuring that orders are carried out and everyone is confident that they will not be let down by those alongside them. The Army expects self-discipline from every soldier and training regimes are designed to strengthen this. High standards of discipline require clearly understood rules and a military legal system of enforcement that is fairly applied both on and off duty by all those in positions of authority<sup>140</sup>.

175. It is noted also in the Values and Standards of the British Army that all soldiers are subject to the criminal law of England wherever they are serving, and have a duty to uphold it<sup>141</sup>. It is also made clear that all soldiers have the right to live and work in an environment free from harassment, unlawful discrimination and intimidation: *"any unjustifiable behaviour that results in soldiers being unfairly treated is fundamentally incompatible with the ethos of the Army and is not to be tolerated"*<sup>142</sup>.

176. The importance of discipline is reiterated in the **ARTD Handbook, Discipline and Administrative Action** [Exhibit CC45]. This makes clear that, *"it is essential that*

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<sup>137</sup> Values and Standards of the British Army, paragraph 2 [Exhibit CC44]

<sup>138</sup> Values and Standards of the British Army, paragraph 7 [Exhibit CC44]

<sup>139</sup> Ibid

<sup>140</sup> Values and Standards of the British Army, paragraph 9 [Exhibit CC44]

<sup>141</sup> Values and Standards of the British Army, paragraph 18 [Exhibit CC44]

<sup>142</sup> Values and Standards of the British Army, paragraph 20 [Exhibit CC44]

*all personnel maintain the very highest standards of self-discipline and behaviour at all times. Commanders at all levels are to ensure that where there is a breakdown of discipline individuals are dealt with swiftly, justly and entirely within the bounds of current policy and prescribed processes”<sup>143</sup>.*

## B: Changes in overview

177. As referred to in my previous statement, in 1995 a shortage of permanent staff and the fact that trainees, especially those in Soldiers Awaiting Trade Training, had significant periods of free time, led to a slippage in the standards of discipline which had been inculcated in the first intensive weeks of Phase 1 training<sup>144</sup>. There were many accounts of alcohol-induced poor behaviour amongst trainees in 1995. Specifically, the Blake Review highlighted that the low supervisory ratios of staff to trainees meant that there was little control over activity in the accommodation blocks, apart from the occasional patrol by the Provost and duty staff, and that in addition, there were frequent altercations in or outside the NAAFI, where alcohol was the primary entertainment on site<sup>145</sup>.

178. My previous statement also referred to the fact that, as suggested by the Blake Review, the poor supervisory ratios in 1995 may have led to less tolerance by staff of poor behaviour and an increasing tendency for NCOs to be heavy handed in their administration of punishments and approach to discipline, at a time when punishments were handed out informally at the discretion of NCOs.

179. The key improvements in relation to welfare, supervision, and the organisation of the Regiment, which I have already outlined in this statement, have also been important in improving discipline. Those steps include: the minimum levels of supervision the Chain of Command are required to adhere to; the fact that Deepcut is now an active training venue with only a very limited number of trainees in holdover;

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<sup>143</sup> ARTD Handbook, Discipline and Administrative Action, paragraph 1 [Exhibit CC45]

<sup>144</sup> See my witness statement dated 10 November 2017 at paragraph 155

<sup>145</sup> See my witness statement dated 10 November 2017 at paragraph 156

and the overhaul of the previous informal system of minor punishments by the introduction of AGAI 67<sup>146</sup>, as outlined below.

### C: The system of discipline in 2018

180. There are two components of the Army's discipline system: criminal and Service law under the **Armed Forces Act 2006 [Exhibit CC46]** (disciplinary action) and employment law (administrative action).

- a. **Criminal and Service law.** The first is 'disciplinary action', taken by commanders using their statutory powers under the Armed Forces Act 2006. As well as Service specific offences, this also encompasses all offences under Civil Law. Disciplinary action encompasses service custody and detention, summary hearing, Court Martial and Appeal<sup>147</sup>. The Service Justice System involves investigation, charge, trial, conviction and sentence, review and appeal<sup>148</sup>. Sentences range from admonition and restriction of privileges to, in the most serious cases, detention.
- b. **Employment law.** The second component is 'administrative action' under AGAI 67, which is taken by commanders using their command authority under The Queen's Regulations for the Army 1975 "*to safeguard or restore the operational effectiveness and efficiency of the Army*"<sup>149</sup>. The administrative process involves investigation, reporting, determination, sanction and review. Administrative action may result in a range of outcomes according to the seriousness of the failings. In the most serious cases this may be termination of service<sup>150</sup>. As noted by the **ARTD Handbook, Discipline and Administrative Action**<sup>151</sup> [Exhibit CC45], "*Administrative Action.....is the way the Army, like any other employer, is entitled to respond whenever its personnel fall short either through misconduct or inefficiency. ... Soldiers are subject to Service Law and the provisions*

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<sup>146</sup> Army General and Administrative Instructions, Volume 2, Chapter 67, Administrative Action (dated July 2017) ("AGAI 67") [Exhibit CC48]

<sup>147</sup> AGAI 67, paragraph 67.003(a) [Exhibit CC48]

<sup>148</sup> Ibid

<sup>149</sup> AGAI 67, paragraph 67.003(b) [Exhibit CC48]

<sup>150</sup> Ibid

<sup>151</sup> Applies from and issued on 1 November 2014

*of AGAI 67, and both can be used where appropriate to correct or punish individual failings<sup>152</sup>".*

181. Both components of the Army's discipline system are strictly regulated: disciplinary action by the provisions of the Armed Forces Act 2006 and the Manual of Service Law (JSP 830); administrative action by the provisions of AGAI 67.

182. Disciplinary action and administrative actions are necessary and complementary parts of the Army's disciplinary process. AGAI 67 notes in this respect that:

*"As a general rule, Disciplinary Action should only be used where the offence is wholly deserving of the consequences of the application of Service law. On the other hand, Administrative Action- which is intended to set straight shortcomings which breach the Service Test- should only be used for matters that would amount to criminal conduct or to a disciplinary offence that has 'criminal' elements if this course is supported by both G1 and written legal advice. Such support will only be given in cases where the interests of justice do not require the Chain of Command (CoC) to take disciplinary action. This might include where an offence dealt with by a civilian court has had an effect on operational effectiveness or where facts were revealed during a disciplinary investigation or trial which were not dealt with in the disciplinary process<sup>153</sup>".*

183. Within Basic Training and Initial Trade Training Establishments, the Chain of Command on disciplinary matters flows from sub-unit to unit, and to units' Operating Group Headquarters and then HQ ARTD for Higher Authority matters. The ARTD Handbook, Discipline and Administrative Action, requires that HQ ARTD is to be informed of all serious disciplinary cases that relate to the function or reputation of ARTD<sup>154</sup>.

#### D: Informal punishments and use of guard duties as punishments

##### (i) Disciplinary Action

184. Disciplinary Action, where appropriate, is taken in accordance with the provisions of the Armed Forces Act 2006 [Exhibit CC46], the Manual of Service Law

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<sup>152</sup> ARTD Handbook, Discipline and Administrative Action, paragraphs 5 and 6 [Exhibit CC45]

<sup>153</sup> AGAI 67, paragraph 67.004 [Exhibit CC48]

<sup>154</sup> ARTD Handbook, Discipline and Administrative Action, paragraph 3 [Exhibit CC45]

(JSP 830) [Exhibit CC47] and administered in accordance with AGAI 67 [Exhibit CC48]. The punishments that may be awarded for disciplinary offences are listed in the JSP 830 and (as above) range from admonition and restriction of privileges to, in the most serious cases, detention.

185. Unofficial punishments are prohibited. The Values and Standards of the British Army provides that *"the use of ... unlawful punishments is unacceptable and will undermine trust and respect. It is also illegal."*<sup>155</sup> The ARTD Handbook, Discipline and Administrative Action, echoes this position and makes clear that *"unofficial punishments are not to be used in any circumstances"*.<sup>156</sup>

(ii) Administrative Action under AGAI 67

186. In 1995 minor punishments could only be awarded officially at the conclusion of a summary hearing in accordance with the extant single Service Disciplinary Act, which in this case was the Army Act 1955.

187. Although NCOs were not authorised to hand out extra guard duties as punishments to trainees, there exists a substantial volume of evidence that this was routinely flouted by NCOs in 1995 to whom *"extra guard duties, and particularly weekend guard duties, were an available, informal and unrecorded punishment that could be awarded.....for misdemeanours"*<sup>157</sup>. My previous statement accepted that there was no policy or directive in place in 1995 which expressly prohibited the handing out of extra guard duties as punishments<sup>158</sup>.

188. The formal and cumbersome process for the official handing out of minor punishments led some NCOs to devise and administer minor punishments as they thought appropriate, at their discretion, which were without regulation by the Chain of Command and not subject to Army guidelines or policy. Within that context, NCO instructors handed out extra guard duties as informal punishments.

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<sup>155</sup> Values and Standards of the British Army, paragraph 21 [Exhibit CC44]

<sup>156</sup> ARTD Handbook, Discipline and Administrative Action, paragraph 8(a) [Exhibit CC45]

<sup>157</sup> Blake Review, paragraph 6.22

<sup>158</sup> See my previous witness statement dated 10 November 2017 at paragraph 187

189. That system was completely overhauled by the introduction of the Army General and Administrative Instructions, Volume 2, Chapter 67, Administrative Action ("AGAI 67") [Exhibit CC48] in 2005. AGAI 67 is a regulated system of formal minor and major sanctions for misconduct that does not warrant the use of statutory powers under the Service discipline act<sup>159</sup>.

190. Under AGAI 67, four types of administrative action can be taken. Two involve investigation and sanction, and two are purely administrative involving career management action:

- i. Minor administrative action;
- ii. Major administrative action;
- iii. Formal warning; and
- iv. Removal from appointment<sup>160</sup>.

191. Administrative action can only be taken by the Chain of Command against a soldier on the grounds: unsuitability; inefficiency; or misconduct.

192. The procedure for minor administrative action is laid out in Annex A to AGAI 67 Part 2, titled Minor Administrative Action Procedure, and involves a number of stages:

- i. First, a minor failing is identified. If the person who identifies that failing is satisfied that, on the balance of probabilities, the alleged failing took place, consideration is given to whether the Service Test is breached: *"Have the actions or behaviour of an individual adversely impacted or are they likely to impact on the efficiency or operational effectiveness of the Service?"* If the Service Test is breached,

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<sup>159</sup> In 1995, the Service discipline act was the Army Act 1955 which was replaced by the Armed Forces Act 2006 (AFA06) in October 09.

<sup>160</sup> AGAI 67 paragraph 67.008 [Exhibit CC48]

consideration is then given to whether minor administrative action is appropriate<sup>161</sup>.

- ii. If the Service Test is breached and minor administrative action is considered appropriate, the proportionate sanction is selected and the service person is informed verbally<sup>162</sup>.
- iii. The person initiating the action completes the Record of Minor Sanction Awarded, and takes this and the service person to the reviewing officer<sup>163</sup>. The Record of Minor Sanction Awarded is a form which records the sanction given.
- iv. The reviewing officer confirms whether minor administrative action is the appropriate course in the circumstances<sup>164</sup>. The review is to be conducted as soon as practicable and in any event within 24 hours, and must be conducted before any element of the sanction is put into place. If the reviewing officer considers that the action proposed is not appropriate the record will not be endorsed<sup>165</sup>. The reviewing officer will then inform the individual of this and the matter is complete<sup>166</sup>. If the reviewing officer considers that the action proposed is not appropriate because either major administrative action or disciplinary action should be taken, the individual is informed and the appropriate process is started<sup>167</sup>.
- v. Once satisfied that the minor administrative action is appropriate, the reviewing officer must ask whether the service person wishes to make a representation stating why the finding is unfair and/or why the sanction should not be given<sup>168</sup>. The reviewing officer will then consider the matter, taking into account what the service person has said and any other relevant factors, ensuring that: (1) on the balance of probabilities, the alleged incident

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<sup>161</sup> Annex A to AGAI 67 Part 2, paragraph 5 [Exhibit CC48]

<sup>162</sup> Ibid

<sup>163</sup> Annex A to AGAI 67 Part 2, paragraph 6(a) [Exhibit CC48]

<sup>164</sup> Annex A to AGAI 67 Part 2, paragraph 6(b) [Exhibit CC48]

<sup>165</sup> Annex A to AGAI 67 Part 2, paragraph 6(c) [Exhibit CC48]

<sup>166</sup> Ibid

<sup>167</sup> Ibid

<sup>168</sup> Annex A to AGAI 67 Part 2, paragraph 6(d) [Exhibit CC48]

took place; (2) the Service Test has been breached; (3) the sanction awarded is appropriate (i.e. that it falls within the appropriate range), is fair and proportionate; and (4) the person conducting/supervising the sanction is appropriately qualified<sup>169</sup>. The reviewing officer may reduce the sanction or change it to another sanction, but may not increase the sanction originally awarded<sup>170</sup>.

- vi. The Record of Minor Sanction Awarded is completed and signed by the service person in the presence of the reviewing officer, who is to endorse the form that, in his opinion, the alleged misconduct took place and that the sanction is appropriate<sup>171</sup>.

193. The service person receives the minor sanction which must be completed in accordance with AGAI 67<sup>172</sup>.

194. The person who originally gave the sanction must ensure that the person responsible for supervising the sanction is aware of the exact nature of the award. This may be done orally or by any other means authorised in the unit<sup>173</sup>.

195. The sanction is carried out as directed and the person who supervises the sanction is required to sign and return the tear-off slip on the Record of Minor Sanction Awarded. The sanction must be completed within 8 days of the date on which it is awarded or endorsed by the reviewing officer<sup>174</sup>.

