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Navigating the minefield: Veterans' experiences of the benefits system over time

Final report from the *Sanctions,
Support and Service Leavers* project

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This report is based on research undertaken by the study team, and the analysis and comment thereafter do not necessarily reflect the views and opinions of FiMT or any participating stakeholders and agencies. The authors take responsibility for any inaccuracies or omissions in the report.

Foreword

In one sense, this final report from the *Sanctions, Support and Service Leavers* project can be seen as the culmination of nearly seven year's examination of the experience of veterans accessing the social security system. It builds on the findings in 2018 and a first full report in 2019, which evidenced the requirement for a greater understanding of the needs of veterans and helped support the Department of Work and Pensions (DWP) development of an Armed Forces marker, enhanced training and greater provision of Armed Forces Champions within social security settings. A further interim report earlier this year highlighted further details of veterans' experiences of benefits assessment, following a full roll-out of Universal Credit.

But, despite these tangible outputs and impact, to regard this report as the end would be to incorrectly draw a line under the topic of veterans within the benefits system and assume that no further work to make the changes required was needed.

In 2018, Forces in Mind Trust observed an environment that was improving its recognition and understanding of the challenges faced primarily by veterans but also increasingly by the wider Armed Forces community. Therefore, our key objective in funding this research was to prepare the system to better address the needs of Service leavers as they transitioned out of the Armed Forces and into a possibly challenging and uncertain civilian life, where engaging with social services and accessing benefits might well be a new, but necessary, element of their lives. This latest report recognises progress made but still highlights the continued need to bridge two policy worlds; one of a commitment to veteran support and one of providing universal social security support where needed. Therefore, in a climate of increasing complexity,



this reports provides important and empirical evidence of veterans' experiences, of how the 'system' operates, and of where there is a continuing need to improve.

Forces in Mind Trust is therefore delighted to have supported this latest report and to share the important findings and recommendations made. Combined with the previous findings and research, this report sets out measures on a path of progressive practice development by the Ministry of Defence, DWP, and health care partners towards a future of increased trust and collaboration between the Armed Forces community and statutory welfare provision. In doing so, we echo the authors' gratitude for the support of the myriad partners and stakeholders involved who have contributed constructively to the research.

We therefore urge that both policy makers and service deliverers heed the findings and recommendations to ensure that this evidence can be used to support and evolve welfare support for the Armed Forces community.

A handwritten signature in black ink that reads "M. Alston".

Michelle Alston
Chief Executive, Forces in Mind Trust

Executive summary

Since 2017, the University of Salford has been leading a project funded by FiMT called *Sanctions, Support and Service Leavers (SSSL)*. The project represents the first, and only, substantive research to provide an understanding of veterans' experiences of navigating the UK benefits system. This report brings together the final findings from across our significant programme of research.

Background

Over the last decade and a half, there has been an increasing emphasis in the UK on supporting those who have served in the armed forces, with the *Armed Forces Act (2011)*¹ and the introduction of the *Armed Forces Covenant*², the development of a ten-year *Strategy for Our Veterans*³, the creation of the *Office for Veterans' Affairs*⁴, and the *Armed Forces Act (2021)*⁵, which enshrined the *Armed Forces Covenant* in law. Collectively, these measures have increased the focus on ensuring that the services and systems that veterans may be required to access are appropriate for their needs.

Alongside these positive developments for veterans, during the same period the UK has witnessed significant social security reform, including the introduction of Universal Credit (UC) to replace many existing benefits and tax credits. Research on the benefits system has highlighted that some welfare reforms have created challenges for benefit recipients, particularly for those who may have more complex needs⁶. However, veterans were largely absent from this research. The *SSSL* project therefore represented a unique opportunity to bridge the two policy worlds of *social security* and *veterans' support*. The overarching aim was to ensure that the needs of veterans were fully understood and given appropriate consideration as reform of the social security system continued. To address this aim, our project focused on the following objectives:

- Providing an understanding of the experiences of veterans as they navigated through the benefits system;
- Providing an understanding of how service-related experiences and impairments are approached within benefits assessment processes;
- Exploring the impacts of the Department for Work and Pensions (DWP)'s commitments in relation to the Armed Forces Champion (AFC) network; and
- Providing a unique dataset in relation to veterans and the benefits system, from which policy and practice decisions and advancements can be made.

Methods

The project was delivered through qualitative longitudinal research with veterans, alongside consultations with key stakeholders. The project concluded in the summer of 2024, and over the lifetime of the project we have given voice to **108 veterans**, carrying out **298 interviews** with them at various time periods, and consulted with **72 stakeholders** representing national and local government, benefits assessment providers, the NHS and the armed forces charitable sector.

Through this research, we have examined veterans' experiences across a spectrum of benefits processes and interactions, e.g., understanding eligibility, application processes, benefits assessments, conditionality, interactions with the DWP and intersections between benefits and armed forces compensation payments.

Impact and outputs

Central to our research has been the sharing of our findings to help support policy and practice. Over the lifetime of the project, we have contributed written evidence to three Work and Pensions Committee inquiries – *Benefit Sanctions, Health Assessments for Benefits and Safeguarding Vulnerable Claimants* – and subsequently

1 See: <https://www.gov.uk/government/news/armed-forces-covenant-recognised-in-law-for-first-time>

2 See: <https://www.armedforcescovenant.gov.uk/>

3 See: <https://www.gov.uk/government/publications/strategy-for-our-veterans>

4 See: <https://www.gov.uk/government/organisations/office-for-veterans-affairs>

5 See: <https://www.gov.uk/government/news/new-armed-forces-bill-passed-in-parliament>

6 Millar, J. and Bennett, F. (2017) 'Universal Credit: assumptions, contradictions and virtual reality', *Social Policy and Society*, 16(2): 169–182; Wright, S. and Patrick, R. (2019) 'Welfare Conditionality in Lived Experience: Aggregating Qualitative Longitudinal Research', *Social Policy and Society*, 18(4): 597–613; Dwyer, P., Scullion, L., Jones, K., McNeill, J. and Stewart, A.B. (2020) 'Work, welfare, and wellbeing: the impacts of welfare conditionality on people with mental health impairments in the UK', *Social Policy & Administration*, 54(2): 311–326.

given oral evidence at two. We have attended private briefings with Ministers and civil servants, and our research has been used to help support the following:

- The enhanced DWP AFC model;
- The DWP's commitments to work more effectively with the MoD and other organisations supporting veterans (including expanding the information provided to service leavers on the benefits system and signposting);
- The introduction of the armed forces 'marker' on UC to help identify and record claims from veterans; and
- A training module for healthcare professionals (HCPs) who undertake benefits assessments around the specific mental and physical health issues related to service in the armed forces.

Our project has produced a total of **15 outputs**: five project reports, five peer-reviewed journal articles, two briefing papers, two graphic novels and one book chapter. Our earlier outputs included a series of recommendations⁷, and the measures introduced above represent a response to some of those recommendations. As our project was longitudinal, we have witnessed how these measures have improved veterans' experiences of the benefits system over time. However, we believe that there is still more to do to ensure that veterans are consistently and appropriately supported in their interactions with the benefits system. This report therefore presents our final findings and our recommendations for policy and practice.

Findings and recommendations

Interactions between benefits and armed forces compensation

Many participants found the benefits system complex and difficult to navigate, particularly in relation to understanding eligibility. For many, it was the first time they had interacted with the system since leaving the armed forces. For those with prior experience of the benefits system, it had often been many years (or even decades) previously, when the benefits system was very different in terms of delivery and expectations. It was evident that these complexities were amplified when veterans were simultaneously navigating mainstream benefits and armed forces compensation payments. Lack of understanding of how the different payments interact had led to errors and financial difficulties and had increased the anxiety of veterans who were navigating the different systems.

Recommendation 1

For the DWP, MoD and armed forces charities to work collaboratively to deliver consistent and sustained guidance, and raise awareness, on how armed forces compensation payments and benefits interact.

Financial literacy issues were also raised in the interviews. It is therefore essential that any guidance or information is clear and accessible. We would therefore recommend co-designing a guidance resource with those who have lived experience of navigating benefits and armed forces compensation payments. It is also essential to ensure that this guidance is routinely disseminated to veterans through awareness-raising activities.

Navigating benefits assessments

A significant number of veterans in our study were experiencing mental and/or physical health challenges. Experiences of the Work Capability Assessment (WCA) and Personal Independence Payment (PIP) assessments were therefore a key aspect of their interactions with the benefits system. In March 2023 the then Conservative Government proposed scrapping the WCA⁸ and adopting the PIP process for all assessments. We have had a subsequent change of government, and, although (at the time of writing) the future of benefits assessments remains uncertain, we envisage that they will feature for the new Labour Government as part of its commitment to support those experiencing long-term sickness to return to work. We urge that the specific needs and experiences of veterans are considered within this context.

Over the years of our study, we have recorded numerous examples of the anxiety that navigating benefits assessments could provoke while veterans await an assessment, during the assessment itself or when receiving an assessment decision. Although we have seen more positive experiences over time and evidence of good practice, overall, there still appears to be inconsistency in how veterans experience benefits assessments. Our consultation with HCPs representing one of the DWP's assessment providers has added an often-unheard perspective on the challenges in supporting veterans through the assessment processes and an important acknowledgement that veterans should be regarded as a *specific cohort of claimants*. Our research has also demonstrated the significant role that support organisations and family members (particularly partners) play in supporting veterans to navigate benefits assessment processes.

Our research illustrates how misunderstandings were common about the nature and purpose of benefits assessments. It is evident that armed forces charities are already providing significant support to address some of

⁷ Scullion, L., Dwyer, P., Jones, K., Martin, P. and Hynes, C. (2018) Sanctions, Support & Service Leavers: Social security benefits, welfare conditionality and transitions from military to civilian life: First-wave findings, online at: <https://www.fim-trust.org/wp-content/uploads/sanctions-support-service-leavers-first-wave.pdf>; Scullion, L., Dwyer, P., Jones, K., Martin, P. and Hynes, C. (2019) Sanctions, Support & Service Leavers: Final Report, online at: <https://www.fim-trust.org/wp-content/uploads/sanctions-support-service-leavers-final-report.pdf>

⁸ DWP (2023a) Transforming Support: The Health and Disability White Paper, online at: <https://www.gov.uk/government/publications/transforming-support-the-health-and-disability-white-paper>

these issues; however, the DWP and assessment providers need to work more closely (and routinely) with the charity sector to ensure that guidance on these processes is reaching as wide a population as possible.

Recommendation 2: For the DWP, working in collaboration with assessment providers, armed forces charities and the NHS, to deliver consistent and sustained guidance in relation to benefits assessments. This should include producing accessible guidance that provides an understanding of the purpose of benefits assessments, the processes involved in assessments, how outcomes are determined and how benefits assessments differ from armed forces compensation assessments.

The provision of timely medical and health evidence was also crucial to the outcomes of assessments. Awareness-raising has a role to play in ensuring that veterans understand the need to provide all relevant supporting information at the initial application stage. However, it is important to recognise that the collation of medical and health evidence remains a challenge, particularly accessing service medical records.

Recommendation 3: For the MoD to address delays in the process of sharing health records through the implementation of Programme Cortisone.

There were numerous instances where veterans felt that they were assessed by HCPs who lacked an understanding of their armed forces background and the physical and mental health issues that related to their service. We consulted with HCPs who were knowledgeable in relation to these issues; however, they acknowledged that they were not representative of the whole HCP staff base. As such, there will be many HCPs who do not possess the same knowledge or understanding in relation to veterans. This should be addressed through two methods: (i) delivery of a continuing medical education piece on veterans; and (ii) greater engagement and collaboration with the armed forces charitable sector.

Recommendation 4: For the existing HCP continuing medical education piece on veterans to be implemented as a routine part of the training for all HCPs. This education piece should provide an understanding of the health conditions that may be more prevalent for service leavers but also an understanding of military culture and how this may impact on how veterans experience assessments.

Recommendation 5: For all assessment providers to use their existing clinical conference forums to engage with veterans and veterans' organisations as a means of understanding the challenges of navigating assessment processes.

Finally, it was evident that many veterans had experienced repeat or multiple assessments. It is crucial here to acknowledge that veterans might also undergo assessments related to Armed Forces Compensation Scheme (AFCS) claims. The pressure and anxiety of undergoing multiple assessments were significant. This could be addressed if the information given for one assessment was able to inform another.

Recommendation 6: For the MoD and DWP to review the use of multiple assessments to determine how AFCS assessments could be used to help inform benefits assessments.

Navigating conditionality

The last two decades in the UK have seen an increasing emphasis on conditionality, with more claimants expected to engage in a range of mandatory work-related activities, underpinned by the threat of benefit sanctions for non-compliance. At the time of writing, the intentions of the new Government in relation to conditionality within the system are unclear. Regardless, our research supports long-standing calls to review how conditionality is implemented.

Veterans in our study were sometimes unclear about the mandatory expectations placed upon them – including the content of their Claimant Commitments – and this was further complicated where expectations changed over time. Work Coach discretion played a significant role in the degree to which expectations were experienced as punitive or supportive. Although there were many examples of good practice, relying on the understanding or approach of individual Work Coaches could pose challenges in relation to consistency, especially for those who regularly change Work Coaches or where one Work Coach may be experienced as more punitive in their approach than another. Additionally, some interactions with Work Coaches were experienced as formulaic and procedural, demonstrating a lack of understanding of participants' armed forces background and the transferable skills gained while serving. This included experiencing expectations to take jobs that weren't matched to veterans' experience.

Recommendation 7: Where conditionality is applied to veterans, this should consistently consider their specific skills and qualifications and how they translate to the civilian labour market. This should be accompanied by effective support to match them with appropriate employment.

As a longitudinal project, our research encompassed the period of Covid-19. This provided a unique snapshot of a different approach during the pandemic based around checking wellbeing alongside a 'lighter-touch' approach to mandatory expectations. While a return to 'normality', including face-to-face interactions, was positive for some, the post-pandemic re-introduction of conditionality was

often experienced negatively, particularly for those with mental health conditions. In some cases, this approach was counterproductive and could push veterans further from the labour market.

Recommendation 8: Where conditionality is applied to veterans, it should reflect their individual needs and capabilities, including appropriate consideration of mental and physical health issues relating to service in the armed forces.

Benefit sanctions were also part of the narratives of our participants. Although most sanctions were historic (i.e., experienced before participation in our project), they created deep-rooted feelings of injustice and mistrust. For those who had not experienced a sanction, the underlying fear of being sanctioned could cause anxiety too. Sanctions therefore remain a 'spectre' to be addressed by rebuilding trust with veterans through more positive and personalised interactions.

The importance of the DWP Armed Forces Champions

DWP AFCs play a pivotal role in the DWP's commitment to the Armed Forces Covenant. In our earlier project report (2019)⁹, we highlighted concerns around inconsistencies in this provision. Since then, and supported by our research, the DWP has enhanced this offer. Overall, our evidence shows that the personalised and advanced support that the DWP AFCs deliver provides crucial assistance, especially for veterans with complex needs, including help with accessing benefits, managing ongoing claims, benefits assessments, employment opportunities and connecting with relevant external stakeholders. More specifically, the DWP AFCs can dedicate the time and flexibility required to provide appropriate support.

However, despite this positive enhancement, it is evident that some challenges remain. Despite the evident manifold positive interactions, our consultations (with veterans, stakeholders and DWP AFCs) highlight that variations in the geographical coverage and delivery of the role remain.

Recommendation 9: The DWP should review the DWP AFC network to ensure that a consistent support offer is being provided in all JCP districts.

It was also evident that the demand for DWP AFC support had been increasing since the enhancement of the role and the introduction of the armed forces marker on UC, which has helped identify those with additional support needs. In some geographical areas, this was

creating capacity issues for DWP AFCs. Understanding demand for DWP AFC support, as well as where additional resources may be required, is therefore essential.

Recommendation 10: The DWP should review the demand for DWP AFC support and identify what resources are required to meet that demand.

Consultation with the existing DWP AFC network would be essential for this review, alongside any data that are available through the armed forces marker on UC.

Through our longitudinal research, we have been able to see an ever-increasing familiarity with the DWP AFC role amongst veterans and external stakeholder organisations. However, it was evident that visibility and awareness of the role remained issues.

Recommendation 11: The DWP should deliver an education piece or awareness-raising – both internally and externally – in relation to the DWP AFC role.

Finally, a key challenge that impacted on the ability of DWP AFCs to effectively deliver the role was resources. More specifically, the year-on-year funding model created uncertainty for veterans, external partners and DWP AFCs themselves and acted as a barrier to providing a more consistent support offer. Sustainability of the DWP AFC role is therefore essential.

Recommendation 12: The DWP AFC role should be permanently embedded within the DWP with sustainable funding.

It was evident over the lifetime of our study that, when delivered effectively, the DWP AFC role was an exemplar of how provision of personalised support provided by staff who have a greater understanding of the needs of veterans can significantly improve experiences and outcomes for veterans. To reduce or remove this role would represent a huge backward step in the DWP's commitment to support the armed forces community.

Towards a trauma-informed benefits system

Across our veteran cohort, trauma had been experienced throughout the life course. Although service-attributed trauma was frequently cited, many participants had experienced a complex mix of pre-, during- and post-service trauma. A key contribution of our research was making the first ever call for a trauma-informed benefits system¹⁰. We have subsequently engaged with the DWP Trauma Integration Lead and produced a bespoke report to share

⁹ Scullion et al. (2019) op cit.

¹⁰ Scullion, L. and Curchin, K. (2022) 'Examining Veterans' Interactions with the UK Social Security System through a Trauma-Informed Lens', *Journal of Social Policy*, 51(1): 96–113.

with the DWP in March 2023¹¹. Since early 2024, we have also been delivering a separate pilot research project¹² to aid the DWP in its integration of trauma-informed approaches. The previous Government made a commitment to the DWP becoming a trauma-informed organisation¹³. We therefore urge the new Government to build on this pledge and transform commitment into action.

Recommendation 13: For the DWP to continue its commitment to trauma-informed care through the support of the DWP trauma-informed approaches integration programme.

Our veteran participants provided examples of where staff (in person and on the telephone) appeared unable to see a connection between veterans' traumatic life histories and their current difficulties in navigating the benefits system. An essential step in making social security interactions more trauma-informed – even where good practice was evident – will be through the provision of appropriate staff training.

Recommendation 14: For the DWP to provide appropriate training and ongoing support for staff (at all levels) in relation to trauma-informed approaches.

Additionally, the allocation of sufficient *time* for supporting veterans emerged as an essential factor in many positive experiences. Trauma-informed approaches therefore require changes to staff caseloads and the time allocated to spend with veterans (and other claimants) to enable staff to appropriately support people.

Recommendation 15: For the DWP to enable staff to manage caseloads in a more personalised way, including giving greater choice over length of appointments and contact channels used, dependent on the individual needs of veterans (and other claimants).

There is also a need to consider that some interactions are outsourced to private service providers, e.g., benefits assessment providers, employment support providers and telephony services.

Recommendation 16: There is a need for outsourced private service providers to work with the DWP to align their service delivery with the trauma-informed approaches that are being integrated within the Department.

Finally, in working towards ensuring that veterans experience a more trauma-informed benefits system, we must also consider that compliance-based or punitive conditionality appears to be antithetical to trauma-informed approaches (see earlier recommendations in relation to conditionality).

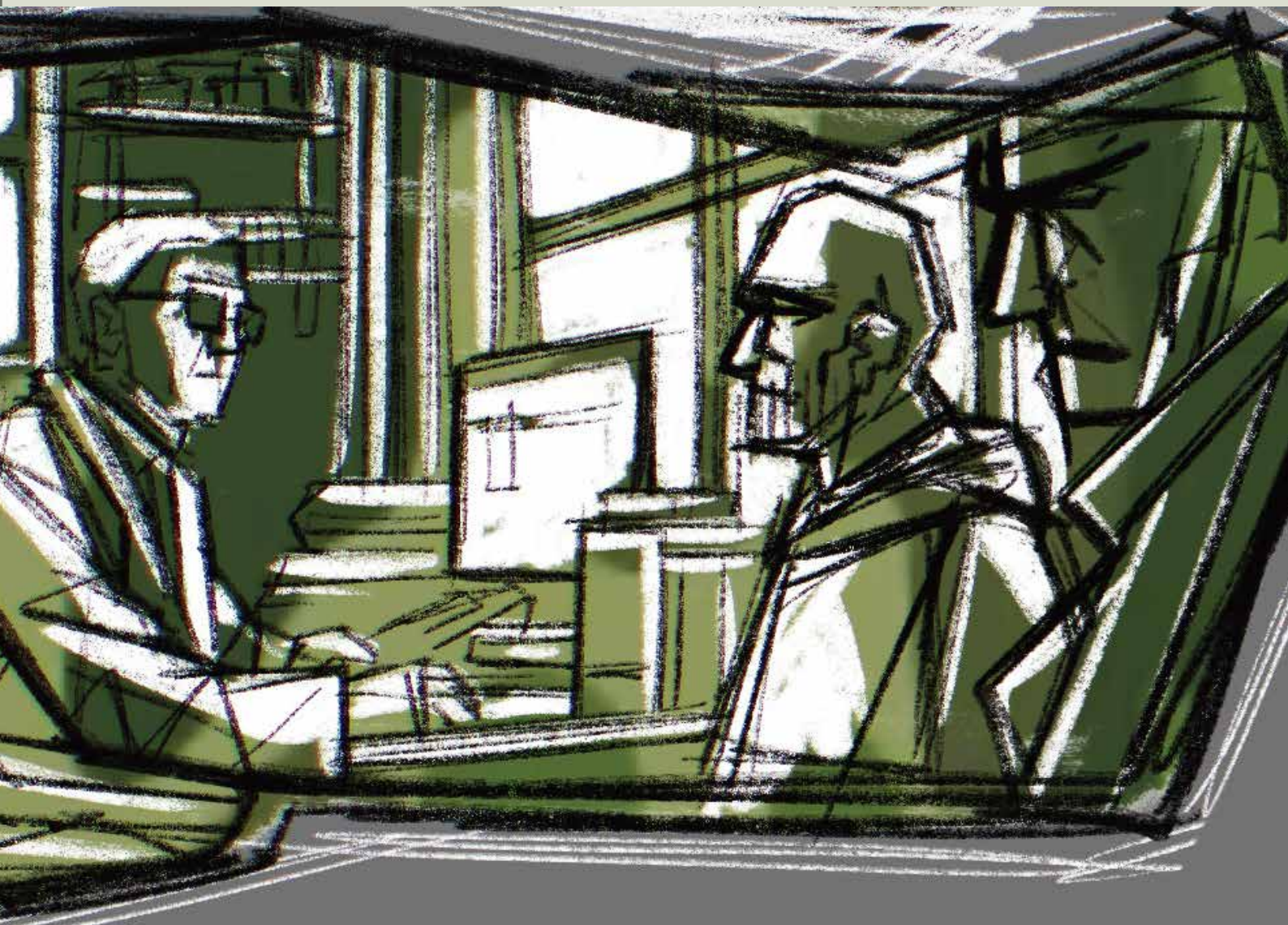
Reflections on policy and practice engagement

The willingness of the DWP to engage with this research has been instrumental to the success of the project. This engagement was not just about a willingness to listen to the messages from the research; it was also about allowing access to staff to participate in the research. In much research focusing on the benefits system, the voices of DWP staff – and those of the private providers that deliver services on their behalf – are often absent. For us, the inclusion of DWP AFCs has been essential for our understanding of the importance of their role but also the operational challenges they face. Equally, the inclusion of HCPs has provided unique insights and an acknowledgement that veterans can face challenges that are specific to their service background. Although some of our findings are critical of policy and practice, throughout this project we have sought to identify and acknowledge good practice to help provide a basis for building an improved support offer. To do this, though, the multi-stakeholder perspective has been essential. Our final reflection therefore relates to the need for greater future willingness from the DWP and its providers to engage with research in this way. This would help to rebuild trust in a system that for many years has been perceived as unwilling to open its doors to the external research community. As our project has hopefully demonstrated, a willingness to work with researchers can support collective efforts to improve interactions with the benefits system. Although we are presenting our final report, this does not represent an end point, and we hope that our research will help to ensure that the specific needs of veterans continue to be recognised and responded to.

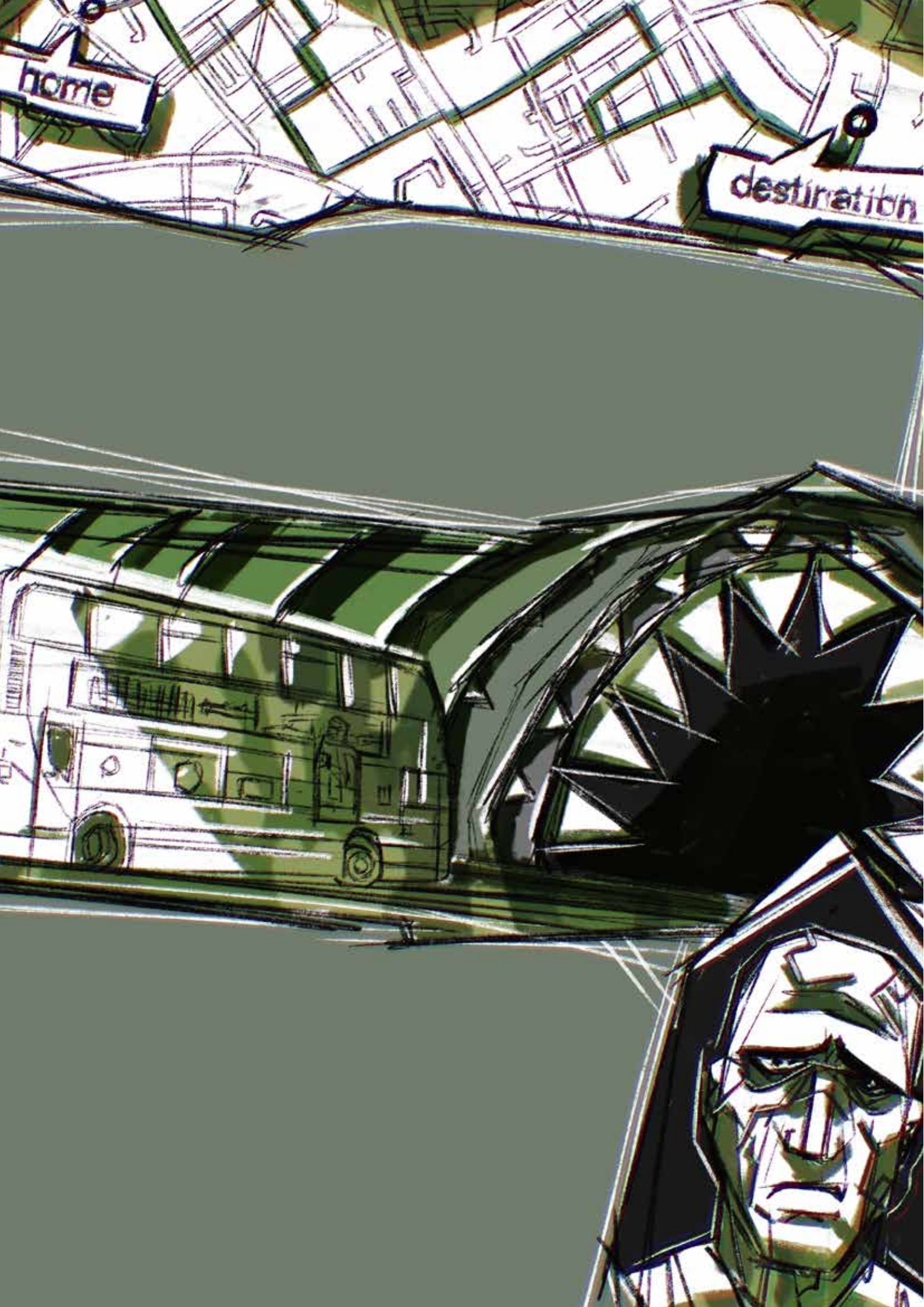
¹¹ Scullion, L., Young, D., Martin, P., Hynes, C., Pardoe, J. and Curchin, K. (2023) Towards a trauma-informed social security system: Lessons from the Sanctions, Support and Service Leavers project, online at: <https://s31949.pcdn.co/wp-content/uploads/Scullion-et-al-2023-Towards-a-trauma-informed-social-security-system.pdf>

¹² Funded by the University of Salford and working in collaboration with Queen's University Belfast.

¹³ <https://hansard.parliament.uk/Commons/2024-03-18/debates/717115AA-8363-48C3-899B-EE94B7FE77AB/SocialSecurityBenefitsVulnerablePeople#contribution-9EB124D6-233F-4039-A7AB-F58DC8C80068>



1. Introduction



home

destination



Since 2017, the University of Salford has been leading a project funded by FiMT called *Sanctions, Support and Service Leavers*. The project represents the first, and only, substantive research to provide an understanding of veterans' experiences of navigating the UK benefits system. This report brings together the final findings from across our significant programme of research.

