



Army Training Centre

Pirbright

Independent Advisory Panel Report 2011

Table of Contents

Contents

INTRODUCTION.....	3
GROUP DYNAMICS.....	5
Pilot studies by Woolwich and Mansergh Troops from 59 Battery, 1 ATR.	5
The implications of the pilot study for further work.....	6
WELFARE.....	7
Sub-Unit Commanders	7
Unit Welfare Officers.	8
Services Welfare (part of WRVS).....	9
Medical Centre	9
Sandes	10
HIVE	10
Regimental Chaplains.....	10
Governance of Welfare	11
The Individual Soldier.....	12
Conclusion	12
Recommendations	13
THE RELATIONSHIP BETWEEN RECRUITING AND INITIAL TRAINING. (INTERIM REPORT)	14
Introduction	14
Terms of Reference	14
Methodology	14
Discussion.....	15
Other Issues.....	16
Conclusion	16
FINAL REMARKS	17
THE RESPONSE FROM THE COMMANDING OFFICERS	19

Introduction

Amid the turbulence of the Strategic Defence Review with the cuts in army manpower and the reorganisation of ITG the IAP has continued to have a good relationship with all those working so hard to maintain the quality of initial training at Pirbright. After the death of one of our founder members from cancer last year I did not think that I would be reporting on the death of another member but sadly this is the case. Trevor Cobley, who had been a very hard working and productive member of the group, also tragically succumbed to cancer this year and he will be sadly missed by all who knew him. Trevor was a very able man who brought an important insight to the group with his high profile civil service background. We shall miss his enthusiasm and capacity for hard work but perhaps most importantly his subtle sense of humour.

For most of the year the centre has been working at about only 60% of its capacity and this has allowed many innovative ideas to be experimented with; most particularly the ability to give immediate remedial support to those who need it in critical areas such as the rifle range. We recognise that this is a luxury, which probably cannot be afforded in the current financial climate, but it was interesting to identify the areas where this type of specialist coaching provided almost instant results.

Unfortunately the implementation of the redundancies in both the civilian and military spheres seems to have paid little attention to the prioritisation outlined earlier in the year. This results in creating more pressure in critical areas. It is unfortunate that once again I have to report that although the internal validation of courses is going well HQ is still without a data analyst capable of making sense of the huge amount of data that is being collected. Until such a person (C2 grade) is appointed much of the very good work being done to gain almost instant feedback from the recruits is wasted and potentially leads to inefficiencies elsewhere.

The slow introduction of functional skills and the termination of the Birmingham Metropolitan College Educational contract have posed particular problems. Nevertheless, it has enabled existing resources to be mobilised to great effect and we look forward to seeing the results of this new educational package in the near future.

We are delighted to see that partly as a result of our report in 2008 and some consistent, if not tedious lobbying from us, the new welfare centre has come to fruition and I was delighted to have been asked to open the splendid new facility earlier in the year. This associated with the restructuring of the welfare team and appropriate manning under the watchful eye of a Major has completely transformed the rather inadequate welfare structure we witnessed three years ago.

Unfortunately the promised refurbishment of the PS accommodation has not followed the same path and at this time not all of the bathroom refurbishments promised have been completed. However the reorganisation of Defence Estates into Defence Infrastructure has generated, in the early stages, a more positive relationship with our HQ and welfare structure and there are (as reported later some very positive plans to regenerate the community infrastructure.

We intend to make the medical services part of our audit in the coming year. It is unfortunate that a medical centre of this size does not have a SMO and I fail to see how this can be sensible or expedient given the large numbers of soldiers at Pirbright. We recognise that the Army has a severe shortage of Doctors and at this time of operational need they should be at the front line but to have a facility of this size effectively without a commanding officer does not seem sensible. Fortunately we now have a civilian with many years of experience running the centre but this, surely, is not what should be happening.