196. Any service person who considers himself or herself to have been wronged by the application of a minor administrative action sanction and is not satisfied by the review may submit a service complaint seeking redress of individual grievance under

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<sup>169</sup> Annex A to AGAI 67 Part 2, paragraph 6(d) [Exhibit CC48]

<sup>170</sup> Annex A to AGAI 67 Part 2, paragraph 6(e) [Exhibit CC48]

<sup>171</sup> Annex A to AGAI 67 Part 2, paragraph 6(f) [Exhibit CC48]

<sup>172</sup> Annex A to AGAI 67 Part 2, paragraph 6(g) [Exhibit CC48]

<sup>173</sup> Annex A to AGAI 67 Part 2, paragraph 6(h) [Exhibit CC48]

<sup>174</sup> Annex A to AGAI 67 Part 2, paragraph 6(i) [Exhibit CC48]



section 334 of the Armed Forces Act 2006<sup>175</sup>. This will not delay the carrying out of any award. If a service complaint is upheld, the person awarding redress will determine what remedy is appropriate.

197. The sanctions that can be awarded at the conclusion of minor administrative action against a soldier are now framed by list of authorised sanctions and subject to tightly defined parameters. Under AGAI 67, “*sanctions must be appropriate, proportionate and remedial in relation to the failing identified*”<sup>176</sup>. They must not be unreasonable, or involve: public humiliation; sustained and oppressive treatment which amounts to or could be construed as harassment, including any form of bullying; sleep deprivation or deliberate infliction of pain; or work for the benefit of anyone other than the Service and the individual’s rehabilitation<sup>177</sup>.

198. The authorised sanctions under AGAI 67 in respect of minor administrative action comprise the following:

- i. **Report Back Musters/Parades**<sup>178</sup>, where an individual may be required to report back at a specific place and time in order to emphasise good time keeping and to ensure equipment and clothing are at a suitable standard<sup>179</sup>. A maximum of five report back musters/parades per failing can be awarded.
- ii. **Extra tasks or duties**, where an individual is required to carry out tasks in addition to normal duties in order to emphasise the efficient performance of

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<sup>175</sup> Annex A to AGAI 67 Part 2, paragraph 8 [Exhibit CC48]; section 334 of the Armed Forces Act 2006 has since been replaced by ‘Part 14A Redress of Service Complaints’ brought into force by section 2 of the Armed Forces (Service Complaints and Financial Assistance) Act 2015: see [Exhibit CC46]

<sup>176</sup> Annex A to AGAI 67 Part 2, paragraph 9 [Exhibit CC48]

<sup>177</sup> Ibid

<sup>178</sup> Several points should be noted in respect of this sanction. First, each parade must be as long as necessary to correct the failing and never last for more than 45 minutes. Second, dress and equipment should be as directed by the person originating the award. Third, a poor standard of turnout may mean that the soldier has to repeat the show back parade/muster. A soldier may be required to undertake a further two muster/parades for each muster/parade originally awarded, after which disciplinary action should be considered. A failure to attend a muster/parade should attract disciplinary action. Fourth, if the service person’s failing warrants it, skills training relevant to the failing, including appropriate physical training, may be included though must be conducted by an appropriately qualified instructor.

<sup>179</sup> Annex A to AGAI 67 Part 2, paragraph 10(a) [Exhibit CC48]

those duties<sup>180</sup>. As with the above punishment, a maximum of five report back extra tasks or duties can be awarded. The additional task or duty nominated must be of the same nature as the duty in which the individual failed. Any extra duty should not exceed the normal period for that duty and must not exceed 24 hours. Care must be taken to ensure that, together with the individual's normal duties, there is no requirement to work an unreasonable or unlawful number of hours.

- iii. **Periods of extra work of a maximum duration of four hours each.** Different to the handing out of extra tasks, extra work will not involve a duty that is regularly performed by the individual within the unit but must still be relevant to the failing with the aim of correcting the failing<sup>181</sup>. A maximum of 3 periods of extra work can be handed out. Each period of extra work should last no longer than 4 hours maximum, and personnel are to have a break every 45 minutes. As with extra tasks, care must be taken to ensure that the service person does not work an unreasonable number of hours<sup>182</sup>. Care must also be taken to ensure that the work is of a constructive nature for the benefit of the unit as a whole, that the work is properly led, planned and risk assessed, and that appropriate equipment is provided to undertake the work<sup>183</sup>.
- iv. **An informal interview**<sup>184</sup>.
- v. **A formal interview**, designed to make clear to a service person their shortcomings and what they need to do to rectify their behaviour<sup>185</sup>.
- vi. **Withdrawal of unit privileges**, where service personnel may be ordered not to purchase or consume alcohol from unit run clubs or bars for up to five consecutive days, or if a reservist up to five training days<sup>186</sup>.

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<sup>180</sup> Annex A to AGAI 67 Part 2, paragraph 10(b) [Exhibit CC48]

<sup>181</sup> Annex A to AGAI 67 Part 2, paragraph 10(c) [Exhibit CC48]

<sup>182</sup> Annex A to AGAI 67 Part 2, paragraph 10(c) [Exhibit CC48]

<sup>183</sup> Ibid

<sup>184</sup> Annex A to AGAI 67 Part 2, paragraph 10(e) [Exhibit CC48]

<sup>185</sup> Annex A to AGAI 67 Part 2, paragraph 10(f) [Exhibit CC48]

<sup>186</sup> Annex A to AGAI 67 Part 2, paragraph 10(d) [Exhibit CC48]

- vii. **A combination of sanctions.** There can only be one type of sanction awarded (report back musters/parades, extra tasks, withdrawal of unit privileges or extra work) for each finding, but any sanction may be accompanied by a formal interview<sup>187</sup>.

199. As stated above, it is made clear in the **ARTD Handbook, Discipline and Administrative Action [Exhibit CC45]**, that “*unofficial punishments are not to be used in any circumstances*<sup>188</sup>”, and that “*Administrative Sanctions are not to vary from the extant tariff in AGAI 67*<sup>189</sup>”. Indeed, “*sanctions or punishments awarded without following the proper process set out in [AGAI 67] may be unlawful*<sup>190</sup>”. Any NCO found to have significantly or deliberately exceeded their remit under AGAI 67 would have action taken against them (most likely in the form of disciplinary action under the Armed Forces Act 2006 or major AGAI 67 action) and could be removed from their post.

200. Under the extant AGAI 67 policy, there is scope within ‘extra tasks or duties’ for extra guard duties to be handed out as sanctions, but only if the failing which warranted the minor administrative action was committed while on guard duty. This position is made clear on every management course. Because Phase 2 trainees at Deepcut do not undertake routine guard duty- and undertake guard duty only in very limited training circumstances while under direct supervision- extra guard duties cannot be handed out to Phase 2 trainees as authorised sanctions as part of minor administrative action under AGAI 67.

#### E: The reporting and recording of minor sanctions

201. A further problem with the system in 1995 was that the handing out of informal punishments was not recorded. As noted in my previous statement, the recommendation made by Brigadier Evans in his report of 14 December 1995 that all minor punishments should be kept in a squadron register clearly acknowledged that informal punishments needed to be recorded and in turn regulated.

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<sup>187</sup> Annex A to AGAI 67 Part 2, paragraph 11 [Exhibit CC48]

<sup>188</sup> ARTD Handbook, Discipline and Administrative Action, paragraph 8(a) [Exhibit CC45]

<sup>189</sup> ARTD Handbook, Discipline and Administrative Action, paragraph 8(b) [Exhibit CC45]

<sup>190</sup> AGAI 67, dated October 2015, paragraph 67.003 [Exhibit CC48]

202. As will be apparent from the information already provided in this statement, there is nothing informal about either the process of minor administrative action that can be taken against a soldier, or the range of authorised sanctions that be awarded at the conclusion of that process. The process of minor administrative action is regulated by a clearly defined, staged procedure under AGAI 67, while the sanctions that can be awarded are tightly framed, subject to clear parameters and assured.

203. In addition, the use of the Record of Minor Sanction Awarded form, and the incorporation of a tear-off slip at the bottom of the form, now allows a record of all minor sanctions to be kept. A record of minor sanctions is to be held in a sub-unit file and subject to inspection, weekly by the squadron commander and monthly by the Commanding Officer. In addition, the whole process is subjected to an annual external inspection.

204. Records of minor administrative action should be retained for at least two years from the date of issue or until the posting of the service person, whichever is the earlier, and be available for inspection at any time by a higher authority<sup>191</sup>. As minor administrative action does not constitute a punishment, no entry is made in an individual's conduct record and the issue of a minor administrative sanction should not, in itself, affect an individual's career or promotion prospects<sup>192</sup>.

205. The process of recording sanctions (awarded at the conclusion of minor administrative action) is both to monitor the progress of the soldier who receives the sanction, and also as a means of regulation and safeguarding so that the Chain of Command can monitor the frequency and types of sanctions awarded.

#### F: Leave and disciplinary procedures

206. In 1995, Sergeants and Junior NCOs did not have the authority to cancel leave as a punishment to trainees, although I referenced in my earlier statement that the

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<sup>191</sup> Annex A to AGAI 67 Part 2, paragraph 12 [Exhibit CC48]

<sup>192</sup> Ibid

Blake Review referred to evidence from a number of trainees who indicated that as a punishment they had weekend leave cancelled at the last minute<sup>193</sup>.

207. The administration of leave is dealt with jointly in The Queen's Regulations for the Army 1975 [Exhibit CC67] and JSP 760 (Tri-Service Regulations for Leave and Other Types of Absences) [Exhibit CC49].

208. The Queen's Regulations 1975 are the standing orders issued by the most senior serving appointment in the Army, the Chief of the General Staff, for the governance of the Army. The Queen's Regulations 1975 lay down the policy and procedure to be observed in the command and administration of the Army. They provide commanding officers with direction on the command and administration of their units, a matter on which the effectiveness of the Army as a whole depends.

209. In the Queen's Regulations 1975, the Commanding Officer has the power to withhold the authorising of Leave if he/she believes there is a good Service reason for doing so:

*"5.008 a. Leave other than that granted as a terminal benefit on normal retirement, discharge or transfer to the Army Reserve, and as a statutory entitlement, is granted to serving officers and soldiers at the discretion of commanding officers in accordance with the rules laid down in the Army Leave Manual (AC 13216) (now JSP 760) as amplified periodically by Defence Instructions and Notices. ...*

*b. Leave should not be withheld without good Service reason. As far as possible, subject to the needs of the Service and the rules laid down for specific forms of leave, individuals should be allowed to take leave for which they are eligible as and when they desire it"*<sup>194</sup>

210. JSP 760 mirrors that contained within the Queen's Regulations 1975:

*"1.003. Coherent personnel leave planning is a function of the Chain of Command. Where possible, Service personnel should be allowed to take leave at the time of their choosing. Absence from duty is authorised or withheld by the CO as the exigencies of the Service permit. Authorised absence from duty affects the morale both of Service personnel and their families and should be withheld only to meet operational requirements or exigencies of the Service"*<sup>195</sup>.

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<sup>193</sup> My witness statement dated 10 November 2017 paragraph 189

<sup>194</sup> The Queen's Regulations for the Army 1975, paragraph 5.008 [Exhibit CC67]

<sup>195</sup> JSP 760 (Tri-Service Regulations for Leave and Other Types of Absences), page 1-2-1, paragraph 1.003 [Exhibit CC49]

1.004. *It is MOD policy that COs enable their personnel to take the full 38 days' Annual Leave Allowance (ALA), unless this is unavoidable due to operational requirements or exigencies of the Service...COs are expected to plan so far as reasonably possible to allow personnel under their command to take the full leave allowance. Any refusal to allow personnel to take their full leave allowance must be justified by the CO under single-Service arrangements. Likewise, Service personnel are responsible for following the correct procedure when requesting, notifying and recording Annual Leave. They are expected to plan their leave in a responsible manner with due regard to their Service commitments and are strongly advised to make adequate insurance arrangements against the possibility of last minute rescheduling or cancellations as a result of unforeseen and unavoidable Service requirements<sup>196</sup>.*"

211. Stoppage of leave can be awarded as a minor punishment for any conviction under the Service Justice System (disciplinary action). Under JSP 830, a Commanding Officer at a summary hearing or by Court Martial can sentence offenders below the rank of warrant officer to stoppage of leave<sup>197</sup>. Stoppage of leave is not an available punishment for administrative action under AGAI 67.

#### G: Alcohol

212. Binge drinking is a significant problem amongst many young people in modern British society from which the Army is not immune.

213. The Army's policy on alcohol (and drug) misuse is framed by the provisions of **JSP 835, Alcohol and Substance Misuse and Testing, Part 1: Directive**<sup>198</sup> [Exhibit CC50]. It is recognised under JSP 835 that "*The misuse of alcohol and drugs threatens operational effectiveness and is therefore not compatible with service in the Armed Forces*<sup>199</sup>".

214. Trainees are educated to recognise that excessive drinking is both unprofessional and dangerous<sup>200</sup>. To this end, the Values and Standards of the British Army states that:

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<sup>196</sup> JSP 760 (Tri-Service Regulations for Leave and Other Types of Absences), page 1-2-2, paragraph 1.004 [Exhibit CC49]

<sup>197</sup> Manual of Service Law, JSP 830, Volume 1, Chapter 13, paragraph 126 [Exhibit CC47]

<sup>198</sup> April 2015 [Exhibit CC50]

<sup>199</sup> JSP 835, Alcohol and Substance Misuse and Testing, Part 1: Directive, dated April 2015, page I, Foreword [Exhibit CC50]

<sup>200</sup> ARTD Handbook, Discipline and Administrative Action, paragraph 13 [Exhibit CC45]

*“The effects of excessive drinking are severe: impaired judgement, endangered health, degraded performance and are the major cause of ill-discipline. It generates a loss of self-control, which can lead to unacceptable behaviour accompanied by criminal violence. Personnel under the influence of alcohol cannot be relied upon to perform their duties competently; putting their own lives and those of others at risk<sup>201</sup>”.*

215. The ARTD Handbook, Discipline and Administrative Action, makes clear that the consumption of alcohol by trainees is to be strictly regulated. Commanding Officers are to produce a statement of policy and associated regulations for the consumption of alcohol within their unit, they are to deal severely with incidents of misuse of alcohol, and all units are to have an Alcohol Action Plan<sup>202</sup>.