1.1 Bridging two policy worlds: Veterans and social security

Over the last decade and a half, there has been an increasing emphasis in the UK on supporting those who have served in the armed forces, with the *Armed Forces Act (2011)*¹⁴ and the introduction of the *Armed Forces Covenant*¹⁵, the development of a ten-year *Strategy for Our Veterans*¹⁶, the creation of the *Office for Veterans' Affairs*¹⁷, and the *Armed Forces Act (2021)*¹⁸, which enshrined the *Armed Forces Covenant* in law. Collectively, these have demonstrated the importance accorded to this agenda by successive governments and have increased the focus ensuring that *all* the services and systems that veterans may be required to access are appropriate for their needs.

It is important to recognise that, alongside these positive developments for veterans, during the same period the UK has witnessed significant social security reform, including the introduction of Universal Credit (UC) to replace many existing benefits and tax credits. Research on the benefits system has highlighted that some welfare reforms have created challenges for benefit recipients, particularly for those who may have more complex needs¹⁹. However, veterans were largely absent from this research. Indeed, it felt as though developments in veterans' support and social security reform had occurred in parallel.

The *SSSL* project therefore represented a unique opportunity to bridge the two policy worlds of *social security* and *veterans' support*. The overarching aim was to ensure that the needs of veterans were fully understood and given appropriate consideration as reform of the social

security system continued. Specifically, we wanted to help ensure that veterans' experiences of the benefits system were given equal prominence to debates around their access to, and interactions with, other aspects of the welfare state (e.g., health, housing and education). To address this overall ambition, our project focused on the following objectives:

- To provide an understanding of the experiences of veterans as they navigated through the benefits system;
- To provide an understanding of how service-related experiences and impairments are approached within benefits assessment processes;
- To explore the impacts of the DWP's commitments in relation to the Armed Forces Champion (AFC) network; and
- To provide a unique dataset in relation to veterans and the benefits system, from which policy and practice decisions and advancements can be made.

Prior to the *SSSL* study, very little was known about veterans' experiences of the UK benefits system beyond anecdotal evidence suggesting that veterans were not always aware of, or able to access, their entitlements to welfare support. Our research therefore examined veterans' experiences across a spectrum of benefits processes and interactions, e.g., understanding eligibility, application processes, benefits assessments, conditionality, interactions with the DWP and intersections between benefits and armed forces compensation payments. The project was delivered through qualitative longitudinal research (QLR) with veterans, alongside consultations with key stakeholders (see Chapter 2 for a full project overview). The project concluded in the summer of 2024, and over the lifetime of the project we have given voice to **108 veterans**, carrying out **298 interviews** with them at various time periods, and consulted with **72 stakeholders** representing national and local government, benefits assessment providers, the NHS and the armed forces charitable sector. Throughout the project we have sought to share our findings to help support policy and practice. This included contributions to three Work and Pensions Committee inquiries, meetings with Ministers and senior civil servants and the production of targeted outputs and briefing papers.

¹⁴ See: <https://www.gov.uk/government/news/armed-forces-covenant-recognised-in-law-for-first-time>

¹⁵ See: <https://www.armedforcescovenant.gov.uk/>

¹⁶ See: <https://www.gov.uk/government/publications/strategy-for-our-veterans>

¹⁷ See: <https://www.gov.uk/government/organisations/office-for-veterans-affairs>

¹⁸ See: <https://www.gov.uk/government/news/new-armed-forces-bill-passed-in-parliament>

¹⁹ Millar, J. and Bennett, F. (2017) 'Universal Credit: assumptions, contradictions and virtual reality', *Social Policy and Society*, 16(2): 169–182; Wright, S. and Patrick, R. (2019) 'Welfare Conditionality in Lived Experience: Aggregating Qualitative Longitudinal Research', *Social Policy and Society*, 18(4): 597–613; Dwyer, P., Scullion, L., Jones, K., McNeill, J. and Stewart, A.B. (2020) 'Work, welfare, and wellbeing: the impacts of welfare conditionality on people with mental health impairments in the UK', *Social Policy & Administration*, 54(2): 311–326.

This final report aims to bring together the key messages from our project and a series of recommendations that we believe will help to ensure that veterans remain considered and supported in their interactions with the benefits system. It is a daunting task to try to summarise a project that has spanned such an extensive period, involved so many participants and stakeholders and engaged with diverse (and sometimes live) policy debates. We would therefore also urge readers to engage with the outputs that we have delivered across the lifetime of the project and that are detailed in Appendix 1.

1.2 Structure of this report

This report is structured as follows:

- **Chapter 2** provides an overview of the project, including the methods and sample.
 - **Chapter 3** introduces our participants, exploring the wider context within which they were interacting with the benefits system, including their health, employment experiences, family and relationships, and housing experiences.
 - **Chapter 4** focuses on movements into the benefits system and broader experiences of navigating its complexities, including how it interrelates with armed forces financial systems.
 - The next three chapters then focus on the three substantive areas of importance that emerged from our research.
 - **Chapter 5** provides a detailed discussion of experiences of benefits assessments, including the unique perspective of healthcare professionals (HCPs) who were undertaking assessments with veterans.
 - **Chapter 6** focuses on experiences of the conditionality inherent within the social security system and whether such approaches were effective in supporting veterans.
 - **Chapter 7** provides an overview of good practice in the support of veterans, focusing on the role of the DWP AFCs and the support they were providing but also some of the challenges to the consistent delivery of that support.
 - **Chapter 8** presents our concluding comments and outlines our policy and practice recommendations.
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2. Project overview

As highlighted in Chapter 1, the SSSL project began in 2017 and is the first (and only) substantive research to focus on veterans and the benefits system. The project involved two significant work packages: (1) QLR with veterans; and (2) consultation with a diverse range of policy and practice stakeholders. There were two distinct phases of research: phase one (2017–2019)²⁰ and phase two (2020–2024). Here we provide further information about the work packages and the methods used for each.

2.1 Qualitative longitudinal research with veterans

The main component of our research was QLR with veterans. As a methodology, QLR enables us to move away from a 'snapshot' of experiences to provide a more dynamic understanding of people's experiences over time²¹. This approach is also particularly valuable when exploring the impacts of changes to policy and practice. Our project had two veteran cohorts: the original cohort recruited in 2017 as part of the first phase (Cohort 1) and a new cohort recruited when the project was extended in 2020 (Cohort 2). With Cohort 1 there were up to five interviews with participants between 2017 and 2023, and with Cohort 2 up to three interviews from 2020 to 2023. The aim was to carry out interviews with participants at approximately 12-month intervals.

Cohort 1 started with a baseline sample of **68** veterans at Wave A (June–November 2017), with **52** veterans re-interviewed at Wave B (July 2018–January 2019). As part of the continuation of the project, the interviews recommenced in December 2020²², with **31** participants interviewed from our original cohort (December 2020–October 2021), **25** interviews at Wave D (December 2021–July 2022) and **21** interviews in the fifth and final wave (Wave E, October 2022–December 2023). Cohort 1 included those claiming Employment and Support Allowance (ESA), Jobseeker's Allowance (JSA) or UC at the time of their first interview. A small number of this cohort (six at Wave A) were interviewed jointly with their spouse, particularly in those situations where their spouse was undertaking a significant caring role and was involved in supporting with benefits processes (over time, the number of joint interviews was reduced to three by Wave E).

Cohort 2 consisted of **40** veterans claiming UC (interviewed April–November 2021 for Wave A). The purpose of this new recruitment was to boost the sample in

response to some of the attrition we had experienced from our original cohort and to increase the number of participants who were claiming UC, given its significance in replacing the main out-of-work benefits and tax credits. We interviewed **34** participants from the new cohort at Wave B (June–October 2022) and **27** participants in our third and final wave (Wave C, March–November 2023).

All participants were recruited through a process of purposive non-random sampling²³ via a range of organisations. These organisations included armed forces charities, other third-sector organisations, Armed Forces and Veterans Breakfast Clubs, local authorities, churches and accommodation providers. Cohort 1 were recruited from four main geographical areas in England (the North West, North East, London and Yorkshire), reflecting a diversity of areas in terms of proportions of armed forces service leavers but also pragmatically relating to maximising the available travel resources for fieldwork.

Our project was designed pre-Covid-19, and face-to-face interviewing was our main approach pre-pandemic. However, as in many other research projects, the pandemic required adaptation to our methods and approaches. More specifically, it required us to move to telephone and video calls for our follow-up interviews with Cohort 1 and all interviews with Cohort 2. However, regarding the recruitment of Cohort 2, the use of remote interviews enabled participation of veterans from a wider range of geographical areas, including a small number of veterans from Scotland (six participants) and one from Wales. Although the pandemic restrictions were removed in 2021, we primarily continued with telephone or online interview methods as they gave greater flexibility in terms of participant availability.

For both cohorts, the Wave A interviews acted as a baseline, enabling us to establish a comprehensive picture of veterans' experiences of the benefits system up to that point but set within the context of other aspects of their lives, e.g., education and employment experiences, financial situation, health (mental and physical), housing and relationships. At the Wave A interviews, participants were asked for their permission to be recontacted to take part in a follow-up interview. The subsequent waves of follow-up interviews then focused on exploring what had happened with participants in relation to their benefit claims, any movements into and out of work and their wider health and wellbeing since the previous interview.

20 Scullion, L., Dwyer, P., Jones, K., Martin, P. and Hynes, C. (2018) Sanctions, Support & Service Leavers: Social security benefits, welfare conditionality and transitions from military to civilian life: First-wave findings, online at: <https://www.fim-trust.org/wp-content/uploads/sanctions-support-service-leavers-first-wave.pdf>; Scullion, L., Dwyer, P., Jones, K., Martin, P. and Hynes, C. (2019) Sanctions, Support & Service Leavers: Final Report, online at: <https://www.fim-trust.org/wp-content/uploads/sanctions-support-service-leavers-final-report.pdf>.

21 Neale, B. and Flowerdew, J. (2003) 'Time, texture and childhood: the contours of longitudinal qualitative research', *International Journal of Social Research Methodology*, 6(3): 189–199.

22 There was a longer period between the Wave B and Wave C interviews due to the onset of the Covid-19 pandemic, which impacted on access to our participants and on research team capacity.

23 Mason, J. (2002) *Qualitative researching*. London: Sage.

Overall, our project included **108 veterans**, with **298 interviews (197 with Cohort 1 and 101 with Cohort 2)** carried out across the various waves. This represents a substantive dataset that captures various aspects of claiming benefits (e.g., application processes, benefits assessments, conditionality, interactions with the DWP and intersections between benefits and armed forces compensation) during a period of substantive welfare reform.

Most participants were male, with just four female veterans included in the sample. The sample ranged in age from 18 to 65 (at first interview). The majority had served in the British Army, although the sample did include those who had served in the Royal Air Force or Royal Navy, as well as a small number of Reservists (either following full-time service or who were called up for extended periods away from a civilian job). Regarding length of time in the armed forces, the sample was diverse in terms of inclusion of early service leavers (i.e., those who had served for less than four years) and those who had served for more substantial periods (i.e., 10+ years).

Detailed information about our veteran sample is shown in Appendix 2. This includes two tables: Table 1 provides background demographic information (e.g., age and gender), as well as data on veterans' service (length of time; branch of the armed forces). Table 2 outlines veterans' benefit histories while engaged with the research, as well as details of any armed-forces-specific payments they were receiving, e.g., War Pension or Armed Forces Compensation Scheme (AFCS) payments. Chapter 3 also provides further details about our sample and the background to our participants.

2.2 Consultation with policy and practice stakeholders

Throughout our project, policy and practice stakeholders have also been consulted alongside our repeat interviews with veterans. Across the lifetime of the project, we have consulted with **72 stakeholders** representing various relevant organisations. These stakeholder consultations have involved two methods.

Firstly, we undertook **20** individual interviews with representatives from a diverse range of statutory and third-sector organisations. These were conducted either face to face or by telephone and primarily took place during the earlier phase of the project (2017–2019).

Secondly, we convened a series of focus groups with different stakeholder groups, as follows:

Armed forces support organisations: As part of the continuation project, we carried out five focus groups (2022–2023) with statutory and charitable organisations. A total of **23** participants were included in the focus groups. These discussions focused on understanding the benefits-related issues that organisations were supporting veterans with. Each focus group lasted approximately one hour and was carried out online via MS Teams.

DWP: We have had positive engagement with the DWP throughout the lifetime of the project. In the original project (2017–2019), we carried out three focus groups covering the main geographical areas of the fieldwork (North East, North West and London) with **15** participants, primarily DWP AFCs or those leading on armed forces support within individual Jobcentre Plus (JCP) offices. These focus groups explored participants' roles in relation to the armed forces community and how they approached providing support, as well as discussing the key issues veterans faced with the benefits system. With the continuation of the project, three additional focus groups were undertaken (February–March 2023) with **nine** participants. Again, these were primarily DWP AFCs but also included some of the new DWP Armed Forces Leads. Like the earlier focus groups, these discussions explored the key issues participants felt that veterans were facing in the benefits system and the support that was being provided. However, we were also able to explore how the support participants were providing had evolved since the enhancement of the role and the introduction of the Armed Forces Leads.

HCPs: We also carried out a focus group with five HCPs working for the CHDA – one of the private providers contracted by the DWP to undertake functional health assessments for benefits²⁴. The focus group took place in May 2023 after a significant period of negotiating access. The focus group explored the HCPs' roles within the assessment process, their experience of working with veterans, their perceptions of the challenges that veterans can face with assessments, and the challenges they face as HCPs in supporting veterans. Although the sample was small, the inclusion of these HCPs provided a unique, often-unheard perspective.

2.3 Analysis and outputs

The interviews (with both veterans and policy/practice stakeholders) and focus groups were audio recorded, with permission from the participants, and transcribed verbatim. The data were analysed using a comprehensive thematic coding framework, assisted by a qualitative data analysis software package (QSR NVivo). Regarding our QLR with veterans, this report draws upon cross-sectional and repeat cross-sectional analysis²⁵ to enable exploration of specific experiences or issues over time. Thematic

²⁴ The DWP currently contracts with three providers to undertake functional health assessments for benefits. We approached all three providers to invite participation in the research; only one provider (CHDA) was willing to engage with our project. One provider did not respond to our request (despite repeated attempts to talk to someone about the research), and one met with us for an initial conversation about our proposed consultation and then subsequently declined participation.

²⁵ Lewis, J. (2007) 'Analysing Qualitative Longitudinal Research in Evaluations', *Social Policy and Society*, 6(4): 545–556.

coding was carried out for each wave of interviews, enabling comparison within and between cases over time. Pen pictures also enabled the development of rich case histories that could be tracked for each participant to provide illustrative case examples.

2.4 Note on ethics

Our project received ethical approval from the School of Health and Society Research Ethics Panel at the University of Salford and complied with the ethical governance procedures at the University of Salford. To ensure the anonymity of our participants (both veterans and policy/practice stakeholders), all identifying information (e.g., names, geographical locations and job

Over the lifetime of the research, we have produced a total of **15 outputs**: five project reports, five peer-reviewed journal articles, two briefing papers, two graphic novels and one book chapter. The full list of project outputs, including links to access them, is included in Appendix 1.

roles) has been removed, and each participant has been given an identifier code. For our veteran participants, this identifier includes the benefit they were claiming, which cohort they were part of, and the wave of interviews (e.g., 'Veteran claiming UC, Cohort 2, Wave A').

2.5 Note on the images used in this report

From the outset of our project, we wanted to use creative approaches for disseminating our research findings alongside the more traditional report format. As such, across the lifetime of the project we have worked with illustrators. In the first phase of the research, we commissioned two Graphic Design students (Isabel Dane and Dylan Worthington) in the School of Arts and Media at the University of Salford to produce a graphic novel from anonymised excerpts of our interviews. This graphic novel was called *Navigating a Different Minefield* and was published in 2019.

As the second phase of our project got under way, we recruited professional digital illustrator Andrea Motta (a University of Salford graduate) to produce a follow-up graphic novel. Using a composite of some of the experiences of veterans in our research, Andrea developed a detailed graphic story that tells the story of a fictional veteran's experiences of navigating the benefits system. Although the veteran in the story is fictional, the issues raised are directly inspired by the real-life experiences from across our sample.

This report includes a range of Andrea's images.

Please note that in the chapters that follow a small number of quotes from participants may include explicit language.



3. Background to our participants

Before we look at participants' experiences of interacting with the benefits system, it is important to situate their interactions within the context of their lives and wider experiences. This chapter therefore presents background information about the 108 veterans who participated in our study, providing an overview of reasons for leaving the armed forces; experiences of mental and physical ill health; family and relationships; housing and homelessness; financial circumstances; and post-service employment. This chapter helps us to understand the complexity of many participants' lives as they moved into, and through, the social security benefits system.

3.1 Reasons for leaving the armed forces

Most of our sample had joined the armed forces immediately or shortly after leaving school. While a multiplicity of factors coming together could sometimes prompt a departure from the armed forces, seven broad categories emerged. Twenty-nine out of the 108 participants (27%) cited 'family reasons' as the primary motivation, which included starting a new relationship, having relationship difficulties/breakdown, the birth of a child or wishing to spend more time with children and/or partner. A further 24 (22%) had been medically discharged from service. These were the largest single categories and together accounted for just over half the sample. However, a range of other reasons were also given. Fourteen (13%) indicated they had been seeking a different challenge, including wanting a new career. Four indicated that a lack of promotion prospects had been behind their decision to leave, seven had been made redundant (usually during periods of defence budget cuts) and six had reached the end of their agreed term of service. In addition, seven had been compulsorily discharged, mainly for perpetrating assaults or drug/alcohol use.

3.2 Mental and physical health

Overall, 90 out of the 108 participants (83%) stated they had a mental health condition (at the time of their first-wave interviews); 74 of these veterans attributed some or all their ill health to their time in service. PTSD, anxiety and depression were mentioned most frequently and were often described as manifesting in symptoms such as hypervigilance, anger and difficulties with memory. A small number of participants had been detained under a section of the Mental Health Act (2007) or had spent time in

a mental health facility since leaving the armed forces. Just under a third of those with PTSD or other persistent mental ill health had been deployed to combat zones (34 participants), which is known to present a higher risk for mental ill health and addiction²⁶. It was evident that many participants had not received a formal diagnosis of their mental ill health until many years after leaving service and so spent periods of time unaware that their behaviour was linked to psychological traumas that had either derived from their time in the forces or been aggravated by it:

I've been ill for about four years. It all stems from my time in the forces... I certainly had problems when I was in the forces, and that was just swept under the table in those days... Then lots of things came together at once, and I had – I suppose a few years ago would have been called a breakdown. (Veteran claiming UC, Cohort 2, Wave A)

14, 15 years from coming out of the Army, I was fine. I was busy. I was fine. It was just the divorce. It wasn't a messy divorce or anything, but I think it was just a lot of things happened... and everything kind of went a bad way; including that was my marriage as well... It was just a bad time. Then I started having panic attacks and nightmares and didn't know what was wrong with me. I went to the doctors... I was diagnosed with PTSD, and I am still now doing treatment and therapy for PTSD. (Veteran claiming UC, Cohort 2, Wave A)

Although many participants attributed trauma and mental ill health to their service, it is essential to acknowledge the presence of longer-term trauma that was unrelated to service. As such, in our participants' accounts there was sometimes a complex interplay of pre-existing issues relating to adverse childhood experiences²⁷, trauma exposure during service in the armed forces, and post-service adverse events that negatively affected participants' ongoing mental health. Indeed, 19 participants (18%) alluded to pre-forces trauma, often involving experiences of abuse and neglect as children²⁸:

There's trauma that's happened whilst I was in the services, that is, [which] affected other [things]... it actually goes right back to my childhood, from when my Mum and Dad split up, and I started to remember things that I obviously didn't want to remember. (Veteran claiming UC, Cohort 2, Wave A)

My Dad strangled me unconscious 28 days after my 16th birthday, and I was put into supported lodgings and then homeless hostels and things like that. (Veteran claiming ESA29, Cohort 2, Wave A)

²⁶ Rhead, R., MacManus, D., Jones, M., Greenberg, N., Fear, N.T. and Goodwin, L. (2022) 'Mental health disorders and alcohol misuse among UK military veterans and the general population: a comparison study', *Psychological Medicine*, 52(2): 292–302. DOI: 10.1017/S0033291720001944

²⁷ Iversen, A.C., Fear, N.T., Simonoff, E., Hull, L., Horn, O., Greenberg, N., Hotopf, M., Rona, R. and Wessely, S. (2007) 'Influence of childhood adversity on health among male UK military personnel', *British Journal of Psychiatry*, 191(6): 506–511.

²⁸ The link between adverse childhood experiences and PTSD in military personnel has been identified in research (see, for example, Ross, J., Armour, C. and Murphy, D. [2022] 'Childhood adversities in UK treatment-seeking military veterans', *BMJ Military Health*, 168(1): 43–48).

²⁹ This participant was in the process of being moved from ESA to UC at the time of this first interview.

Interactions with the criminal justice system featured within a number of accounts, with 22 participants (20%) indicating that they had served a custodial sentence post-service but also others with experiences of arrest with non-custodial outcomes. Alcohol/drug misuse also featured within the accounts of a third of our participants (37/33%) and was often presented as a coping mechanism for mental ill health issues, including those relating to adverse childhood experiences:

Well, my addiction problems had got too much for me to go to work. It was costing me too much money. I had a relationship breakdown, and I'd just had enough, basically... I was a serious addict; I was addicted to heroin... I'm clean now... I just had a very harsh upbringing. I was brought up in a very violent atmosphere, mistreated as a child... which affected me mentally, and then, unfortunately, I wanted to change how I felt. (Veteran claiming UC, Cohort 2, Wave A)

However, with reference to alcohol use specifically, it was also described as a product of the workplace culture in the armed forces.

It was evident through the longitudinal nature of our project that participants' mental ill health could fluctuate over time, with veterans sometimes describing different levels of ill health at different waves. In a small number of cases, participants had experienced significant mental health crises during the span of their engagement with the research. One veteran, for example, described a suicide attempt in between two waves of interviews. In his account, it was clear that both he and his partner were experiencing significant challenges:

Interviewer: How have you been since we last spoke?
 Veteran: Not well. I tried to commit suicide two months ago... I had a period of not feeling too bad since, once I got over the initial horrible bit, but my girlfriend is pregnant. She had her child taken into care because of her own mental health problems, and it's looking like the same is going to happen this time. It's highly likely I'll probably never meet the child. Trying to find reasons to stay alive, you know? (Veteran claiming UC, Cohort 2, Wave B)

As the project spanned the period of the Covid-19 pandemic, it was also clear that the national lockdown measures had impacted on some participants' mental ill health as they faced isolation and the physical closure of charities and support organisations that they were accessing.

It was also common for participants to describe having multiple health issues, including a mix of both mental and physical health impairments. Chronic/persistent physical ill health affected over half of the sample (55 participants/51%). Over two-thirds stated their health issues were derived from service, whether specific incidents or general wear and tear.

3.3 Family and relationships

Across the sample, it was evident that there were many complex family and relationship situations. Although relationships and family were often the main reason for leaving the armed forces, a significant number of participants (70/65%) experienced the breakdown of a long-term intimate partner relationship after leaving service. For some, separation happened relatively quickly after leaving:

[I] was with a lass at the time, and we wanted to start a family and things, which never worked out. As I said, it [Army life] wasn't suited for us at the time. It was causing problems. I didn't want to leave her, so I just got a job outside... came out of the Army. We only lived together for six months, and it just went down the pan. (Veteran claiming UC, Cohort 2, Wave A)

Overall, relationship breakdown was attributed to difficulties in adjusting to civilian life as a couple when much time had previously been spent apart but had also been due to the impact of mental ill health. One veteran described how he and his long-term partner had separated very shortly after getting married:

Eight weeks after [we] married, the wife said she couldn't cope with the PTSD and everything anymore. She left. (Veteran claiming UC, Cohort 2, Wave A)

He went on to explain that his ex-wife had repeatedly asked him to seek support, which he eventually did. However, it was too late for the relationship. At the time of his first interview, he stated that his parents were helping him out financially. His case was not unique; many others described relying on parents, or even grandparents, for support.

The longitudinal nature of our project meant that some relationships came to an end during the lifetime of the research. Again, this often related to the impact of mental ill health. For example, one participant described how his girlfriend had alerted him to the signs of PTSD after he left service in 2019. However, unfortunately by his second interview the impact of his mental health had led to a breakup, which in turn further impacted on his wellbeing:

I've gone back down to rock bottom again. I was up there, then I'm back down. This year, I lost my girlfriend as well. I'm not with her anymore. (Veteran claiming UC, Cohort 2, Wave B)

A large proportion of participants had children. However, it was evident that a routine consequence of relationship breakdown was also estrangement from children. As such, some participants talked about having little or no contact with their children. Some referred to geographical separation from their children, with financial circumstances sometimes making it difficult for routine visits. A small number had experienced improved or increased contact with their children over the course of the research, often where their health condition, housing situation or addiction issues had stabilised and/or improved over that period.

In addition to discussions of fractured relationships with partners, spouses and children, it was notable how common the breakdown of relationships with other close family members was mentioned by participants. There were numerous cases of family breakdown before and after service. In some cases, this was linked to the ongoing impact of adverse childhood experiences, with complex family relationships continuing post-service. For example, one veteran described how on leaving the armed forces *'my Mum wouldn't let me back at home, so, yes, I just ended up living on the streets'* (Veteran claiming UC, Cohort 2, Wave A).

Although there were many participants who experienced fractured family relationships, it was also evident that many were reliant on spouses, partners, parents and other family members who provided care but also support with managing finances, as one veteran described:

If it wasn't for the good graces of my parents... I wouldn't have kept on to the flat... I'd have been homeless by now. (Veteran claiming UC, Cohort 2, Wave A)

The support of spouses and other family members was also essential for some in supporting with benefits processes, including the completion of benefits applications, supporting with digital processes (e.g., the UC journal) and accompanying them to appointments at JCP or benefits assessments (see the case study of 'Lorna' in Chapter 4).

3.4 Housing and homelessness

Perhaps unsurprisingly, given the experiences of mental ill health and the breakdown of family and relationships described above, experiences of homelessness at some point after leaving the armed forces featured in over a third of cases (39 veterans/36%). Homelessness immediately after leaving service was rare; the most common direct cause was relationship breakdown (which itself was often related to mental ill health, as above). When first interviewed, 36 participants were living in veteran-specific supported accommodation, although others mentioned that they had previously lived in such facilities. Almost all of those we first encountered in this type of accommodation and who we were able to maintain contact with over subsequent waves of interviews moved on to maintain their own properties, whether privately rented, shared ownership or social housing. However, four participants remained in veterans' supported accommodation across all waves of interviews (one of these moved into such a facility at the second interview and remained there for the rest of the study).

It was evident that support provided by armed forces charities and local authorities played a crucial role in facilitating participants' access to accommodation. This was important not only for offering people a route out of homelessness but also in supporting them to maintain tenancies. In some cases, it was clear that local authorities had responded to their commitments under the Armed Forces Covenant and identified people as priority need. For example, one veteran described initially being 'turned down' for social housing. He had subsequently complained to the local Mayor about accommodation support for veterans, following which the local authority Armed Forces Covenant Officer had facilitated his access to a property:

She said, 'Right, leave it with me', and, I swear to God, the very next day the council phoned me up, and he said, '[name of veteran], we've got a two-bedroomed house for you if you want it.' (Veteran claiming UC, Cohort 2, Wave A)

Our subsequent waves of interviews found that he was still residing in the same property. There were several examples in our interviews where local authorities, responding to their duty to the Armed Forces Covenant, had facilitated people to access accommodation (whether within their housing stock or in veteran-specific housing elsewhere)³⁰. A small number of participants also referred to being supported by the Veterans' Nomination Scheme (VNS)³¹. For example, one participant described how he had been 'squatting'. With the assistance of an armed forces charity, he had been allocated a property via the VNS with a six-year tenancy, which he had maintained throughout the lifetime of our study. The stability of his accommodation had supported improvements in his mental health:

I was living with 20 other people in a church, in an old church... so it wasn't very good for my mental health, and eventually we were all evicted... I think this flat has provided a massive move in the right direction for me in terms of my mental health... I feel like this has given me a chance. (Veteran claiming ESA, Cohort 1, Wave A)

3.5 Financial circumstances

Experiences of periods of financial insecurity were evident in several accounts, with participants describing struggling to manage on their current income, referring to debts (e.g., credit cards and loans, including UC advance payment loans), arrears (e.g., rent, Council Tax and utility arrears), Debt Relief Orders and court fines. Additionally, 30 participants (28%) referred to experiencing food insecurity at some point during their interactions with the benefits system, describing needing to access emergency

30 Housing is one of the functions covered by the general duty of the Armed Forces Act (2021) to have due regard to the Armed Forces Covenant principles. See: <https://www.armedforcescovenant.gov.uk/covenant-legal-duty/>

31 The Veterans' Nomination Scheme helps find affordable accommodation for veterans across the country, particularly those who are single or those in a couple but without children, who might otherwise find it difficult to access local authority accommodation. For further information see: <https://www.stoll.org.uk/housing/vns/>

food provision (e.g., a food bank or food parcel). As above, some had been, or were being, supported financially by family:

Yes, just basically sometimes a bit of a sub off my Mum and stuff to, like, just buy some shopping. (Veteran claiming UC, Cohort 2, Wave B)

As the project was longitudinal, it was clear that the cost-of-living crisis had impacted on some of our participants. While some had been able to access financial support through armed forces charities –

I'm in debt with the Department of Work and Pensions. I'm behind on rent. I'm behind on gas and electric. I'm trying to chip away at them as well... I suppose, luckily enough, during the cost-of-living there was a government grant that was brought out for veterans and things like that. It was a cost-of-living grant. It was through [an armed forces charity]. So, I did speak to them... they managed to secure us a £600 grant, which has helped chip down at my arrears with my gas and electric. (Veteran claiming UC, Cohort 2, Wave C)

– for others, it was evident that they were making difficult choices about how to spend their limited income. One veteran, for example, had moved from benefits into low-paid employment during our research. Despite signing off UC, he had significant arrears from the UC advance payment loan³² he had taken out, plus Council Tax debts, which amounted to around £2,000 at the third interview. These were being taken out of his salary at source. After being advised by an armed forces charity to research any other payments he might be entitled to, he had contacted the DWP to see if he could re-open his claim (as an in-work claimant) but had been informed he was earning too much to be eligible.