We note that in the coming year Pirbright will have two dedicated sub-units in each regiment for the TA on site. Inevitably this will put increased pressures upon us with different problems to those encountered with our normal recruit intake. In addition there will be 10 regional training centres which probably should come under the purview of the Pirbright IAP. We look forward to the challenges ahead. With this in mind I am hoping to recruit two new members to the panel again both of whom are living locally and will be able to be on base quite regularly.

Sadly with Trevor's illness and the difficulty in replacing other gaps we have not been able to do quite as much as usual. However, I thank the members for their hard work and dedication to the task. We are at the point of once again working with three new CO's and we look forward to the coming year.

Group Dynamics

As part of my 2010 report on the activities of the Pirbright IAP I wrote a theoretical paper on the implications of Groups Dynamics for the Military training environment. This paper attempted to draw together some of the most relevant research in this large area of Social Psychology in order to draw attention to the areas in which this work may have important implications both for the training environment and the Field Army. It was then intended as a theoretical model designed both to stimulate action research within the training regiments and, perhaps, initiate a more formal academic study by ARTD and ASLS. I am pleased to note that it has initiated a pilot study within 1 ATR at Pirbright and we hope that this will be followed up elsewhere.

Pilot studies by Woolwich and Mansergh Troops from 59 Battery, 1 ATR.

It is not surprising that my theoretical paper was received initially with some scepticism by the PS. Humans are, by necessity, all expert natural psychologists. It is often the case that elements of theoretical psychology are greeted with such scepticism given that these concepts are implicitly familiar because we negotiate the complexities of groups successfully each day. What could possibly be different about group dynamics surely it is teamwork and this is something the army does well!

However, the requirement to think about the elements of this teamwork that could be identified soon allowed PS members to recognise the complexities of their social interactions and to understand the powerful influences the group as a whole have upon those individuals within the group and how this can be used to the advantage of each and every member.

I summarised in my initial paper this effect in the following way using the work of Crocker:

“Providing that individuals believe that the groups they belong to are valuable they will experience a heightened sense of personal self-esteem.” This notion of the collective self-esteem is of crucial importance in training. Initially then the emphasis was concentrated upon moving away from the notion of individual development of each SUT as being the primary goal towards the notion that each individual’s performance could be enhanced if the group developed in a stable and positive way. By understanding the basics of the psychology of group formation and the factors that contribute to the cohesion of that group and the phases through which all groups develop it became possible for training teams to guide their development more effectively.

Although many of the PS staff had engaged in team building exercises in the past there had been no formal way to introduce this and it was thought that via a more controlled and directed approach ensuring more consistency and commonality more could be achieved.

The training teams quickly embraced the opportunity to develop techniques using their own experience and ingenuity. It is reported that one of the key features to emerge from the emphasis of group identity both to the training teams and the recruits was a more clearly defined analysis of role differentiation. The recruits had a feeling of belonging to a specific group and the new emphasis gave them the opportunity to see the PS as part of that group giving a true sense of the relationship between soldier and commander rather than trainee and instructor.

The establishment of mechanisms for initiating reward, motivation and encouragement alongside the setting of clear objectives tends to result in enhanced group performance. Therefore the setting of superordinate goals for example ensuring that individuals did not fail inspections but that it was the Section as a whole who would fail if the room was not up to standard overcame the possibility of the advantages of the group working together being lost if individuals members realise that they can get away with less effort. Individual laziness is reduced when the rewards for successful performance are group-based rather than individually based. The recruits soon began to work out who was good at which tasks within their sections and this broke down barriers as well as increasing the efficiency of the group.

Similarly by placing stronger recruits with weaker recruits as basher buddies for exercise Half Way (based upon information from earlier exercises) rapidly improved the performance of the apparently weaker recruits. Roles influence the group members' happiness and well-being in significant ways. By taking on a role the individual secures their connection to their fellow group members in a particular way building interdependence that is essential for group cohesion and productivity.

A new section competition based upon first time-pass rates in all tests for the group throughout the 14 weeks again maximised cooperation and enhanced the overall performance of the troop.