216. This policy is reinforced within DCLPA under **DCLPA Standing Instructions SI J1/1199 Alcohol Policy** [Exhibit CC51], and requires that at a minimum the Action Plan must cover<sup>203</sup>:

- a. Mandatory education and briefings.
- b. Numbers, roles, responsibilities and locations of Duty Personnel.
- c. Facilities authorised to sell alcohol and associated opening hours.
- d. Limitations on consumption of alcohol.
- e. Procedures for extra-ordinary events.
- f. Procedures for drivers signing out of camp.
- g. ‘Actions on’ an incident where excessive consumption of alcohol is believed to be a factor.
- h. Availability and contact details of support networks.

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<sup>201</sup> Values and Standards Paper, paragraph 26 [Exhibit CC44]

<sup>202</sup> ARTD Handbook, Discipline and Administrative Action, paragraph 13 [Exhibit CC45]

<sup>203</sup> DCLPA Standing Instructions SI J1/1199 – Alcohol Policy – DCLPA Ops Gp, issued on 25 May 2016, paragraph 4 [Exhibit CC51]

217. The Alcohol Action Plan is to be signed by the Commanding Officer. All personnel on site are to be briefed on its contents. A summary is to be displayed in all facilities serving alcohol on station, all unit lines and Single Living Accommodation. The aim of the plan is to inform Officers Commanding and the Presidents of the Mess Committees of the Regiment's policy for consuming alcohol responsibly and constructively. The **Alcohol Action Plan** which is currently in force is exhibited to this statement [Exhibit CC52], together with a summary of the current Alcohol Action Plan.

218. It is acknowledged that when consumed sensibly, alcohol can play a positive role in social and cultural events. The consumption of alcohol in moderation at functions can contribute to developing unit cohesion and maintaining morale.

219. Excessive alcohol consumption is not tolerated. Under the Armed Forces Act 2006, it is an offence for personnel to be unfit for duty due to the influence of alcohol (or drugs)<sup>204</sup>, and it is also an offence for a person's proportion of alcohol in their breath, blood or urine to exceed the relevant limits (defined under JSP 835) at a time when that person is performing, purporting to perform, or might reasonably expect to be called on to perform a prescribed safety-critical duty<sup>205</sup>. Safety-critical duties are defined in JSP 835 as duties which *"if performed with ability impaired by alcohol or drugs, would result in a risk of death, serious injury, serious damage to property or serious environmental harm"*<sup>206</sup>. These include guard duties and the handling of live ammunition<sup>207</sup>.

220. The Army's enforcement of these offences is enshrined under JSP 835, which provides that disciplinary action should be considered against those whose ability to perform their duty is impaired because of alcohol consumption; and against those whose proportion of alcohol in their breath, blood or urine exceeds the relevant limit

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<sup>204</sup> Armed Forces Act 2006, section 20 [Exhibit CC46]

<sup>205</sup> Section 20(A) of the Armed Forces Act 2006, introduced by section 10 of the Armed Forces Act 2011 [Exhibit CC46]

<sup>206</sup> JSP 835, Alcohol and Substance Misuse and Testing, Part 1: Directive, dated April 2015, page 1-1, paragraph 3 [Exhibit CC50]

<sup>207</sup> Annex A to Chapter 5 of JSP 835 [Exhibit CC50]



at a time when they are performing, purporting to perform, or might reasonably expect to be called on to perform a safety-critical duty<sup>208</sup>. Where disciplinary action is not appropriate, *“the misuse of alcohol can be linked directly to the relevant joint and single Service administrative action processes which contain the instructions for the issue of Formal Warnings and the application of minor and major administrative sanctions to deal with the effects of the abuse where appropriate. As in any case where administrative action is used, it is for commanders to determine if or when formal action is appropriate and the most appropriate level of sanction on a case-by-case basis<sup>209”</sup>.*

221. The provisions of JSP 835 should be read in conjunction with those of the **Army General and Administrative Instructions, Volume 2, Chapter 63, Alcohol Misuse**<sup>210</sup> (AGAI 63) [Exhibit CC53]. The Army’s policy for dealing with alcohol misuse comprises a four-staged system *“incorporating administrative, disciplinary and healthcare measures<sup>211”</sup>*. The first stage involves awareness, education and prevention, in respect of which it should be noted that from April 2016, Alcohol Brief Interventions were introduced across the Army. An Alcohol Brief Intervention is *“a short evidence based, structured conversation about alcohol consumption designed to motivate and support [Service Personnel] to think about and/or plan a change in their drinking behaviour in order to reduce consumption<sup>212”</sup>*. The three further stages in the Army system are: interviewing and referral; major administrative action and medical management; and major administrative action and advanced medical treatment.

222. Under the Supervisory Care Directive, any individual who is assessed to be adversely affected as a result of either the direct effect of the presence of alcohol in the bloodstream, or the after effects of alcohol consumption, will be subject to disciplinary action<sup>213</sup>.

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<sup>208</sup> JSP 835, Alcohol and Substance Misuse and Testing, Part 1: Directive, dated April 2015, page 2-A-1, paragraph 4 [Exhibit CC50]

<sup>209</sup> JSP 835, Alcohol and Substance Misuse and Testing, Part 1: Directive, dated April 2015, page 2-A-2, paragraph 6 [Exhibit CC50]

<sup>210</sup> Dated July 2017 [Exhibit CC53]

<sup>211</sup> AGAI 63, paragraph 63.021 [Exhibit CC53]

<sup>212</sup> AGAI 63, paragraph 63.024(e) [Exhibit CC53]

<sup>213</sup> Supervisory Care Directive, paragraph 83 [Exhibit CC26]

223. The Army already devotes significant time and resources to a range of educational campaigns in order to reduce the excessive consumption of alcohol, including using external contractors to provide ‘hard-hitting’ briefings. Perhaps most significantly though, new powers to test for alcohol (and drugs) were introduced on 1 November 2013 under the Armed Forces Act 2006 by the Armed Forces Act 2011. Under the newly implemented Section 93A of the Armed Forces Act 2006<sup>214</sup>, the Commanding Officer may require a service person, where there is reasonable cause to believe that they are unfit for duty due to alcohol (or drugs)<sup>215</sup> or have exceeded the relevant limits in respect of safety-critical duties<sup>216</sup>, to undertake a preliminary breath test or impairment test (or drug test).

224. The result of that provision is that if a commander believes that an individual may have consumed alcohol, prior to undertaking a safety-critical duty, that individual may be breathalysed. Those who test positive are removed from their safety-critical duty until the Commanding Officer has had an opportunity to carry out a risk assessment. The soldier may only return to their safety-critical duty once the Commanding Officer has decided that the soldier is safe to be employed on such duties. The result of alcohol (and drugs) testing relating to safety-critical duties are admissible as evidence in disciplinary proceedings for a service offence.

225. In 2015, the Executive Committee of the Army Board directed that the use of alcohol was a ‘professional issue’ and existing measures were to be enhanced through: a reduced institutional tolerance of alcohol misuse; an increased use of alcohol testing using powers relating to safety-critical duties contained in the Armed Forces Act 2011; and through the introduction of the Alcohol Brief Interventions. Alcohol Brief Interventions have been used extensively and very successfully by Public Health Wales for 20 years and were introduced in April 2016 across the Army.

226. The concerns about alcohol consumption are particularly relevant in a military training environment such as Deepcut. Commanders are to ensure that social functions, different to regular bar opening, take place in a controlled environment,

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<sup>214</sup> Implemented by section 11 of the Armed Forces Act 2011 [Exhibit CC46]

<sup>215</sup> Armed Forces Act 2006, Section 20(1)(a) or (b) [Exhibit CC46]

<sup>216</sup> Armed Forces Act 2006, Section 20A [Exhibit CC46]

where alcohol is consumed responsibly, with no degeneration into excessive drinking<sup>217</sup>. They must also set an example through their own moderation: failure to do so will call into question their self-discipline and their moral courage, and their ability to exercise their responsibilities of rank<sup>218</sup>.

227. The consumption of alcohol by trainees is strictly regulated. Under 18s are not permitted by law to buy alcohol or to consume it in a bar. Phase 2 trainees must carry their MOD 90 Identification at all times and will be asked by contracted bar staff to present it when buying alcohol. Disciplinary action will be taken against anyone under 18 buying or consuming alcohol and against anyone buying alcohol for an under 18. This position is made clear to all trainees at Deepcut during their Phase 2 inducting training, throughout further training and is repeated regularly in Part 1 Orders<sup>219</sup>.

228. The result of the requirement that commanders ensure that social functions take place in a controlled environment is that trainees can only drink socially in their own designated bar which is different from the bar for instructors and permanent staff. Anyone other than a Phase 2 trainee can only enter the trainees' bar "*in the execution of their duty*"<sup>220</sup>; instructors are not allowed to enter the trainees' bar in a social capacity. Trainees are not allowed to consume alcohol outside the bar. Shots of various alcohols are banned, and only single drinks are served.

229. In my previous statement, reference was made to the existence of a substantial volume of evidence which indicated that alcohol-induced poor behaviour was commonplace at Deepcut in 1995. Indeed the Blake Review considered that "*excessive drinking was the source of significant disciplinary problems at the Barracks*"<sup>221</sup>.

230. During out of hours, accommodation blocks are supervised by the Squadron Orderly Corporal (SOC) as previously described. The guard force also conduct night-time patrols which enhances security in barracks, although such patrols are not

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<sup>217</sup> Values and Standards Paper, paragraph 26 [Exhibit CC44]

<sup>218</sup> Ibid

<sup>219</sup> Supervisory Care Directive, paragraph 88(b) [Exhibit CC26]

<sup>220</sup> Supervisory Care Directive, paragraph 80(c) [Exhibit CC26]

<sup>221</sup> Blake Review, paragraph 4.94

conducted routinely. Accommodation is inspected without notice to ensure that alcohol is not being stored or consumed in trainees' blocks.

231. Though trainees who leave barracks must sign in at the guardroom on their return, they are not searched by those on patrol. The many systems at Deepcut in force to prevent alcohol-induced poor behaviour must be balanced against the need to respect an individual's liberty and the fact that trainees pay to live in Army accommodation. Furthermore, it is important for an overly intrusive system of monitoring to be avoided given the need for there to be a progressive lifting of supervision during Phase 2 training before trainees are deployed into the Field Army.

232. Though alcohol-related incidents do arise today, and remain a continuing possibility amongst a group of young people in Deepcut's training environment, many of whom are living away from home for the first time and may be prone to social experimentation, alcohol-induced poor behaviour is certainly not commonplace.

#### H: Drugs

233. For the sake of completeness, the information in this section is provided to outline the Army's current position in relation to drugs.

234. The illegal possession and use of controlled drugs is an offence under both Service and civil law. As already referred to, the Army's policy on drug misuse is framed by JSP 835, which is expanded upon in the provisions of **Army General and Administrative Instructions, Volume 2, Chapter 64, Substance Misuse**<sup>222</sup> (AGAI 64) [Exhibit CC54]. Disciplinary or administrative action is taken against those involved in substance misuse, with the outcomes for such offences based on dismissal<sup>223</sup>.

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<sup>222</sup> Dated July 2017 [Exhibit CC54]

<sup>223</sup> See: the Supervisory Care Directive, paragraph 84 [Exhibit CC26]; see also JSP 835, p 3-2, at paragraph 5: "*Personnel who misuse drugs can expect to be removed from the Services by disciplinary or administrative means except in exceptional circumstances where the appropriate Authority determines that the retention of an individual is desirable and achievable*". [Exhibit CC50]

235. The use of illegal drugs breaches the Army's Values and Standards and action is taken against those involved in substance misuse<sup>224</sup>. The Army's policy for those who commit a drugs-related offence is based on dismissal<sup>225</sup>.

236. It made clear in the Values and Standards of the British Army that:

*"Drug misuse is not only illegal, it poses a significant threat to operational effectiveness. Drug misusers are a liability to themselves and to their colleagues: their judgement is impaired; their health damaged; and their performance degraded. In short, they can neither be trusted nor relied upon<sup>226</sup>".*

237. It is however recognised that before joining the Army, recruits may have used drugs. The Army's zero tolerance policy towards drug use is made abundantly clear to all recruits and trainees. JSP 835 states that:

*"The policy that all personnel who misuse drugs are liable to disciplinary or administrative action resulting in termination of service is to be clearly stated in the offer of employment given to all new recruits<sup>227</sup>".*

238. The Army Policy on the Misuse of Drugs is contained in AGAI 64 [Exhibit CC54], under which the Army's framework for dealing with drug misuse, "is based on prevention, deterrence and regulation<sup>228</sup>". AGAI 64 "outlines the Army's Compulsory Drug Testing (CDT) programme, and the administrative and disciplinary measures that are to be taken against those who are involved in the misuse of drugs<sup>229</sup>". The Army drug misuse strategy contained in AGAI 64, termed the '3 ages of misuse'<sup>230</sup>, is as follows:

- i. **1<sup>st</sup> Age: SP in Basic training** – This stage seeks to promote an understanding of the professional approach required in the Army, setting out appropriate behaviours to convince new soldiers to break away from habits which may previously have been an acceptable norm. Normal practice is for Compulsory

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<sup>224</sup> Supervisory Care Directive, paragraph 84 [Exhibit CC26]

<sup>225</sup> Values and Standards of the British Army, paragraph 27 [Exhibit CC44]

<sup>226</sup> Ibid

<sup>227</sup> JSP 835, Alcohol and Substance Misuse and Testing, Part 1: Directive, page 3-2, paragraph 6 [Exhibit CC50]

<sup>228</sup> Army General and Administrative Instructions, Volume 2, Chapter 64, Substance Misuse (AGAI 64), paragraph 64.002 [Exhibit CC54]

<sup>229</sup> AGAI 64, paragraph 64.002 [Exhibit CC54]

<sup>230</sup> AGAI 64, paragraph 64.004 [Exhibit CC454]

Drug Testing (CDT) testing to take place during the 1<sup>st</sup> Age. Under the provisions of the ARTD Handbook<sup>231</sup>, recruits are not to undergo CDT before week 10 of training and not until Military Annual Training Test 6 training and Values and Standards training have been completed<sup>232</sup>. Today, it is ARTD policy that all recruits are subject to CDT during Basic Training<sup>233</sup>.