He described how the combined impacts of his low income and the cost-of-living crisis required decisions around prioritisation, which sometimes impacted on his ability to buy medication:

Obviously, due to everything like inflation and the cost of living and everything, I haven't been able to make the payments for my prescriptions for the medication. So, obviously, I've been struggling with my mental health again... I am working, but the wage that I get, by the time you've paid your bills and everything else, and what you've got left is, you've got to make a choice: do I buy food, or do I buy medication? Sometimes I need to buy clothing. You just weigh up: what's more important at that time? (Veteran claiming UC, Cohort 2, Wave C)

Although it was clear that participants struggled financially because of the low income that benefits provided, from administrative errors in their benefits, and through challenges during the assessment period for the first payment of UC (sometimes referred to as the 'five-week

wait'), it is important to note that there were also cases where people indicated that they had made poor financial decisions or showed limited financial management skills. For some, this was attributed to lack of experience at managing financial matters during their service. As one veteran highlighted:

Until I came out of the forces, I never had to do anything. I never had to go shopping. I came out of the Army, think I was into work straight away. I didn't have a clue how to shop, anything to do with houses, paying bills. I was absolutely useless, and that's probably why I'm in a bit of debt. (Veteran claiming ESA, Cohort 1, Wave B)

For others, this related to how they had managed their finances during periods of mental ill health. For one veteran, this now impacted on him in later life as he struggled financially as he moved towards retirement:

I'm 62 this year. So, I'm actually coming towards the end of my working life... So, I'm looking at more of what I'm going to do, because of the way I've been, I've lost everything... I'm living in a rented house that most of the furniture... was bought by [an armed forces charity]... I don't actually have anything. I don't have any pensions, because when I was ill I managed to get hold of all my pension money, and I've spent all that. So, I'm now sort of looking at what I'm going to do in the future... I might be looking to going back to sort of living in a caravan. (Veteran claiming UC, Cohort 2, Wave C)

3.6 Experiences in the civilian labour market

Most participants indicated that they had had little employment experience before joining the armed forces. Although some had had brief periods of employment after leaving school, typically in manual labour roles, the majority had joined the armed forces either immediately or shortly after finishing school. Many had left formal education at the earliest opportunity, around age 16, with minimal or no qualifications. Indeed, nearly half of the sample (51 participants/47%) described poor educational attainment prior to service. However, it was evident that the armed forces had offered subsequent opportunities for undertaking various training courses and gaining qualifications. As is widely acknowledged in existing research³³, some participants referred to the lack of transferability of the qualifications and skills that they had gained in the armed forces, or a lack of recognition of those skills, as a barrier when trying to access employment.

Security work was frequently mentioned by participants, as was commercial driving. This was seen among both those who had transitioned many years earlier and those who had left more recently. To some extent, this is likely to

³² When claiming UC, there is an assessment period before the first payment is made. This has often been referred to as the 'five-week wait'. During that period, claimants can take out an advance, which then must be repaid (by instalments) when their benefit payments subsequently start.

³³ Fisher, N., Newell, K., Barnes, S.-A., Owen, D. and Lyolette, C. (2021) Longer-Term Employment Outcomes of Ex-Service Personnel, online at: https://s31949.pcdn.co/wp-content/uploads/Longer-Term-Employment-Outcomes_FINAL.pdf

reflect the characteristics of the sample: many had either been frontline infantry or had served in logistics roles in the armed forces.

A small number of participants felt that there were sometimes stereotypes around veterans that punctuated their experiences when trying to find employment. One participant, for example, described this issue with reference to inappropriate questioning during a job interview he had attended:

I went for a job interview once, and he said, 'Are you suffering from PTSD, any mental things from your service?' I went, 'Nothing that I know of, no.' (Veteran claiming ESA, Cohort 1, Wave A)

Another participant felt this stereotyping was sometimes present in the employment support offered by the DWP, which appeared to steer them towards specific sectors:

'Can you stand over there and check a pass?' 'I think I can, yes.' That's it; that's all they do. They've got no imagination about anything else. They're ticking boxes. They want to get people off to work as quick as possible. So, that's what they would [do], 'Right, army: security', and that's it. (Veteran claiming UC, Cohort 1, Wave A)

Overall, participants' health (particularly mental health) and the complex needs they experienced (as highlighted above) impacted on their ability to sustain employment. Indeed, as we highlighted in our earlier report³⁴, most veterans had not faced difficulty in finding work after leaving the armed forces; rather, the challenge had been sustaining employment. Across numerous accounts, we noted the frequency of multiple short-term roles and experiences of occupational disciplinary procedures and dismissal. Disputes with colleagues had occurred frequently, and there had been multiple examples of misunderstandings, confrontations and even physical altercations with civilian colleagues. One participant described how his direct manner (which was something he noted as being part of the military approach) '*upset a lot of people... This is a common theme that I keep having with civilian work settings*' (Veteran claiming UC, Cohort 2, Wave A). There were also cases where characteristics associated with

military culture³⁵ had interacted with health issues to contribute to veterans' employment dismissal because their 'stoicism' or 'resilience' meant they had attempted to hide the problems that they were experiencing. For example, one veteran described how he had lost a high-paying role through absenteeism instead of discussing his mental health issues with his managers. On the other hand, others noted the challenge of divulging mental ill health to employers: '*you couldn't go and tell an employer you've got PTSD, you know, because you wouldn't get a job*' (Veteran claiming UC, Cohort 1, Wave A). As such, many participants recognised the need to focus on addressing their ill health before moving into work. As one participant described:

I've got my driving licence, CSCS card and everything... I've had a load of jobs, and, basically, because of my anxiety, I end up losing my jobs, hence why I just need to take a step back and get myself sorted before I jump back in. (Veteran claiming UC, Cohort 2, Wave A)

It is worth noting that 32 veterans had not worked for many years and did not rejoin the labour market during the lifetime of our study, and many of them believed they were unlikely to do so again. Some of those were nearing retirement, while others felt that their mental and/or physical health conditions would prevent future employment.

3.7 Summary

This chapter provides some background to our participants, including reasons for leaving the armed forces, family and relationship circumstances, financial circumstances, accommodation experiences and mental and physical health. It was evident that health conditions posed challenges in many areas of participants' lives, including securing and maintaining work. Conditions such as PTSD and depression (related to military service but also, in some cases, combined with adverse childhood experiences) negatively impacted many veterans' ability to stay employed and strained relationships with spouses and family members. It was evident that many participants' health impairments had necessitated their benefit claims.

³⁴ Scullion et al. (2019) op cit.

³⁵ Dolan, G., McCauley, M. and Murphy, D. (2022) 'Factors Influencing the Salience of Military/Veteran Identity Post Discharge: A Scoping Review', *Journal of Veterans Studies*, 8(1): 231–246. DOI: <https://doi.org/10.21061/jvs.v8i1.333>



4. Navigating the complicated landscape of financial support

As highlighted in Chapter 1, the findings of this report are structured around three key issues that emerged as central to veterans' experiences of the benefits system: benefits assessments, managing conditionality and interactions with DWP AFCs. However, before we turn to those issues, it is important to highlight the overall challenges that could be presented when veterans were trying to navigate a complex system.

4.1 Managing complexity over time

As highlighted in Chapter 3, the transition from employment to social security benefits occurred for various reasons. Although some participants needed to claim benefits due to circumstances such as losing their job or the end of a fixed-term contract, a more common scenario among our participants was the need to claim benefits due to mental or physical ill health, which hindered their ability to enter and/or sustain employment.

Familiarity with the benefits system varied throughout our sample, with a split between newcomers and those with some experience of previous benefit claims, although often many years earlier. For those who were new to the system, the initial experience of claiming could represent a jarring aspect of their transition, particularly when moving from earning a wage within the armed forces or civilian employment to managing a benefit claim in civilian life. Regardless of prior experience, participants commonly faced challenges in navigating the benefits system from the outset of the claim. This stemmed from the complexity of determining entitlements, with eligibility criteria seen as ambiguous or unclear:

It's like they put the needle in the haystack of needles and said, 'Off you go, here's your metal detector', which is just picking up the stack of needles!... it's like it's all hidden, like we've got this secret pot of money that you may or may not be entitled to, and we're not going to tell you. You have to figure it out yourself, and after all the years I have put into taxes and income taxes... it's almost like this is my money that I should be able to access, and you're making me beg. (Veteran claiming UC, Cohort 1, Wave A)

I don't understand the whole system. I do not understand it, and this is where I think the biggest [problem] is... 'Right, yes, I'd like to claim unemployment, please.' 'Why?' 'Well, because I'm unemployed.' 'Yes, and?'. and I'll say, 'I've worked all my life. I was in the Army.' 'Yes, what are you going to claim for then?' 'Well, I don't know. I've never claimed it.' 'Well, you've got to tell me one or the other.' 'What about this one? I don't know the names of them.' One's income-based or something, and another one's something else, and I'll say, 'Well, I don't know...' 'Well, you've got to tell me one or I'll have to put the phone down and we can't have this interview.' (Veteran claiming ESA, Cohort 1, Wave A).

The support provided by armed forces charities was significant in helping people navigate their access and eligibility. In one of our earlier interviews, for example, one veteran described that he had only managed to gain access to the full range of financial support that he was eligible for following the long-term, concerted effort of the armed forces charities and ex-services communities that were supporting him:

I don't think the benefit system contact people enough to let them know all the funds, all the facilities, the options that are available to people. I think you have to go digging to different communities, different people to find out what really could be on offer and available to anyone. (Veteran claiming ESA, Cohort 1, Wave A)

The complexity of the benefits system is a well-acknowledged issue³⁶. However, for some veterans, difficulties in understanding the workings of the benefits system were seen as part of a wider issue around lower levels of financial literacy, which they perceived was sometimes a product of service life (as referred to in Chapter 3). As one participant stated:

We don't know what to expect. I did not know about [benefits] until it was mentioned to me, so we are not savvy to what the rest of the population are in terms of – we get handed a pay statement on monthly basis and a P60 at the end of the year. Probably never even looked at. Some of them probably never even opened them. That's the height of knowing about your finances. (Veteran recently claiming JSA but moved into full-time study, Cohort 1, Wave A)

This overall sense of confusion around the benefits system was not just confined to initial experiences of accessing benefits but could recur at different time points over the period of claiming. This was specifically the case where there were movements between different benefit categories relating to changes in people's health conditions or circumstances (see also Chapters 5 and 6). However, there were also movements from the legacy benefits system (e.g., ESA and JSA) to UC as part of the 'managed migration' of claimants following the implementation of UC. The number of participants who experienced this move was small, but, nonetheless, the experience was described as challenging. Our earlier report³⁷ flagged up issues relating to the waiting period for the first payment, reductions or deductions in payments, and issues around moving to an online system. More recent interviews suggested that movement to UC could still be confusing if not managed appropriately. For example, one veteran described how he had not been notified that he needed to move to UC and had only realised when his JSA payments had stopped:

³⁶ See, for example, Harris, N. (2013) *Law in a Complex State: Complexity in the Law and Structure of Welfare*, Bloomsbury; Royston, S. (2017) *Broken Benefits: What's Gone Wrong with Welfare Reform*, Bristol: Policy Press.

³⁷ Scullion et al. (2019) op cit.

It was actually when I went into the Jobcentre, because on the day when I went in I was actually due to get my Jobseeker's Allowance, and I didn't get paid. I went in and I said, 'Look, I haven't received my Jobseeker's Allowance.' They said, 'You need to change on to Universal Credit.' I was like, 'Where do I do that?' 'Oh, here.' They stuck me on this computer. I didn't have a clue what I was doing. I was trying to say to the people in there, 'You're going to have to help me. I just haven't got a clue.' They were a little bit put out, but, at the end of the day, that's their job. Somebody did come and help me eventually, and I think I didn't get anything, even Jobseeker's Allowance, I didn't get anything for nearly eight weeks. (Veteran claiming UC, Cohort 2, Wave A)

Alongside the complexity outlined above, those claiming UC have also experienced the introduction of a digital interface³⁸, where communication is primarily conducted through an online portal. For veterans with less complicated circumstances or those requiring minimal contact with the DWP, this interface could work well. As one veteran highlighted:

The journal's actually quite good, to be honest... Just as and when they leave a message on, I'll reply to it. If I get told to go and read a message, then I go on. Then I'll read the message, and then I'll reply to it. It's just whenever that happens, basically. (Veteran claiming UC, Cohort 2, Wave A)

However, when enquiries related to more complex needs or where more explanation was needed, it was evident that this form of contact could be inadequate:

I'd put a message on just the journal, just, 'Please can you give me some advice on whatever?', but up to this point I haven't, other than the PIP, and they haven't really come back on that either. (Veteran claiming UC, Cohort 2, Wave A)

This form of communication could make it harder for some veterans to communicate their needs. Another veteran, for example, commented that he '*wouldn't even know where to begin to even tell them*' (Veteran claiming UC, Cohort 2, Wave C) about his physical disabilities using the online platform. This again meant that armed forces charities and DWP AFCs were vital in supporting veteran claimants to communicate their needs.

4.2 Interactions between benefits and armed forces compensation payments

Linked to the complexities described above, it was evident that these challenges multiply when veterans are simultaneously navigating the complex landscape of mainstream benefits and armed-forces-related payments, i.e., AFCS or War Pension Scheme (WPS) payments. Other research we have carried out focuses on experiences of those leaving service with physical injuries/conditions³⁹, and we have illustrated how benefits and armed-forces-related payments intersect negatively and cause confusion. A report published by the RBL⁴⁰ provides an overview of how AFCS and WPS payments are treated within different mainstream benefits and where disregards may apply. Their report recommends that 'injured veterans are not forced to give up compensation payments in order to pay for support their civilian counterparts can access'⁴¹.

For both veterans and stakeholders in our research it was clear that the issue of disregards remained complex and misunderstood, leading to significant frustration but also financial difficulties for some participants. There were several veterans who described how being in receipt of armed-forces-related payments had reduced or removed eligibility for benefits:

They'll take the money off you. It's like, if I get a War Pension, which I'm entitled to, which is about £240 a month, they'll take that £240 off my dole. It's like a separate thing. They give you it in one hand and take it away from you in the other hand. So, they're not doing anything really. They're not helping... Why do I have to go through the whole procedure because of my health just to get what you're entitled to? (Veteran claiming UC, Cohort 2, Wave A)

[My mental health] got worse, 100 per cent worse, while I've been waiting for this [armed forces] pension thing to come through. They gave me enough to pay out an interim payout... [but] when they paid out that money, it wiped £300 of my benefits out... It was robbing Peter to pay Paul. (Veteran claiming ESA, Cohort 1, Wave C)

For one veteran, his struggle to initially determine eligibility and then subsequently being told that his eligibility was minimal had led to such frustration that he had chosen to disengage from the benefits system entirely. This frustration was largely because he was still expected to engage in mandatory work-focused interviews even though his benefit payment was so low (see Chapter 6 for a discussion of experiences of conditionality):

³⁸ Meers, J., Halliday, S. and Tomlinson, J. (2024) 'An 'interface first' bureaucracy: Interface design, universal credit and the digital welfare state', *Social Policy & Administration*, 1–16. <https://doi.org/10.1111/spol.13053>

³⁹ Hynes, C., Scullion, L., Lawler, C., Steel, R. and Boland, P. (2022) *Lives in Transition: Returning to civilian life with a physical injury or condition: Final report*, online at: <https://s31949.pcdn.co/wp-content/uploads/FiMT-Physical-Injury-WEB-medium.pdf>

⁴⁰ RBL (2020) *Making the benefits system fit for service: improving support for veterans with military compensation*, online at: https://storage.rblcdn.co.uk/sitefinity/docs/default-source/campaigns-policy-and-research/rbl_-making-the-benefits-system-fit-for-service-report.pdf?sfvrsn=f5f29164_2.

⁴¹ RBL (2020) op. cit., p. 41.

I processed the claim and stuff, and they started giving me £8. Then, they were ringing me up all the time, and I was having to have 45-minute-long conversations. At the end of the conversation, they'd be like, 'Yes, yes, you can still get that.' I'd be like, 'Get what? £8?' They'd be like, 'Yes, yes.' I'd be like, 'I thought this conversation was to say that I'm entitled to more.' They're like, 'No, no. You'll still get your £8.' I had a bit of a meltdown, wrote something pretty nasty on the journal saying, 'The government's responsible for suicides in veterans, and you need to do more to support veterans'... I was like, 'Cancel my claim.' They were like, 'You want us to cancel your claim?' I was like, 'Yes, yes.' (Veteran claiming UC, Cohort 2, Wave A)

Another veteran described how a lack of understanding on his part and that of the DWP had led to an overpayment of benefits, which he was now having to repay through deductions from his UC:

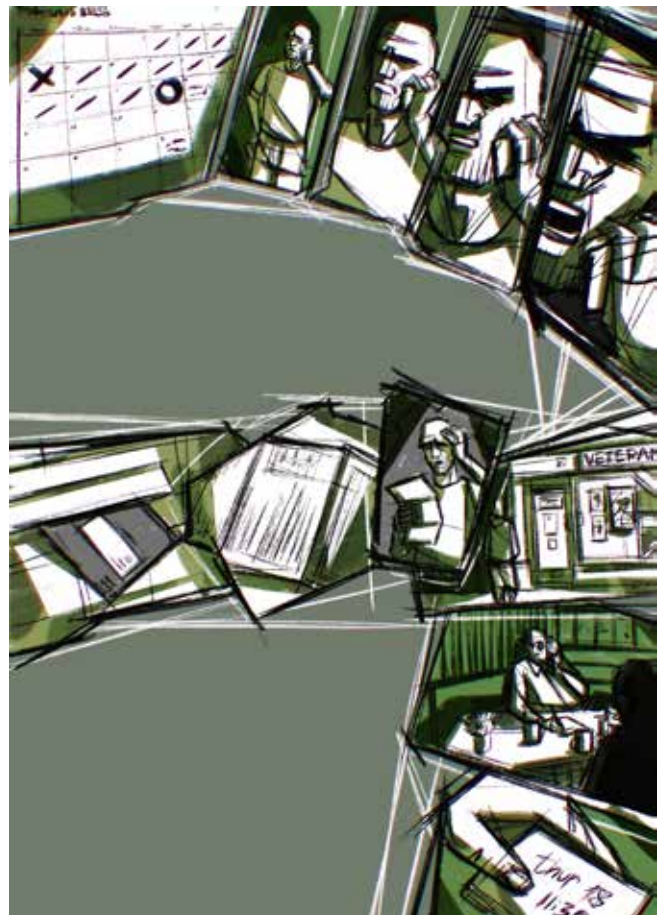
They didn't take into account my military pension, or they asked a lot that I didn't know the answer [to] but sort of guesstimate or estimated it because of my answer, and now... [I owe] £1,900 worth of money due to a wrong claim... I'm a bit stuck at the moment because £1,900 is a lot of money to pay back... they realised, due to my armed forces pension, that they overpaid us, reduced the amount. They then had two months when they didn't pay us at all, saying that we owed money, and now they've calculated that we owe them £1,900 left to pay, and they'll take that money out of our Universal Credit amount until it's paid off. (Veteran claiming UC, Cohort 2, Wave A)

The case study of 'Lorna' below is from one of our joint interviews with veterans and their partners. Lorna's account illustrates the stark reality of how complicated it is to understand the interaction between the various systems but also the significant support she had to provide for her husband to navigate the processes.

Our consultation with key stakeholders also suggested that there were varying levels of understanding about how the different payments interact amongst those who are providing support to veterans, including DWP staff. A specialist benefits advisor at an armed forces charity, for example, commented that, in their experience, some DWP AFCs still didn't have an adequate understanding of this issue:

What if somebody comes to a [DWP] Armed Forces Champ, and they put them on UC with limited capability for work, and they don't ask them if they get an award pension with their – for low standard of occupation, which overlaps. These are the basic things that you have to understand, and that is non-existent. That is just non-existent. (Armed forces charity representative)

However, our consultation with DWP AFCs suggested an awareness that the complexity of interactions between benefits and veteran-specific entitlements was a key challenge, and they described the efforts that they were making to try to address the upskilling of staff:



That is one thing that the [DWP] AFC team nationally are looking at right now. There is a pensions focus group. So, people were joining with what different experiences they have and how we can rework the Universal Credit build, or something like that, to go, 'When they click this button, then this "to do" will come up. Then they can provide that information.' Right now, say, with pensions, you wouldn't be able to go, 'I have a war disability pension.' It's, 'I have another income, and it's a pension', and it gets automatically taken into consideration... we've had thorough

upskilling sessions from Veterans UK because we were completely confused when we came into it. (DWP AFC)

The efforts made to upskill the DWP AFCs are commendable, but our research shows that veterans are interacting with a staff base much wider than just DWP AFCs. As such, there is a need to ensure consistency of understanding of how the various payments relate to, or impact on, each other across the staff base.

Spouse Case Study: 'Lorna'

We interviewed Lorna and her veteran husband on three occasions between 2017 and 2023. He had been severely injured in the Army over a decade earlier and suffered from a complex mix of long-term physical and mental health conditions. At each interview, it was Lorna who narrated the events due to the severity of her husband's condition. During our interviews, she described the significant role she played in supporting his interactions with the benefits system, health agencies and a range of other services. She was appointed as his nominated contact for many organisations, responsible for arranging medical appointments and accompanying him around the country for specialist care. This was because, as Lorna described:

He can read, but he can't take in information, so it all gets left to me, and I find a lot of these things, the things they're asking, are hard to understand what actually to put down.

It was evident that Lorna was responsible for completing all the paperwork for his PIP and ESA claim and for liaising with the MoD regarding his War Pension assessments and payments. Lorna described the frequency with which she was responding to requests for assessments and the stress that created. She also questioned whether such repeat requests were necessary when she was frequently providing evidence of the deterioration of his condition:

It's just the pure stress of having to fill out everything over again. It seems like there's no time between assessments, whether or not they'll want somebody to come out and see him again, which will be, I don't know, a nightmare. [He] also now gets the War Pensions pay part of his PIP, so his higher disability and his mobility section. Now I have to redo that again now; they're asking for an update. If I don't do that in three months they might suspend it. I've got to decide whether he's better, the same or worse than he was. I send them updates anyway as to how he's progressing, so I think they could probably see that he's not got any better. In fact, he's got more problems attributed to his original problem... I think, once you get to a certain level, maybe they should give you more time and not keep repeating, because obviously you're under so much stress with, healthcare-wise.

Lorna's account shows how complicated it is to understand the various systems. Indeed, within the context of the interview she was questioning her own understanding. She described how a proportion of her husband's War Pension had been removed at one point. Lorna appeared uncertain as to whether that had been appropriate but had decided that the stress of trying to resolve it would have been too much:

War Pensions took over some of it. No, that's PIP, isn't it? No, they did the ESA section, didn't they? They did the ESA section as well, so they pay so much ESA to [husband] now, but then... It's really overcomplicated, the whole thing. War Pension again take over, and they pay the unemployability supplement. That's what they pay. That's it. This is complicated... because War Pensions tell us that ESA shouldn't be paying [her husband] their unemployability section, because they are paying the unemployability section, but we've been told they should because they're two different things... War Pensions took over £8,000 from [him] in back payment because of the ESA, even though ESA said, 'We've still got to pay you',... because it takes time to go through the system and they had to backdate it to when [he] first applied for War Pensions. So, it went all the way back to 2015 or something, didn't it? They took about £8,000 away from him, but it was whether we were arguing the fact or just getting on with life, and we decided just to get on with life because it really wasn't worth the extra stress.

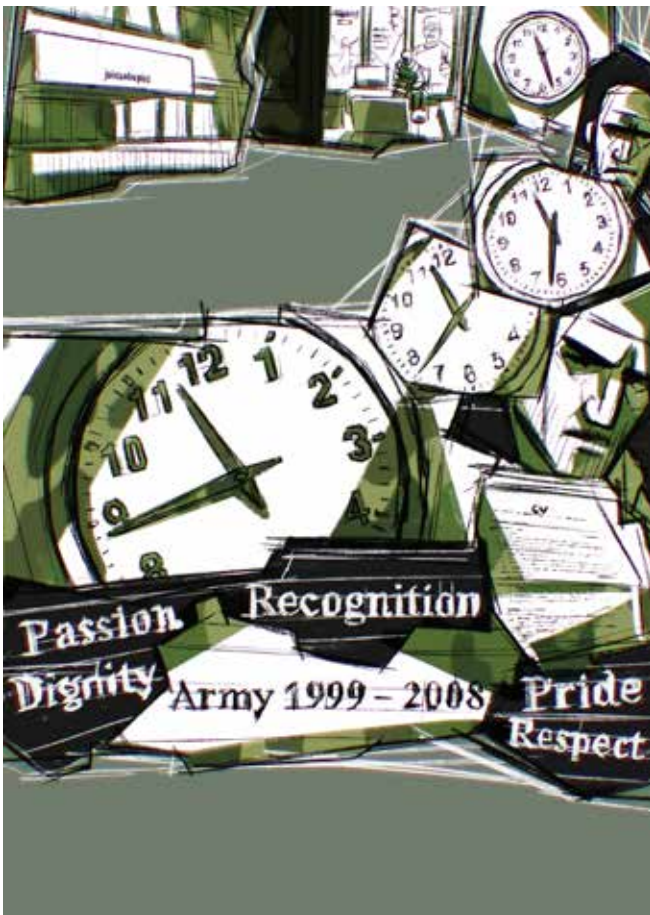
At the final interview she described how a mental health crisis had led to the police detaining her husband. After that incident, she had been required to coordinate discussions with the local mental health team, an armed forces support organisation and the criminal justice system.

It was evident that all these combined responsibilities required significant effort and emotional labour over a sustained period for Lorna: *I am his administrator, his care coordinator; I'm supposed to be his wife...*

4.3 Summary

Before we look at the three main aspects of the benefits system that were most relevant to our participants, it is important to acknowledge the overall wider complexity of the benefits. It was evident that veterans experienced challenges in understanding eligibility, which occurred not only at the initial stage of application but also over

time. However, for veterans, these challenges could be compounded by the complex interaction between benefits and the armed-forces-related payments that they were applying for or receiving. The role of armed forces charities was significant in supporting veterans to navigate this complexity.





5. Navigating benefits assessments

the result of
the assessment:

Your Universal Credit claim
Was: Capable Assessment decision

YOUR SCORE IS
ZERO



Within the social security benefits system, the Work Capability Assessment (WCA) is used by the DWP to determine eligibility for out-of-work benefits (i.e., ESA and UC) where people have a condition or disability that limits how much work they can do. The WCA assesses how a person's health condition or disability affects their ability to complete a range of functional activities and has three potential outcomes. Claimants are classified as either 'fit for work', having 'limited capability for work' but deemed likely to become capable of appropriately tailored work-related activity, or having 'limited capability for work and work-related activity'. These classifications determine the level of financial assistance provided and the accompanying conditions associated with these benefits.

Individuals living with disabilities and health conditions also have the option to apply for Personal Independence Payment (PIP), which in 2013 replaced Disability Living Allowance for those aged 16 to 64 with a disability or long-term health condition. PIP aims to address some of the additional expenses associated with living with a long-term health condition or disability and is open for application regardless of employment status, savings or receipt of other benefits. Like ESA and UC, obtaining PIP involves undergoing an assessment.