Although this trial comprised a small sample it is noteworthy that all of the U18's passed out with no cases of DAOR; rather unusual for a female troop. Clearly there could be many factors involved here not least of which could be a Hawthorn effect (these are effects due simply to participating in an intervention; they arise not from cognitive changes due to targeted training but from the generalised motivational and self-esteem effects of participating in something extra and unusual.) In itself this is significant many of the problems with groups can be summarised under the headings of failures in communication. These may be failures in basic communication skills, egocentric behaviour, nonparticipation, failure to stay focussed, interruptions, negative leadership behaviour, negative attitudes and emotions. Cohesion is developed from strong communication, commitment to the tasks which is rooted firmly in shared values and a willingness to put the needs of the team before individual interests. Building such cohesion requires team leaders to augment social and task cohesion. This was very ably achieved by the training teams involved and I believe that in turn they felt the rewards. Too many organisations and the army is no exception, create teams but then do little to help team-members develop the skills they need to work in those teams. Here we have an example of how even very simple adjustments to the training environment and giving those operating within them the opportunity to discuss the theoretical and practical implications in a developmental fashion can reap very substantial improvements in performance.

The implications of the pilot study for further work.

The fundamental aims of my paper last year were to establish a practical methodology by which group cohesion could be enhanced. The above study identified some of the important areas for analysis and clearly established a methodology from which to progress. This now needs to be developed in the following ways:

- Develop a formally controlled study to demonstrate the efficacy of these methods within a single intake.
- ASLS should further identify the theoretical aspects of group behaviour that can be practically implemented in the training environment.

Welfare

The Commander's Supervisory Care Directive is in the course of being redrafted by Major Carol Miller the recently appointed Unit Welfare Manager. This report is based upon the existing document for ATR (P) 2010.

The paper is based upon the results of a number of visits to ATC (P) during 2011. The purpose of these visits was to scrutinise the following elements of the Care Directive.

Primary Level Support

- a. Sub-Unit Commanders
- b. Unit Welfare Officers
- c. Regimental Chaplains
- d. Services Welfare
- e. Senior Nursing Officer and Medical Centre
- f. HIVE Information Officer
- g. Sandes

Sub-Unit Commanders

Each Sub-Unit Commander (OC) is responsible to the respective CO for the implementation and monitoring of all supervisory care and welfare matters for both the recruits and PS under their command. All of the information gathered to date suggests that the organisation and structure is effective and that problems are usually quickly identified and well managed. The PS are clear about their responsibilities and most provide good role models to the recruits. The care support structure operates well. Our evidence supports the fact that PS give freely of their time to support recruits at all times and, given their already long hours of work, their dedication is a significant strength.

Although some of the PS interviewed felt that they did not have such good welfare support as the recruits, this was challenged by the OC interviewed who outlined the chain of command support and appraisals carried out on a regular basis. However, the housing issue was still highlighted as being a welfare failing. Families are not given the opportunity of vetting their accommodation prior to arrival, and the state of the accommodation is often substandard and dirty. The disruption to the family of not accepting the accommodation offered means that it is rarely challenged. This is currently being addressed as will be seen.

Unit Welfare Officers.

Currently there is a Unit Welfare Officer (UWO) and two Unit Welfare Warrant Officers (UWWO), each assigned to 1 ATR and 2 ATR respectively. These are all new appointments this year, both UWWOs having joined within the past few months.

They operate from a new, very well appointed and well located Welfare Centre manned by an excellent receptionist. This also houses the HIVE information room, interview rooms, a welcoming reception area and is adjacent to the chaplains' office.

The UWWO 1 also has responsibility for the community centre and UWWO 2 has additional responsibility for housing, repairs and liaison with the Modern Housing Solutions.

There is a strong working relationship with the Defence Infrastructure Organisation's (DIO) – formerly Defence Estates - area manager and the Welfare Officers – representing a great improvement on the IAP's 2008 report. Plans are underway for improvements to the service families' accommodation including immediate loft insulation. Over 90% of the bathrooms have been recently refurbished. A study is underway to ascertain the necessity for both further bathroom and kitchen upgrades. There is a programme of external redecoration for 19,000 houses over 2 years including gates, fascias, gutters and repainting in 2011/12. The UWO is currently challenging the DIO and working effectively to ensure that the PS are as well supported as possible when moving in or dealing with housing related complaints.