- ii. **2<sup>nd</sup> Age: Trade training to 25 years of age** – The drug strategy builds on the 1<sup>st</sup> age with additional staff effort and resources to reinforce earlier messaging, deter through stronger regulatory policy, targeting testing more effectively and strengthening engagement by peer led interventions that will assist in drug misuse prevention.
  - iii. **3<sup>rd</sup> Age: Near peers and seniors** – The Chain of Command must be educated and trained to understand the complexity of drug misuse. They need to understand the interventions and resources available, to be able to support and direct the 1<sup>st</sup> and 2<sup>nd</sup> age cohorts in the campaign to reduce and prevent drug misuse.
239. CDT is carried out within Deepcut. If there is any suspicion that an individual may have taken drugs the CDT team can be called in to test that individual. The recruits will be aware of the system as they are tested during Phase 1.
240. The system of CDT is fundamentally different to the system of drugs testing, outlined above, in respect of safety-critical duties. For CDT purposes, a drug means a controlled drug, while in the context of testing for safety-critical duties, a drug means any intoxicant other than alcohol<sup>234</sup>. Secondly, the results of drugs and alcohol testing

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<sup>231</sup> Army Recruiting and Training Division Handbook, Compulsory Drug Testing in ARTD, last reviewed on 20 September 2017 [Exhibit CC55]

<sup>232</sup> Army Recruiting and Training Division Handbook, Compulsory Drug Testing in ARTD, paragraph 5(a) [Exhibit CC55]

<sup>233</sup> Ibid

<sup>234</sup> JSP 835, Alcohol and Substance Misuse and Testing, Part 1: Directive, page 1-1, paragraph 2 [Exhibit CC50]

relating to safety-critical duties are admissible as evidence in disciplinary proceedings for a Service offence, whereas the result of tests relating to CDT are not admissible<sup>235</sup>.

## **6: BULLYING**

241. In my previous statement, I referred to the fact that the evidence considered by the previous investigations conducted into the death of Sean Benton and the events at Deepcut between 1995 and 2002 generally, included evidence that trainees considered that they were being bullied by NCOs, particularly in respect of the type and frequency of the punishments they received for minor misdemeanours. MOD has accepted that in the absence of a formal code of practice as to what was acceptable the system was open to NCOs to administer physically excessive or overly repetitive punishments that went beyond legitimate sanctions and that some NCOs to varying degrees strayed beyond what was appropriate<sup>236</sup>. My previous statement also referred to the fact that in 1995 there were concerns that the process of selecting instructors did not properly take account of whether they were suitable for their roles.

242. MOD has also accepted the relevance of the low supervisory ratio of permanent staff to trainees to the issue of bullying, in that (i) poor supervision would mean that it was more open to trainees to bully other trainees, (ii) the shortage of junior NCOs may have resulted in junior NCOs being more aggressive in their approach to discipline than what was appropriate, and (iii) the poor supervision of junior NCOs may have resulted in junior NCOs thinking they could pursue an inappropriate course of discipline against trainees and escape sanctions<sup>237</sup>.

243. Bullying is an extremely serious matter to which the Army has a zero-tolerance approach. Many measures have been put into place since 1995.

244. In terms of policy and training, the fact that bullying is strictly prohibited could not be made any clearer.

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<sup>235</sup> JSP 835, Alcohol and Substance Misuse and Testing, Part 1: Directive, page 1-1, paragraph 1 [Exhibit CC50]

<sup>236</sup> See my previous statement dated 10 November 2017 at paragraph 174

<sup>237</sup> See my previous statement dated 10 November 2017 at paragraph 176

245. JSP 763, The MOD Bullying and Harassment Complaints Procedures<sup>238</sup>

[Exhibit CC56] states that:

*"1.4 It is MOD policy that all Service and civilian personnel, regardless of rank or grade, have a right to be treated with dignity. All Service and civilian personnel also have a responsibility to do all they can to ensure that the working environment is free from all forms of bullying and harassment and that the dignity of others is respected. All personnel are to:*

- a. ensure that their own conduct does not amount to bullying or harassment;*
- b. have the moral courage to challenge inappropriate behaviour;*
- c. be prepared to support those who experience or witness bullying and harassment; and*
- d. report bullying or harassment against themselves or others.*

.....  
1.7 Bullying and harassment of any kind benefits no-one. It is damaging to the health, performance and morale of those on the receiving end of it and may ultimately result in them leaving MOD employment altogether. It also damages the operational effectiveness of teams and the reputation of the Armed Forces and MOD. Examples of unacceptable behaviour which will not be tolerated include:

- a. unwelcome sexual attention or 'environmental' harassment such as the open display of pornographic material;*
- b. ridiculing someone (e.g. making fun of the way they look or speak) or insulting them (e.g. on the grounds of sex, gender reassignment, race or ethnic or national origin, disability, religion or belief, sexual orientation or age);*
- c. encouraging, verbalising or acting on negative stereotypes of men, women or members of minority groups;*
- d. ostracising someone, excluding them from group activities (or conversely, coercing them into taking part in unwanted activities through fear of being ostracised), or spreading malicious rumours about them;*
- e. deliberately setting someone up to fail (e.g. by giving them unrealistic targets or deadlines to meet, or by giving them duties or responsibilities beyond their capability), unduly criticising their performance, or unfairly picking on them;*
- f. publicly undermining someone's authority;*
- g. labelling someone who has made a complaint of bullying or harassment a "troublemaker", or retaliating against/victimising them;*
- h. pressurising someone into not making a complaint".*

246. That policy is supplemented by JSP 887, Diversity, Inclusion & Social Conduct, Part 1: Directive, Defence Strategy and Social Conduct Code to meet Public Sector Equality Duties<sup>239</sup> [Exhibit CC57], which includes as a Defence

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<sup>238</sup> A Guide For All MOD Service And Civilian Personnel About Making, Responding To, Advising On, Investigating, And Deciding On, Complaints Of Bullying And Harassment, dated 1 July 2013 [Exhibit CC56]

<sup>239</sup> Dated March 2017 [Exhibit CC57]



Diversity Objective to “gain and maintain our workforce’s trust in Defence to respect and value the unique and diverse contribution of each individual; treat each individual fairly, with dignity and respect; and not tolerate discrimination, harassment, bullying or abuse<sup>240</sup>”. In support of this objective, the JSP provides that the Ministry of Defence must instil in everyone “the need to take personal responsibility, understand and live the values and standards Defence expects of them and to challenge and deal effectively with unacceptable behaviour<sup>241</sup>”, and that effective and efficient procedures must be in place to deal with allegations of bullying, harassment and discrimination in a timely manner<sup>242</sup>.

247. The Army’s equality and diversity policy is enshrined within the **Army General and Administrative Instructions, Volume 2, Chapter 75, Respect for Others – Equality and Diversity Policy, Guidance and Instructions**<sup>243</sup> (AGAI 75) [Exhibit CC58]. AGAI 75 defines bullying in the following terms: “Singling out an individual or particular group for hostile treatment, violence, intimidation, or exclusion from any opportunities available to others whether work related or socially”<sup>244</sup>. The AGAI is clear that bullying is never justifiable or acceptable in the Army, and that any abuse or misuse of power intended to undermine, humiliate, denigrate or injure the recipient is of particular concern and most damaging to the Army’s reputation<sup>245</sup>.

248. Examples of unacceptable behaviour are also set out in Annex A to AGAI 75 and include:

- “a. The use of personal insults or labelling of individuals or groups with nicknames designed to undermine, humiliate or denigrate others.*
- b. Unfair work allocation or exclusions from certain types of work.*
- c. Unfair pressure about the speed and quality of work, for example, the use of double standards to ensure failure.*
- d. Over-supervision and persistent criticism especially in front of subordinates.*
- e. Blocking applications for leave or training without good reason.*

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<sup>240</sup> JSP 887, Diversity Inclusion & Social Conduct, Part 1: Defence Strategy and Social Conduct Code to meet Public Sector Equality Duties, dated March 2017, Section 2, paragraph 18(a) [Exhibit CC57]

<sup>241</sup> Ibid

<sup>242</sup> Ibid

<sup>243</sup> Dated September 2017 [Exhibit CC58]

<sup>244</sup> AGAI 75, paragraph 75.027 [Exhibit CC58]

<sup>245</sup> AGAI 75, paragraphs 75.027 and 75.028 [Exhibit CC58]

*f. Use of physical force”<sup>246</sup>.*

249. Commanders at all levels (including Officers, Warrant Officers and all NCOs) have a responsibility to ensure the protection of their subordinates from bullying, harassment and discrimination. Any abuse of, or disregard to that responsibility amounts to neglect<sup>247</sup>.

250. That policy position is essentially restated in the Values and Standards of the British Army which provides that “*All soldiers have the right to live and work in an environment free from harassment, unlawful discrimination and intimidation. Any unjustifiable behaviour that results in soldiers being unfairly treated is fundamentally incompatible with the ethos of the Army, and is not to be tolerated*<sup>248</sup>”. The paper goes on to emphasise that all commanders have a responsibility to protect others from physical and mental bullying and to deal with it promptly. The use of physical strength or the abuse of authority to intimidate or victimise others, or to give unlawful punishments is unacceptable and also illegal<sup>249</sup>.

251. I have already referred extensively to AGAI 67 in this statement in relation to the policy on the disciplining of trainees. The strict prohibition of informal punishments elsewhere in the doctrine and guidance on disciplining soldiers is an important part of the measures taken against bullying. To that end, AGAI 67 also now seeks to give practical guidance on the line to be drawn between (inappropriate) informal punishment on the one hand, as compared to the sort of informal rebuke and short exercise to encourage attentiveness which is acceptable. Paragraph 32 of AGAI 67 provides as follows:

*“67.032. Routine discipline. This AGAI is not intended to replace the minor informal rebukes and corrections that are taken in the course of normal Service life. It may be possible to correct a failing immediately and, if so, it should be done. For example,*

*a. A Serviceman may be ordered to pick up a piece of litter dropped, or to re-clean a weapon that is still dirty.*

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<sup>246</sup> AGAI 75, Annex A, paragraph 12 [Exhibit CC58]

<sup>247</sup> AGAI 75, Annex A, paragraph 3 [Exhibit CC58]

<sup>248</sup> Values and Standards of the British Army, paragraph 20 [Exhibit CC44]

<sup>249</sup> Values and Standards of the British Army, paragraph 21 [Exhibit CC44]

*b. A Serviceman who is being inattentive or drowsy in a lesson or task may be given a short wake-up exercise. This might be up to 10 press ups or to run a short distance, not more than 200m. Wake-up exercises are to be brief physical exercises of no more than a minute in duration. No more than two wake-up exercises should be given in any lesson or task.*

*c. A Serviceman may be given appropriate verbal correction. This is not to contain threats, insulting, demeaning or obscene language.*

*All action is taken on the basis of maintenance of routine discipline within a unit and the principles of proportionality and reasonableness apply, see Annex A, para 9."*

252. It is made clear under AGAI 67 that wake-up exercises, defined as "*brief physical exercises of no more than a minute in duration*", are limited to 10 press ups, and short-distance runs of no more than 200m. This position is reflected in the Supervisory Care Directive<sup>250</sup>.

253. In addition AGAI 67 also restricts the circumstances in which physically demanding tasks such as drill and physical training can be given under the minor administrative action process. The policy makes clear<sup>251</sup> that on a report back / muster parade (limited to a maximum of 45 minutes), the Service Person can be given skills training (which may include physical training). However, such training can only be included if it is relevant to the failing committed. Drill can now only be given as a sanction to address failings in drill. Physical training can be given for soldiers who display a lack of physical effort or attention to their duties, but all training must be conducted by an appropriately qualified instructor (i.e. a drill instructor for drill, or a PT instructor for physical training). Any such sanctions must also meet the general requirements of being appropriate, proportionate and remedial in relation to the failing identified and respect the prohibition on humiliation and sustained / oppressive treatment as detailed above.

254. The combined effect of the above is to give clear guidance to NCOs, and indeed other Commanders, on:

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<sup>250</sup> Supervisory Care Directive, paragraph 96(b) [Exhibit CC26]

<sup>251</sup> Annex A to AGAI 67 Part 2, paragraph 10(a)(4) [Exhibit CC48]

- i. what is permitted by way of appropriate informal rebuke or immediate correction;
- ii. what behaviour calls for minor administrative action with associated sanctions, and the process to be applied;
- iii. the purpose and limits of such sanctions, their enforcement and recording;
- iv. the prohibition of other punishments, and bullying or humiliating treatment.