The DWP outsources benefits assessments to external assessment providers, which employ HCPs to assess claimants and compile reports with recommendations. A decision-maker within the DWP then decides on benefit entitlement. Both types of benefits assessment have faced significant criticism⁴². In March 2023, the then Conservative Government put forth a proposal to scrap the WCA⁴³. This advocated adopting the PIP process for all assessments, coupled with a new 'personalised health conditionality approach', which would grant individual JCP Work Coaches increased discretion in determining the work-related activity requirements for claimants. The envisaged reforms are expected to take several years to be implemented. Subsequently, in September 2023, the DWP initiated a consultation on potential modifications to the WCA to ensure it delivers 'the right outcomes while it still exists'⁴⁴. At the time of writing this report, the new Labour Government elected in July 2024 was yet to make a statement on the future of the WCA.

Considering the number of participants in our study who were experiencing mental and/or physical health challenges (see Chapter 3), a high proportion had experienced a WCA, a PIP assessment or both. Across our sample of 108 veterans, 72 individuals (67%) underwent at least one WCA, while 75 (69%) underwent at least one PIP assessment. Almost half (52 veterans/48%) underwent

both a WCA and a PIP assessment. Given the longitudinal nature of the study, a considerable number of participants also underwent reassessments for one or both types of benefit during the project. This chapter brings together findings from our interviews with veterans spanning the different waves, discussions with third-sector organisations and consultation with a small cohort of HCPs employed by one of the DWP's contracted assessment providers. Through this multi-stakeholder perspective, this chapter illustrates key obstacles and challenges inherent in benefits assessment processes and pinpoints areas of good practice in supporting veterans as they navigated this vital part of the benefits system.

5.1 The importance of medical and health information at the application stage

The ESA and UC WCA (and reassessment) processes commence with claimants completing the ESA50 or UC50 form, which includes a series of questions about their health condition or disability and how it impacts on their ability to work. PIP assessments and reassessments begin with the 'how your disability affects you' form, focusing on challenges to performing daily tasks. At this stage, claimants must provide evidence to support their claims. However, several participants encountered issues due to misunderstandings about when medical and health evidence was required. Some correctly provided supporting evidence at the initial application stage, but others waited until they were called for a face-to-face assessment:

I went in for an ESA assessment with both a medical record and a mental health record. Neither were looked at. (Veteran claiming ESA, Cohort 1, Wave B)

Our focus group with HCPs highlighted that it is essential that all relevant medical and health evidence is collated and submitted at the initial application stage. Having all supporting evidence from the outset means that, in some cases, an assessment may not be required, and decisions can be made at what HCPs described as the 'file work' stage:

⁴² See: Work and Pensions Committee (2018) PIP and ESA assessments, online at: <https://publications.parliament.uk/pa/cm201719/cmselect/cmworpen/829/82902.htm> and Work and Pensions Committee (2023) Health assessments for benefits, online at: <https://committees.parliament.uk/publications/34727/documents/191178/default/>

⁴³ DWP (2023a) Transforming Support: The Health and Disability White Paper, online at: <https://www.gov.uk/government/publications/transforming-support-the-health-and-disability-white-paper>

⁴⁴ DWP (2023b) Open consultation: Work Capability Assessment: activities and descriptors, online at: <https://www.gov.uk/government/consultations/work-capability-assessment-activities-and-descriptors/work-capability-assessment-activities-and-descriptors>

If somebody was thinking about making this a better process, it would be giving that information to the people that are helping people apply for these benefits... you get them come through the door for a face-to-face, and they bring a whole ream of stuff with them that they haven't put in with their questionnaire. You have a look, and you think, 'for goodness' sake, I wish I could've seen this at file work', because you could've been signed off long-term with risk... (HCP)

However, challenges arose when GPs were the main contact in relation to medical and health evidence, potentially leading to missed information, particularly when other organisations were providing support that the GP wasn't aware of. This was flagged as a particular issue for some veterans who received support from several charities or specialist organisations simultaneously:

Getting that medical evidence can be the challenging bit... Veterans will go, or be referred in, to these services, these charitable services, who will then commission care of some kind, be it residential stuff... or trauma-based CBT... and they will do that, and the GP will know nothing about this... Of course, our first port of call when we call for further medical evidence at the file work stage is the GP... (HCP)

Despite high levels of medical discharge and service-derived ill health, several veterans had experienced challenges in obtaining their service documents, highlighting how it had taken significant time and perseverance to receive them. This difficulty in accessing service medical records was also highlighted in our research on the experiences of those leaving the armed forces with a physical injury or disability, where several participants had made multiple requests for their records, with some still waiting for them to be released after 12 months⁴⁵. Consequently, we recommended the urgent need for the implementation of Programme Cortisone⁴⁶, which aims to provide an integrated healthcare information system that will improve the accessibility of service medical records. However, recent consultation with an armed forces charity indicated that the roll-out has been delayed and challenges persisted in relation to accessing medical records. As highlighted by the HCPs above, not having all relevant medical and health information from the outset can impact on subsequent benefits assessment experiences and outcomes.

5.2 Confusion about the purpose of benefits assessments

Although there were challenges in collating and accessing medical and health evidence, some participants had been able to assemble substantive documentation from service medical information, War Pension or AFCS assessments and from various healthcare professionals and charities. Confusion and frustration therefore arose from the requirement to undergo benefits assessments in the

first place, particularly when evidence provided for other assessments and processes was felt to be relevant to benefit eligibility:

Even the MoD have agreed that most of my medical conditions were caused by my service, but I then had to go... to have an assessment for ESA and PIP, even though there's concrete evidence to say that I have these conditions. (Veteran claiming ESA, Cohort 1, Wave C)

Related to the issue described above, there was also frustration with the need to repeatedly undergo assessments, specifically in cases where evidence had been provided previously or with respect to degenerative health conditions:

I went, and I took my sick notes in. The thing is, why do I have to take my sick notes in? The disease that I've got is – what's the word that I'm looking for? – it gets worse as it goes on. It's never going to get any better. So, if I say it's getting worse, go and see the doctor, they'll tell you it's getting worse. What more do they want? They want me to drop dead in front of them. (Veteran claiming UC, Cohort 2, Wave A)

Because of my situation, [I've] been discharged from the military, and obviously it's never going to change, and then, with the PIP, the mobility side of it is never going to change for the fact I have mobility issues which are never going to change because of the injuries I sustained. I spoke to them about this, and I've said, 'I don't see the point.' I said, 'You've got all my paperwork.' I said, 'You know how I got injured.' (Veteran claiming ESA, Cohort 1, Wave C)

A key issue therefore related to people's broader understanding of the purpose of benefits assessments (and reassessments). The HCPs noted that many claimants (not just veterans) misunderstood the purpose of an assessment, emphasising that it is an evaluation of functional impairment, not a medical diagnosis. As such, specific conditions are not being tested for veracity but for how they affect capability for work (WCA) or care and mobility needs (PIP). Although this is relevant to *all* claimants, HCPs identified specific challenges for veterans with regard to understanding the purpose of assessments, particularly in relation to understanding the difference between military fitness and civilian work capability:

I've had some coming in, and they're saying, 'I was medically discharged. I'm not fit for service. Why am I now having to prove to you I'm fit for work or not fit for work?', and you're trying to explain, well, yes, you were discharged from the military because you're not fit to be in the military... however... You've got to put it across sensitively: you still have – could be able to do some work... and that's what we're here to assess. (HCP)

This issue was reiterated by some of the armed forces charities that were playing a significant role in supporting veterans with that understanding:

⁴⁵ See: Hynes et al. (2022) op cit.

⁴⁶ See: www.gov.uk/government/publications/programme-cortisone

A lot of the individuals that we deal with, especially if they're an amputee... or somebody's in a wheelchair permanently, their condition is not generally going to get better. The frustration then when they get a letter to say, right, they've got to come and get assessed again, the obvious conversation they come to us is, 'Well, my leg hasn't grown back' or 'I haven't been able to walk now'... 'Why am I getting assessed again?'... and we have to explain the system... but it still doesn't make it easy for them when they then get dragged to an assessment centre to go through an assessment to go, 'Oh, yes, you haven't changed since last time.' (Armed forces charity representative)

As highlighted above, 52 participants had experienced both PIP assessments and WCAs. It was evident that some of our participants were unsure about the difference between these two types of assessment and even between ESA/UC and PIP more broadly. This could partly be explained by the complexity of the benefits system and the challenges veterans sometimes faced in understanding the range of different benefits. However, there was also confusion about whether or how different benefits and different assessments might link together or impact on each other⁴⁷.

5.3 The importance of support with benefits assessments

The role of organisations providing support to navigate benefits assessments was crucial. Many participants were reliant on assistance from armed forces charities, health-care professionals (e.g., the NHS) and other stakeholder organisations during the benefits assessment processes. This support encompassed helping individuals to understand the questions posed in application forms and assessments and instructing them on how to effectively respond to receive the financial support to which they were entitled. Veteran participants revealed that practical assistance, such as preparing for questions, was invaluable:

I think the fact that the woman at the [advice agency] had practised the questions with me the previous week, and she said, 'They're going to ask you this, and be aware that if you answer this this way then you're going to get whatever.' So, yes, the woman at [advice agency] advised me very well beforehand. (Veteran claiming UC, Cohort 2, Wave B)

It was more of a case of, 'Can you do this? Can you sit down? Can you stand up? Can you get to the bathroom?', things like that. It was more physical... you don't realise these things, and somebody says, 'Can you do this?' You say, 'Yes.' It's things like, when I got up here and somebody from [advice agency] was talking to me... I know the relevance of what's wrong with me to the questions now. If I didn't know that relevance, and I was just doing it, like I do most of these things, on my own, when they say, 'Can you eat?', I would just say, 'Yes, of course I can eat. I'm alive, aren't I?', without realising that the question is based on my ability to go and prepare a meal. (Veteran claiming UC, Cohort 2, Wave A)

In some instances, support organisations were required to have very detailed conversations with veterans to ensure that they grasped the assessment criteria. Some charity representatives felt that they were providing a level of support beyond what was offered by the DWP, particularly in relation to managing challenges related to expectations and outcomes:

You say to an individual when you're going through the PIP assessment... 'I'll read the criteria to you. So, it's two points for this, it's two points for that, it's two points for this, it's four points for that. You tell me where you think you sit.' When you actually work back and then tell them the criteria and where they sit, and they answer themselves... it's a reality check for them, where they go, 'Well, I should be on enhanced on both'... and that's the bit where you are a bit robust... 'You've said you can cook a meal, which you can, a basic meal, so why would you get four points for it?' 'Oh, okay.' So, it's explaining that level of detail... What they don't get from DWP is that level... they don't understand why they don't get four points unless you sit down and work with them and explain to them what the point system is for and how it is. (Armed forces charity representative)

You have difficult conversations with people because 'so-and-so down the road has got enhanced PIP... and I've only got standard'. Sometimes that means having a conversation about, actually, in more depth, about what the criteria is, and their award may well be correct... we end up having to manage their expectation positively or negatively. So, I think that's a fundamental challenge. (Armed forces charity representative)

Our interviews with veterans and stakeholder organisations underscored that support extended to various stages of the process, from form completion to assessment attendance, mandatory reconsideration processes and tribunals. Some organisations provided support through the entire assessment process journey, acknowledging its intensive nature:

It is the whole process. So, we would a) certainly help them do the form, and then, b) if there is an assessment, we would then go with them to the assessment. So, the journey through that whole process is time-consuming. (Armed forces charity representative)

⁴⁷ The DWP stated that the Department is undertaking structural reform as part of the Health Transformation Programme, which should address some of the issues around dual systems for PIP and WCAs and the confusion experienced due to duplicate requests for evidence.

The essential role of veterans' organisations in mediating the assessment process cannot be overstated. It also emphasises the significant 'displacement' effects of the benefits system, whereby the cost of supporting people with benefits issues is borne by a wider range of organisations and individuals (including spouses and other family members). Our focus groups with stakeholder organisations revealed how assisting veterans with appealing against negative PIP and WCA decisions occupied a considerable amount of their time:

There's still loads of Personal Independence Payment appeals, and I'm now starting to get Universal Credit Work Capability Assessment appeals now, so all of that. (Armed forces charity representative)

This included specialist mental health services (such as Op COURAGE⁴⁸), which were often providing supporting evidence for WCAs and PIP assessments. However, it was evident that sometimes their intervention went much further, including attending assessments with clients and helping them to complete the forms. Commenting that many clients '*quite often, alarmingly often*' had their PIP applications rejected, one mental health worker stated that they would link up with DWP AFCs in their region to try to challenge those decisions:

I have to appeal it. That usually involves linking in with one of the military veterans' champions who are embedded within the Department of Work and Pensions. We do a joint visit. We take the information together. (Mental health service representative)

Significantly, this close working relationship with local DWP AFCs extended to organising training for their staff on benefits, as well as DWP AFCs sending referrals to Op COURAGE. Another mental health worker explained why this relationship with the DWP was so important:

My job, I can't engage a veteran in any psychosocial interventions around mental health or substance misuse until they've got enough money to live on. So, it's vital. (Mental health service representative)

Despite this evidence of good practice, particularly in relation to DWP AFCs (see Chapter 7 for a detailed discussion of the importance of DWP AFCs), consultation with HCPs suggested that the DWP, through JCP, could play a greater role in initially supporting veterans, particularly in ensuring that they understand the benefits assessment process and what evidence is required in the early stages of the process. This was also recommended by representatives from some of the armed forces charities we consulted with.

Although support with benefits assessments was flagged as a key issue, our research also highlighted how military culture could significantly influence veterans' experiences of benefits assessments. The emphasis on

self-sufficiency, strength and resilience from their military background often led to a reluctance to acknowledge the need for support. Concerns were raised about the consequences when veterans refrained from seeking support in the early stage of a benefit claim, leading to complications if they subsequently received a negative decision following an assessment.

Armed forces charities stressed the importance of encouraging veterans to seek assistance from the outset to mitigate financial hardship and frustration with the system:

...if it gets rejected, and up to appeal, to tribunal, it can be about 18 months, it's 18 months they're not getting the benefit, whereas, if [veterans] just took that additional couple of days to seek support prior to completing it, it would take away a lot of financial hardship or anger towards DWP and the system. (Armed forces charity representative)

This reluctance to seek support could sometimes disadvantage veterans, especially when they articulated their resilience rather than fully articulating the extent and impact of their health conditions. This was recognised by veterans, armed forces charities and HCPs:

I bet just about every single veteran will say this to you, is that we're too – what's the word? – stoic. We don't want to show weakness, and we will try, and we will always try to keep going or try something else. 'If I can't do this, can I do this?'; and we get penalised for it, you know? (Veteran claiming UC, Cohort 2, Wave A)

Sometimes they don't tell you you're applying for PIP. They complete the form, and then the first you know about it is they're having a rant down the phone because it's been rejected. Then, when you start to go through the process, and you see how they've answered the questions, they've tried to be brave, that the disability doesn't affect them in any way, but when you sit down and actually give a full explanation of what life would be... that they can't walk, they can't stand, they can't take something out of the oven, they can't get in the bath, they'll look at things completely differently. (Armed forces charity representative)

One of the challenges is the fact that they're often very proud, very independent. They don't like to admit failure, and they don't like to admit that anything is going wrong in their lives... I do find that, with the veterans, they're the ones who are less likely to admit to things. That's why it's often very good to have somebody with them, either on the end of the phone or with them in person⁴⁹, who can actually give a more accurate idea of their daily life. (HCP)

⁴⁸ Op COURAGE is the national rebranding and bringing together in March 2021 of the NHS England commissioned mental health services for veterans. It brought together the Transition, Intervention and Liaison Service (TILS), Complex Treatment Service (CTS) and High Intensity Service (HIS).

⁴⁹ The DWP stated that claimants are encouraged to bring a companion to assessments where they would find that helpful.

However, it is worth noting that communication with other veterans, including through social media, could play a role in creating a sense of distrust even before veterans had engaged with the assessment process (and the benefits system more broadly):

I think, the ones that I've done, it's almost like sometimes I feel the veteran feels they've been defeated before the assessment starts because they've read all the negative comments on social media that... are there to save DWP money. (Armed forces charity representative)

5.4 Concerns about the skills and understanding of HCPs

Over the years of our research, there were numerous instances where veterans felt that they were assessed by HCPs lacking the qualifications to understand how their health conditions were associated with their unique experiences and military background. Appeals processes sometimes confirmed these concerns, as exemplified by an interview earlier in our project that suggested that the HCP was not qualified to assess service-related injuries – a view that appeared to be held by the Appeal Board:

The two-person appeals panel suggested that the person assessing me on the day was not familiar with service-related injuries... I was scored zero out of 15. It went to the appeal. The Appeal Board have said that the person assessing me wasn't qualified to assess me... I went in for an ESA assessment with both a medical record and a mental health record. Neither were looked at. Was that person qualified to score me zero without looking at the documents... the military document? (Veteran claiming ESA, Cohort 1, Wave B)

A number of our more recent interviews echoed these issues, with participants still expressing concerns around HCPs' qualifications and lack of understanding of veterans' specific challenges upon leaving service:

She [HCP] didn't quite understand, as most practitioners [don't] from the DWP... the problems that are specific to veterans, the problems that we encounter when we leave service after X number of years, never having accessed claims before for ESA or PIP or even registering with a GP, registering with a dentist. (Veteran claiming ESA, Cohort 1, Wave D)

When I said to her [HCP], 'How can you assess me? You've not got any qualifications as a therapist. What the hell's walking ten metres or picking up a can of beans got to deal with mental health?...' They're way off target. (Veteran claiming UC, Cohort 2, Wave A)

The perceived emphasis on physical function over mental health in assessments was also noted (as the above quote highlights), aligning with long-standing and widely

acknowledged concerns about benefits assessments⁵⁰. With specific reference to the WCA, consultation with some of the support organisations suggested that while the WCA could identify that, theoretically, an individual might be able to perform certain tasks or undertake certain work, their psychological symptoms meant that, in reality, some were unable to concentrate on basic conversations or remember previous instructions. It was felt that the assessment was still less able to capture these issues.

Many participants urged the need for HCPs to understand the specific challenges that veterans could face in navigating benefits assessments. HCPs with experience of working with veterans acknowledged these challenges and highlighted the need for broader awareness across the HCP staff base. Notably, the HCPs who took part in our focus group appeared to suggest that veterans should be seen as *a specific cohort of claimants*. Indeed, there was a call for additional education and training for HCPs, including revisiting previous training initiatives focused on veterans:

I think we can do a lot more internally in terms of raising awareness towards veterans because we are assessing a totally different type of personnel here. (HCP)

I know a while ago we had a piece of continuing medical education on service leavers and veterans⁵¹. That was a one-off, and I would say most of my colleagues have joined since they did that. So, I suspect there's an education piece and understanding piece that could be addressed within what we do. (HCP)

This view that veterans were a 'specific' group was supported in our consultation with support organisations, with one mental health professional stating:

I think we all know that veterans need a specific approach. They're not all the same – don't get me wrong –but there's a specific approach that you need with that kind of client group that maybe a lot of people aren't aware of when they're doing those kind of assessments. That can cause some kind of consequences for the veteran following in terms of how they're feeling or how that process has been for them. (Mental health service representative)

Concerns were also raised regarding discrepancies between the information provided during assessments and the subsequent assessment reports written by HCPs. Examples were highlighted where participants believed that the latter did not accurately reflect the information they had conveyed in their assessment. For one veteran, there was a request that assessments were recorded in some way:

⁵⁰ Geiger, B.B. (2018) A Better Work Capability Assessment is Possible, online at: <https://demos.co.uk/research/a-better-work-capability-assessment/>

⁵¹ The DWP stated that a module called Life Post Military Service was available.

They said on the letter they sent me, they said I can walk between 50 and 200 metres. I never said that. I said I can do about ten steps... so, I rang them up, and, yes, going to probably put it through a tribunal. (Veteran claiming UC, Cohort 2, Wave B)

I personally would have all the interviews and assessments filmed. They say things that they later deny, and they make you out to be a liar. (Veteran claiming UC, Cohort 2, Wave C)

Organisations supporting veterans also noted discrepancies between assessment responses and subsequent reports, with concerns that HCPs were not consistently seeking further details or clarifications during the assessment:

I've sat in the assessment in veterans' homes and other places, and you have to stop the assessor, and you have to clarify what the [veteran] has just said just so that the assessor understands, or, because they are typing away, you can see they're not really listening... you have to make sure they understand what the veteran has just said. Otherwise, it can be misconstrued at the other end... the significant advantage of us being [in] the assessment is that when it comes to a mandatory reconsideration, you absolutely have got them hung, drawn and quartered... I've done it on my last three mandatory reconsiderations. I've gone, 'But I was present, and I know that your assessor didn't ask this question or this question...' (Armed forces charity representative)

Positive experiences with skilled, attentive and empathetic HCPs were evident in several of our interviews with veterans –

About six to eight weeks ago I had the actual reassessment telephone conversation with a counsellor who was from an independent body but was assisting the DWP in their PIP assessments, really nice lady... knowledgeable and empathetic. She listened. She advised... I must admit, she was very thorough. The first telephone conversation, probably an hour and a half, and then she did a follow-up for about 25, 30 minutes about four or five days later just to make sure she had captured everything or had any queries about things she'd asked me, and I maybe hadn't answered fully. (Veteran claiming ESA, Cohort 1, Wave D)

– but, overall, our research revealed significant variations in veterans' experiences.

5.5 The role of benefits assessments in exacerbating ill health

A contribution of our research over the lifetime of the project has been the application of a trauma-informed care lens, highlighting how interactions with the benefits system can be experienced as trauma-blind or re-traumatising⁵². This was particularly evident in relation to benefits assessments, where people often found themselves recounting their experiences or conditions multiple times⁵³, which many participants found to be highly stressful. Over the years of our study, we recorded numerous examples of the anxiety that navigating benefits assessments could provoke. Generally, this anxiety related to three aspects of the process: (i) awaiting an assessment (or reassessment); (ii) the assessment itself; and (iii) receiving a negative assessment outcome (including appeals and tribunals).

Awaiting an assessment

It was evident that impending assessments often generated feelings of 'dread' from the moment of notification. As highlighted in some of our earlier interviews, this could manifest in varying degrees of anxiety:

I had a letter come through the letterbox... [DWP] wanted me to go in for an assessment... I rang them up, and I say, 'I'm unfit to travel to an assessment', and they said to me, 'No, but you've got to come in for an assessment... You've got to provide evidence that you've got PTSD.' I said, 'Doesn't my War Pension evidence count?' He says, 'No, because you're claiming for a different benefit.' Unfortunately, I put the phone down, and my anxiety levels were so high I tried popping a couple of diazepam, and that wouldn't work... I took a serrated knife to my arm... (Veteran claiming ESA, Cohort 1, Wave B)

They've also sent me a new medical⁵⁴ thing, which I have to go to shortly. I must stress that just talking about it I can feel my palms getting sweaty now. I can feel my head going a little bit just talking about that. (Veteran claiming ESA, Cohort 1, Wave A)

⁵² Scullion, L. and Curchin, K. (2022) 'Examining Veterans' Interactions with the UK Social Security System through a Trauma-Informed Lens', *Journal of Social Policy*, 51(1): 96–113; Scullion, L., Young, D., Martin, P., Hynes, C., Pardoe, J. and Curchin, K. (2023) *Towards a trauma-informed social security system: Lessons from the Sanctions, Support and Service Leavers project*, online at: <https://s319.pcdn.co/wp-content/uploads/Scullion-et-al-2023-Towards-a-trauma-informed-social-security-system.pdf>

⁵³ The DWP stated that claimants are asked about all their conditions except if: (a) questioning about it would cause distress (i.e., it makes them relive a stressful experience); (b) the condition does not cause a functional impairment; then, the HCP will not go into detail; or c) an assessment is curtailed because the HCP has enough evidence and there is no need to extend the length of the assessment for the claimant. It stated that HCPs are trained to draw out all health conditions and experiences in a professional and sensitive manner. With regard to PTSD, the DWP stated that HCPs should ask questions in a way that does not seek to make someone relive their traumatic experience.

⁵⁴ Reference to 'medical' is the language of our participants and reflects their understanding and interpretation of assessments.

Some veterans described how their anxiety would increase as the assessment date came closer, but this could also impact on travelling to their assessments. One veteran described having experienced a panic attack on the Underground on the way to a reassessment, noting that the repeated process was 'bloody stressful' (Veteran claiming UC, Cohort 1, Wave D), while another veteran described how, after 'sweating about it all night, kind of thing, thinking "What are they going to ask me?"' (Veteran claiming ESA, Cohort 1, Wave C), a support worker from an armed forces charity had then driven him to his assessment.

The assessment itself

The assessment itself was also described as impacting on participants' mental health. This was particularly the case when participants felt that they were being asked to talk about the circumstances surrounding their service-attributed injuries in more depth than they were comfortable with. For some participants, this had triggered responses that they felt had been detrimental to the assessment. For example, in an early interview, one veteran described how, despite being accompanied by a support worker, he experienced a mental health crisis during an assessment when the HCP asked him about his military service:

The bloke was asking us, 'You've got damaged knees', and I said, 'Yes.' He says, 'What happened?' I said, 'I got blown up in Ireland.' 'What were you doing in Ireland?' The head went, and he started doing the medical. I've got no left knee. The kneecap has gone, and he was digging in the hole trying to find it. So, without even thinking, he's digging in, and I'm trying to stop the pain. I just come out with, 'Do they grow back again?' That's how bad my head had gone on that day. He started having a go at me about it. The bloke with me said I started talking to the floor. I couldn't think of what was going on, and I was talking to the floor, and he's telling me off for not talking to him. He says, 'He's gone.' He said, 'Look, he's gone.' This is what he – what he was telling me, he said, 'He's gone; he's not here.' 'If he's not going to do that...'; and that was it; I got the zero. (Veteran claiming ESA, Cohort 1, Wave A)

Another veteran described how an HCP had 'touched on an episode that happened to me, and I got a bit agitated' (Veteran claiming ESA, Cohort 1, Wave C), at which point the PIP assessment had then been halted. A third related

how his initial PIP claim had been unsuccessful. He had subsequently appealed against the decision and had been awarded PIP after it had gone to a tribunal. However, he described his anxiety at the prospect of a pending reassessment: 'I'm not going through that again... I'm terrified of going through that appeal process again' (Veteran claiming ESA, Cohort 1, Wave C).

It was also evident that in the immediate aftermath of an assessment some participants needed time to recover:

I know when I came off the phone [after my assessment] I just went to bed because of the stress. I tend to take myself away and just sleep or just lay in bed, and I just – I remember it being quite difficult to go through... It's hard to explain, and it's also very hard for me to accept... What I sort of wanted was that, why can't you just get this off my doctor, because I've got a file about three inches thick... All I can remember is that it wore me out; I was done for by the time I came off. (Veteran claiming UC, Cohort 2, Wave A)

The assessment outcome

A noteworthy proportion of our participants described instances of having 'failed'⁵⁵ an assessment, meaning they did not accumulate enough points to qualify for PIP or to be categorised as having limited capability for work following a WCA.

Specifically, 32 veterans reported this experience in relation to a WCA (44% of those who underwent a WCA), while 24 veterans reported a similarly negative outcome in relation to a PIP claim (32% of those who underwent a PIP assessment).

Across the sample, it was clear that experiencing a negative outcome was devastating for participants. For example, one veteran, after being rejected for PIP for a third time, described the outcome as 'the start of this seven-month downfall that I've had':

So, I literally tore the piece of paper up and just threw it straight in the bin. I haven't even tried again since. I don't want to get destroyed again. Every single little rejection is literally a knife in my heart. It's insane. It takes it so much out of me, getting rejected and rejected and rejected. (Veteran claiming UC, Cohort 2, Wave C)

⁵⁵ This was the terminology used by our participants.

As highlighted above, some participants had appealed against negative decisions and had them overturned. However, going through the appeal process had often extended and increased people's anxiety. One veteran, for example, described how this anxiety had been noticeable to the judge in his tribunal:

I mean, God, I was in bits. I was literally like a quivering, blubbering mess. The – not judge or whatever, but the main lady, actually just took me out and said, 'Right, Mr [name], you need to go out of the room', and she then came out and said, 'I'm so sorry we've put you through this. Don't worry. Calm down with your wife.' It was an awful time. (Veteran claiming UC, Cohort 2, Wave A)

It is crucial here to acknowledge that veterans might undergo various assessments related to War Pension or AFCS claims (see Chapter 4). Some participants therefore described the pressure of undergoing numerous assessments and how the frustration was amplified when multiple assessments all appeared to result in ineligibility:

The pressure they put you under for medicals – I don't know whether you'd be able to count it up, but over the years I must've done between 40 and 50 medicals, and to go through all that, and then nine times out of ten they turn you down... The last one I had, and I lost my rag – I think I told you – I lost my rag with this doctor, and I told him to stick the money where the sun doesn't shine. (Veteran claiming ESA, Cohort 1, Wave E)

5.6 Summary

The PIP assessment and WCA are important parts of claiming benefits for veterans with physical and mental health conditions. We found misunderstandings were common about when medical and health evidence was required from claimants, despite the provision of timely evidence being crucial to the durations and outcomes of benefits assessments. There was also misunderstanding about the nature and purpose of different assessments and the relationship between them. Additionally, military culture could influence the way that benefits assessments were experienced, with an emphasis on self-sufficiency, strength and resilience often leading to a reluctance to acknowledge the need for support. Although there were notable instances of good practice, our veteran participants reported a perceived lack of understanding of their military culture, experiences and health conditions amongst some of the HCPs they had interacted with. For others, benefits assessments were experienced as exacerbating their health conditions, particularly when they were experiencing repeat or multiple assessments. Support organisations, specifically armed forces charities, played a vital and significant role in helping veterans to understand and navigate benefits assessment processes.