It had been hoped that complete refurbishment of the houses currently occupied by the Royal Anglian families would be undertaken after their departure in March 2012. However, as the Second Battalion of the Royal Anglians is now due to move in the following September (as yet unconfirmed), this does not allow sufficient time. The DIO now get staff training, so there is a better understanding of the standard required and expectations can be managed properly. The UWOs try to be present at the move in order to demonstrate their support for the families who are encouraged to contact the department with any issues/complaints, especially at the initial interview, which are dealt with as soon as possible. This is in marked contrast to the situation reported on in 2008.

Due to the current hands-on approach adopted by the Unit Welfare Department and the fact that the DIO has raised its game, drop in meetings will now be held quarterly.

The Welfare Department are very clear about their responsibilities and the mechanisms to deal with a range of problems and complaints that are being handled. There is now a clear directive entitled Policy of the Care of Service Personnel under the age of 18 which was issued recently. This document sets out the policy regarding the management, care and welfare of Service Personnel under the age of 18. It is the responsibility of the CO to ensure that the policy is carried out and that those under his command are aware of their responsibilities.

With regard to the issues raised in the report of 2008, it has been noted that record keeping systems have been introduced for contact with both PS and recruits. Records are kept of every interview and the subsequent actions with the interviewee's consent.

A UWO gives an induction talk to all new recruits outlining the various options for welfare support which is very well received. During several months of research it has been noted that this department is held in high regard throughout the establishment.

The support offered by the Unit Welfare Officers to the whole of the local military community is very comprehensive.

Services Welfare (part of WRVS)

The remit of this organisation is to support single unaccompanied personnel and also act as a signposting agency for all military personnel. Continue to provide emotional and welfare support to those recruits who visit the Alexander Club with an increased number of staff which means they are able to be more proactive. Specific events are being held to encourage more female recruits to visit. There is good liaison with the Welfare Centre; the manager attends weekly Monday update meetings. Usually Services Welfare support the chain of command well. Contract sheets and statistics are well kept. An internet suite with 32 computers has been installed which is very popular when working correctly – these are coin operated and have a tendency to malfunction. The cinema, which is used regularly, is currently undergoing a facelift by the Welfare Office staff. There are plans for a funding bid to refurbish the cinema by replacing the flooring and recovering the seats.

Medical Centre

SMO Col Dieppe left 6 months ago and was succeeded by acting SMO Lt Col Hayman who was then deployed a month ago to Afghanistan. This report is based on a meeting with the SNO Major Fiona Lankester, who was appointed in June 2011, and comments from Hawley Troop. There is currently a civilian doctor acting as SMO, but for medical aspects only as the SNO deals with all administration of the Medical Centre. Due to the many changes there had not been a happy working environment here, but this, she claims has now been much improved and there are several new initiatives in place. A trial is underway for a gym medic who is based in the gym during training to advise the physical trainer exactly what can and cannot be done by those recruits with a sick chit. This ensures that the recruit, rather than cease all PT and feel alienated, is still part of the team and not shirking or being sidelined. This supports the training staff as the medic is on hand to make a quick assessment which promotes retention of the recruit who is not withdrawn unnecessarily.

Another initiative is the proactive involvement of a medic in the Final Fling exercise. The week prior to Final Fling a representative from the Troop staff visits the Medical Centre with the main events listing the high risk activities taking place when a medic will be there to offer hands on support and advice; identify which activities need medic support and to conduct a daily clinic for health checks and reinforcing health education such as how to look after feet etc.

There is currently support for those giving up tobacco and alcohol, but no weight management help. The SNO is planning to run a pilot programme for those who are either under or over weight for both recruits and PS. This to be followed by an audit to provide evidence of its benefit – or otherwise.