255. Today, and under AGAI 75, all personnel “*are to be made aware of help that is available in the event that they believe they are being subjected to bullying, harassment or discrimination*<sup>252</sup>”. That range of help, advice and guidance available to trainees is set out in an annex, (currently Annex A) attached to AGAI 75 which is published every six months on unit routine orders. The current procedure for those who experience bullying, discrimination or harassment, including trainees, is as follows:

- i. As a first step personnel should speak to their immediate line manager or higher commander.
- ii. If approaching their Chain of Command is difficult for any reason, help can be sought in confidence from a number of other sources:
  - a. The unit Equality and Diversity Advisor or Assistant.
  - b. The Unit Welfare Officer.
  - c. The unit Padre, or relevant World Faith Chaplain for major faiths.
  - d. The Speak Out telephone helpline [Exhibit CC37], which is run during Monday to Friday between 0830 and 1730. An answer machine facility is provided out of these hours and at weekends<sup>253</sup>.

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<sup>252</sup> AGAI 75, Annex A, paragraph 4 [Exhibit CC58]

<sup>253</sup> BH&D Section Complaints Telephone Line (Speak Out Helpline) Standard Operating Procedure dated 1 August 2017, paragraph 6 [Exhibit CC37]

- iii. All personnel are entitled to consult the Service Complaints Ombudsman directly if they believe that their complaint has not been handled correctly, or they feel unable to complain through their own unit.
256. It is made clear in the context of the Deepcut training environment, under the Supervisory Care Directive, that *“bullying and harassment is behaviour that makes someone feel intimidated or offended”*, and *“will not be tolerated in any form within the [Deepcut] training environment”*<sup>254</sup>.
257. Trainees today are made well aware of the position under the Supervisory Care Directive that if such problems cannot be dealt with informally, they should be raised through the Chain of Command or someone within welfare support such as the Unit Welfare Officer or the Padre. As has already been referred to, at Deepcut today trainees also have access to two confidential telephone support lines: the Bullying, Harassment and Discrimination helpline, known as ‘Speak Out’; and the SSAFA confidential help-line. The current Supervisory Care Directive, for Training Year 2017-18, currently refers to the Confidential Support Line. As has been outlined, the Confidential Support Line has been replaced by the Speak Out line, and the Supervisory Care Directive will be updated in due course to reflect that, including providing the Speak Out number.
258. The ARTD Handbook, Discipline and Administrative Action<sup>255</sup> requires that allegations or reports of ill treatment, whether by staff, recruits or trainees, are to be investigated immediately and referred to the Service Police if deemed appropriate by the Chain of Command – this includes allegations of inappropriate behaviour such as discrimination, bullying and harassment<sup>256</sup>.
259. Those found guilty of unacceptable behaviour will be subject to administrative or disciplinary action in accordance with AGAI 67, Manual of Service Law (JSP 830) and The Queen’s Regulations for the Army 1975. Commanding Officers are entitled to

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<sup>254</sup> Supervisory Care Directive, paragraph 77 [Exhibit CC26]

<sup>255</sup> Army Recruiting and Training Division Handbook, Discipline and Administrative Action, Personnel and Administration, issued on 1 November 2014 and last reviewed on 28 March 2017 [Exhibit CC45]

<sup>256</sup> Army Training and Recruiting Division Handbook, Discipline and Administrative Action, paragraph 10 [Exhibit CC45]

initiate such action where there is evidence of wrongdoing, irrespective of whether a formal or informal complaint is made.

260. As set out above, of particular importance under the Supervisory Care Directive is the need for Commanding Officers to have a system in place to identify and protect those trainees who may be particularly vulnerable to harassment, bullying or discrimination. Such individuals are monitored using a 'Risk Register', and through a Regimental Review Board, involving training, medical and welfare staff as appropriate.

261. Despite the many measures which have been put into place since 1995, there remains the potential for bullying in the Army. **The Speak Out Bullying, Harassment and Discrimination Helpline 2016 Annual Report** [Exhibit CC59] recorded that the number of new cases increased from 168 in 2015 to 190 in 2016<sup>257</sup>. Bullying and harassment issues represent the majority of cases, and the number of calls received by Speak Out during 2016 was almost 50% higher than 2015 (but resulted in only 10% more cases)<sup>258</sup>.

262. While the Army's prohibition of and zero tolerance stance towards bullying and harassment could not be made any clearer in Army policy, the results of a 2015 study of bullying, harassment and discrimination in the Army made plain that unacceptably high levels of these behaviours persisted across the organisation<sup>259</sup>, and there is still much work to be done in this area.

263. In the last two years, we have done a huge amount to improve organizational culture. We have increased transparency in a number of ways: engagement with external organisations; review by critical friends on the Sexual Harassment Survey Advisory Group; publication of reports; and surveys, even when they make unpleasant reading.

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<sup>257</sup> The Speak Out Bullying, Harassment and Discrimination Helpline 2016 Annual Report, paragraph 2 [Exhibit CC59]

<sup>258</sup> The Speak Out Bullying, Harassment and Discrimination Helpline 2016 Annual Report, paragraph 4 [Exhibit CC59]

<sup>259</sup> Executive Committee of the Army Board, Bullying, Harassment & Discrimination Study – Final Update, ECAB/P(15)154, dated July 2015, paragraphs 4 and 22 [Exhibit CC60]

264. In recent times, the real desire to understand and improve organizational culture has grown within the Army. This has been illustrated by the following changes: a new climate assessment policy, culture and behaviours briefs to the Executive Committee of the Army Board and the establishment of the Centre for Army Leadership.

265. The Bullying, Harassment and Discrimination study was initiated in response to the recognition that the Army faced “*a challenge of unacceptable behaviours that undermine[d] [its] operational effectiveness*<sup>260</sup>”, and the results were considered by the Executive Committee of the Army Board in July 2015 [Exhibit CC60]. A number of recommendations were made by the study including that service personnel are made more aware of what constitutes acceptable/unacceptable behaviour and that training is provided to give personnel the confidence and practical skills to intervene if they witness unacceptable behaviour.

266. Progress on the implementation of the study’s recommendations as at the end of December 2017 is shown at [Exhibit CC61] To govern their implementation and to ensure that they are aligned with the Army’s wide diversity and inclusion initiatives, the recommendations were also incorporated within the Executive Committee of the Army Board endorsed Diversity and Inclusion Action Plan [Exhibit CC62]. The Army also established a Bullying, Harassment and Discrimination Team comprising of three officers and a warrant officer, initially for 2 years to oversee and assure the implementation of the study’s recommendations, but the team has now been established on an enduring basis, underlining the Army’s commitment to delivering cultural change. The following key events have already taken place:

- a. An Army Leadership Event was held in September 2015 for all commanding officers, Regimental Sergeant Majors and all officers of the rank of Colonel and above. Attendance at this event was mandatory. This event was used first to publicise the findings of the Bullying, Harassment and Discrimination Study and then to launch the Army Leadership Code [Exhibit CC63] as the

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<sup>260</sup> Executive Committee of the Army Board, Bullying, Harassment & Discrimination Study – Final Update, ECAB/P(15)154, dated July 2015, paragraph 22 [Exhibit CC60]

leadership ethos for the British Army. All attendees at the Army Leadership Event then worked in syndicates to develop individual 'commitments to action' on how to address unacceptable behaviour in their organisations.

- b. The Army Conference in January 2016 for all commanding officers and all officers of the rank of Colonel and above, which included a section on command culture and the eradication of unacceptable behaviour. The Chief of the General Staff reviewed the progress to date and highlighted areas where progress has been insufficient.
- c. 'Unacceptable Behaviour' packages are delivered on key career courses, specifically for commanding officers and UWOs.
- d. Respect for Others Training, which is delivered Army-wide by The Garnett Foundation, has been revised and now directly addresses issues around the impact of behaviours on others and the use of unacceptable language.
- e. Following the launch of the Army Leadership Code on 3 September 2015, a number of units and formations have subsequently delivered presentations and study days around the issue of unacceptable behaviours with support and input from the Bullying, Harassment and Discrimination Team.
- f. The Army has created a 'Command Sergeant Major' network to sit above regiments and battalions to champion the Army Leadership Code, with direct access to the Chief of the General Staff through the Army Sergeant Major, who is a member of Executive Committee of the Army Board.
- g. A pilot pre-employment course for Regimental Sergeant Majors was run and has been implemented since 2016.
- h. The Army participated in National Anti-Bullying Week 2017 **[Exhibit CC64]** where the anti-bullying message was reinforced over the period 13 to 18 November 2017 through anti-bullying posters displayed across units and events run within units. In addition, the Army has continued to promote its



#NoBystanders campaign, by which people are encouraged to act and to intervene if they see bullying taking place.

- i. The Army conducted a Sexual Harassment Survey in 2017 to follow on from the 2014 Survey. The Survey did not close until December 2017 so results are not yet available but detailed analysis will be conducted to determine the impact of a broad raft of measures which were introduced following on from the previous survey. The Survey Team are being supported by a group of independent advisers, including Madeleine Moon MP, to challenge internal thinking and assist with the development of measures to address the Survey findings.
- j. The Army established the Centre for Army Leadership in 2017. It provides a new focus on Army leadership, ensuring a coherent and progressive approach to leadership training. Additionally it links to other governmental departments and civilian organisations to develop and share best practice.
- k. AGAI 67 remains under continuous review and, where necessary, subject to amendment.

## **7: MANAGING DISCHARGED TRAINEES**

267. My previous statement set out the process by, and grounds on, which recruits, trainees and soldiers were discharged from the Army, pursuant to the **Queen's Regulations 1975** [Exhibit CC67]. The policy and procedure is substantially the same as that considered in my previous statement.

### **A: Grounds for discharge**

268. Compulsory discharge continues to fall into three main categories:
- i. Where a soldier is found to be unsuitable for further Army service on medical grounds<sup>261</sup>;

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<sup>261</sup> Queen's Regulations 1975, paragraphs 9.384-9.387 [Exhibit CC67]

- ii. Where a soldier is found to be unsuitable for further Army service at a training unit or establishment on grounds other than medical grounds<sup>262</sup>;
- iii. A number of other prescribed situations<sup>263</sup>, including: Where a soldier is no longer required for Army service because of misconduct, indiscipline or inefficiency<sup>264</sup>; and where a soldier is no longer required for further Army service for any other reason<sup>265</sup>.

(i) Discharge on medical grounds

269. Discharge on medical grounds can arise in the same three situations as explained in my previous statement, namely:

- i. Where a soldier is medically unfit under existing Army standards<sup>266</sup>.
- ii. Where a soldier is temporarily unfit for any form of Army service<sup>267</sup>.
- iii. Where a soldier is permanently unfit for any form of Army service<sup>268</sup>.

(ii) Discharge where a soldier is unsuitable for further Army service at a training unit or establishment

270. The circumstances for discharge on this ground remain the same, save that this ground is to apply for a soldier during his or her first nine months of service rather than the previous term of six months. These circumstances are as follows:

- i. *“Unlikely to become an efficient soldier, eg unable to complete training to an acceptable standard<sup>269</sup>”.*

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<sup>262</sup> Queen’s Regulations 1975, paragraphs 9.383 [Exhibit CC67]

<sup>263</sup> Queen’s Regulations 1975, paragraphs 9.411 – the list of circumstances in this regard is the same as contained in paragraph 218 of my previous statement, save that the ground of “Where a soldier was considered unsuitable for further Army service as being a “psychopathic delinquent”” has been removed. [Exhibit CC67]

<sup>264</sup> Queen’s Regulations 1975, paragraphs 9.404-9.405 [Exhibit CC67]

<sup>265</sup> Queen’s Regulations 1975, paragraphs 9.414 [Exhibit CC67]

<sup>266</sup> Queen’s Regulations 1975, paragraphs 9.385 [Exhibit CC67]

<sup>267</sup> Queen’s Regulations 1975, paragraphs 9.386 [Exhibit CC67]

<sup>268</sup> Queen’s Regulations 1975, paragraphs 9.387 [Exhibit CC67]

<sup>269</sup> Queen’s Regulations 1975, paragraph 9.383 d.(1) [Exhibit CC67]

- ii. *"A misfit, eg cannot adapt to aspects of military life such as communal living<sup>270</sup>".*
- iii. *"An undesirable influence<sup>271</sup>".*
- iv. *"Likely to bring discredit to the Service<sup>272</sup>".*
- v. *"Unsatisfactory due to his conduct<sup>273</sup>".*

(iii) Where a soldier is no longer required for Army service because of misconduct, indiscipline or inefficiency

271. Discharge on this ground is now dealt with by AGAI 67. As discussed already, administrative action can only be taken by the Chain of Command against a soldier on the following grounds: unsuitability; inefficiency; misconduct; and gross misconduct<sup>274</sup>.