6. Navigating welfare conditionality

Within the UK social security system, welfare conditionality ties continued eligibility for work-related benefits to claimants' participation in mandatory activities such as work-focused interviews, training, support programmes and job search efforts. Non-compliance with these conditions can result in the application of a benefit sanction (i.e., the withdrawal of, or a reduction in, benefit for a period). The UK system has been characterised as a 'work first' regime⁵⁶, which encourages and, at times, mandates claimants to accept any available opportunities, regardless of the quality of those jobs or the sustainability of that employment.

The previous chapter discussed experiences of benefits assessments, which are used to determine eligibility for benefits and the degree to which conditionality will be applied. This chapter will focus on veterans' experiences of welfare conditionality. In this chapter, we discuss four key issues from our interviews. Firstly, how conditionality was experienced within the context of ill health. Secondly, the 'work first' approach that some veterans experienced and how this often represented a 'mismatch'⁵⁷ between the DWP's expectations and veterans' work aspirations. Thirdly, how the temporary removal of conditionality during the Covid-19 pandemic and its subsequent re-introduction were experienced. Finally, we reflect on benefit sanctions and how they can shape veterans' perceptions of, and interactions with, the DWP over time. At the first wave of interviews (when all participants were claimants), just over a third of participants were subject to conditionality and so were mandated to undertake some form of work-related activity. However, the longitudinal nature of our project enabled us to observe how experiences of conditionality could change for veterans over time.

6.1 Managing conditionality within the context of ill health

As highlighted in Chapter 3, health was a critical factor in shaping many participants' ability to enter and sustain paid employment. For those individuals who remained on benefits across several waves of research, changing circumstances meant work-related expectations sometimes fluctuated. Those who were in the ESA Support Group or had limited capability for work (LCW) or limited capability for work and work-related activity (LCWRA) on UC and those relying on fit notes from medical practitioners often described having no work-related expectations. However, the situation was complicated, with some of those who

were categorised as having LCW describing being subject to some work-related expectations. In such cases, and as highlighted in Chapter 5, many veterans felt that the outcomes of the WCA did not adequately recognise the impact of their health conditions and argued that the ensuing mandatory work-related conditions were unfair.

Overall, there was a clear trend across the sample for many participants who were subject to conditionality to seek a change in their benefit status over time, often seeking to be formally recognised as having LCW or LCWRA. Consequently, it was common for individual veterans' work-related expectations to decline or be removed over the lifetime of the study as the impacts of their health conditions became more formally recognised (the case study of 'Paul' provides an illustration of this). It is important to note again that the role of armed forces charities and other specialist organisations was significant in supporting veterans in this process.

For those experiencing ill health who were subject to some form of conditionality, it was often complicated to determine the nature of that conditionality. Several participants were uncertain about what was in their Claimant Commitment⁵⁸ because their mental ill health had prevented them from engaging fully at the time that it was discussed with their Work Coach. For others, ongoing memory issues (associated with PTSD) presented challenges to recalling what was initially specified in the Claimant Commitment, as well as remembering JCP appointments or logging updates on the UC journal. One veteran, who had been diagnosed with PTSD, described his uncertainty about the expectations:

It was all a very tumultuous period in my life... to be honest, I can't remember what I read [and] what the [Claimant] Commitment was. I've just gone, 'Yes, you can have my commitment', because if I said, 'No', I don't get anything, so I'll just say, 'Yes' to you. (Veteran claiming UC, Cohort 2, Wave A)

He had been logging job applications on the UC journal but had also been placed on what he called a 'get-back-to-work programme' with an external provider, noting that '*DWP people were contacting me constantly because I was on this... I liaised with them. I showed them my medical history, so they stopped bothering me*' (Veteran claiming UC, Cohort 2, Wave A). When we interviewed him 12 months later, he was no longer on the programme and was in regular contact with his Work Coach. He was seeking documentation to prove he was unfit for work and expected that he would receive it shortly. At his third and final interview, he described having undertaken a WCA and described being '*signed off as unfit for work and therefore signed off from looking for work due to my*

⁵⁶ Peck, J. and Theodore, N. (2000) 'Work first': workfare and the regulation of contingent labour markets', *Cambridge Journal of Economics*, 24(1): 119–138.

⁵⁷ Wright, S. and Dwyer, P. (2022) 'In-work Universal Credit: Claimant Experiences of Conditionality Mismatches and Counterproductive Benefit Sanctions', *Journal of Social Policy*, 51(1): 20–38.

⁵⁸ The Claimant Commitment is a document that is required to be accepted as a condition of entitlement to UC. People's work-related responsibilities are recorded in one place, clarifying both what they are expected to do in return for benefits and support and what happens if they fail to comply (i.e., the application of a benefit sanction).

inability to be able to work'. Reflecting on the outcome of his WCA, he felt that the work-related expectations that had previously been applied had been a 'waste of their time, waste of my time' (Veteran claiming UC, Cohort 2, Wave C).

It was evident that several veterans had agreed to the Claimant Commitment without fully understanding it to expedite the process and avoid pressure. As one veteran described:

I didn't really understand it, to be honest with you. I just felt, if it gives me a bit of help and takes a bit of pressure off me, I'll just go along with it. (Veteran claiming UC, Cohort 2, Wave A)

Significantly, at our first interview he mentioned being sent the paperwork to go through a WCA, but he had initially declined, acknowledging that this had been partly because he had not wanted to admit that he needed support. A follow-up interview revealed that he had subsequently undertaken a WCA and no longer had specific work-related expectations. Like the previous veteran, he had made the DWP aware early on about his health challenges, but his fit note had been delayed because of the pandemic. Eventually his doctor 'sent me one backdated,

which Universal Credit people were happy with. Once I got it, I uploaded it' (Veteran claiming UC, Cohort 2, Wave A). The willingness to stoically continue to look for work when health challenges made it unrealistic was evident in a number of accounts. As one veteran stated:

I was actively seeking and trying to get myself fit. It was all pie in the sky, really. I was adamant I was going to work, and then there was just no possibility of it. I wasn't recovering. (Veteran claiming UC, Cohort 2, Wave A)

Indeed, there had been many occasions when the WCA had functioned to appropriately determine that someone was unable to engage in work-related activity, albeit often following (sometimes long) periods where people had been subject to conditionality that was not appropriate for them.

However, there were also veterans who had experienced changes to status in the opposite direction. For example, one veteran described the 'expiry' of his LCW status and the subsequent expectation to attend work preparation interviews at JCP. At the first interview, he was submitting fit notes, but at the second he explained that after undergoing a WCA 'they've put us down as limited capability

Case Study: 'Paul'

We first met Paul in 2021, when he was 55 years old. He lived with his wife, who was his main carer. He had been medically discharged from the Army in the 1980s, having suffered physical damage during military exercises. He had experienced a long period of unemployment in the 1990s due to ill health. However, he had managed to move into employment, but his physical health issues had begun to increasingly affect his ability to work, and his last employment had been in 2015. He described how he now had very limited mobility and rarely went out of the house. He had been receiving PIP since 2017, after a charity had helped him to apply for this benefit. He also had long-standing mental health issues, including severe anxiety, which he indicated had become significantly worse during the Covid-19 pandemic. He was on a range of medication and was receiving care from an NHS mental health service throughout his engagement with our project.

When first interviewed, Paul described having 'failed' a WCA (approximately four or five years prior to our research), and he had subsequently been transferred from the ESA Support Group to UC. He stated that he had informed the HCP at the time about his medical discharge but 'she didn't want to know... They weren't very nice people.' He appealed against this decision but was unsuccessful and so was required to attend his local JCP office to agree a Claimant Commitment and search for 'so many jobs or look for a particular type of work'. He explained how his physical health condition made it difficult for him to travel to the JCP office:

They'd make you go in, basically bully you. 'If you don't come in, we're not going to pay you.' The great difficulty I had when – I must say, loads and loads of tablets, I'm in pain – to get in there.

He also described how he struggled to use a computer, which made it difficult for him to make contact about prospective jobs: '...they want emails. People want this. I can't do all that.' He described how he had refused to comply with the expectations and had subsequently been warned that he could face sanctions:

I just said, 'I'm not doing it.' I just told them I'm not doing it. I'm not fit for work. She just informed me, '...you have got to do this!...' I said, 'If you've got a problem, come to me house. I can't go looking for jobs. I'm unfit for work.' 'If you don't do this, we're going to stop your benefits.' I said, 'Do what you want.'

Eventually, after a period of approximately four months, he was asked to provide fit notes and was 'signed off' for one year by his GP 'to shut them up, to get them off my back'. He underwent a second WCA and was categorised as LCWRA. His only expectation was to check his journal at regular intervals, which his wife or daughter helped him to do.

At our second and third interviews with him (2022 and 2023), his status remained unchanged as his physical health continued to deteriorate.

for work, but not the full “and work-related activities”. It’s left it as limited capability for work’ (Veteran claiming UC, Cohort 2, Wave A). He was therefore still required to log in to the UC journal and attend work preparation interviews. He understood this to mean that he was not obliged to look for work but could undertake employment-related training and activity, if he felt able. At his third and final interview he described how he felt his Work Coach was trying to ‘push’ him into work and his suspicion that the meetings would become more frequent: *‘and that’s what I’m scared of’*. His account suggested that he had recently *‘avoided the limited capability reassessment’* due to the fear that he would be found fit for work. This had led to a recent challenging conversation with his Work Coach:

I was a bit abrupt [at] the second one because I was like, ‘I’m not being funny, but I’m still limited capability to work.’ ‘Yes, but that’s expired now, Mr [name of veteran].’ ‘Yes, but I’m still in the same situation.’ The fact that they’ve expired on paper doesn’t change my mental and physical health. (Veteran claiming UC, Cohort 2, Wave C)

In addition to the support provided by armed forces charities and other organisations in negotiating reductions in conditionality, it was evident that many DWP Work Coaches were using their discretionary powers to reduce or remove work-related expectations. This often came down to the approach of individual staff and their level of empathy. One veteran had been claiming UC for approximately two years when we first interviewed him in 2021. He recounted having a series of different Work Coaches with varying degrees of positivity. At the first interview, he was subject to 35 hours per week work-related requirements (‘full conditionality’) but described how his current Work Coach was empathetic and understanding of his mental health challenges (unlike previous ones): *‘The one I’ve got now is sound, but the ones previously I feel I’ve just wanted to punch; honest to God’* (Veteran claiming UC, Cohort 2, Wave A). When we re-interviewed him 12 months later, although his 35 hours per week commitment was still formally in place, his Work Coach permitted him to submit four job applications per week on the journal. He regarded this as reasonable because they were *‘always giving me that chance to pick for myself because she knows my past’* (Veteran claiming UC, Cohort 2, Wave B). Nonetheless, he didn’t feel that 35 hours per week had been fair from the outset and described how he had been required to get a fit note: *‘...every time that I’ve had a bad breakdown, which has been quite a lot lately... just to prove to them why I haven’t been looking for work for a day or two’*.

Although the participant above had been very open about his mental ill health, as highlighted previously, it is important to acknowledge that the culture of resilience within the armed forces meant that some veterans did not reveal that they had specific health conditions that impacted on meeting their work-related requirements. This created challenges for Work Coaches in terms of being able to identify where support was needed, as described in one of our focus groups with DWP AFCs:

A lot of them, with PTSD especially, if you ask them, they’ll say, ‘I’m fine’, and they’re not. So, nothing goes on record. Then, when I’ve rung up [a Work Coach] and said, ‘Mr Smith has got this and that and the other’, they go, ‘I’m sorry. I didn’t know.’ (DWP AFC)

There were also occasions where it was evident that Work Coaches had realised that people had significant health conditions and had tried to intervene but that the support had not always been taken up. One veteran, for example, described how he had quite vehemently rejected an offer of support from his Work Coach in relation to having a WCA, stating: *‘I’m going to sign up to be bloody disabled... I’m not doing that’* (Veteran claiming UC, Cohort 2, Wave A). However, his worsening health and financial insecurity had led him to change his mind and, when interviewed 12 months later, he had accepted support from the DWP, had undergone a WCA and was not expected to engage in work-related activity. This remained the case in his third and final interview, although he indicated that he was going to now be looking for work for his own wellbeing. In his case, and in several others, the removal of mandatory work-related expectations (and the fear of sanctions where these were not met) had enabled veterans to focus on their wellbeing and, in time, take steps towards employment⁵⁹.

6.2 Mismatch between the ‘work first’ approach and veterans’ employment aspirations

The UK social security system has been characterised as a ‘work first’⁶⁰ system, which prioritises rapid movement from the welfare system into the paid labour market. Conditionality is a key element of this approach, with benefit claimants mandated to varying degrees (as illustrated above) to undertake work-related activities. Over many years, a significant body of research has questioned the effectiveness of conditionality and ‘work first’ approaches⁶¹, and our longitudinal research has

⁵⁹ This issue is also discussed in one of our peer-reviewed papers from the project: see Jones, K., Scullion, L., Hynes, C. and Martin, P. (2022) ‘Accessing and sustaining work after Service: the role of Active Labour Market Policies (ALMP) and implications for HRM’, *The International Journal of Human Resource Management*, <https://www.tandfonline.com/doi/full/10.1080/09585192.2022.2133574>.

⁶⁰ See: Peck and Theodore (2000) op cit. and Kowalewska, H. (2017) ‘Beyond the ‘train-first’/‘work-first’ dichotomy: how welfare states help or hinder maternal employment’, *Journal of European Social Policy*, 27(1): 3–24.

⁶¹ See, for example, Dwyer, P., Scullion, L., Jones, K., McNeill, J. and Stewart, A. B. R. (2023) *The Impacts of Welfare Conditionality: Sanctions, Support and Behaviour Change*, Bristol: Policy Press.

contributed to this evidence base, demonstrating the ways in which such approaches can be problematic for veterans⁶². Above, we illustrated how the application of conditionality and the focus on work-related expectations could be problematic within the context of people's ill health. However, for those who felt health was *not* a barrier to entering and sustaining employment, there were other issues with the way that conditionality was currently being applied.

Again, individual Work Coaches' approaches and discretion were integral to whether participants reported positive or negative experiences. The veterans who talked more positively about their work-focused interviews at JCP were often those who described the Work Coach as demonstrating trust that they (the participant) were the experts in their chosen career field and, as such, not exerting pressure for veterans to accept any job. As one veteran described:

He [Work Coach] said to me, 'Look, the work you're looking for [HGV driver] is kind of specialist. I'll just leave you to it...' the guy was actually really good, and you weren't forced to do anything or go on any courses. He was quite happy, and obviously I attended my Work Coach meetings when I had to, and he was really good. There was no pressure on anything from him. (Veteran claiming UC, Cohort 2, Wave A)

Here it is important to note, however, that this favourable encounter occurred in the context of being 'left alone' to pursue appropriate employment opportunities. The interaction with his Work Coach therefore became more transactional in nature, i.e., attending JCP appointments as a compliance exercise, and it appeared that his Work Coach faced challenges in offering the specialist employment support that this participant required. Other participants also highlighted what they felt was a lack of understanding of their background and some of the transferable skills that military service had given them:

To be honest with you, I don't really get much direction from them. It's like, when you first sign on, you don't really go into your major background of, 'Oh, a veteran of the armed forces. I've got PTSD. My skills are ex-Army'... To them, they just think, 'oh, so he can fire a rifle, and he's got a good level of fitness.' That's all they think of. They don't look anything deeper into it, like the telecommunication things, the IT, the customer service in a way; things like that, you know. (Veteran claiming UC, Cohort 2, Wave A)

Usual phone call, 'How you doing? Have you had any offers? Have you got any work? Have you got this?' 'No, none of that.' 'Right, so, really then you need to start looking at taking something different. How about trying to go into something like being a carer or doing retail work.' 'That's not the field I'm interested in.' 'I know that, [but] you need to do something. You need to take it.' I said, 'They're all minimum paid wage.' I said, 'I can't afford to live on that, can you?' (Veteran claiming UC, Cohort 2, Wave A)

In addition to the lack of match to jobs that they felt were appropriate for their skillset, it was evident that some veterans were also concerned that they were expected to take low-paid work that would leave them financially worse off:

I'm hoping that when I say, 'Look, I've got this funding to do it' [referring to funding from an armed forces charity to support a training course], she'll stop badgering me and cut me a wee bit of slack... but I do think she's going to turn around and say, 'Well, no, you still have to keep looking for work.' My previous experiences with her, she's basically saying, 'Try and get anything, as long as you get a job, get anything'... well, I'm not just taking anything, you know? You need to be happy going to your work. I'm not going to do a minimum-wage job where I'm getting less than what I'm getting on benefits... but it seems to be, 'You need to do this. You need to do that. You need to do this. We need to see you doing this every day.' (Veteran claiming UC, Cohort 2, Wave A)

My main frustration, really, was there was no common sense being applied... So, I go in there [JCP] and say, 'Right, these are the kinds of jobs that I'm going to be looking for, and these are the jobs that I'm applying for.' It was the kind of flat-out, 'Actually, if you don't find a job, these are the jobs that we're going to be pushing your way, and you will be attending interviews for them', even though they'd be totally counterproductive. It would actually put me in debt... It's more of a case of, 'Are you actively looking for work? Can you prove you're actively looking for work, and, if not, can you sign this to say that you will be accepting one of the jobs that we send your way?' (Veteran claiming UC, Cohort 2, Wave A)

Other veterans were more forceful in their indignation at the expectation to accept low-paid and sometimes insecure jobs. One veteran, for example, described feeling that his status as a veteran was undermined, both as a mark of disrespect as well as, more practically, because his skills were undervalued:

I don't want to be none of these shelf stackers, warehouse workers... I shouldn't have to go from serving the country to then working in a warehouse stacking shelves. I would like to think that I can be in an office job. I mean, in the military you have to look after your own admin. (Veteran claiming UC, Cohort 2, Wave A)

Overall, the interviews revealed the counterproductive nature of the mandatory work-related expectations and the lack of 'fit' – in terms of the jobs that they felt 'pushed' towards – with the skills and aspirations of our participants. This issue was highlighted in our earlier report⁶³ but remained an ongoing concern for many of our veteran participants and was still evident in their recent interactions with Work Coaches.

⁶² See, for example, Jones et al. (2022) op cit.

⁶³ Scullion et al. (2019) op cit.

6.3 A welcome reprieve? Covid-19 and changing expectations

As highlighted in Chapter 1, in terms of research on experiences of the benefits system, our project provided a unique dataset as it captured experiences before, during and in the aftermath of Covid-19. At the onset of the pandemic, one of the significant changes to the benefits system was the temporary suspension of conditionality (under the *Social Security (Coronavirus) (Further Measures) Regulations 2020*). With regard to those who had been claiming benefits prior to the pandemic, there were examples from across the sample of people experiencing 'a lot more leeway' during the pandemic (*Veteran claiming UC, Cohort 2, Wave A*). One veteran, for example, had struggled to access his online account and had missed an appointment with his JCP Work Coach. He described his perception that ordinarily this would have resulted in a benefit sanction; however: *'my benefit didn't stop, whereas it would do usually. If you don't keep an appointment, your benefit stops'* (*Veteran claiming UC, Cohort 2, Wave A*). Another veteran, who had previously questioned the rationale for having to undertake 35 hours of work-related activity, indicated that, while these hours had remained the same 'on paper', the pandemic lockdown measures meant that *'they weren't pushing me to try and take absolutely anything whatsoever'* (*Veteran claiming UC, Cohort 2, Wave A*). A significant reduction in the number of expected job search hours was also noted by many other veterans who were subject to work search requirements.

In addition to having 'more leeway', several participants talked positively about the supportive nature of the interactions with DWP staff, who were described as 'light-touch' in their approach. For example, one veteran referred to a phone call he received at the very beginning of the pandemic (March/April 2020):

...and they literally said, 'You're not coming in. You're not doing anything. Payments are all automatic. Don't do anything.' (*Veteran claiming UC, Cohort 1, Wave C*)

It is important to note that a small number of participants (nine) were claiming benefits because of the pandemic, i.e., the national lockdown measures had impacted on their employment. They were therefore part of the huge number of new benefit claims that the DWP had to process during the pandemic. Echoing other research carried out during the pandemic⁶⁴, for many of our new UC cohort this was their first interaction with the benefits system: as one veteran described, before then he'd *'never been to a Jobcentre in my life'* (*Veteran claiming UC, Cohort 2, Wave A*).

Overall, the interactions with the DWP during Covid-19 were described positively and were perceived as reassuring given that participants had limited options to engage in work-related activity, but also given the anxiety that was experienced during this unprecedented period. Participants described how contact from the DWP during that time seemed to focus more on checking on their wellbeing and that these were positive interactions. However, it was evident that some participants experienced challenges when the lockdown restrictions were eased and the 'light-touch' conditionality of the pandemic ended. The case study of 'Patrick' illustrates the sometimes counterproductive⁶⁵ nature of conditionality, demonstrating how the rather 'jarring' (re)introduction to conditionality had not led to his engagement in work-related activity; rather, it had led him to move further away from paid employment.

The case study of 'Patrick' isn't an isolated example within our study, and there were other veterans who were concerned about the return to 'business as usual' following the pandemic. For several participants, particularly where they were experiencing mental ill health, the cessation of mandatory interviews at JCP offices had been a relief:

I've had Covid three times now, so my energy levels have plummeted... In a way, this pandemic that we've had has been a bit of a godsend to me because, before the pandemic, you had to go out and do a face-to-face meeting, so it's the travelling, the expense of the travelling... I'm easily defeated. (*Veteran claiming UC, Cohort 2, Wave C*)

All the face-to-face stuff and all that lot just went... one saving grace in the whole of my Universal Credit experience... I am gravely concerned about going back in there to go and see them, because they don't do the thing of being on time or punctual, and that drives me to insanity. (*Veteran claiming UC, Cohort 2, Wave A*)

Our consultation with DWP AFCs also confirmed how the post-pandemic introduction of conditionality to those who had not experienced it before had created challenges. This included veterans who were failing to attend appointments, which could subsequently result in a benefit sanction (see the discussion on sanctions below):

We went from having our Jobcentres closed, and all appointments were done over the phone, to then having mandatory appointments in the Jobcentre. That really shook a lot of people, especially if they've got PTSD, mental health, other health disabilities and stuff. They had signed on to Universal Credit when Covid was happening, so they didn't know that they'd have to come into the Jobcentre... there was a lot of people failing to attend. (*DWP AFC*)

⁶⁴ See: Edmiston, D., Geiger, B.B., De Vries, R., Scullion, L., Summers, K., Ingold, J., Robertshaw, D., Gibbons, A. and Karagiannaki, E. (2020) Who are the new COVID-19 cohort of benefit claimants?, *The Welfare at a (Social) Distance* project, online at: <https://salford-repository.worktribe.com/output/1351424/who-are-the-new-covid-19-cohort-of-benefit-claimants-welfare-at-a-social-distance-rapid-report-2>

⁶⁵ Wright and Dwyer (2022) op cit.

Case Study: 'Patrick'

Patrick was in his 50s and was one of the new UC claimants within our sample. He had left school before completing his secondary education and joined the armed forces, serving for six years before leaving as he wanted to spend more time with his family. However, Patrick's marriage had broken down shortly afterwards, and, although his children lived quite near, he did not have any contact with them. He had worked in several different jobs since leaving the armed forces, often short-term in duration, and described *'a series of jobs from one job to another, just trying to find my place in life'*. He also described a period of homelessness before he was offered accommodation by his local authority.

We first interviewed Patrick in July 2021. He described starting to experience issues with stress and alcohol around 15 years after leaving the armed forces. He also referred to a range of long-term physical and mental health challenges, indicating that his mental wellbeing had declined considerably over the last year to the point where he didn't want to open the door to anybody or answer the telephone: *'I just refused to engage'*. He described experiencing a more significant mental health crisis (in mid-2021) and was subsequently being supported by a mental health social work team.

Patrick had claimed ESA for a short period of time in 2019/2020, where he described *'failing'* a WCA and being transferred to JSA. He had found employment, but it was only for a short, three-week period in early 2020. On leaving this job, he had lived off some savings for a while before applying for UC at the onset of the pandemic. Patrick indicated that for over a year (from his initial claim at the beginning of the pandemic up until May 2021) he had been categorised as *'fit for work'*. However, he described how all his contact with the DWP had been online or over the phone and referred to the early positive nature of his interactions with the DWP, which appeared to be focused on his wellbeing:

I had a lovely woman ring me up... She was very empathetic... She said, 'You can't come into the office, because nobody can go in. We're all working from home.' She said, 'We're going to do it all remotely. Do you have a problem with that?' I said, 'No.' She goes, 'Okay then, we'll keep in touch. Don't bother about stressing out and whatever. We'll keep in touch once a month...' The person didn't give me any grief... they would just ring me up and say, 'Are you alive? Are you well? Are you basically happy? Okay, then... I'll call you again next month.'

This approach had lasted until around May 2021. At that point, he described experiencing what he perceived as a notable shift in attitude from the previous *'very friendly telephone conversation'* when a different Work Coach phoned from his local JCP *'asking me to come in, and they would like to interrogate me further on what I was doing with my time'*. He described how the new Work Coach had stated explicitly:

The softly, softly approach was ending, and it was going to be, you know, forensically look at whether you've been doing enough... the lockdown, as far as the Jobcentre was concerned, was over and that things were getting back to normal.

When asked how he felt about the change in approach, he replied *'Depressed, depressed, depressed'*. Fearing what would happen to him and particularly the potential that he might experience a benefit sanction, he had contacted a third-sector organisation that had supported him to get a *'fit note'*, which had been shared with the DWP. He described their response:

'Well, that's very good, but we're still going to put you on a work programme with [private sector provider]... So, I said, 'Well, what's the point of that if I've got a three-month sick note?' 'Well, it's part of our programme, and you've got to do it anyway or you'll be sanctioned.' I explained to them, 'What was the point of actually getting the sick note in the first place?' They said, 'Well, there's categories of sick, and, even if you're in a wheelchair, whatever, you still can do some form of work.'

He attended several meetings with a private sector employment support provider, describing these as a

'waste of time, because, as soon as I went there and I had an interview with the person who was there, they said, "Well, we can't find you any work, because you're not fit for work, but because you've been put on this programme, I can't take you off it"... after a while the guy just said, "You're not taking it seriously. We're not taking it seriously. Don't bother coming in anymore. We'll just pretend to do an interview over the telephone until we can get this sorted out."'

After several months of this, he recontacted a charity, which advised him to apply for a WCA. This took place over the telephone, and he praised the HCP:

She was very nice. She was an independent doctor... and she said, 'Yes, I can guarantee that this is going to come back in your favour', and it did.

I had a few [veterans] saying to me, 'No one spoke to me for years, and now you want me to come in twice a week?' I said, 'Well, look, I'd try and row with the boat a little bit...' I suppose, for them, it was like going from nice-and-fluffy DWP, very light-touch, to then, 'Right, get in twice a week, and you've got to see these people.' It was very regimented... it's thrown a lot of people, especially [those] with issues. (DWP AFC)

However, there were participants in our sample for whom the lifting of pandemic restrictions and the return of in-person JCP appointments had been positive. For example, one veteran whose benefit claim had been initiated during the pandemic described receiving a text message requesting him to come to a face-to-face meeting with his Work Coach. The visibility of his health condition during that appointment had led to him being sent the forms to apply for a WCA:

I didn't know nothing about it until about a year and a half later when I had to go to the actual interview at the Jobcentre place... I was worried, you see. I just thought, if I can't work, they're not going to give me Universal Credit. I didn't really understand it, so I thought I've got to. Even if I can't walk, I've got to find a job doing something. That was what was in my mind... Over the pandemic, I never spoke to no one. You just had to fill your journal in, didn't you?... but when they opened up, and I went down for an interview, he said, because I had my crutches, he says, 'You all right? You had an accident?' I said, 'No, it's my leg.' I didn't really know it was my spine then. I said, 'No, my legs keep seizing up.' He said, 'You can't work like that', and he sent me a form. I filled that in, and then they put my money up and said that I'm unable to work... He was a nice fella, and he's the one that actually started the ball rolling for me. (Veteran claiming UC, Cohort 2, Wave B)

It was therefore a mixed picture in relation to both negative and positive experiences during, and in the aftermath of, Covid-19. Although the cessation of conditionality during the pandemic was overwhelmingly experienced as a relief by participants, this did not always negate the desire for some form of regular contact. There is also a distinction to be made between the return of conditionality and the return of in-person contact where that in-person contact was focused on offering support rather than mandatory expectations and a push towards potentially unsuitable employment.