The SNO feels that the Medical Centre has a unique opportunity to offer excellent care to those on the ward as there are only 15 beds. There is no predominant reason for being confined, but it is never for more than 2 or 3 days. The medical centre offers a safe haven for those vulnerable recruits who are suffering from stress or low mood. Although there is no mental health support on site,

there is access to military community psychiatric nurses via Aldershot who can be in Pirbright within 24 hours.

The representative from the Medical Centre attends the Unit Welfare Meeting. There is a good working relationship with the Welfare Office, both formally and informally, for recruits and PS. A member of the Services Welfare visits the ward daily.

During my visits to various female troops the Blister Clinic had received several disparaging reviews, including one recruit being told to go and purchase what she required from Boots – even though no day release is allowed.

Sandes

The recreational facility provided by this charitable organisation is undoubtedly the best non military resource on the base from a welfare point of view. It is highly praised by the PS and recruits as well as the Royal Anglian families. It is a warm and welcoming place to meet friends and the managers are always ready to lend a sympathetic listening ear. Any issue discussed with the Sandes staff is, when appropriate, immediately referred to the chain of command. They provide the recruits with a compassionate listening ear, away from the pressurised military environment. Items for sale are offered at a reasonable cost (unlike the Spar shop). However, Sandes is under threat of closure due to the fact that a new roof, and other vital structural improvements, are needed as soon as possible. The sum of £239,000 has to be raised to meet these requirements. There are various fund raising events underway to raise this money, but it is many thousands short of the target. The success of Sandes is undoubtedly the result of the enthusiasm and dedication of the present managers.

HIVE

The remit of HIVE is to disseminate information from the start to end of service personnel career. As Pirbright do not have a funded post, this is usually done with literature available in the Welfare Centre. All PS and Royal Anglian families are encouraged to visit the Welfare Centre at ATR (P), rather than the run down premises located within the service families' accommodation area where the office was previously. The area manager for HIVE is most anxious that a post is funded for Pirbright in 2012, particularly in light of the arrival of the Second Battalion of the Royal Anglians in September. They are the major source of information on relocation, civilian facilities, places of interest, schools and further education, housing, healthcare, employment and training opportunities for service families. HIVE also offers information of Phase 2 and pre deployment location for SuTs and PS, can give parents information and offer referrals if required.

Regimental Chaplains

The Padres make up an essential component of the Welfare provision at Pirbright. Although they are not officially Welfare Officers they provide a complementary service which is more of a pastoral role. For those recruits with a religious background they may be the first point of contact, but more often they are the last point of contact when all the official channels have failed. Each recruit is interviewed by a padre during their first week and signs a religious attestation form. One role of the

padres is to instil the core values and ethos of the British Army into the recruits. The difference of talking to a padre is that they are not answerable to the chain of command and can, therefore, keep the information imparted by a recruit confidential. Their role is to empower the recruit to change their own lives, not to mollycoddle them. However, they do offer mutual support with WRVS and Sandes as well as the Welfare Officers. They also support the PS training team and they have 3 sessions per annum when they address all the PS on command and development work.

Although the Chaplains are Roman Catholic and Anglican, they do cater for all religious/non-religious convictions and are able to access the appropriate support if required.

The Chaplaincy is established for 3 full time padres; they are currently operating with only 2 and one assistant who is responsible for Sword Co. This means they are at full stretch and require occasional assistance from Deepcut Chaplaincy.

Governance of Welfare

The Chain of Command is the primary mechanism for supervisory care. This clearly is as it should be and is a significant strength. However, its very structure means that if the unit is not as cohesive or well managed as it should be, care problems may be undetected if the other agencies that may be involved are not in close communication and have effective mechanism for co-ordinating information.