(iv) Where a soldier is no longer required for further Army service for any other reason

272. Discharge on this ground is the same as it was in 1995, save for the addition of a couple of example circumstances including the following:

*"A soldier who has been deemed temperamentally unsuitable for any form of Army service after consideration of his/her case by the appropriate Commanding Officer following a consultation with a Service consultant psychiatrist. Temperament is a characteristic combination of physical, mental and moral qualities which constitute a soldier's character and affect the manner of his acting, feeling and thinking. Temperamental unsuitability is when a soldier's character/personality is inappropriate for the military environment. Suitability is assessed by consideration of the soldier's maturity, past conduct and performance together with future career prospects. It is the commanding officer's decision on whether or not to apply to terminate but consideration must be given to the opinion of a service consultant psychiatrist and other appropriate stakeholders (eg Adjutant, Regimental Career Management Officer, Company Commander, Chaplain and Regimental Medical Officer) in a formal review process. Termination will not be effected by DM(A) without this review<sup>275</sup>".*

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<sup>270</sup> Queen's Regulations 1975, paragraph 9.383 d.(2) [Exhibit CC67]

<sup>271</sup> Queen's Regulations 1975, paragraph 9.383 d.(3) [Exhibit CC67]

<sup>272</sup> Queen's Regulations 1975, paragraph 9.383 d.(4) [Exhibit CC67]

<sup>273</sup> Queen's Regulations 1975, paragraph 9.383 d.(5) [Exhibit CC67]

<sup>274</sup> AGAI 67, paragraph 67.019 [Exhibit CC48]

<sup>275</sup> Queens's Regulations 1975, paragraphs 9.414d(8) [Exhibit CC67]

A soldier may also be discharged under this ground where his or her unit receives an F Med 8A (or its replacement form) which has been signed by a service consultant psychiatrist and contains the following form of words:

*“Although I do not consider the individual is suffering from a psychiatric illness I am of the opinion that due consideration should be given to his/her termination as temperamentally unsuitable under QR(Army), para 9.414<sup>276</sup>”.*

Upon receipt of such wording, the Commanding Officer should convene, without unnecessary delay, a unit review of all the factors affecting the temperament of the individual in the light of future employment opportunities in the Army. The factors to be considered are the physical, mental and moral qualities of the soldier which constitute the character and affect the manner of his acting, feeling and thinking. A panel of members who know the individual concerned and his circumstances (e.g. Adjutant, Regimental Career Management Officer, Company Commander, Chaplain and Regimental Medical Officer) should conduct the review. However, the panel must consider the opinion of the service psychiatrist who signed the F MED 8A (or its replacement form) either in person or through a suitably briefed Regimental Medical Officer. After considering the panel's findings, the Commanding Officer determines whether or not to apply for the termination of the soldier concerned under grounds of services no longer required.

#### B: Process of discharge

273. The process by which a soldier is to be discharged from the Army is substantially the same as it was in 1995. As with the position in 1995, the process of discharge varies depending on the circumstances under which discharge is sought. One main difference today, when compared with the position in 1995, is that the process of discharging a soldier, on account of misconduct, indiscipline or inefficiency, is now dealt with under AGAI 67.

274. In cases of discharge for ‘services no longer required’, commanders must make reasonable efforts to assist soldiers who are unable to meet Army standards or cannot

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<sup>276</sup> Queen’s Regulations 1975, paragraphs 9.434 e [Exhibit CC67]

adapt to the military environment before initiating administrative discharge proceedings<sup>277</sup>.

275. It is recognised that when undergoing an administrative or medical discharge, a soldier will usually experience significant stress. Stressors may include *“impending unemployment, financial problems, family disappointment, and feelings of failure. In relatively rare instances, reactions to such stressors can include suicidal behaviour<sup>278”</sup>*.

#### C: Discharge of those at risk of self-harm

276. In my previous statement, I referred to the fact that it is understood that, after appearing on Officer Commanding's Orders, the decision was communicated to Sean Benton on 8 June 1995 that his discharge from the Army would be sought on the grounds of his conduct. I noted that there was no formal policy in place for how recruits or trainees in that situation should have been accommodated or cared for and that it would have been a discretionary matter for the Chain of Command to consider.

277. While the overall process and grounds for discharge are substantially the same as in 1995, the Vulnerability Risk Management system which I have outlined already in this statement extends to precautions to be taken in relation to soldiers where a decision for their discharge has been taken.

278. Units identifying Transitional Welfare Requirement needs are required to refer individuals to the Veterans Welfare Service (via the Army Welfare Service) eight weeks prior to discharge. Direct applications can be made where time is tight, but early Army Welfare Service involvement will facilitate additional guidance and support to assist the individual's transition into civilian life, the engagement of relevant civilian support agencies and ensure an effective and timely handover to the Veterans Welfare Service<sup>279</sup>.

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<sup>277</sup> AGAI 110, Annex C, paragraph 1n [Exhibit CC33]

<sup>278</sup> AGAI 110, Annex C, paragraph 1n [Exhibit CC33]

<sup>279</sup> AGAI 110, dated May 2012, paragraph 110.028 [Exhibit CC33]

279. It follows from the above that were a Phase 2 trainee to be discharged today in circumstances where there was a concern of a risk of suicide or self harm, I would expect the following:

- (1) The training unit would manage (or continue) to manage that risk formally using the VRM process, which would include the question of access to weapons;
- (2) The Army Welfare Service (as well as other agencies if identified in the Care Assessment Plan) would be engaged to assist in the transition into civilian life;
- (3) The Unit Welfare Officer would retain oversight of any case managed on the VRM register.
- (4) Care of the trainee would be handed over to the Veterans' Welfare Service.
- (5) Responsibility for the clinical treatment of the trainee would be transferred to the NHS.

## **8: GUARD DUTY**

### **A: Routine Guard Duty at Deepcut**

280. In 1995, the manpower for guard duties at Deepcut was met predominantly by Phase 2 trainees. The Blake Review noted that the principal function of soldiers in B Squadron (of which Sean Benton was part at the time of his death) who were not undergoing trade training was *"to provide the necessary 24-hour guard duty of the Garrison<sup>280</sup>"*.

281. Today, the Armed Forces' policy position regarding guard duty is framed by the **JSP 822, Defence Direction and Guidance for Training and Education, Part 1: Directive<sup>281</sup>** [Exhibit CC31], which states that:

#### ***"Armed guarding during Initial Training***

*14 The Defence Direction regarding the use of recruits and trainees as armed guards of Defence establishments, during initial training is contained within Annex D to DCDS (Mil Strat & Ops)/001/01. The broad principles of which are:*

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<sup>280</sup> Blake Review, paragraph 4.68

<sup>281</sup> Version 3 dated March 2017 [Exhibit CC31]

*a. **Phase 1 training.** Phase 1 recruits are prohibited from undertaking armed guarding duties.*

*b. **Phase 2 training.** Phase 2 trainees are not to undertake armed guarding duties, unless there are insufficient fully trained armed guards or at times of heightened security. Phase 2 trainees may be used providing:*

*(1) They are not awaiting discharge from the Service.*

*(2) They are at least 17 years of age.*

*(3) They have been assessed such that the Commanding Officer is satisfied that each trainee is suitable and prepared for armed guarding duties [Footnote: No trainee on the 'At Risk' register, as required by the Defence Direction on Supervisory Care, is to undertake armed guard duties]*

*(4) They have successfully completed the requisite weapons training.*

*(5) They are supervised when undertaking armed guard duties.*

*(6) They do not perform armed guarding duties alone.*

*(7) Where a detachment, comprising armed trainees, is isolated from the main guard, it is to be commanded by an NCO or equivalent.*

*(8) Where trainees are used as armed guards, an assessment of the risks must be made, in line with Defence Direction <sup>282</sup>".*

282. Part 1 of JSP 822 contains further relevant direction in section 2.4, Care of Service Personnel Under the Age of 18, which provides that:

*"21. **Armed guarding.** Service personnel must be over the age of 17 and appropriately trained before being employed on armed guarding duties. Where Service personnel (both trainees, no matter what their age, and those in productive service under the age of 18) are used as armed guards an assessment of the risk involved must be undertaken. Recruits in Phase 1 training are never to be used as armed guards. Where available, the Military Provost Guard Service (MPGS) are to be used for the armed guarding of Phase 1 and 2 Establishments. Where MPGS are not available or the security situation dictates an increase in the armed guard, the use of trainees is governed by the Direction on Weapon Safety and Security in Initial Training contained within this JSP. COs must read and comply with this Direction."<sup>283</sup> (original emphasis)*

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<sup>282</sup> JSP 822 Defence Direction and Guidance for Training and Education,, Part 1: Directive, Section 2.5 'Weapon Safety and Security in Initial Training', page 53, paragraph 14 [Exhibit CC31]

<sup>283</sup> JSP 822, Defence Direction and Guidance for Training and Education, Part 1: Directive (March 2017), Section 2.4, p42, paragraph 21 [Exhibit CC31]

283. The Armed Forces' policy position on armed guard duty can be summarised in the following way. First, armed guarding must never be undertaken by Phase 1 recruits. Second, soldiers under 17 must not perform armed guard duty. Third, the MPGS are to be used, where available, for armed guarding at Phase 1 and Phase 2 training establishments. Fourth, where the MPGS are not available or the security situation requires an increase in the armed guard, Phase 2 trainees may undertake armed guard duties, but not alone, and provided that: they are supervised; they are not waiting to be discharged from the service; they have been assessed by the Commanding Officer as being suitable and prepared for armed guard duty; they have completed their requisite weapons training; a risk assessment has been undertaken; and when they undertake guard duty as part of a detachment, isolated from the main guard, they are commanded by an NCO or equivalent.

284. The Joint Service Publication does therefore permit Phase 2 trainees to be used to undertake guard duty but only where the MPGS is not available or where the security state requires an increase in guarding.

285. As outlined above, JSP 822 refers to DCDS (Mil Strat & Ops)/001/01: Arming Directive 2012, a document which is dated 17 May 2012. On 4 January 2018, it was replaced by CDS Operation Directive (Cat Two)- Arming Directive 2018 for the Carriage of Firearms by Service Personnel on General Security Duties in Non-Operational Environments (DCDS(MSO)/18/01) [Exhibit CC65]. Annex D, entitled Training Standards for Armed Service Personnel Employed on General Security Duties in Situations other than Operations, provides:

*"10. Phase 1 Training. Phase 1 Trainees are prohibited from undertaking armed guarding duties.*

*11. Phase 2 Training. Where available, fully trained armed guards are to be used for the guarding of Phase 1 and 2 establishments. Phase 2 trainees are therefore not to undertake armed guarding duties, with the following exceptions: If there are insufficient fully trained armed guards (because of recruiting or training shortfalls) to meet the normal security task, or at times of heightened security where reinforcement above the normal armed guard complement is required, Phase 2 trainees may be used, providing the following criteria are strictly adhered to:*

*a. No trainee awaiting discharge from the Services is to be used.*

*b. They must be at least 18 yrs of age.*



*c. They must have been individually assessed such that the Commanding Officer is satisfied that each trainee is suitable for and prepared to conduct armed guarding duties. [Footnote: No trainee on the 'At Risk' register, as required by supervisory care policy, is to undertake armed guard duties]*

*d. They must have successfully completed the requisite training and passed the JA, as detailed in paragraph 6.*

*e. They must be supervised when undertaking armed guard duties, taking into account their inexperience.*

*f. Trainees must not perform armed guarding duties alone. They must operate in pairs as a minimum (either with another suitable trainee or a fully trained armed guard).*

*g. Where a detachment, comprising of any armed trainees, is isolated from the main guard, the detachment is to be commanded by an NCO/JR/civilian equivalent.*

*h. Where trainees are used as armed guards, an assessment of the risks involved must feature in the extant Departmental supervisory care policy".*

286. The key change of note is that Phase 2 trainees can only be used to undertake armed guard duty, in those very limited circumstances, where they are at least 18 years old.

287. The policy in relation to guard duty is implemented for Army Recruitment and Training establishments by the Armed Guarding section of the ARTD Handbook<sup>284</sup> [Exhibit CC66] which states:

*"9. **Basic Training recruits.** Basic Training recruits, ITC and RMAS Junior and Intermediate Terms are prohibited from undertaking armed guarding duties.*

*10. **Initial Trade Training trainees.** Initial Trade Training (ITT) trainees (including those awaiting Initial Trade Training – Holdover) and RMAS Ocdts in their Senior Term may carryout guard duties, including armed guard duties, within the strict guidelines given in this this instruction when there are not sufficient fully trained armed guards or at times of heightened security. SP may be provided:*

*a. They are not awaiting discharge from the Service.*

*b. They must be aged 18 years or over and the CO/HoE is satisfied they have the requisite maturity.*

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<sup>284</sup> Army Recruiting and Training Division Handbook, Armed Guarding, G2- Intelligence and Security, issued 23 May 2016 and last reviewed 27 March 2018 [Exhibit CC66]

- c. *They must have been individually assessed such that the Commanding Officer is satisfied that each trainee is suitable for and prepared to conduct armed guarding duties. No trainee on the At Risk Register, as required by the Defence Direction on Supervisory Care, is to undertake armed guard duties.*
- d. *They must have successfully completed and passed the requisite training and passed the JA, as detailed in Ref A.*
- e. *They are supervised when undertaking armed guard duties, taking into account their experience.*
- f. *They do not perform armed guarding duties alone. They must operate in pairs as a minimum (either with another suitable trainee or a fully trained armed guard).*
- g. *Where a detachment, comprising armed trainees, is isolated from the main guard, it is to be commanded by an NCO.*
- h. *Where trainees are used as armed guards, an assessment of the risks must be made, in line with Defence Guidance on Supervisory Care for Basic Training Recruits and Initial Trade Training Trainees. ITC may use trainees on completion of week 12, provided they have completed the required elements of training.*
- i. *Trainees must not complete a night guard and then be expected to attend training the next day unless they have been allocated at least 6 hours rest.*
- j. *A clear audit trail of weapon handling training tests, along with shooting competencies must be kept. If possible SP are to be armed with their IW. Pooled weapons are to be bore sighted in accordance with Reference A and JSP440.*
- k. *Weapons are not to be handed over between trainees. If this not possible due to the number of available weapons, then it is to only happen on the direct order of an officer or NCO on duty and must be supervised. This must then be recorded on the weapons issue sheet by serial number. Prohibition of unauthorised handover of weapons is to be included in orders issued at each guard posting and the relief of detached guards”.*

288. The ARTD Handbook requires all Service Personnel engaged in Armed Guarding to have been suitably trained on the weapon type issued; to have passed and be current in mandated Weapon Handling Tests; to be trained to the requisite standard of marksmanship; to have passed the Judgmental Assessment to qualify armed guards; and trained to ensure that they understand their duties, responsibilities and the procedures employed whilst on guard.