6.4 The spectre of benefit sanctions

Benefit sanctions have received increased attention in recent years, and the Welfare Reform Act (2012)⁶⁶ extended the scope of conditionality and the application of sanctions to ever wider groups of claimants, including those in work and those with disabilities and health conditions. The period 2010–2016 has sometimes been described as the 'great sanctioning drive'⁶⁷, whereby the number of benefit sanctions significantly increased, reaching an unprecedented peak in 2013, before being reduced in subsequent years. Despite evidence of the negative and counterproductive impacts of sanctions – including the DWP's own evaluation of sanctions⁶⁸ – the DWP appears committed to the use of sanctions as 'fair and effective in promoting positive behaviours to help claimants into work'⁶⁹.

Across our veteran sample, 31 participants (29%) had experienced a benefit sanction at some point while claiming benefits. As the project was longitudinal, we can see that people's experiences of sanctions matched that period described above where the use of sanctions was more prevalent. For example, 21 participants (31%) in Cohort 1 had experienced a benefit sanction, with the majority of those being prior to our first interviews undertaken in 2017. For those in Cohort 1 who completed all five waves of the study, no one reported experiencing a sanction in the later phases of the project. At the first round of interviews with the newly recruited UC sample (Cohort 2), 10 out of 40 participants (25%) reported having received a benefit sanction. Of those, five described historic penalties (i.e., prior to joining the study), while five received a sanction during our study.

With regard to both historic and more recent experiences of sanctions, the main reasons given for receiving a sanction related to non-attendance or late attendance at JCP appointments, non-compliance with agreed work-related activities (e.g., the agreed number of job search hours) and incomplete or incorrect information on the online journal. However, a small number of participants believed that they had been erroneously sanctioned because of administrative errors made by the DWP. Perhaps unsurprisingly, and supporting existing research on benefit sanctions, the experience and impacts of being sanctioned were described as profoundly negative, with participants referring to financial hardship, food insecurity and impacts on health.

⁶⁶ Kennedy, S., Hobson, F., Mackley, A., Kirk-Wade, E. and Lewis, A. (2022) Department for Work and Pensions policy on benefit sanctions, House of Commons Library, online at: <https://researchbriefings.files.parliament.uk/documents/CDP-2022-0230/CDP-2022-0230.pdf>, p. 3.

⁶⁷ Webster, D. (2016) 'Explaining the rise and fall of JSA and ESA sanctions 2010–16', Briefing, supplement, 3 October, Glasgow: University of Glasgow.

⁶⁸ DWP (2018) The Impact of Benefit Sanctions on Employment Outcomes: Evaluation Report, online at: <https://www.gov.uk/government/publications/the-impact-of-benefit-sanctions-on-employment-outcomes-draft-report>. Although produced in 2018, the report was not available to the public until April 2023.

⁶⁹ Kennedy et al. (2022) op cit., p. 4.

Although most experiences of benefit sanctions were historic rather than occurring during the lifetime of the project, these experiences often created an entrenched and long-standing sense of injustice amongst our veteran participants, particularly where people felt that there were 'double standards' being applied in relation to appropriate behaviour. Some veterans described the significant power imbalance that was evident in their relationship with the DWP, whereby a minor 'transgression' on their part could result in a benefit sanction, but with no means of applying reciprocal pressure on DWP staff if they failed to meet service expectations:

You put stuff on your journal and update it, and you could wait weeks for it to be updated, if it ever gets updated, yet if you don't respond to them within 24 hours, they screw you. They sanction you. It's mad. (Veteran claiming UC, Cohort 1, Wave D)

This could be particularly challenging for veterans, where there were often expectations related to the characteristics and culture of the armed forces that service providers would be disciplined and punctual in their service delivery. Several veterans felt that they could not hold DWP staff to the same standards that were expected of them as benefit claimants (e.g., punctuality and speedy provision of information):

I found them unreasonable in not responding in an appropriate [time frame]. I've only got a certain amount of time to respond to them when they tell me. I can't put a caveat on and say, 'I want a reply by close of play today.' (Veteran claiming UC, Cohort 2, Wave A)

'You must be available between these times tomorrow.' So, they would give you a timing, and, I'll be honest with you, what I did find is that they would ring early or ring late; they wouldn't ring between these times, which I found – especially, the late ones – I found very stressful because then I was worried that I'd miss the call and I'd be in trouble or something... We believe, as veterans, because we were – we were, obviously, indoctrinated into this, that the system works. We believe the system works, and we believe that the system will find what it is we need... but when I actually went in [to the benefits system], this is what I couldn't understand. (Veteran claiming UC, Cohort 2, Wave A)

Although our interviews did not reveal many recent experiences of being sanctioned, it is important to note that awareness (and even fear) that a benefit sanction could be applied remained problematic. Existing research highlights how the fear or threat of a benefit sanction can provoke anxiety, depression and hypervigilance⁷⁰, all of which were evident within our study when veterans described reactions to the fear of being sanctioned:

I don't know how to explain it: something that all veterans struggle with when they have a diagnosis of PTSD. It's quite well known, that, isn't it? There are so many ways that interacting with that institution can go wrong. The thought of having to send one email and then having whoever it is on the other end of the email having a go at me or doing this or doing this and sanctioning this and doing this and raising the threat level and f**king scaring the s**t out... No, you must do... I would rather f**king die than go through all that f**king s**t. I really would... (Veteran claiming ESA, Cohort 2, Wave A)

The amount of times she [Work Coach] threatened to sanction me is unbelievable. I was scared to – if I don't get paid, I can't live. I would lose my house and everything. It's got a massive knock-on effect... (Veteran claiming UC, Cohort 2, Wave A)

It was also evident that historic experiences of benefit sanctions eroded trust in the benefits system, even where more recent interactions had been positive, demonstrating that the narrative of sanctions will remain a 'spectre' for many years and will require the rebuilding of trust. The case study of 'John' illustrates how both the threat and the experience of benefit sanctions can become a counterproductive all-encompassing aspect of someone's benefit claim.

⁷⁰ Wright, S., Fletcher, D.R. and Stewart, A.B.R. (2020) 'Punitive benefit sanctions, welfare conditionality, and the social abuse of unemployed people in Britain: Transforming claimants into offenders?', *Social Policy & Administration*, 54(2): 278–294.

6.5 Summary

Welfare conditionality plays a key role in how veterans experience the benefits system. Our participants sometimes struggled to understand changing expectations from the DWP, with Work Coaches playing a pivotal role in shaping their experience. However, the picture was inconsistent. Some veterans had benefited from Work Coaches who had adjusted conditionality based on their understanding of participants' military background and circumstances. Others felt that their Work Coach lacked

understanding of their backgrounds, which manifested in two significant ways: (i) lack of adjustment of conditionality around their health conditions; or (ii) being pushed towards jobs that were inappropriate for their skillset. The Covid-19 pandemic brought a temporary relaxation of conditionality, but its re-introduction posed challenges, pushing some veterans further from the labour market. A minority of veterans had experienced sanctions, which caused feelings of injustice, especially in contrast to the professionalism and respect they were accustomed to in the armed forces.

Case Study: 'John'

John had served six years in the armed forces during the 1990s. After leaving, he had moved into employment for private security companies (including working in conflict zones). He was part of Cohort 1 recruited for the study in 2017. His last employment had been approximately three years before his engagement with our project, and he did not return to work throughout the course of the research. He had been diagnosed with PTSD and was under the care of mental health services. He also had physical health issues. He was living in supported accommodation across the five interviews conducted between 2017 and 2023.

He was in receipt of UC at all five interviews. At the first interview, he was appealing against a WCA decision that had placed him in the limited capability for work category that required work-related activities. The experience and threat of sanctions was a significant focus of the interviews with John during his engagement with our research. At the first interview (2017), John described historic experiences of benefit sanctions relating to an earlier JSA claim. This was something he still felt was unjustified, given that he had been homeless at the time, but the experience had altered his behaviour, and he expressed a determination, but also anxiety, around ensuring he complied to the last detail of his claim.

At the second interview (2018), he stated that he had been threatened with a sanction. He indicated that he always made sure he kept all his appointments with the

doctors and retained all the evidence *'because if you don't, like I say, that's one of the reasons they'll sanction you'*.

The fourth interview revealed that he had been sanctioned because he had not submitted a medical document during the pandemic, but this had been withdrawn when it became clear the doctor had been unavailable. After moving home (within the supported accommodation), he was sanctioned again (recounted in the fifth interview) and rang up to enquire why. This sanction was also cancelled *'because they sent letters to my old address, even though I had updated them. It's even in my journal.'*

Overall, he felt the whole experience was triggering for his ongoing anger issues, explaining that:

This is the whole point why I don't like dealing with these people... all you're doing is making my condition worse, so the likelihood of me getting [employment] is even less likely'. At his final interview, he described feeling apprehensive about the impending requirement to attend a face-to-face meeting at JCP: 'all I've got is a message saying I've got to go there, and, if I don't, I'll be sanctioned... Considering I've been trying to contact them and I've done everything they want, and then they send you a threat, it is a threat. It's like, 'Do this, this time; no excuses, or you're sanctioned.'



7. The importance of the DWP Armed Forces Champions

The DWP's network of DWP AFCs is a crucial part of the support aimed at assisting current and former armed forces personnel and their families in accessing JCP and other mainstream benefits services. Established in 2010 as part of the DWP's commitment to the Armed Forces Covenant, the DWP AFC role was initially intended to offer advice and guidance to JCP advisers on issues pertinent to the armed forces community and to promote collaboration between JCP and the armed forces community, rather than directly interacting with customers.

In our earlier project report in 2019⁷¹, we highlighted concerns around inconsistencies in this provision but also emphasised the critical support provided by the DWP AFCs where the role was being delivered well. Since then, partly due to our research⁷², the DWP has enhanced its support. In April 2021, a new model for the DWP AFC network was launched, formalising the DWP AFC role with a commitment to having at least one DWP AFC in each JCP district. Previously, the DWP AFC role was one of several roles a staff member might have; it is now a dedicated, substantive role with a specific job description. The current DWP AFC role is also customer-facing, providing support to veterans and their families on a range of benefits and other issues. Additionally, a new DWP Armed Forces Lead role was introduced at the middle management level to oversee the work of the DWP AFCs⁷³. There are now reportedly 50 DWP AFCs and 11 Armed Forces Leads⁷⁴. Since 2021, the DWP AFC role has been promoted as a flagship initiative in the DWP's contribution to the Covenant Annual Report⁷⁵.

We have engaged with the DWP throughout the lifetime of our project. This has included consulting with DWP AFCs through a series of focus groups. During the initial phase of the project (2017–2019), we conducted three focus groups with 15 DWP AFCs (two in Northern England and one in Southeast England). These sessions examined their roles within the armed forces community, their approaches to providing support and their views on the key challenges veterans faced within the benefits system. In the project's continuation, we held three additional focus groups in February and March 2023 with nine participants, primarily DWP AFCs and some new DWP Armed Forces Leads. Like the earlier discussions, these focus groups explored perceptions of the issues veterans face in the benefits system and the support provided to address these challenges. Importantly, we were also able

to explore how the DWP AFC support has evolved since the enhancement of the role and the introduction of the DWP Armed Forces Leads.

In this chapter, we draw on insights from the DWP AFC focus groups, as well as our interviews with veterans and stakeholders, to highlight the significance of the DWP AFC role when executed effectively. We also highlight some of the ongoing challenges and inconsistencies in this provision.

7.1 Exploring the support provided by the DWP AFCs

This first section examines the support that was being provided by the DWP AFCs. We draw heavily upon the accounts of DWP AFCs; however, these perspectives are also compared with those of veterans and wider stakeholder organisations. More specifically, this section explores how DWP AFCs were approaching providing personalised support within a system that often prioritises rapid entry into work, as well as where they were able to mitigate some of the challenging aspects of the system.

Person first, not 'work first'

As highlighted in Chapter 6, the UK social security system has sometimes been characterised as a 'work first' system⁷⁶, which prioritises rapid movement from the welfare system into employment. Our evidence demonstrates how feeling pushed to take 'any job' and some of the mandatory work-related expectations could be problematic for veterans, particularly where people were experiencing ill health or where there was a mismatch between veterans' skills and aspirations and the jobs they were expected to take.

The approaches of the DWP AFCs, however, offer an important counter point demonstrating how person-centred approaches that support claimants to address fundamental key challenges first and foremost were more effective than expecting engagement with work and work-related activity when people were not ready. Indeed, there were several examples from the focus groups where DWP AFCs described the need to address various barriers before considering supporting veterans to access employment opportunities:

⁷¹ Scullion et al., (2019) op cit.

⁷² FIMT (2020) Forces in Mind Trust (FiMT) 2019 Impact Report, online at: <https://s31949.pcdn.co/wp-content/uploads/20200717-FiMT-Electronic-Impact-Report-2019.pdf>

⁷³ <https://www.cobseo.org.uk/championing-support-for-our-armed-forces-community/>

⁷⁴ These figures were provided by then Welfare Delivery Minister Will Quince MP in response to a House of Commons question on Armed Forces Champions (see: <https://questions-statements.parliament.uk/written-questions/detail/2021-07-14/33114>). Consultation with the DWP clarified that the number relates to 50 full time equivalent posts and therefore is not directly equivalent to 50 individuals, as some staff will be part-time. Consultation with some DWP AFCs suggested that the current number of DWP AFCs was uncertain.

⁷⁵ See: MoD (2023) The Armed Forces Covenant and Veterans Annual Report, online at: <https://www.gov.uk/government/publications/armed-forces-covenant-and-veterans-annual-report-2023>, p. 81.

⁷⁶ Kowalewska (2017) op cit.; Peck and Theodore (2000) op cit.

We have a one-to-one conversation with them, asking them to explain to us the situation: what they are doing; what support they need. Most of the people have mental health problems, and they need the support to, first of all, be better mentally and health-wise and then think about the job. Then we have lots of people who are homeless. We deal with that as well. (DWP AFC)

A [veteran] had multiple barriers: living in a van, a mother with dementia, severe mental health issues, paying for his own psychiatrist, had been in uni but dropped out due to his mum's situation and had no money to live on because his psychiatrist's fees consumed all his Universal Credit money. One of our AFCs worked with him, breaking down each barrier one at a time. Initially, he didn't want to speak to her, but she spent an hour and a half just allowing him to open up and tell her everything, building that trust. We managed to get him into housing, back into uni, on a health journey with more income every month and on PIP for his mental health issues. I told her, 'You've changed that man's life.' (DWP AFC)

The positive impact on mental health was perhaps the most significant outcome for veterans, as one described:

My anxiety has dropped right down... the bloke who I've got at the Jobcentre, he's the Armed Forces Champion... and he's absolutely brilliant. (Veteran claiming UC, Cohort 2, Wave B)

The approaches of the DWP AFCs also often provided an important contrast to the support that Work Coaches could provide, with *time* a critical factor here. Our research highlighted numerous instances where DWP AFCs offered ongoing tailored support that would have been challenging for Work Coaches due to their significant caseloads and the time constraints they sometimes face in managing those caseloads. As some of the DWP AFCs noted:

The Work Coaches, generally speaking, will get ten or 15 minutes with a customer, that's it... I've been on the phone for nearly three hours, and it's just down to what that customer needs, and it's important time. (DWP AFC)

Our initial conversations with people, our first contact, is about an hour. You can't do that in the Jobcentre, and it is building that trust. I think that's really important. (DWP AFC)

Indeed, one DWP AFC explicitly stated that it was the enhancement of the DWP AFC role in 2021 that enabled them to now devote the additional time required to effectively support people:

Before 2021, we had single points of contact who were just Work Coaches, and they didn't have the time and effort to dedicate. The Armed Forces Champions role and the Lead introduced in 2021 provided that allocated time. When seeing a Work Coach, you get a ten- or 20-minute appointment, but veterans don't get a chance to open up in that time. With the Armed Forces Champions, we can spend more time with them. (DWP AFC)

However, it was evident that offering sufficient time to veterans was often coupled with offering flexibility in relation to how the interactions took place. This came from a recognition that some veterans, particularly those experiencing mental ill health, could find the JCP environment challenging. As such, the DWP AFCs used their discretionary powers to match the method of contact to the needs of the individual veteran who they were supporting.

A striking example of the effective delivery of personalised support was provided in one of our joint veteran and spouse interviews below. This participant had been medically discharged from the armed forces and had subsequently been diagnosed with PTSD related to his time in service. He also had a serious long-term neurological disorder. His mental and physical health issues had led to him needing to claim benefits in the first place. However, for him and his spouse the experience of navigating the benefits system had created severe anxiety. Although he had initially been told by his local JCP that they didn't have a DWP AFC, he was eventually contacted directly by his local DWP AFC. This veteran and his spouse described how they were supported in several substantive ways over a period of years. This included the DWP AFC visiting them at home, helping with benefits assessments and supporting with accessing service medical records:

Spouse: [DWP AFC] came out and seen us... [they] said, 'Can I come to the house?'... about the time of the appointment my husband was getting really anxious, so the [Armed Forces] Champion basically rang them and said, 'Look, he's not going to be able to do it', and rearranged the appointment for us. I get the odd email every now and then. He's just checking in, basically, seeing how things are and making sure everything's all right.

They also described how the DWP AFC had subsequently accompanied the veteran to his PIP assessment and had helped his spouse to access Carer's Allowance:

Veteran: [DWP AFC] basically said, 'I'm a friendly face. You've worked with me... Let me come with you.' Don't get me wrong, [the AFC] didn't influence the assessment in any way.

Spouse: [the AFC] did help me. [They] asked me, was I on Carer's Allowance? I said no... I said, obviously, I was just plugging on in life. I didn't think, well, anything like that. [DWP AFC] said, 'Well, maybe we could go through the forms and what not.' I said, 'Yes, okay', and I ended up becoming the carer for my husband. (Veteran claiming ESA, Cohort 1, Wave B)

After a period where both had been working, at our fifth interview the couple had needed to claim UC. They had contacted the DWP AFC again, who had then supported with that process: '*Because I kind of didn't know what I was supposed to be doing... Yes, [name of AFC], true to form every time I need him*' (Veteran claiming UC, Cohort 1, Wave E). Reflecting on their interactions with their local DWP AFC, the couple felt that, over the extended time that they had engaged with the benefits system, the treatment of veterans had improved. The existence of the DWP AFCs was seen as essential to this:

I definitely feel like, over the years, whatever it is, whatever they've worked at or whatever they've put in place with the Government, it's definitely worked... everyone seems to be a little bit more educated on it or a little bit more understanding that you're a veteran, if that makes sense... If you've got someone like [name of AFC] in that area, it's going to work. (Veteran claiming UC, Cohort 1, Wave D)

The DWP AFC who had supported this couple was also mentioned by other veteran participants in our study and was commended by stakeholder partners for their activity.

It was also evident that the introduction of the armed forces 'marker' or banner on UC had become an important part of the process of identifying veterans within the benefits system and ensuring that they were subsequently contacted about any additional support needs or directed to the DWP AFCs. Several DWP AFCs described the technical process whereby if someone clicked 'yes' to having served in the armed forces the system would bring up an additional banner, which the Work Coach could access to view additional support options and refer individuals to the DWP AFCs. One DWP AFC stated that they would advise staff to send cases to them for review so they could look at veterans' circumstances and do a 'benefit health check', e.g., to ensure they were claiming the benefits that they were eligible to claim:

We say, if you see the banner, send it to us. We can review it and see everything's a-okay. We may review. Part of it is a benefit health check on that. We may look at the customer's circumstances, some of the things they've said in the journal. We can have a look and think, hmm, they're not claiming PIP, based on some of the information they provided, potentially. So, we will send just a journal message through explaining who we are, asking if we could give them a courtesy call just to have a conversation around their circumstances and see if we can provide some additional support. (DWP AFC)

However, some veteran participants felt that there had been no subsequent follow-up by their Work Coach when they had ticked 'yes' to the armed forces question:

Veteran: They just wanted to know why I left and would I ever go back and that...

Interviewer: Did they give you any specific support or any kind of specific links to forces support

Veteran: No.

Interviewer: It was just in terms of this was part of your work history?

Veteran: Yes, yes. (Veteran claiming UC, Cohort 2, Wave A)

It was therefore unclear how consistently identifying as a veteran had led to further information or support (see the discussion on inconsistency below).

Partnership working

An essential aspect of being able to support veteran claimants to address various complex needs and barriers was partnership working with relevant local services. It

was evident that many DWP AFCs played a key role in bringing together key statutory or specialist organisations to support an individual:

I'm the first point of contact. Very often, they [veterans] come in. They've got no idea. They just get told to go to the Jobcentre... Basically, you pick up the pieces, trying to put a support network round them. I work very, very closely with [local authority]. I also work very closely with [specialist third-sector organisation]. We usually try and tackle everything within that first interview. It's an awful lot to take on. It usually means finding out about their health, their housing, family. I get heavily involved in that... bring the Work Coach into it. It could even mean taking the person over to the provider to try and tackle their housing and then trying to get the person from the council to come in as well and try and put everything in place... It's a lot of working together, really. (DWP AFC)

This included instances where DWP AFCs had physically walked people over to introduce them to local charities and support organisations. For example, we interviewed a female veteran who was caring for her partner (who was also a veteran) but was experiencing her own mental health issues and, as such, was finding it difficult to approach JCP. When it had emerged that she was a veteran, she had been introduced to the DWP AFC in her local JCP office. She described the support she had received from the DWP AFC:

I got diagnosed with anxiety and depression a few months ago. I had to go to the Jobcentre to claim benefits. I had an absolute nightmare... I'd been put on antidepressants and everything. Then I went into the Jobcentre, still took a little bit of time with the asking what I need to get and stuff. Then they said, 'You're ex-forces, aren't you?' They said, 'You need [DWP AFC]'; and then [DWP AFC] took over from there, and it was all right... He walked me over to [the armed forces charity] because of the anxiety thing and stuff like that. He physically walked me over and introduced me to everyone. (Veteran claiming ESA, Cohort 1, Wave B)

The focus groups with DWP AFCs highlighted specific outreach work that they had undertaken with armed forces charities and statutory support such as NHS OP COURAGE. This included two-way knowledge exchange whereby DWP AFCs delivered sessions for external stakeholder organisations on the benefits system but also shared specialist information from armed forces organisations with DWP staff. One DWP AFC noted how many new clients had been identified through this outreach work:

The [DWP] Champions will go out to outreach, meet somebody, then they'll come back into work, and they'll pick up anything that they can't deal with there... we're getting a lot from charities that support customers with PIP applications. (DWP AFC)

This outreach work was evident within the testimony of veteran participants. For example, one veteran had recently become aware of the role when a DWP AFC introduced himself at a 'drop-in' held at the armed forces charity he attended. Another veteran, who again had

been introduced via an armed forces charity, described how this introduction had been essential in supporting his access to benefits:

Well, initially there were doubts as to whether they were going to give me the full benefit. The counsellor within [armed forces charity] said, 'Hold on. Don't worry. We've got the [DWP] Armed Forces Champion. I'll get in touch with him.' Literally two days later it was approved. Everything was approved. (Veteran claiming UC, Cohort 2, Wave B)

It was also evident that some DWP AFCs had established a reputation of trust within a local area to the extent that particular JCP offices had come to be perceived by veterans as a place to approach for support (even when not claiming benefits). As one DWP AFC noted with reference to one of her other DWP AFC colleagues:

She [referring to colleague in the focus group] recently just had a customer walk into the Jobcentre and ask for her. He's not on benefits, so he must've heard of us from a charity, but he's literally just walked in and said, 'Can I speak to [name of DWP AFC], the Armed Forces Champion?' So, the word is getting out there. (DWP AFC)

Intervening to support veterans with negative interactions

The previous chapters have highlighted some of the negative experiences of our veteran participants during their interactions with various aspects of claiming benefits over time. In several cases, it was apparent that interactions with DWP staff had been antagonistic (including verbal arguments). There were also examples of interactions that could have led to the withdrawal or removal of financial support. It was evident that another key role of the DWP AFCs was therefore supporting the de-escalation of some of these negative situations.

A striking example of a DWP AFC intervening within the context of a long-standing negative experience is outlined by one participant below. This veteran described having complex PTSD and had experienced difficulties for almost 12 months relating to his movement from ESA to UC. He had been unable to get support to pay his rent, and this had exacerbated his mental ill health. However, once he had been introduced to a DWP AFC, this was resolved very quickly:

I was going through the mill with – I was on ESA, I think it was called... Then I had to transfer onto Universal Credit because it was the only way I could get help with my payment for my rent. They transferred me over, and that's when my problems really began. For nearly a year, I was fighting to get Universal Credit to help me pay my rent, and I was being passed from pillar to post. It was getting so bad that I'd spoken to my community mental health team about going back into hospital because it was stressing me out so much... Then, all of a sudden, I got a phone call from a guy called [name], didn't know him from Adam. I'd never had any experience of anything to do with help of any kind, because I've always found the benefits system, in a lot of ways, is designed to not help... I got this phone call from [name], and he explained to me that he was an Armed Forces Champion... I started getting messages flagged up in my journal on Universal Credit, saying, 'You need to read a message. You need to read the message.' This was less than an hour later. I got a message from a lady called [name], who was one of the financial managers, saying, 'We're going to do this.' You know, something that I'd spent a year and almost being returned to mental health settings trying to sort out took [the DWP AFC] less than an hour. An hour after that, I got another message saying everything had been sorted out. (Veteran claiming UC, Cohort 2, Wave A)

In some cases, the intervention of the DWP AFC would help to ensure that veterans did not experience some of the more punitive aspects of the benefits system: for example, intervening in situations where a benefit sanction could occur. One DWP AFC, for example, described how they liked to do routine checks on cases just to ensure that things were 'running smoothly':

Everything may be running smoothly, but I keep them on support because I just do a check, because, if they fail to attend an appointment, for example, and that communication's dropped off, I will try and reach out to them, as well as the Work Coach, and say, 'Hey, look. You failed to attend this appointment. You understand what the implications are. What's happening?' If I've got consent – so, for example, they're being supported by [armed forces charity] – and I know the caseworker, if I've got consent... I can then contact, send an email to say, 'This customer's not engaging with us at the moment. Have you got any contact? Please can you ask them to contact us ASAP', and things like that. (DWP AFC)

Similarly, there were examples of this type of intervention in our veteran interviews. One veteran, for example, described a 'fractious' relationship with his Work Coach, stating that '*They don't understand your mental health. They don't understand about what you can and cannot do realistically*' and recounting how, on one visit to JCP, he was completing some work search activity when the DWP AFC approached him:

'Why are you in here searching?' I was like, 'Because they've told me to. They won't give me this Universal Credit', and he's like, 'But you're not in that bracket... you shouldn't have to do that. You've got complex issues.' (Veteran claiming UC, Cohort 2, Wave A)

He described that soon afterwards he was supported through a WCA and was subsequently classified as LCWRA and therefore not subject to conditionality.

The DWP AFCs' understanding of military culture and how it could affect engagement, trust and expectations was essential. It was evident that some veterans had been supported by the same DWP AFC for several years, which meant they did not have to repeatedly recount their circumstances (including traumatic details) to new staff. Where there was this continuity of support, it enabled DWP AFCs to relatively quickly resolve any issues that were arising for the veterans on their caseload (see the section below for challenges when continuity and consistency were absent).

7.2 Understanding the ongoing challenges of the DWP AFC role

The section above has showcased various examples of positive support and outcomes related to the DWP AFC role. In our 2019 report from the project, we made a specific recommendation for the DWP to undertake a comprehensive review of the DWP AFC role, including reviewing the different models currently being used across the UK to map areas of good practice and identify areas requiring improvement; the development of a job description to ensure consistency in the delivery of the role; consistent training of AFCs; and a commitment to appropriately resource those undertaking the role. However, our recent evidence reveals that some of the earlier issues remain. This section highlights challenges that further investment in the DWP AFC network could address, offering significant benefits to veteran claimants but also those DWP staff who are undertaking the DWP AFC role.

Enhanced but still inconsistent

In our earlier reports in 2018 and 2019⁷⁷, we highlighted concerns around inconsistent support across the DWP AFC network and the degree to which different DWP AFCs engaged with the role. More specifically, there were felt to be geographical differences regarding the quality of support provided by the DWP AFCs, with some suggestion that this may have related to the role being assigned in addition to existing duties. Our earlier consultations with DWP AFCs suggested a lack of clarity about their role.

Although it was clear that the role had been enhanced, including the introduction of a job specification, and many DWP AFCs were able to provide more significant time and support (as evidenced in the previous section), our more recent consultations with both veterans and DWP AFCs demonstrated agreement that variations in coverage and

delivery of the role still existed. For example, one DWP AFC highlighted that, while some districts offered 'full support', others did not, adding:

Realistically speaking, it shouldn't be a postcode lottery depending on the people that need our support. It's not just the customers that need our support; it's the Work Coaches as well. (DWP AFC)

An issue noted by both veterans and the DWP AFCs was the transiency of the DWP AFC role. Although it was evident that some veterans had been supported by the same DWP AFC for many years, others had experienced significantly less consistent provision, as one veteran described:

Veteran: Guess what? They moved! [referring to DWP AFC] So, the one in [area 1] has gone. So, the one at [area 2] has gone. They haven't replaced them. I had one at [area 3], and she got moved to [area 4], and then she retired!...