ATC(P) has a complex committee structure to co-ordinate the various components of welfare. These committees are constituted as follows:

1. **ATC(P) Health and Welfare Committee:** Meets monthly. This committee discusses best practice for the provision of welfare across ATC(P) with representatives from the Medical Centre, OC Sword, unit 2ICs, UWOs, Padres.
2. **Regimental Risk Board:** Each CO chairs his ATR's RRB with Adjt, RSM, sub-units as necessary, the Medical Centre, UWO, OC Sword and the Padre in attendance. This meets fortnightly.
3. **Suicide Vulnerable Risk Management Conference:** This is a subset of the RRB and is only held if a suitable care plan, or follow up plans need to be put in place.
4. **Messing and Welfare Forum:** This is a monthly forum for recruits to voice concerns directly and is chaired by the Quartermaster with a representative selection of recruits and staff.
5. **Welfare Agency Meeting:** Meets monthly and is chaired by the CO HQ and attended by representatives of all the various welfare agencies.

The Individual Soldier

The IAP has been impressed with the quality of recruits observed at Pirbright during the past few years. They are confident, articulate and demonstrate the core values of honour, loyalty, honesty and integrity fundamental to army training.

The diversity of home background, relative maturity and emotional development of each recruit make the dynamics of supervisory care complex.

I have made three visits to Hawley, a female troop, one formal visit with all recruits present and two informal and one with the training team staff. The induction talk given by the Welfare Officer imparted a feeling of confidence to approach the various welfare resources available and offered a cushion of comfort in an otherwise alien environment. All were aware of the ATC(P) Contact Card (listing telephone numbers of the relevant agencies). All those who had recourse to the UWO expressed positive experiences. However, their reactions to the welfare support offered by the chain of command differed from Section to Section. Some, maybe due to lack of confidence, found their corporals, sergeant and platoon commander difficult to approach as they appeared to be unwelcoming – one of the main reasons for this was the gender difference as well as general demeanour. When they had been approached to deal with personal problems these had not been resolved in a timely fashion with subsequent negative outcomes. However, they all found Sandes, the Welfare Office and the Padres very supportive. Some felt that the WRVS was more male oriented, although an evening of activity aimed at attracting the female recruits had just been held. There was a negative reaction by some to the level of swearing and perceived abuse used during training which resulted in low self esteem. However, this was not the experience of the majority. The negative impact and surprise at the level of swearing by training staff was also expressed by new recruits I had interviewed

The thorny issue of the laundry was raised yet again. Although not strictly speaking a welfare issue, it certainly affects morale when laundry is returned dirty, smelly and damp or with items missing.

Again, not necessarily a welfare issue, but many of the female recruits have a perennial problem with the lack of variety of the food, particularly the salad selection which is the same every day and the predominance of potatoes and unappetising rice and lack of fresh vegetables.

The results of this survey of a female platoon chosen at random are quite encouraging. However, I believe that this is not typical, and that the results would have been more positive had I conducted these meetings with a male or even mixed platoon.

Conclusion

It is clear that Welfare and Duty of Care are of a very high priority at ATC(P). The appointment of Major Carol Miller and provision of vastly improved Welfare Unit has been most welcome and demonstrates the highest level of commitment to this priority. The team is working proactively to promote welfare throughout the community as well as for the recruits and PS. The level of communication between all those responsible for welfare has improved dramatically. The level of support now being offered for the wider military community will be evident in the future, especially

for housing, the Community Centre and the Playgroup. Funding for improvements has been successful and there are other bids in the pipeline.

Recommendations

1. The sub-unit commanders need to reinforce the welfare structure available to the PS so that they feel as well supported as the recruits.
2. The work and effort in place for the Community Centre needs to be continued until the required standard is reached.
3. In order for Sandes to continue to fulfil its important role, it is essential that the necessary funds are forthcoming for the building infrastructure.
4. Consider as a matter of priority the appointment of a Senior Medical Officer.
5. The Chaplaincy Team needs to be brought up to full strength with the appointment of a third padre.

The Relationship between Recruiting and Initial Training. (Interim Report)

Introduction

It had been reported that numbers of new recruits were being medically discharged very shortly after commencement of their training. In addition to the obvious financial costs associated with the recruitment and discharge of a soldier (various suggestions, albeit unsubstantiated, indicate that it costs £10,000 to recruit and process each new recruit by the time they walk through the gates at an ATC) there are obviously 'soft' costs to both the Army's reputation and to morale.