289. The Armed Guarding section of the ARTD Handbook also emphasises the importance of ensuring that all force personnel are fit for armed guard duty. It states:

*“4. **Fitness for duty.** It is essential that all guard force personnel deployed on guarding duties at a Defence establishment are confirmed as being fit for duty before the start of a shift. This is particularly important for armed guards. An individual who appears to his/her supervisor to be a risk to themselves or others is not to be allowed to undertake guarding duties”.*

Annex A to the Armed Guarding section of the ARTD Handbook contains a process to ensure that a military guard can be deployed on Armed Guard Duties. Paragraph 3 sets out what the Duty Officer or Guard Commander must do prior to the specific duty, including showing the guard the alcohol awareness card.

*“3. The Duty Officer and/or Guard Commander must:*

- Ask the guard to confirm that their ability to carry a firearm is not impaired as a result of consuming alcohol within the previous 10 hours or taking prescription drugs that could impair their judgment or performance.*
- Inform the guard that if for any other reason they believe that they are unfit to be issued with a firearm they should declare it now.*
- Show the guard the Alcohol Awareness Card that is shown below.*

*On completion of the above procedure the guard is to show they are in possession of Card A and (where appropriate) Card E.*

*Any person subject to Service Law who is unfit to be entrusted with his duty, or any duty he might reasonably be expected to perform, or is disorderly, because of alcohol or drugs is committing an offence under Section 20 Armed Forces Act 2006. If a CO suspects that such an offence has been committed, they are to take action in accordance with established service procedures, including reporting to the Service Police where appropriate.*

*Any guard who believes that they are not fit for armed guarding duties must provide details of the reason why they cannot be armed. This is to be recorded by the Duty Officer and/or Guard Commander and forwarded up the Chain of Command in accordance with the relevant single Service policy on such matters.*

*Any guard who is suffering from a medical condition which conflicts with them being fit for duty must be removed from armed duties with immediate effect until such time as they are assessed as being able to return to armed duties by the appropriate Service medical authority. This includes any guard who is diagnosed as suffering from a stress related illness who should also be prevented from having access to firearms.*

*4. The Duty Officer and/or Guard Commander must:*

- Consider the responses provided by the guard to the questions asked under Section 3 above, and assess whether they are fit to be issued with a firearm for armed guarding duties.

*If there is a suspicion that the guard is under the influence of alcohol, illegal drugs, prescription medication, may be suffering from a stress related illness (including Combat Stress) or is showing signs of fatigue they must not be deployed on armed guarding duties and appropriate action should be initiated in accordance with the relevant single Service policy on such matters”.*

### ALCOHOL AWARENESS CARD

#### **WARNINGS**

- 1. ALCOHOL CONSUMPTION. THE CONSUMPTION OF ALCOHOL IS TO BE MINIMISED IN THE 24-HOUR PERIOD BEFORE COMMENCING DUTIES (WITH NO MORE THAN 5 UNITS TO BE CONSUMED) AND NO ALCOHOL IS TO BE CONSUMED IN THE 10 HOURS BEFORE COMMENCEMENT OF THE DUTY UNTIL COMPLETION OF DUTIES.**
- 2. IT IS AN INDIVIDUAL RESPONSIBILITY TO ENSURE FITNESS FOR DUTY.**
- 3. ANY INDIVIDUAL WHO IS DEEMED UNABLE TO CARRY OUT THE DUTIES EXPECTED OF THEM DUE TO THE CONSUMPTION OF ALCOHOL, SUSPECTED OF ALCOHOL EXCESS OR APPEARS TO BE SUFFERING THE EFFECTS OF ALCOHOL IS NOT TO BE EMPLOYED, CONDUCT OR TAKE PART IN TRAINING OR ACT IN A SUPERVISORY ROLE IN ANY CAPACITY.**

290. In respect of Phase 2 trainees specifically at Deepcut, the Defence Logistic School’ policy is even more restrictive. The previous practice of using Phase 2 trainees to undertake guard duty is now expressly prohibited by the Supervisory Care Directive, which states that *“The MPGS carry out the guarding commitment at [Princess Royal Barracks]. Phase 2 trainees are not to conduct armed guarding duties”*<sup>285</sup>.

291. The routine guarding of Deepcut is now performed by the MPGS, a significant and fundamental change to the position in 1995. Local duties and orders for the MPGS at Deepcut are contained in the MPGS Platoon Blackdown Operating Instructions, which contain orders on guarding numbers, communication and army policy. Were an increase in Armed Guards to be required, Deepcut has a standing contingency plan

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<sup>285</sup> Supervisory Care Directive, paragraph 22 [Exhibit CC26]

that will mobilise the Permanent Staff at Deepcut to undertake the task rather than use Phase 2 trainees.

292. The MPGS was formed on a trial basis in 1997 following recommendations made in the Defence Costs Study, which proposed the creation of a new, locally employed armed guarding force to take over some of the non-constabulary duties of the Ministry of Defence Police. Members of the MPGS are typically retired soldiers. The use of the MPGS was subsequently extended to cover guard duties at military training establishments, which the MOD recognised was a better and more appropriate way of dealing with guarding requirements, in short, both because it is a more efficient use of manpower and allows Phase 2 trainees to focus on their training for the Field Army. Ministerial approval was given in 1999 to make the MPGS permanent.

293. The MPGS started conducting armed guards at Deepcut in March 2001, but not in sizeable numbers until a company of MPGS was deployed from Sandhurst in 2004 to take over the guarding at Deepcut.

#### B: Armed guarding undertaken within training

294. In certain limited field training contexts, trainees undertake guard duty as a means of preparing them for the demands of guard duty in their future role in the Field Army. Guarding remains a function that all soldiers are required to perform on operations and thus something which trainees must be prepared for within the Army training process.

295. As stated by the ARTD Handbook on Armed Guarding<sup>286</sup>, before any soldier is placed on armed guarding duties, that soldier's Chain of Command must confirm that the individual is both qualified and competent before being issued with a guarding weapon. The following training needs to have been completed and recorded:

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<sup>286</sup> ARTD Handbook, Armed Guarding, Annex A, paragraph 1 [Exhibit CC66]

- a. Weapon Handling Tests (including normal safety procedures) mandated by single Service regulations for the weapon that the individual is using.
  - b. Judgmental Assessment for armed military guards.
  - c. The Annual Combat Marksmanship Test for the weapon that the individual is using.
  - d. Annual limited Night Visibility Training.
296. Military personnel cannot be deployed on armed guarding duties until they have successfully completed the above training.
297. All Phase 2 trainees are taught sentry and guarding duties during a four day Basic Close Combat Skills Exercise as one of their final training objectives prior to completing their training. Trainees are taught to establish and maintain a sentry position within a troop tactical field location at night. Female soldiers are treated in exactly the same way as male soldiers, but where possible two female soldiers will be paired up to share a trench within the location. No trainee conducts a sentry duty or fire picket alone, nor are they issued with live ammunition. Trainees are always supervised by Permanent Staff. In a tactical field sentry location trainees are periodically checked by Permanent Staff, who are always present in the main position, and are always within the line of sight of the trainees. Distance will vary dependent on terrain, but is usually between 20 and 40 meters.

#### C: Weapon Handling Training and Live Shooting Practices

298. All Phase 2 trainees will have successfully completed their weapons handling tests prior to arrival at Deepcut, and are therefore deemed to be competent and safe to handle their personal weapon. They should also have completed their Annual Personal Weapon Test at their Phase 1 training establishments before arriving at Deepcut and so are able to apply fire effectively. They continue weapon training in Phase 2, and all will complete the weapons handling tests again as part of the continuation training programme. Where a trainee has been identified as having poor

weapon handling skills, they are given additional supervised practice until deemed competent. The weapons handling test is conducted prior to the Basic Close Combat Skills exercise or any live firing exercise.

299. During Phase 2 Training, Deepcut trainees are only issued live ammunition when on a range as part of an authorized training activity such as an Annual Personal Weapon Test or training for a competition, such as the RLC Military Skills Competition. All live shooting is closely supervised in accordance with Army Instructions and Range Standing Orders. No trainee is left unsupervised with weapons and live ammunition. Ammunition is counted out on issue, and any unused ammunition is handed in at the end of a training session. All trainees give a declaration at the end of any range period to state that they have no live ammunition, empty cases or other pyrotechnics in their possession, and their magazines and ammunition pouches are physically checked by Permanent Staff.

300. It is important to recognise that the purpose of weapons, tactics and range training is to teach soldiers to use and conduct themselves safely and effectively on operations with weapons and live ammunition, and that includes soldiers aged 17½ - 19 years old. The supervision regime, which is necessarily close at the start of Phase 1 training, is progressively reduced through the course of Phase 2 training, as soldiers learn and consolidate the required skills and knowledge, so that they take their places safely and effectively in their field Army unit, and are competent in the handling and use of weapons and live ammunition.

D: Safe Weapon Handling by Trainees during training; particularly in relation to handing weapons over to other Trainees

301. As noted by the Blake Review<sup>287</sup>, the standing orders were amended by the time of Cheryl James' death to specifically include an instruction that weapons were not to be handed over by trainees on guard duty. I understand that the amended orders which were in force at the time of Cheryl James' death have already been provided to the Inquest. As explained below, the express prohibition of handing over

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<sup>287</sup> Blake Review, at footnote 174

weapons on guard duty is contained in the Armed Guarding section of the ARTD Handbook.

302. Today, as a result of the very different approach to resourcing the requirement to armed guards at training establishments as explained above, Phase 2 trainees will not routinely be involved in armed guard duty.

303. In terms of the broader approach to the safe handling of weapons during training, at the Joint Services level, Section 2.5 of Part 1 of JSP 822 includes mandatory provisions regarding weapon and ammunition safety. Of note within this policy are the following points:

- i. The overarching policy stresses the need to help Service Personnel safely develop the necessary competence and confidence to be able to handle personal weapons appropriately:

*“Effective, thorough and consistent weapon handling training for the purposes of inculcating a culture of personal responsibility in recruits and trainees for all weapons for which they are given responsibility is a fundamental aspect of initial training and central to military life and operational effectiveness. Weapon safety and security requires a common approach with common standards to ensure the professionalism of the Armed Forces. This Defence Direction has been developed to ensure the delivery of effective, safe weapon training and provide security procedures that will aid Service personnel (SP) to develop the necessary competence and confidence to enable them to exercise their firearms responsibilities, when ordered to do so in both operational and non-operational environments. This includes during maintenance, guarding, ranges, live fire exercises (both in the UK and overseas) and when operationally deployed. It will also minimise the associated firearms risk with inexperienced recruits and trainees operating with weapons during initial training<sup>288</sup>”.*

- ii. This Policy Directive does not purport to give detailed guidance on weapon safety and security actually within training exercises because the risks associated with this are covered by separate direction requiring appropriate risks assessments for training exercises.

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<sup>288</sup> JSP 822, Defence Direction and Guidance for Training and Education, Part 1: Directive, Section 2.5, pg 49 [Exhibit CC31]



- iii. There is an overriding principle that weapons and ammunition are separately controlled and appropriately supervised when brought together. Recruits and trainees are encouraged to take personal responsibility for *weapons* once drawn from an armoury. However, in addition, access to ammunition (including blank ammunition) will be carefully controlled to ensure that it does not leave a range or training area other than to be returned, under strict supervision, to the ammunition store<sup>289</sup>.
- iv. The principles also make clear that before they enter full Service, Service Personnel must be trusted, competent and personally responsible to deploy on operations, individually armed and with unsupervised access to weapons and ammunition once issued. A gradual increase of responsibility for and access to weapons systems is required between entering training and the completion of Phase 2.
- v. *Minimum* standards are set in relation to both ammunition and personal weapons. As regards ammunition, the minimum standard common to both Phase 1 and Phase 2 training is that recruits and trainees are to be closely supervised by a competent NCO when recruits or trainees are in possession of ammunition. In addition to the Normal Safety Precautions, additional spot checks are required to be carried out on those leaving a range or training area. As regards to weapons, common to both Phase 1 and Phase 2 is that where possible, training should be scheduled to allow weapons to be drawn from and returned to armouries as close as possible to the start and end of the weapon training event. For recruits in Phase 1, if there is a break in training when it is impracticable to return weapons to the armoury, recruits are not allowed to retain unsupervised possession of their personal weapons. They must either remain in sight of an NCO at all times or the NCO must appoint not fewer than two recruits to stand guard over the centralised weapons, with a relief as necessary, and brief those recruits as to the task. For trainees in Phase 2, if there is a break in training when it is impracticable to return weapons to the armoury, then either the weapons must remain with the trainee at all times

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<sup>289</sup> JSP 822, Defence Direction and Guidance for Training and Education, Part 1: Directive, Section 2.5, pg 50, paragraph 4 [Exhibit CC31]

(including meal times), or the trainer must ensure that collective arrangements are made to guard weapons by a minimum of 2 trainees at all times, with relief as appropriate, and that those trainees are briefed as to the task<sup>290</sup>. This is consistent with the principle that Phase 2 trainees can be given greater responsibility for their personal weapons. The control of ammunition is in addition to and separate from, this control of personal weapons.