Interviewer: Did that make a difference to you, then?

Veteran: Yes, massive difference. Yes... What happens when they're sick? What happens when they're on holiday? What happens when they get transferred out, like has happened to the two guys that we know?... they should have at least two or three that are trained as military champions to cover the move. (Veteran claiming UC, Cohort 1, Wave D)

It was evident that trust in the DWP could be significantly undermined through the experience of inconsistent support, an unexpected change in staff or allocation to new staff who were starting from a position of more limited knowledge (particularly in relation to the needs of veterans). For example, one veteran described how his PIP had stopped, and he had subsequently contacted his DWP AFC for support but had received a text from her saying that she had moved on, and the role was no longer her remit.

One veteran, who had complex mental health issues, described having had an argument with DWP staff during a visit to JCP. Following this confrontation, at his next JCP appointment he had been introduced to the DWP AFC, which had transformed his interactions with the DWP:

When I informed [them] that I was an armed forces veteran, they said that they had a veteran liaison officer, and there was this guy called [name]... What an amazing man! I went in there because I was meant to do stuff online, and I'd been trying for days to do this stuff, and I managed to write [DWP AFC] a message, and he went above and beyond to help me and help others as well, all the other veterans I know, when they go into the local DWP office. (Veteran claiming UC, Cohort 2, Wave A)

This DWP AFC (who the participant indicated was also a veteran) advised him to go to the doctors to get a fit note and supported him to be placed on limited capability for work due to his current mental health issues. The veteran participant went as far as indicating that he would have

taken his own life without the support and intervention of the DWP AFC. However, unfortunately the DWP AFC had recently moved to another JCP office, following which our veteran participant had been assigned a 'regular' Work Coach. He indicated that he had subsequently experienced a noticeable drop in the support provided to him:

They took [DWP AFC] away and sent him to another office somewhere else. There's no other Armed Forces Champion in there, so now I've got this other lady. I think she's sent me one message in the whole time... (Veteran claiming UC, Cohort 2, Wave A)

Awareness and visibility of the DWP AFC role

Our earlier reports identified a lack of visibility of the DWP AFC role when veterans and stakeholders were trying to identify and connect with a DWP AFC through local JCP offices. Our more recent consultations indicated that this challenge remained, relating to a lack of visibility of the DWP AFC role *within* the DWP. More specifically, there were instances where Work Coaches appeared to be unaware of the DWP AFC role, even when a DWP AFC was based within the same JCP office. For example, one veteran, after receiving contact details for his local DWP AFC, described how:

[I] tried to get hold of them [DWP AFC] a few times, but they [JCP staff] were just like, 'We don't know what you're talking about – a veterans' champion?' I was just like, 'Well, I've got this. Do you know this man?' 'No.' Well, I went, 'I've got his address. It says he works here.' 'No.' (Veteran claiming UC, Cohort 2, Wave A)

This challenge was noted by the DWP AFCs themselves, with one identifying it as the 'biggest barrier' to the effective delivery of their role:

The biggest barrier to me doing my job is that people in my Jobcentres still don't know I exist. We send a newsletter to them: a jobs newsletter and another newsletter to them, every single staff member in [our district] every month, and people still don't know who we are. (DWP AFC)

However, it appeared that, even where the role was promoted by JCP staff, there were occasions where the Work Coach couldn't provide any further information about the DWP AFC role. As one veteran highlighted:

The only thing he [Work Coach] said really was it... it's a support thing. That was it. He didn't go into any detail about it at all. He asked if I'd heard of it [DWP AFC], and I said, 'No.' So, I just wanted him to... you know what I mean, it's full cat out of the bag, 'Come on, mate. I haven't a clue. Tell me.' He just went, 'just... like a support thing.' (Veteran claiming UC, Cohort 1, Wave E)

Additionally, there appeared to be occasions when the DWP AFC themselves didn't promote their role. For example, one veteran discussed how his Work Coach hadn't revealed that he was the designated DWP AFC, despite the veteran disclosing his armed forces background:

Well, that's the funny thing: he [Work Coach] was aware of it [his armed forces background], and then, when I had been on the course at [armed forces charity], they said that every Jobcentre will have a specific person who deals with veterans. When I went back, it was him. He was the person that was looking after veterans, and he had never told me. He'd never said to me, 'I look after the veterans.' It wasn't until after the fact that I said, 'Look, who's the op coach for veterans?', and he went, 'Well, it's actually me', and I said, 'Well, why did you not tell me that?' He said, 'I didn't think it was relevant', and I was like, 'Well, it is obviously relevant. I'm ex-forces, and you're supposed to be an ambassador for veterans in this place of work.' (Veteran claiming UC, Cohort 2, Wave A)

Although many of our veteran participants were aware of the DWP AFC role, this awareness hid gradations of understanding about the role and what support was provided. Many participants had only a vague understanding of the nature of the DWP AFC role – *'Does ring a bell, I've got to say, but I couldn't tell you what it is'* (Veteran claiming UC, Cohort 2, Wave A) – while some had been told about the role by JCP staff but had not met a DWP AFC: *'Never met one; they're like unicorns'* (Veteran claiming UC, Cohort 2, Wave A). However, it was clear that a number of our veteran participants had never heard of the DWP AFC role, even when asked in more recent interviews when the role had been enhanced. This suggests that awareness-raising remains an issue, at least in some geographical areas.

The uncertainty of funding

The DWP AFCs who took part in the focus groups often had a significant sense of pride in the role that they were undertaking, with many also holding the opinion that the role should be delivered properly by those tasked with undertaking it but also that the role needed to be appropriately resourced, given its significance. The earlier focus groups with DWP AFCs (2018) highlighted the need for recognition and resourcing:

I think it would be nice if you recognised it from senior level that we do really good work with this particular group, if we had some resources saying, 'There's your resource for it. This is your allocation', instead of just an add-on. (DWP AFC)

Although the subsequent enhancement of the role appeared to have provided some of the requested recognition, the more recent focus groups with DWP AFCs (February–March 2023) highlighted that resourcing remained the key challenge to the effective delivery of the role. More specifically, a significant barrier related to the year-on-year resourcing model of the role, rather than it being a permanently resourced and ongoing aspect of DWP support. Indeed, this was identified by several DWP AFCs as a considerable obstacle to providing consistent and sustained delivery:

The Government, obviously, fund us. Every March it comes out, how much money the DWP have got. Then it's up to the bosses to decide, 'Are we renewed for another year or so?' To me, it just makes sense that we're part of the Armed Forces Covenant. (DWP AFC)

Some DWP AFCs noted how the uncertainty of the longevity of the DWP AFC role could influence staff decision-making around moving to other positions: again, impacting on turnover within the role and consistency of delivery.

It was also suggested that external partners and stakeholders were concerned about the uncertainty of the continuation of the role, particularly given the importance of partnership working, as highlighted above. One DWP AFC, for example, had developed a positive relationship with a local military barracks, who were 'stunned' that the DWP point of contact might be removed:

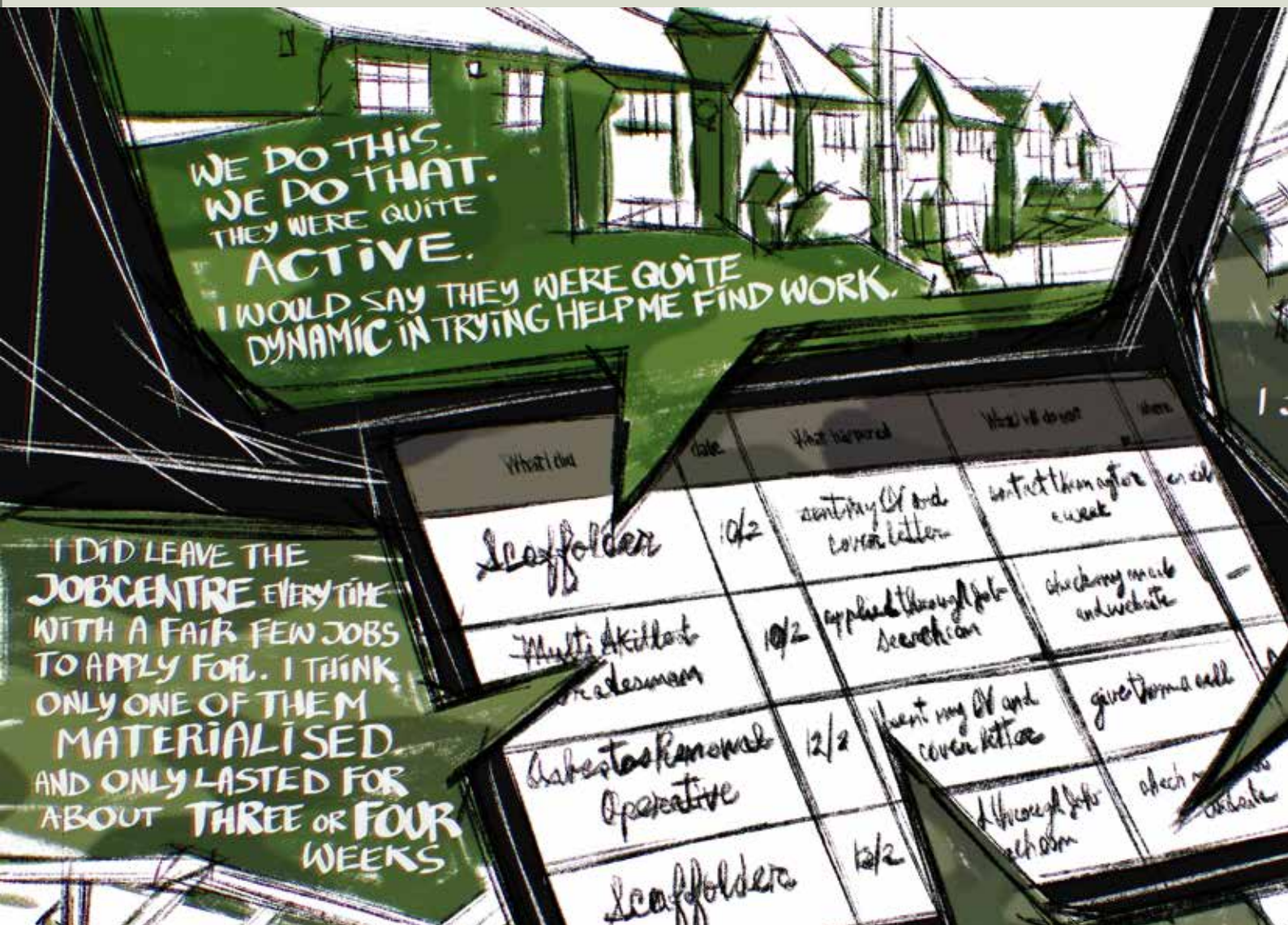
Outside partners and stakeholders are always stunned that we are on a year-to-year contract. I was at [name of] Barracks yesterday... They said something like, 'See you next year, then.' I said, 'Yes, if I'm here.' They were just stunned that this role would disappear into the ether one day. They were like, 'Well, what are we going to do?' 'Well, sorry, there is a chance that an AFC might not be there.' (DWP AFC)

Finally, the increasing veteran caseload that some DWP AFCs were seeing was also a concern. The increases reflected the growing visibility and work of the DWP AFCs in some areas and the effective use of the armed forces marker/banner that now enables identification of veterans within the UC system (as highlighted above). Discussions

in one DWP AFC focus group noted that average case-loads were between 50 and 70 veterans, and, while that was described as currently 'manageable', it was stated that demand was increasing all the time. For example, one DWP AFC highlighted that they had 130 veterans on their caseload, and it was highlighted that the demand for support was reaching a level where it would become difficult to meet that demand without additional resources. As one DWP AFC described, instead of having *'to beg people to send us referrals, it's kind of like, stop, we've got so many at the moment.'*

7.3 Summary

The DWP AFCs play a pivotal role in the DWP's commitment to the Armed Forces Covenant by offering personalised and advanced support specifically for veterans and their families navigating the benefits system. The DWP AFCs provide crucial assistance, especially for veterans with complex needs, including help with accessing benefits, managing ongoing claims, benefits assessments, employment opportunities and connecting with relevant external stakeholders. However, despite the positive enhancement of the role since our project began in 2017, it is evident that challenges and inconsistencies remain. These include resource-based sustainability of the role, staff transiency, lack of awareness of the role within the DWP, gaps in geographical coverage and increasing demand for AFC support. Addressing these issues through more sustainable provision would significantly enhance the effectiveness of the DWP AFC role.



8. Conclusions and recommendations

When we began the *SSSL* project in 2017, it was the first and only research to focus substantively on the experiences of veterans who were navigating the UK social security benefits system. At the publication date of this final report, this remains true. Our ground-breaking project has shone a light on issues that were largely absent from research and seldom discussed in relation to transitions from military to civilian life. In short, our aim was to ensure that the needs and experiences of veterans were understood and considered during a period of fundamental welfare reform.

Overall, our research has given voice to **108 veterans**, with **298 interviews** carried out across various waves. As our project was qualitative, we do not claim our sample to be representative of the entire veteran population. Rather, it was reflective of the diversity of those veterans who engage with the benefits system during their life course. This includes those who claim for relatively short periods of time and those with complex needs who require more intensive and longer-term support. We also consulted with **72 stakeholders** representing a range of support organisations. Our project therefore provided a unique and substantive dataset that captured diverse aspects of claiming benefits, including understanding eligibility, application processes, benefits assessments, conditionality and interactions with the DWP.

As highlighted in Chapter 1, it is challenging to summarise a project that has spanned such an extensive period but also a period of significant changes in policy and practice (including those implemented during a global pandemic). This project has been a labour of love for our team. We are grateful to FiMT for giving us the opportunity to give voice to the experiences of veterans who are navigating the benefits system, and we are proud of all the outputs we have produced. We are also proud of the impact that our project has helped support⁷⁸.

Over the lifetime of the project, we have contributed written evidence to three Work and Pensions Committee inquiries – *Benefit Sanctions*, *Health Assessments for Benefits* and *Safeguarding Vulnerable Claimants* – and subsequently given oral evidence at two. We have attended private briefings with Ministers and civil servants, and our research has been used to help support the following:

- The enhanced DWP AFC model;
- The DWP's commitments to work more effectively with the MoD and other organisations supporting veterans (including expanding the information provided to service leavers on the benefits system and signposting);
- The introduction of the armed forces 'marker' on UC to help identify and record claims from veterans; and
- A training module for HCPs around the specific mental and physical health issues related to service in the armed forces.

Our earlier outputs included a series of recommendations⁷⁹, and the measures introduced above represent a response to some of those recommendations. Importantly, as our project was longitudinal, we have been able to see how these measures have improved veterans' experiences of the benefits system over time.

However, we believe that there is still more to do to ensure that veterans are consistently and appropriately supported in their interactions with the benefits system. This final chapter provides our concluding comments and, importantly, our recommendations for policy and practice. We hope that our research will help to ensure that the specific needs of veterans continue to be recognised and responded to.

⁷⁸ FiMT (2020) op cit.

⁷⁹ Scullion et al. (2018) op cit.; Scullion et al. (2019) op cit.

8.1 Interactions between benefits and armed forces compensation

Many participants found the benefits system complex and difficult to navigate, particularly in relation to understanding eligibility. For many, it was the first time they had interacted with the system since leaving the armed forces. For those with prior experience of the benefits system, it had often been many years (or even decades) previously, when the benefits system was very different in terms of delivery and expectations. It was evident that these complexities multiply when veterans are simultaneously navigating mainstream benefits and armed forces compensation payments. There were several examples in our research (from veterans and stakeholders) where lack of understanding of how the different payments interact had led to errors and financial difficulties and had increased the anxiety of veterans who were trying to navigate the different processes and payments.

Recommendation 1: For the DWP, MoD and armed forces charities to work collaboratively to deliver consistent and sustained guidance, and raise awareness, on how armed forces compensation payments and benefits interact.

Given some of the issues with financial literacy raised in the interviews (see Chapter 3, for example), it is essential that any guidance or information that is produced is clear and accessible. We would therefore recommend co-designing a guidance resource with those who have lived experience of navigating benefits and armed forces compensation payments. It is also essential to ensure that this guidance is routinely disseminated to veterans through awareness-raising activities.

8.2 Navigating benefits assessments

Given the number of veterans in our study who were experiencing mental and/or physical health challenges, experiences of the WCA and PIP assessments were a key (often ongoing) aspect of their interactions with the benefits system. Both types of assessment have faced criticism⁸⁰, and in March 2023 the then Conservative Government proposed scrapping the WCA⁸¹ and adopting the PIP process for all assessments. The reforms were expected to take several years to be implemented. We have obviously had a subsequent change of government, and, although the future of benefits assessments remains uncertain, we envisage that they will feature for the new Labour Government as part of its commitment to support

those experiencing long-term sickness to return to work. Regardless, we urge that the specific needs and experiences of veterans are considered within this context.

Over the years of our study, we have recorded numerous examples of the anxiety that navigating benefits assessments could provoke while veterans await an assessment, during the assessment itself or when receiving an assessment decision. Our earlier report made recommendations around the need to review assessments, and, although we have seen more positive experiences over time and evidence of good practice, overall, there still appears to be inconsistency in how veterans experience benefits assessments. Additionally, our consultation with HCPs representing one of the DWP's assessment providers has added a unique, and often unheard, perspective on the considerations and challenges in supporting veterans through the assessment processes. Important here is the acknowledgement from HCPs that veterans should be regarded as a *specific cohort of claimants*. Our research has also demonstrated the significant role that support organisations and family members (particularly spouses) play in supporting veterans to navigate benefits assessment processes.

Bringing together the perspectives of veterans, charities and HCPs has illustrated how misunderstandings were common about the nature and purpose of benefits assessments, e.g., specific conditions are not being tested for veracity but rather for how they affect capability for work (WCA) or care and mobility needs (PIP). Being classified as not fit for service therefore does not necessarily mean that people are unfit for work in civilian life. It is evident that armed forces charities are already providing significant support to address some of these issues; however, the DWP and health assessment providers should be working more closely (and routinely) with the charity sector to ensure that guidance on these processes is reaching as wide a population as possible.

Recommendation 2: For the DWP, working in collaboration with assessment providers, armed forces charities and the NHS, to deliver consistent and sustained guidance in relation to benefits assessments. This should include producing accessible guidance that provides an understanding of the purpose of benefits assessments, the processes involved in assessments, how outcomes are determined and how benefits assessments differ from armed forces compensation assessments.

The provision of timely medical and health evidence was also crucial to the outcomes of assessments. Again, awareness-raising, as outlined above, has a role to play in ensuring that veterans understand the need to provide all relevant supporting information at the initial application stage (rather than supporting information emerging later

⁸⁰ See: Work and Pensions Committee (2018) op cit.; Work and Pensions Committee (2023) op cit.

⁸¹ DWP (2023a) op cit.

in the process). However, it is important to recognise that the collation of medical and health evidence remains a challenge, particularly accessing service medical records. Our recommendation from earlier research⁸² in relation to the urgent need to implement Programme Cortisone⁸³ therefore remains relevant here.

Recommendation 3: For the MoD to address delays in the process of sharing health records through the implementation of Programme Cortisone.

Over the years of our research, there were numerous instances where veterans felt that they were assessed by HCPs who lacked an understanding of their armed forces background and the physical and mental health issues that related to their service. Although we consulted with HCPs who were knowledgeable in relation to these issues (including some who had served themselves), they acknowledged that they were not representative of the whole HCP staff base (and indeed only represented one of three assessment providers). As such, there will be many HCPs who do not possess the same knowledge or understanding in relation to veterans. This could be addressed through two methods: (i) delivery of a continuing medical education piece on veterans (which was delivered to some HCPs previously as a one-off initiative) and (ii) greater engagement and collaboration with the armed forces charitable sector.

Recommendation 4: For the existing HCP continuing medical education piece on veterans to be implemented as a routine part of the training for all HCPs. This education piece should provide an understanding of the health conditions that may be more prevalent for service leavers but also an understanding of military culture and how this may impact on how veterans experience assessments.

Recommendation 5: For all assessment providers to use their existing clinical conference forums to engage with veterans and veterans' organisations as a means of understanding the challenges of navigating assessment processes.

Finally, as the project was longitudinal, it was evident that many veterans had experienced repeat or multiple assessments. It is crucial here to acknowledge that veterans might also undergo assessments related to armed forces

compensation claims. The pressure and anxiety of undergoing multiple assessments cannot be underestimated. This could be addressed if the information given for one assessment was able to inform another.

Recommendation 6: For the MoD and DWP to review the use of multiple assessments to determine how AFCS assessments could be used to help inform benefits assessments.

8.3 Navigating conditionality

The last two decades in the UK have seen an increasing emphasis on conditionality, with more claimants expected to engage in a range of mandatory work-related activities, underpinned by the threat of benefit sanctions for non-compliance. Existing research has already provided important insights into the ways that conditionality (where substantive tangible support is lacking) can be ineffective and counterproductive⁸⁴ (including the DWP's recently published evaluation report on benefit sanctions⁸⁵) and can be implicated in exacerbating mental ill health when inappropriately applied⁸⁶. At the time of writing, the intentions of the new Government in relation to conditionality within the system are unclear, although there are suggestions in some sections of the media that the government is considering scrapping some of the more counterproductive elements (e.g., the 35 hours per week job search expectation) in favour of approaches that emphasise engaging with support voluntarily, particularly for those experiencing health conditions⁸⁷. Regardless of the veracity of these suggestions, our research supports long-standing calls to review how conditionality is implemented.

It was evident that veterans in our study were sometimes unclear about the mandatory expectations placed upon them – including the content of their Claimant Commitments – and this was further complicated where expectations changed over time. Work Coach discretion appeared to play a significant role in the degree to which expectations were experienced as punitive or supportive. Although Work Coach discretion makes personalisation possible, and there were many examples of good practice, relying on the understanding or approach of individual Work Coaches could pose challenges in relation to consistency, especially for those who regularly change Work Coaches or where one Work Coach may be experienced as more punitive in their approach than another.

⁸² Hynes et al. (2022) op cit.

⁸³ www.gov.uk/government/publications/programme-cortisone

⁸⁴ See, for example, Dwyer, P., Batty, E., Blenkinsopp, J., Fitzpatrick, S., Fletcher, D., Flint, J., Johnsen, S., Jones, K., McNeill, J., Scullion, L., Stewart, A. and Wright, S. (2018) Final findings report: Welfare Conditionality Project 2013–2018, York: Welfare Conditionality Project, online at: http://www.welfareconditionality.ac.uk/wp-content/uploads/2018/06/40475_Welfare-Conditionality_Report_complete-v3.pdf

⁸⁵ DWP (2018) op cit.

⁸⁶ See, for example, Dwyer et al. (2020) op cit.

⁸⁷ <https://www.telegraph.co.uk/money/labour-considers-scrap-jobseekers-rule/>

Additionally, some interactions with Work Coaches were experienced as formulaic and procedural, demonstrating a lack of understanding of participants' armed forces background and the transferable skills gained while serving. This included experiencing expectations to take low-paid (and sometimes insecure) jobs that weren't matched to their experience.

Recommendation 7: Where conditionality is applied to veterans, this should consistently consider their specific skills and qualifications and how they translate to the civilian labour market. This should be accompanied by effective support to match them with appropriate employment.

As a longitudinal project, our research also encompassed the onset of Covid-19. In many ways, this provided a unique snapshot of a different approach, with participants reporting interactions during the pandemic that were based around checking wellbeing and providing reassurance alongside a 'lighter-touch' approach to mandatory expectations. While a return to 'normality', including face-to-face interactions, was positive for some, the post-pandemic re-introduction of conditionality and the associated feelings of pressure were often experienced negatively, particularly for those with mental health conditions. In such cases, this approach was counterproductive and could push veterans further from the labour market.

Recommendation 8: Where conditionality is applied to veterans, it should reflect their individual needs and capabilities, including appropriate consideration of mental and physical health issues relating to service in the armed forces.

Benefit sanctions were also part of the narrative of our participants, with around a third of Cohort 1 and a quarter of Cohort 2 having experienced a sanction. Although most sanctions were historic (i.e., experienced before participation in our project), they created deep-rooted feelings of injustice and mistrust. For those who had not experienced a sanction, the underlying fear of being sanctioned could cause anxiety too. Sanctions therefore remain a 'spectre' to be addressed by rebuilding trust with veterans through more positive and personalised interactions.

8.4 The importance of the DWP Armed Forces Champions

DWP AFCs play a pivotal role in the DWP's commitment to the Armed Forces Covenant by offering personalised and advanced support specifically for veterans and their families navigating the benefits system. The role was established in 2010 as part of the DWP's commitment to the Armed Forces Covenant. In our earlier project report (2019)⁸⁸, we highlighted concerns around inconsistencies in this provision. Since then, and supported by our research, the DWP has enhanced this offer. In April 2021, a new DWP AFC model was launched, formalising the role with dedicated time and a specific job description. Additionally, the DWP Armed Forces Lead role was introduced to oversee the work of the DWP AFCs. This support represents a flagship initiative in the DWP's contribution to the Covenant Annual Report⁸⁹. DWP AFCs are also essential in mediating relationships between veteran claimants and DWP staff and can address many of the issues raised in the previous sections.

Overall, our evidence shows that the personalised and advanced support that the DWP AFCs deliver provides crucial assistance, especially for veterans with complex needs, including help with accessing benefits, managing ongoing claims, benefits assessments, employment opportunities and connecting with relevant external stakeholders. More specifically, the DWP AFCs can dedicate the time and flexibility required to provide appropriate support, freeing up caseloads of Work Coaches, who experience greater time constraints. However, despite the positive enhancement of the role since our project began in 2017, it is evident that challenges remain.

In our earlier reports in 2018 and 2019⁹⁰, we highlighted concerns around inconsistent support across the DWP AFC network and the degree to which different DWP AFCs engaged with the role. Despite the evident manifold positive interactions, our consultations (with veterans, stakeholders and DWP AFCs) highlight that variations in the geographical coverage and delivery of the role remain.

Recommendation 9: The DWP should review the DWP AFC network to ensure that a consistent support offer is being provided in all JCP districts.

It was also evident that the demand for DWP AFC support had been increasing since the enhancement of the role and the introduction of the armed forces marker on UC, which has helped identify those with additional support needs. In some geographical areas, this was

⁸⁸ Scullion et al. (2019) op cit.

⁸⁹ MoD (2023) op cit., p. 81.

⁹⁰ Scullion et al. (2019) op cit.

creating capacity issues for DWP AFCs. Understanding demand for DWP AFC support, as well as where additional resources may be required, is therefore essential.

Recommendation 10: The DWP should review the demand for DWP AFC support and identify what resources are required to meet that demand.

Consultation with the existing DWP AFC network would be essential for this review, alongside any data that are available through the armed forces marker on UC.

Through our longitudinal research, we have been able to see an ever-increasing familiarity with the DWP AFC role amongst veterans and external stakeholder organisations. Indeed, a crucial part of the DWP AFC role is to liaise with external organisations, and, in several DWP districts in our study, significant

with veterans' organisations and charities was already in place, with some DWP AFCs acting as intermediaries to facilitate partnership working. Where there was less familiarity or visibility, this often related to the inconsistency described above in relation to how the role was being delivered. However, it was also evident that visibility of the role was an issue within the DWP, with DWP AFCs highlighting that Work Coaches weren't always aware of the existence of their role (and the support they could provide).

Recommendation 11: The DWP should deliver an education piece or awareness-raising – both internally and externally – in relation to the DWP AFC role.

Finally, one of the key challenges that impacted on the ability of DWP AFCs to effectively deliver the role was resources. More specifically, the year-on-year funding model of the role created uncertainty for veterans, external partners and DWP AFCs themselves and acted as a barrier to providing a more consistent support offer. Sustainability of the DWP AFC role is therefore essential.

Recommendation 12: The DWP AFC role should be permanently embedded within the DWP with sustainable funding.

It was evident over the lifetime of our study that, when delivered effectively, the DWP AFC role was an exemplar of how provision of personalised support provided by staff who have a greater understanding of the needs of

veterans can significantly improve experiences and outcomes for veterans. To reduce or remove this role would represent a huge backward step in the DWP's commitment to support the armed forces community.

8.5 Towards a trauma-informed benefits system

Across our veteran cohort, trauma had been experienced throughout the life course. Although service-attributed trauma was frequently cited, many participants had experienced a complex mix of pre-, during- and post-service trauma. Our research therefore represents a unique evidence base for understanding how the benefits system and the varied processes and interactions within the system were experienced through a trauma-informed lens⁹¹. Indeed, a key contribution of our research was making the first ever call for a trauma-informed benefits system⁹². We have subsequently engaged with the DWP Trauma Integration Lead, including producing a bespoke report to share with the DWP in March 2023⁹³. Since early 2024, we have been delivering a separate pilot research project⁹⁴ to aid the DWP in its understanding of how trauma-informed approaches can support claimants and staff. The previous Government made a commitment to the DWP becoming a trauma-informed organisation⁹⁵, and, in our final recommendations, we urge the new Government to build on this pledge and transform commitment into action.