The 2008 IAP Report enumerated the following statistics:

237 Soldiers Under Training (SUT) were medically discharged during 2007.

Whilst medical coding of the reasons for medical discharges and the lack of access to detailed medical notes makes full and detailed analysis of the statistics somewhat imprecise the following statistics should be accurate to +/- a few percentage points.

29 SUTs (12%) failed to pass their initial medical at ATC(P) due to a condition/injury that was not declared at their pre-service medical.

21 SUTs (9%) failed to pass their initial medical at ATC(P) due to a condition/injury that was not identified at their pre-service medical.

*Therefore 21% of those discharged at their **initial** medical at ATC(P) were unfit to be enlisted.*

79 SUTs (33%) failed to pass their initial medicals due to a condition/injury that had occurred between their pre-service medical and their initial medical at ATC(P).

Therefore 129 SUTs (54% of those medically discharged) arrived at ATC(P) unable to be trained and were discharged.

35 SUTs (15%) failed to complete their training at ATC(P) due to a medical condition/injury that existed prior to their pre-service medical and became obvious (or was exacerbated) during training.

Potentially therefore 164 (69%) of those SUTs who were medically discharged should not have been enlisted. The potential cost of £1.6M is associated with this.

The IAP considered that this was worthy of further study.

Terms of Reference

The author was asked to investigate the process by which recruits are selected and advised by the Army Recruiting Centres and to what extent they are aware of the training they will undertake once they arrive at the ATR.

Methodology

The author conducted an interview with the Area Recruiting Officer for Sussex and Surrey, Major M McCarthy MBE RRF and the OC of the Army Recruiting Office in Woking.

Discussion

It was apparent early in the interview that the recruitment process employed by the Regional Recruiting Organisation in Sussex and Surrey was well structured and designed to give the fullest support to the potential new recruit. Major McCarthy described in depth the structure of the Regional Recruiting organisation and the process by which an initial enquiry is turned into Potential Entrant.

The recruitment process is a four stage journey:

- Marketing
- Establishing Contact
- Assessment
- Prepare for Training

Throughout the process the potential recruit is advised, educated, assessed and mentored to ensure that he/she is fully aware of the requirements for entry into the army, including the levels of fitness and medical standards required.

Major McCarthy stressed that all the AROs in Sussex and Surrey worked to the same standards and approach within the recruiting requirements that were imposed on them by the Army.

In relation to the issue of medical examinations it was agreed that there was sometimes a large gap between initial approach and being received at the ATR during which time the potential recruit's medical situation can change due to illness and injuries or to other undetected medical conditions worsening. It was difficult to see how this situation could be improved under the present requirements. One difficulty faced by the recruiters was that the quotas for the various regiments and corps changed with the changing shape and requirements of the Army. Sometimes this resulted in potential recruits waiting for years to join their chosen arm. This was not something that could be easily remedied.

A typical timescale was as follows: a recruit could be allocated a vacancy in July 2011, he would be enlisted in January 2012 and pass out of his trade training in January 2014.

During the recruiting process the candidates are assessed as to their suitability for certain types of trades. Some recruits are quite clear as to the particular trade or regiment they wish to join. There is no coercion in respect of filling Army quotas and a significant number of recruits are prepared to wait a considerable period of time to join the regiment or corps of their choice. This exacerbates the medical situation in as much as potential recruits are vulnerable to accidents etc. which may render them unfit for service and which might not be picked up until after attestation. During the time the potential recruit is in limbo awaiting a place in his chosen regiment or corps, he is in regular contact with the recruiting staff who take a close interest in his personal situation. In the Woking Office the recruits are schooled in what to expect at each stage during their basic training and advised on fitness training and maintaining themselves in good condition ready for enlistment.