304. During Basic Close Combat Skills and tactical training exercises, trainees are only issued with blank ammunition. The purpose of the Basic Close Combat Skills is to instruct soldiers in tactical field activity in a low risk context. When support or section weapons are deployed with the troops, there may be occasions when there is a requirement to swap weapons between trainees. This is most common when carrying out sentry duties and the section weapon remains on the sentry position. In these circumstances the exchange of weapons would be directed by the section commander, a member of the permanent staff. Trainees would recover their personal weapon at the end of the duty. In the event that a trainee is required to leave the exercise, their personal weapon is secured by the permanent staff and returned to the armoury at the earliest opportunity.

305. It is made clear under the ARTD Handbook that weapons are not to be handed over between trainees<sup>291</sup>. Where that is not possible because of the number of weapons available, weapons can only be handed over on the direct order of an officer or NCO on duty and must be supervised<sup>292</sup>. Weapon handover must be recorded on the weapons issue sheet by serial number<sup>293</sup>. The prohibition of the unauthorised handover of weapons is to be included in orders issued at each guard posting and the relief of detached guards<sup>294</sup>.

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<sup>290</sup> JSP 822, Defence Direction and Guidance for Training and Education, Part 1: Directive, pp51-52, paragraphs 12-13 [Exhibit CC31]

<sup>291</sup> Army Recruiting and Training Division Handbook- Training Quality Manual, Armed Guarding, G2-Intelligence and Security, 27 March 2018, paragraph 10(k) [Exhibit CC66]

<sup>292</sup> Ibid

<sup>293</sup> Ibid

<sup>294</sup> Ibid

## **9: DETENTION**

306. Military detention is a significant subject in its own right and the following is intended only as a brief broad outline of relevant key changes since 1995 in the areas relevant to the detention of Pte Benton.

307. At the time of Pte Benton's death, there was a large number of Service Custody Facilities such as the Guardroom at Deepcut, that were authorised as premises for the detention of Service Personnel in accordance with the **Imprisonment and Detention (Army) Rules 1979**. Moreover, the Unit RP staff of such units – where appropriately trained in custody and detention practice – would have been routinely employed in a custody and detention role within their units. Although there was a course (the All Arms Regimental Police Course) for unit RP staff, they were not custodial specialists by trade<sup>295</sup>.

308. Both aspects have been deliberately and radically altered.

309. First, there has been a significant reduction in the number of Service Custody Facilities across the Army. Whereas it was common in 1995 to have a custody facility co-located with Unit guardrooms, there are now only 6 Army Service Custody Facilities in the UK. This consolidation means that there are Service Custody Facilities located regionally as follows: Northern Ireland (Aldergrove); Scotland (Edinburgh); England and Wales (North) (Catterick); Midlands and Wales (Stafford); South (Bulford); and East (Colchester). Soldiers are therefore no longer held in custody or detention at Unit-run custody facilities within the UK. Where service custody or detention is required and authorised, it will be at one of these 6 regional Service Custody Facilities (or for any sentence longer than 14 days, at the Military Corrective Training Centre, Colchester). Under **The Service Custody and Service of Relevant Sentences Rules 2009 [Exhibit CC68]**, the only places in which a person may be required to serve the whole or part of a sentence of service detention are such Service Custody premises. This explains why the Guardroom at Deepcut is no longer used as a detention facility, as will have been apparent at the site visit to Deepcut. Army

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<sup>295</sup> The Defence custodial specialists by trade are the Military Provost Staff (MPS).

Service Custody Facilities must be licensed by the Provost Marshal (Army) in accordance with the provisions of **The Service Custody and Service of Relevant Sentences Rules 2009**, a Statutory Instrument within the Armed Forces Act 2006 (AFA06). In common with the MCTC Colchester, all UK Service Custodial Facilities are now also inspected by HM Inspectorate of Prisons<sup>296</sup>.

310. Second, as part of the increased professionalisation of Army Service Custody Facilities within the UK, the management and supervision of these facilities is carried out by the Army's custodial specialists, the Military Provost Staff (MPS). The Army's regional Service Custodial Facilities are established for 11 MPS Non Commissioned Officers (NCOs)<sup>297</sup> headed by a Staff Sergeant who runs the facility. Command of these Service Custody Facilities rests with the Commanding Officer of the MPS Regiment, who is also the Commandant of the Military Corrective Training Centre, and reports to the Provost Marshal (Army). It is a policy requirement that Service Custody Facilities are manned as a minimum by at least two trained personnel on duty at all times whenever a detainee is being held at that facility; that notwithstanding this Staff to detainee ration could increase dependent on the number of detainees being held at the facility, and their individual risk assessment.

311. Unit RP Staff no longer have any specific custodial function within the UK. In part to reflect this, their name has been formally changed from Regimental Police to Regimental Duty Staff. There is a Military course for unit staff to become qualified in relevant unit - level custodial duties. This is called the All Arms Unit Custody Staff Course. This is a 5 day course delivered at the Military Corrective Training Centre that covers custody and detention functions that may still arise at unit level. It includes, for example, training in escorting duties and the proper application of handcuffs such that, on qualification, the NCO could be used to escort a soldier to a Service Custody Facility, including in handcuffs if that was necessary and authorised by the Commanding Officer. It also includes appropriate use of force techniques and associated medical considerations. The course is open to any suitable NCO nominated by their units, and is not in any way linked or restricted to unit Regimental Duty Staff.

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<sup>296</sup> The HMIP Service Custody Facility inspection programme also includes Royal Navy and Royal Air Force facilities.

<sup>297</sup> This number is to reduce to 9 NCOs under future Army rationalisation measures.

Outside of the UK some unit NCOs who have passed the All Arms Unit Custody Staff Course may be employed in the running of the Service Custody Facilities, some of which have a MPS Senior NCO in charge of the facility (for example in the licensed Service Custody Facilities in the Falkland Islands, Germany and Canada).

312. The current Tri-Service Policy on Military Custody and Detention is **JSP 837, Service Code of Practice - Custody and Detention and Committal to Civil Prison**<sup>298</sup> [Exhibit CC69]. At paragraphs 1.4 and 1.5, the aim of Service Detention is described as follows:

*“1.4. In addition to punishing individuals by loss of liberty with accompanying loss of pay, the aim of Service detention is to:*

*a. improve an individual’s Service efficiency, discipline and morale, thereby ensuring that they return to their unit a better Serviceman/woman; or*

*b. enhance their potential for self-sufficiency, self-discipline and responsible citizenship prior to their discharge from HM Forces.*

*1.5. All detainees have the right within law to be treated humanely. Experience has shown that the application of humane treatment to detainees is the most effective way to achieve the aims of Service custody. Inhumane treatment is not only illegal; it is also counterproductive. Inhumane treatment of detainees will not be tolerated, and those found guilty of such conduct can expect serious consequences*<sup>299</sup>.”

313. In terms of a summary of key changes, therefore:

- a. A Phase 2 trainee could still receive a short period of detention for a disciplinary offence awarded by their Commanding Officer, as occurred with the 10 days’ detention awarded to Pte Benton in March 1995. However, such a sentence would no longer be served in the UK in a Unit run custody facility manned by Unit Regimental Duty Staff, but in one of the Regional Service Custody Facilities manned by MPS NCOs, or (if longer than 14 days) at the Military Corrective Training Centre. In either case, that period of detention would be overseen by specialist MPS personnel, the Army’s professional custodians.

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<sup>298</sup> Dated July 2017 [Exhibit CC69]

<sup>299</sup> JSP 837, Service Code of Practice- Custody and Detention and Committal to Civil Prison, Part 1: Directive, dated July 2017, p1 [Exhibit CC69]

- b. A Phase 2 trainee who assaulted, or attempted to assault, an NCO as is reported to have occurred on the morning of 8 June 1995, would no longer generally be held (even for a short period) in the cells of a Unit guardroom under powers exercised by unit RP staff.
  - i. However, as an exception to that general position, where an NCO is threatened by immediate violence or assaulted by a soldier, the NCO could legitimately and legally use force and arrest that soldier using the powers invested in the NCO by the Armed Forces Act 2006. The soldier would be held in the guardroom (where such a facility exists) for a short period of time until the Service Police arrived or until the soldier has calmed down and is no longer a threat to others. Where an offending soldier's conduct is viewed as sufficiently serious to require custody, the Service Police are called.
  - ii. If custody is not required, the soldier would simply be reported and charged by their Chain of Command for the assault or the attempted assault without being detained.
  - iii. Any custody prior to charge must be authorised by the Commanding Officer (or by a Judge Advocate) in accordance with the provisions of Part 4 of the Armed Forces Act 2006. If pre- or post- charge custody was authorised, the soldier would need to be held at one of the licensed Services Custody Facilities.

## **10: HANDLING THE CLEARANCE OF THE SCENE OF A DEATH IN TRAINING**

314. MOD has been asked to address what the current practice would be in relation to the clearance of the scene should a trainee die as a result of the discharge of a personal weapon during training. Specifically, this request relates to a concern as to whether trainees should be used for such a task, as the evidence suggests occurred after Pte Benton's death.

315. Since the civilian police would now retain primacy for the investigation of such a death<sup>300</sup> (including forensic aspects at the scene), it is less likely that MOD personnel would now be called upon to be involved in the distressing task of the removal of blood or body tissue from the scene.

316. The MOD has in place a Protocol [Exhibit CC70] with the Home Office Police Force and Ministry of Defence Police on Guidance on the Investigation of Deaths on Land or Premises owned, occupied or under the control of MOD. Though this does not cover trauma scene clear-up, it does explain that the Home Office Police Force have the lead in such investigations. Were a request to be made of the MOD by the civilian police to assist with scene clear-up, the Home Office Police Force would task civilian companies (there are a number which advertise online) to clean the scene of trauma incident. If the Home Office Police Force did not task a civilian company to clean up the scene, the relevant Quartermaster responsible for the MOD Land/Premises could employ a civilian company or seek to dispose of any hazardous materials through the MOD contract with DESA.

## **11: CONCLUSION**

317. There has been significant change to the structure of the Army since 1995. At the end of the Cold War, the Army reduced in size and largely withdrew from Germany; and subsequently took part in expeditionary operations in the Balkans, in Iraq and Afghanistan, as well as supporting a number of UN-led operations around the world.

318. The way the Army undertakes training has also changed significantly since 1995. At a collective level, we have shaped the way we train for the conflicts and challenges we face today. Individual training has similarly evolved. Streamlining training has made it more efficient, while including more women and members of minorities in the training process has made it more representative of the society from which we recruit. With such diversity evolved the recognition that we needed to become more inclusive and to find and develop what each individual brings with them

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<sup>300</sup> **Guidance on the investigation of deaths on land or premises owned, occupied or under the control of the Ministry of Defence**, Version 1, 29 September 2008 [Exhibit CC70]

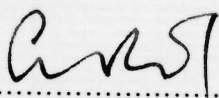
to the Army. We have learned to structure training to get the most from our diverse workforce. In 1995, we lost sight of some hard-learned lessons and we did not properly think through and anticipate all of the challenges change might bring with it.

319. In addition to the terrible tragedy of Sean's death and the impact it had on his family and friends, the effect on the Army has also been profound. As a consequence of the deaths at Deepcut, we have completely reviewed how we train and support the young men and women joining the Army, in order to do all we can to ensure we both deserve and secure the trust and confidence of those individuals.

320. In this statement I have shown the significant changes that we have made to many processes. Selection is more thorough; pastoral and welfare support is deeper and more coordinated; course loading is much more refined; guard duties have been removed in all but extreme and exceptional circumstances; and instructors are carefully selected and properly prepared for their roles. We set great store by our responsibilities for transforming young civilians into professional soldiers. I have tried to set out the structured, progressive and compassionate manner in which this is now done and how we seek to create resilient and self-reliant soldiers who are valued by the nation and who see themselves as valuable. As a learning organisation we know that we will never be perfect so the Army keeps all of this under review. We must not be complacent in relation to the care and supervision of our soldiers under training.

#### Statement of Truth

I confirm that the contents of this statement are true to the best of my knowledge, information and belief

SIGNED: .....  .....

BRIGADIER CHRISTOPHER COLES

DATED: ..... 9 Apr 18 .....



## LIST OF ACRONYMS

Acronym	Definition
AGAI	Army General and Administrative Instructions
ARTD	Army Recruiting and Training Division
ATC	Army Training Centre
ATR	Army Training Regiment
BOO	Barrack Orderly Officer
BOS	Barrack Orderly Sergeant
CDT	Compulsory Drug Testing
CEG	Career Employment Group
CRA	Commander's Risk Assessment
DCLPA	Defence College of Logistics, Policing and Administration
DHALI-B	The implementation plan for the collective recommendations arising out of reports relevant to welfare and duty of care in the armed forces: a report by the Director of Operational Capability (D), a report from the House of Commons Defence Select Committee (H), the Adult Learning Inspectorate's (ALI) Safer Training grid and the Blake Review (B).
DSDO	Deepcut Duty Station Officer
DSH	Deliberate Self Harm
DTTT	Defence Train the Trainer
HIVE	Help Information Volunteer Exchange
HQ ARTD	Headquarters of the Army Recruiting and Training Division
JSP	Joint Service Publication
MCTC	Military Corrective Training Centre
MPS	Military Provost Staff
MPGS	Military Provost Guard Service
NCO	Non-Commissioned Officer
OFSTED	Office for Standards in Education
PHCR	Primary Health Care Record
PSMA	Pre-Service Medical Assessment
PULHHEEMS	Physical capacity, Upper limbs, Locomotion, Hearing (right), Hearing (left), Eyesight (right), Eyesight (left), Mental capacity and Stability (emotional)
RLC	Royal Logistics Corps
RVS	Royal Voluntary Services
SCD	Supervisory Care Directive
SOC	Squadron Orderly Corporal
SP	Service Personnel
SVRM	Suicide Vulnerability Risk Management
UWO	Unit Welfare Officer
VRM	Vulnerability Risk Management