During the interview I was given a copy of the British Army Health Questionnaire that each candidate is required to complete. It is a 14 page document that goes into very great detail about the candidate's health history and that of their immediate family. It goes without saying that it is only as good as the information that is volunteered; however, candidates do sign a "Consent For Obtaining Medical Reports" – the caveat is that medical reports will "only be accessed by personnel bound by

medical confidentiality". This limits the usefulness of this information in screening out unfit recruits at an early stage.

With reference to the statistics quoted from 2007 in respect of the number of recruits discharged from the ATR as medically unfit, both Major McCarthy and the OC Woking ARO believed that situation had improved significantly in recent years.

Other Issues

On a more general level:

- a) there is anecdotal evidence from conversations with recruits at ATR Pirbright that the recruiting process is not homogeneous across the country. Some recruits arrive at the ATC badly prepared with little understanding of what will happen to them during their Basic Training.
- b) it was learned that Army recruiting will be significantly changed in the very near future. It is proposed to "outsource" the recruiting activity and recruiting offices will be manned by non-serving personnel. This raises questions about the quality and professionalism of the new service. Whilst no details were given it was clear that the current Recruiting Office staffs were not convinced that the change would be for the better and this was reflected in conversations held at the ATC Pirbright with the Commanding Officers of the ATRs.

Conclusion

This study is on-going and the author is aware that there a number of threads that need to be more fully studied to provide a more complete picture.

Final Remarks

There can be no doubt that despite this period of dramatic change for the Army the ATC Pirbright goes from strength to strength. It was always going to be difficult to weld together the three separate regiments at the centre but concerted efforts in the last two years have ensured that good communication and a desire to work to a common aim for the highest quality training is paying dividends.

We have pointed out in this report where we feel there are weaknesses but we have been concerned to clearly identify where important progress has been made.

Our 2008 report indicated significant deficiencies in some aspects of our welfare provision. These have now been corrected at almost every level. There has been a dramatic improvement in the care and attention taken to ensure the smooth and efficient integration of families into their accommodation and the community. The Welfare team are to be congratulated here both for their care and commitment to the task and their determination to inform and negotiate with DIO from the outset. In turn the better training structure within the DIO bodes well for the future. It is now evident that the Welfare team are becoming a central point of focus both for families and recruits in a way that was not seen back in 2008. Similarly correct records are being kept and appropriate action taken. This is a very significant change and we are very pleased to see this professional and efficient service emerging.

We remain concerned about the Medical Centre. Although there is evidence of superb care and attention to detail the ship remains a little rudderless at the moment. Without this central direction we can hope for little improvement in neither quality nor the identification of more efficient and targeted care. It is of vital importance that we have a Senior Medical Officer appointed and that this new appointment has with it a clear directive to clearly establish a medical service targeted to support and encourage the most effective initial training. The inefficacy of the blister clinic is a case in point.

The central importance of the Chaplaincy was highlighted both in the 2008 report and again here. However, the ATC finds itself woefully undermanned in this department and it is likely that the important pastoral work will be significantly undermined if this is allowed to continue.

At the time of writing the new Supervisory Care Directive is about to be launched. We have no doubt that this will be an improvement upon the previous version. We are pleased that recruits feel confident about the procedures to follow but a little concerned that some female recruits still feel intimidated by their platoon and section commanders. This may well be more in perception than substance but this again highlights the importance of team membership and development of a group ethos. The group dynamics work demonstrated how these barriers can easily be broken down and we feel strongly that this in itself demonstrates the importance of the work. The limited but very successful trial of these methods demonstrated that more time and effort should be imparted towards them. We remain convinced that the development of the collective self-esteem is both possible and necessary in 14 weeks and that this will offset many of the problems encountered in initial training.

The relationship between recruitment and initial training remains tangential and is likely to become more so with the sub-contracting of recruitment to a more commercial base. No doubt there will be new ideas emanating from this move but equally the relationship between training and recruitment may become even more fragmented. We are, of course, living in a rather different recruiting environment at the moment with a recession and a shrinking Army. It remains to be seen how ARTD will tackle this but we continue to feel that it is a neglected but important area of research and development for the future of the Army.

The Response from the Commanding Officers