Recommendation 13: For the DWP to continue its commitment to trauma-informed care through the support of the DWP trauma-informed approaches integration programme.

Our veteran participants provided examples of where staff (in person and on the telephone) appeared unable to see a connection between veterans' traumatic life histories and their current difficulties in navigating the benefits system. In such cases, veterans articulated being treated in ways that they variously perceived as disrespectful, unfair or disempowering. Having better insights into the impacts of psychological trauma would enable staff to understand people's difficulties as a predictable effect of overwhelming, life-threatening experiences⁹⁶, rather than perhaps misinterpreting them as an unwillingness to engage with the expectations placed upon them. It was evident that some of the DWP AFCs had increased their knowledge

⁹¹ Harris, M. and Fallot, R.D. (2001) 'Envisioning a Trauma-Informed Service System: A Vital Paradigm Shift', *New Directions for Mental Health Services*, 89: 3–22.

⁹² Scullion and Curchin (2022) op cit.

⁹³ Scullion et al. (2023) op cit.

⁹⁴ Funded by the University of Salford and working in collaboration with Queen's University Belfast.

⁹⁵ <https://hansard.parliament.uk/Commons/2024-03-18/debates/717115AA-8363-48C3-899B-EE94B7FE77AB/SocialSecurityBenefitsVulnerablePeople#contribution-9EB124D6-233F-4039-A7AB-F58DC8C80068>

⁹⁶ van der Kolk, B. (2014) *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*, New York: Penguin.

and understanding around issues such as PTSD through more informal means (i.e., through their connections with external organisations that were providing specialist mental health support to veterans). An essential step in making social security interactions more trauma-informed – even where good practice was evident – will be through the provision of appropriate staff training.

Recommendation 14: For the DWP to provide appropriate training and ongoing support for staff (at all levels) in relation to trauma-informed approaches.

Additionally, the allocation of sufficient *time* for supporting veterans emerged as an essential factor in many positive experiences. Trauma-informed approaches therefore require changes to staff caseloads and the time allocated to spend with veterans (and other claimants) to enable these interactions to move beyond the perfunctory or transactional towards interactions where staff can really listen to and support people.

Recommendation 15: For the DWP to enable staff to manage caseloads in a more personalised way, including giving greater choice over length of appointments and contact channels used, dependent on the individual needs of veterans (and other claimants).

When considering veterans' interactions with the benefits system through a trauma-informed lens, there is also a need to consider that some interactions are outsourced to private service providers, e.g., benefits assessment providers, employment support providers and telephony services.

Recommendation 16: There is a need for outsourced private service providers to work with the DWP to align their service delivery with the trauma-informed approaches that are being integrated within the Department.

Finally, in working towards ensuring that veterans experience a more trauma-informed benefits system, we must also consider some of the key principles that underpin the

design and delivery of the benefits system. For example, compliance-based or punitive conditionality appears to be antithetical to trauma-informed approaches (see earlier recommendations in relation to conditionality).

8.6 Final reflections on policy and practice engagement

The willingness of the DWP to engage with this research has been instrumental to the success of the project. This engagement was not just about a willingness to listen to the messages from the research – and we acknowledge that sometimes these messages have been critical and perhaps difficult to hear – it was also about allowing access to staff to participate in the research. In much research focusing on the benefits system, the voices of DWP staff – and those of the private providers that deliver services on their behalf – are often absent. For our project, the inclusion of DWP AFCs has been essential for our understanding of the importance of their role but also the operational challenges they face. Equally, being able to talk to HCPs (albeit only a small number) has provided unique insights, particularly in relation to the lack of understanding of the purpose of benefits assessments, the importance of medical and health information at the right point in the process and the acknowledgement that veterans can face challenges that are specific to their service background. Although some of our findings are critical of policy and practice, throughout this project we have always sought to identify and acknowledge good practice to help provide a basis for building an improved support offer. To do this, though, the multi-stakeholder perspective has been essential. Our final reflection therefore relates to the need for greater future willingness from the DWP and its providers to engage with research and allow staff to provide their perspectives. Greater engagement with research would help to rebuild trust in a system that for many years has been perceived as unwilling to open its doors to the external research community. As our project has hopefully demonstrated, a willingness to work with researchers can support collective efforts to improve interactions with the benefits system.



Appendix 1:

Full list of project outputs

Over the lifetime of the research, we have produced a total of **15 outputs**:

Five project reports:

- Scullion, L., Martin, P., Young, D., Hynes, C. and Pardoe, J. (2025) *Navigating the minefield: Veterans' experiences of the benefits system over time*.
- Young, D., Scullion, L., Martin, P., Hynes, C. and Pardoe, J. (2024) *Benefits assessments and veterans: Lessons from the Sanctions, Support and Service Leavers project*, online at: <https://www.fim-trust.org/wp-content/uploads/Final-FiMT-Benefits-assessments-and-veterans-report-May-2024.pdf>
- Scullion, L., Young, D., Martin, P., Hynes, C., Pardoe, J. and Curchin, K. (2023) *Towards a trauma-informed social security system: Lessons from the Sanctions, Support and Service Leavers project*, online at: <https://s31949.pcdn.co/wp-content/uploads/Scullion-et-al-2023-Towards-a-trauma-informed-social-security-system.pdf>
- Scullion, L., Dwyer, P., Jones, K., Martin, P. and Hynes, C. (2019) *Sanctions, Support & Service Leavers: Social security benefits and transitions from military to civilian life: Final report*, online at: <https://www.fim-trust.org/wp-content/uploads/sanctions-support-service-leavers-final-report.pdf>.
- Scullion, L., Dwyer, P., Jones, K., Martin, P. and Hynes, C. (2018) *Sanctions, Support & Service Leavers: Social security benefits, welfare conditionality and transitions from military to civilian life: First-wave findings*, online at: <https://www.fim-trust.org/wp-content/uploads/sanctions-support-service-leavers-first-wave.pdf>

Fivew peer-reviewed journal articles:

- Scullion, L., Curchin, K., Young, D., Martin, P., Hynes, C. and Pardoe, J. (2024) 'Towards a trauma-informed social security system in the UK', *Journal of Social Security Law*, online at: <https://salford-repository.worktribe.com/output/2147546/towards-a-trauma-informed-social-security-system>
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- Scullion, L. and Curchin, K. (2022) 'Examining Veterans' Interactions with the UK Social Security System through a Trauma-Informed Lens', *Journal of Social Policy*, 51(1): 96-113, online at: <https://www.cambridge.org/core/journals/journal-of-social-policy/article/examining-veterans-interactions-with-the-uk-social-security-system-through-a-traumainformed-lens/A4234E763A77C67D505B8B7622118D25>.
- Scullion, L., Jones, K., Dwyer, P., Hynes, C. and Martin, P. (2021) 'Military veterans and welfare reform: bridging two policy worlds through qualitative longitudinal research', *Social Policy and Society*, 20(4): 670-683, online at: <https://www.cambridge.org/core/journals/social-policy-and-society/article/military-veterans-and-welfare-reform-bridging-two-policy-worlds-through-qualitative-longitudinal-research/69021C7DCB94F105B54137C1D5B4391F>

Two briefing papers:

- Scullion, L., Pardoe, J., Martin, P., Young, D. and Hynes, C. (2024) *Briefing Paper: The importance of the Department for Work and Pensions (DWP) Armed Forces Champions*, online at: <https://s31949.pcdn.co/wp-content/uploads/Briefing-DWP-Armed-Forces-Champions.pdf>
- Scullion, L., Dwyer, P., Jones, K., Martin, P. and Hynes, C. (2017) *Briefing Paper: Social security benefits, welfare conditionality and Armed Forces service leavers*, online at: http://www.welfareconditionality.ac.uk/wp-content/uploads/2017/06/FiMT-Sanctions-Support-Paper_final.pdf

Two graphic novels:

- Martin, P., Motta, A., Scullion, L., Hynes, C., Pardoe, J. and Young, D. (2025) *Carl's Story: A veteran's experience of the benefits system*.
- Dane, I., Worthington, D., Scullion, L., Jones, K. and Martin, P. (2019) *Navigating a different minefield*, online at: <https://www.fimt-rc.org/article/20190601-navigating-a-different-minefield>

One book chapter:

- Scullion, L., Hynes, C., Martin, P. and Young, D. (2022) 'Social security during Covid-19: The experiences of military veterans', in K. Garthwaite, R. Patrick, M. Power, A. Tarrant and R. Warnock (eds) *Covid-19 Collaborations: Researching Poverty and Low-Income Family Life during the Pandemic*, Bristol: Policy Press, online at: <https://bristoluniversitypress-digital.com/display/book/9781447364504/ch010.xml>

Appendix 2:

Sample information

Table 1: Participant background information

No.	Gender	Age (at first interview)	Branch of armed forces	Length of service (years)	Length of time since leaving service (years)	Physical health issues	Mental health issues	Health issues attributed to service?
Cohort 1								
1	M	34	Army	14	0–5	No	Yes	Yes
2	M	52	Army	15	20+	Yes	Yes	Yes
3	M	59	Army	17	20+	Yes	Yes	Yes
4	M	28	Army	6	5–10	No	Yes	Yes
5	M	47	Navy (Royal Marines)	11	10–20	Yes	No	Yes
6	M	51	Army	8	20+	Yes	Yes	Yes
7	M	63	Army	8	20+	Yes	Yes	Yes
8	M & F (joint interview with spouse)	35	Army	5	10–20	Yes	Yes	Yes
9	M	36	Army	15	0–5	Yes	No	Yes
10	M	50	Army	5	20+	No	Yes	Yes
11	M	35	Army	3.5	10–20	Yes	Yes	Unknown
12	M	35	Army	7	10–20	Yes	Yes	Yes
13	M	63	Army	9	20+	Yes	Yes	Yes
14	M	49	Army	1	20+	Yes	Yes	No
15	M	45	RAF	3	20+	No	Yes	No
16	M	38	Army	10	5–10	No	Yes	Yes
17	M	65	Army	12	20+	Yes	Yes	Yes
18	M	49	Army	5	20+	No	Yes	Yes
19	M	47	Army	16.5	20+	No	Yes	Yes

No.	Gender	Age (at first interview)	Branch of armed forces	Length of service (years)	Length of time since leaving service (years)	Physical health issues	Mental health issues	Health issues attributed to service?
20	M	42	Army	4	20+	No	Yes	No
21	M & F (joint interview with spouse)	Unknown	Army	2	10–20	No	Yes	Yes
22	F	57	Army	4	20+	Yes	Yes	Unknown
23	M	54	Army	12	20+	Yes	Yes	Yes
24	M	48	Army	12	10–20	Yes	Yes	Yes
25	M	45	RAF	3	20+	No	Yes	No
26	M	45	Army	6	10–20	Yes	Yes	No
27	M	51	Army	7	20+	Yes	Yes	Yes
28	M	29	Army	4	5–10	No	Yes	Yes
29	M	39	Army	5	10–20	Yes	Yes	Yes
30	M	34	Army	8	5–10	No	Yes	Yes
31	M	61	Army (Reserves)	8	10–20	Yes	No	No
32	M	49	Army	6	20+	Yes	Yes	No
33	M	38	Army & Navy	7	5–10	No	Yes	Yes
34	M	41	Army	5.5	10–20	No	Yes	Yes
35	M	35	Army	11	5–10	Yes	Yes	Yes
36	M	55	Army	4	20+	Yes	Yes	Yes
37	F	44	Army	1	10–20	Yes	Yes	Yes
38	M	61	Army	14	20+	Yes	Yes	Yes
39	M	60	Army	15	20+	Yes	Yes	Yes
40	M	54	RAF	9	20+	No	No	Not applicable (N/A)
41	M	23	Army	6	0–5	No	No	N/A

No.	Gender	Age (at first interview)	Branch of armed forces	Length of service (years)	Length of time since leaving service (years)	Physical health issues	Mental health issues	Health issues attributed to service?
42	M	48	Army	4	20+	No	Yes	Yes
43	M	30	Army	3.5	10–20	No	Yes	Yes
44	M	41	Army	11	10–20	No	Yes	Yes
45	M	47	Army	10	20+	No	Yes	Yes
46	M & F (joint interview with spouse)	37	Army	1	10–20	No	Yes	No
47	M	23	Army	0.5	5	No	No	N/A
48	M	34	RAF	16	0–5	No	Yes	Yes
49	M	39	Army	1	20+	No	Yes	Unknown
50	M	46	Army	6	20+	Yes	Yes	Yes
51	M	59	Navy (Royal Marines)	4	20+	No	Yes	Yes
52	M	54	RAF	9	20+	Yes	Yes	Yes
53	M & F (joint interview with spouse)	60	Army (Reserves)	19	10–20	Yes	Yes	No
54	M	38	Army	9	10–20	No	Yes	Yes
55	M & F (joint interview with spouse)	44	Army	20+	0–5	Yes	Yes	Yes
56	M & F (joint interview with spouse)	Unknown	Army	8	5–10	Yes	Yes	Yes
57	M	59	Army	11	20+	Yes	Yes	Yes
58	M	34	Army	12	5–10	No	Yes	No

No.	Gender	Age (at first interview)	Branch of armed forces	Length of service (years)	Length of time since leaving service (years)	Physical health issues	Mental health issues	Health issues attributed to service?
59	M	58	Army	10	10–20	Yes	Yes	Yes
60	M	18	Army	2	0–5	No	Yes	No
61	M	52	Army	10	20+	Yes	Yes	No
62	M	23	Army	2	0–5	No	Yes	No
63	M	27	Army	8	0–5	No	Yes	Yes
64	M	32	Army	3	10–20	Yes	Yes	Yes
65	M	38	Army	12	5–10	No	No	N/A
66	M	38	Army	2	10–20	No	No	No
67	M	35	Army	5	10–20	Yes	Yes	Yes
68	M	52	Army	7.5	20+	Yes	Yes	Yes
Cohort 2								
69	M	42	Navy	12	10–20	No	Yes	Yes
70	M	52	RAF	15	20+	Yes	Yes	Yes
71	M	52	Army	1	20+	No	Yes	No
72	M	34	Army	8.5	5–10	No	No	No
73	M	33	Army	1	5–10	No	Yes	No
74	M	65	Army	8	20+	Yes	Yes	Yes
75	M	41	Army	5	10–20	Yes	Yes	Yes
76	M	62	Army	14	20+	Yes	Yes	Yes
77	M	31	Army	4	0–5	No	Yes	Yes
78	M	55	Army	7	20+	Yes	Yes	Yes
79	M	52	RAF	3	20+	Yes	Yes	No
80	M	28	Army	6	0–5	Yes	Yes	Yes
81	M	37	Army	18	0–5	Yes	Yes	Yes
82	M	43	Army (including Reserves)	17	5–10	No	No	N/A
83	F	59	Army (including Reserves)	15	20+	Yes	Yes	Yes
84	M	50	Army	24	5–10	No	Yes	Yes
85	M	59	RAF	6	20+	Yes	Yes	Yes
86	M	60	Army (Reserves)	14	20+	Yes	Yes	Yes
87	M	63	Army	22	20+	Yes	Yes	Yes
88	M	54	RAF	10	20+	Yes	Yes	Yes

No.	Gender	Age (at first interview)	Branch of armed forces	Length of service (years)	Length of time since leaving service (years)	Physical health issues	Mental health issues	Health issues attributed to service?
89	M	65	Army	12	20+	Yes	Yes	No
90	M	36	Army	12	0–5	No	Yes	Yes
91	M	49	Army	12	20+	Yes	Yes	Yes
92	M	39	Army	5.5	10–20	Yes	Yes	Yes
93	M	28	Army	4	5–10	No	Yes	Yes
94	M	37	Army (including Reserves)	18	0–5	Yes	Yes	Yes
95	M	50	Army	< 1 (training only)	20+	Yes	Yes	Yes
96	M	59	Navy (including Reserves)	18	20+	Yes	Yes	Yes
97	M	64	Army	7	20+	Yes	Yes	Yes
98	M	35	Army	7.5	5–10	Yes	Yes	Yes
99	M	49	Army	8	20+	Yes	Yes	No
100	M	38	Army	11	0–5	Yes	Yes	Yes
101	M	31	Army	6	5–10	No	Yes	Yes
102	M	37	RAF	6	10–20	No	Yes	Yes
103	M	32	Army	6	5–10	No	Yes	Yes
104	F	49	Army (including Reserves)	12	20+	No	No	N/A
105	M	55	Army	6	20+	Yes	Yes	No
106	M	46	Navy	10	20+	No	No	N/A
107	M	40	Army	6	10–20	Yes	Yes	Yes
108	M	40	Army (Reserves)	7	5–10	No	Yes	Yes

Table 2a: Benefit classifications (Cohort 1)

* Mandatory transfer onto UC from legacy benefits

No.	Wave A	Wave B	Wave C	Wave D	Wave E	Ever had a WCA? ¹	Ever 'failed' ² a WCA?	Ever had a PIP assessment? ³	Ever 'failed' a PIP assessment?	Ever appealed against a PIP decision?	In receipt of armed forces pension?	Claimed War Pension / AFCS?
1	UC	Moved into full-time work	No interview	No interview	No interview	Yes	No	No	N/A	N/A	No	No
2	ESA Support Group (SG)	ESA SG	ESA SG	No interview	No interview	Yes	Yes	Yes	No – but PIP amount reduced	No	Yes	Yes – War Pension (all but £10 taken out of ESA)
3	ESA SG	ESA SG	ESA SG	ESA SG	ESA SG	Yes	Yes	Yes	No	No	Yes	Yes
4	ESA (assessment phase)	Full-time work	No interview	No interview	No interview	Yes	Yes	Yes	Yes	No	No	No
5	JSA	UC	No interview	No interview	No interview	No	N/A	Yes	No	No	No	Yes
6	Recently moved from JSA to part-time work	Part-time work	Full-time work	Full-time work	Full-time work	Yes	Yes	Yes	Yes	No – after 'failure' didn't want to reapply	No	Yes

¹ This could include reference to a WCA that occurred prior to involvement in the project.

² This was the language used by many participants.

³ This could include reference to a PIP assessment that occurred prior to involvement in the project.

No.	Wave A	Wave B	Wave C	Wave D	Wave E	Ever had a WCA? ¹	Ever 'failed' ² a WCA?	Ever had a PIP assessment? ³	Ever 'failed' a PIP assessment?	Ever appealed against a PIP decision?	In receipt of armed forces pension?	Claimed War Pension / AFCS?
7	ESA Work-related Activity Group (WRAG)	ESA WRAG	Retired – State Pension, armed forces pension, Pension Credit	Retired – State Pension, armed forces pension, Pension Credit	Retired – State Pension, armed forces pension, Pension Credit	Yes	Yes	Yes	Yes	Yes – but armed forces pension taken into consideration and PIP reduced.	Yes	No
8	ESA SG	ESA SG	ESA SG	Full-time work	UC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9	ESA SG	ESA SG	ESA SG	ESA SG	ESA SG	No	No	Yes	Didn't 'fail', appealed against score	Yes – appeal for higher payments successful	No	Yes
10	ESA SG	UC	No interview	No interview	No interview	Yes – after moving to UC from ESA	Unknown	No	No	No	No	No
11	JSA	No interview	No interview	No interview	No interview	About to have WCA at first interview – outcome unknown	Unknown	Yes	No	No	No	No
12	ESA SG	ESA SG	ESA SG	ESA SG	ESA SG	Yes	No	Yes	No	No	No	No
13	UC	UC	UC	No interview	No interview	Yes	No	Yes	Yes	Yes – successful at tribunal	No	No
14	ESA (respondent unsure whether SG or WRAG)	UC	UC	UC	UC	Yes	No	No	N/A	N/A	No	No

No.	Wave A	Wave B	Wave C	Wave D	Wave E	Ever had a WCA? ¹	Ever 'failed' ² a WCA?	Ever had a PIP assessment? ³	Ever 'failed' a PIP assessment?	Ever appealed against a PIP decision?	In receipt of armed forces pension?	Claimed War Pension / AFCS?
15	Being moved from ESA to JSA following WCA (in the process of appealing)	ESA SG	ESA SG	ESA SG	No interview	Yes	Yes	Yes	Yes	Yes – successful at tribunal	No	No
16	ESA SG	No interview	No interview	No interview	No interview	Yes	No	No	N/A	N/A	No	No
17	Recently retired (moved from JSA to Pension Credit, then State Pension)	Retired – State Pension, armed forces pension	Retired – State Pension, armed forces pension	Retired – State Pension, armed forces pension	Retired – State Pension, armed forces pension	Yes	Yes	No	N/A	N/A	Yes	No
18	ESA (respondent unsure whether SG or WRAG)	ESA respondent unsure whether SG or WRAG)	No interview	No interview	No interview	Yes	Not 'failed' but payment reduced	No	N/A	N/A	No	No
19	ESA (assessment phase) – was temporarily on JSA after WCA	ESA WRAG	No interview	No interview	No interview	Yes	Yes	Yes	Yes	Outcome unknown	No	No
20	ESA SG	ESA SG	ESA SG	ESA SG	ESA SG	Yes	No	Yes	No	No	No	No
21	UC*	No interview	No interview	No interview	No interview	Yes	No	Yes	No	No	No	No

No.	Wave A	Wave B	Wave C	Wave D	Wave E	Ever had a WCA? ¹	Ever 'failed' ² a WCA?	Ever had a PIP assessment? ³	Ever 'failed' a PIP assessment?	Ever appealed against a PIP decision?	In receipt of armed forces pension?	Claimed War Pension / AFCS?
22	ESA SG	Signed off ESA (dis-engaged)	Still dis-engaged	Still dis-engaged	Still dis-engaged	Yes	No	Yes	Yes	Yes – successfully appealed against lower amount several years before project began	No	No
23	UC*	UC	No interview	No interview	No interview	No	N/A	Yes	No	No	No	No
24	UC	UC	UC	UC	UC	Yes	No	No	N/A	N/A	No	No
25	ESA WRAG	ESA WRAG	No interview	No interview	No interview	Yes	Yes	No	N/A	N/A	No	No
26	UC*	UC	UC	UC	UC	Yes	No	Yes – outcome unknown	Unknown	Unknown	No	No
27	ESA SG	ESA SG	No interview	No interview	No interview	Yes	Yes	Yes	No	No	No	Yes
28	Appealing against suspension of ESA following WCA	ESA WRAG	ESA SG	ESA SG	UC	Yes	Yes	Yes	Yes	Yes – successful at tribunal. Switched to Armed Forces Independence Payment during project	No	Yes
29	ESA SG	ESA SG	No interview	No interview	No interview	No	N/A	Yes	No	No	Yes	No
30	ESA SG	No interview	No interview	No interview	No interview	Yes	No	Yes	Yes	Yes – successful at tribunal	No	Yes
31	ESA SG	JSA	No interview	No interview	No interview	Yes	Yes	Yes	No	N/A	No	No

No.	Wave A	Wave B	Wave C	Wave D	Wave E	Ever had a WCA? ¹	Ever 'failed' ² a WCA?	Ever had a PIP assessment? ³	Ever 'failed' a PIP assessment?	Ever appealed against a PIP decision?	In receipt of armed forces pension?	Claimed War Pension / AFCS?
32	ESA WRAG	Carer's Allowance	Carer's Allowance	Carer's Allowance	ESA (assessment phase)	Yes	Yes	Yes	Yes	Initial appeal rejected. Appealing to tribunal (outcome unknown)	No	No
33	UC	No interview	No interview	No interview	No interview	Yes	No	Unknown	Unknown	Unknown	No	Yes
34	ESA SG	No interview	ESA SG	No interview	No interview	Yes	Yes	Yes	No	No	No	No
35	ESA SG	ESA SG	No interview	No interview	No interview	Yes	Yes	No	N/A	N/A	No	No
36	ESA SG	ESA SG	ESA SG	ESA SG	ESA SG	Yes	Yes	Yes	No	No	No	No
37	ESA SG	No interview	No interview	No interview	No interview	No	N/A	Yes – outcome unknown	Unknown	Unknown	No	Yes
38	Unsure which benefit they are claiming	Unsure which benefit they are claiming	No interview	No interview	No interview	No	N/A	Yes	No	No	No	No
39	ESA SG	ESA SG	UC	About to receive State Pension	No interview	Yes	No	Yes	No	No	No	No
40	UC	Signed off UC owing to increase in income	No interview	No interview	No interview	Yes	No	No	N/A	N/A	No	No

No.	Wave A	Wave B	Wave C	Wave D	Wave E	Ever had a WCA? ¹	Ever 'failed' ² a WCA?	Ever had a PIP assessment? ³	Ever 'failed' a PIP assessment?	Ever appealed against a PIP decision?	In receipt of armed forces pension?	Claimed War Pension / AFCS?
41	JSA	Full-time work	No interview	No interview	No interview	No	N/A	No	N/A	N/A	No	No
42	Recently moved from benefits into paid work (self-employed)	No interview	No interview	No interview	No interview	No	N/A	No	N/A	N/A	No	No
43	ESA WRAG	In work - reapplying for benefits due to variable hours	No interview	No interview	No interview	Yes	Yes	No	N/A	N/A	No	No
44	ESA SG	No interview	No interview	No interview	No interview	No	N/A	Yes	No	No	No	No
45	ESA SG	ESA SG	ESA SG	No interview	No interview	Yes	Yes	Yes	Yes	Yes – successful at appeal	No	Yes
46	ESA SG	ESA SG	No interview	No interview	No interview	Yes	No	Yes	No	No	No	No
47	UC	No interview	No interview	No interview	No interview	No	N/A	No	N/A	N/A	No	No
48	UC*	Full-time work (temporary contract)	No interview	No interview	No interview	Yes	No	No	N/A	N/A	No	No
49	UC*	UC	No interview	No interview	No interview	Yes	No	Yes	Yes	No	No	No
50	ESA SG	ESA SG	No interview	No interview	No interview	Yes	No	Yes	No	No	No	No
51	ESA SG	ESA SG	No interview	No interview	No interview	Yes	No	Yes	Yes	Yes	No	No

No.	Wave A	Wave B	Wave C	Wave D	Wave E	Ever had a WCA? ¹	Ever 'failed' ² a WCA?	Ever had a PIP assessment? ³	Ever 'failed' a PIP assessment?	Ever appealed against a PIP decision?	In receipt of armed forces pension?	Claimed War Pension / AFCS?
52	ESA WRAG	ESA SG	ESA SG	ESA SG	ESA SG	Yes	Yes	Yes	Yes	Yes	No	No
53	ESA SG	ESA SG	ESA SG	ESA SG	ESA SG About to start State Pension	No	N/A	Yes	No	No	No	No
54	ESA WRAG	Full-time work (self-employed). Brief period on UC between Waves A & B.	Full-time work (self-employed)	Full-time work (self-employed)	No interview	Yes	Yes	Yes	Yes – lost PIP when failed WCA	No	No	No
55	Recently signed off JSA (for full-time study)	ESA SG	Full-time work (but on ESA SG up to 2020)	Just left work	No interview	Yes	Yes	Yes	No	No	Yes	Yes
56	ESA SG	ESA SG	No interview	No interview	ESA SG	Yes	No	Yes	No	No	Yes	Yes
57	ESA SG	ESA SG	ESA SG	ESA SG	ESA SG	Yes	Yes	Yes	No	No	No	Yes
58	ESA SG	JSA	JSA	Full-time work	UC	Yes	No	No	N/A	N/A	No	No
59	ESA (awaiting assessment)	UC	No interview	No interview	No interview	Yes	Yes	Yes	No	No	No	No
60	UC	No interview	No interview	No interview	No interview	No	N/A	No	N/A	N/A	No	No
61	UC	UC	UC	UC	UC	Yes	Yes	Yes	Yes	Yes – reassessed	No	No
62	UC	No interview	No interview	No interview	No interview	No	N/A	No	N/A	N/A	No	No

No.	Wave A	Wave B	Wave C	Wave D	Wave E	Ever had a WCA? ¹	Ever 'failed' ² a WCA?	Ever had a PIP assessment? ³	Ever 'failed' a PIP assessment?	Ever appealed against a PIP decision?	In receipt of armed forces pension?	Claimed War Pension / AFCS?
63	UC	UC	No interview	No interview	No interview	Yes	No	No	N/A	N/A	No	No
64	UC	No interview	No interview	No interview	No interview	No	N/A	No	N/A	N/A	No	No
65	UC	part-time work (UC top-up)	No interview	No interview	No interview	No	N/A	No	N/A	N/A	Yes	No
66	UC	No interview	No interview	No interview	No interview	No	N/A	No	N/A	N/A	No	No
67	UC	UC	UC	UC	No interview	Yes	No	Yes	No	No	No	No
68	UC	No interview	No interview	No interview	No interview	No	N/A	No	N/A	N/A	No	Yes

Table 2b: Benefit classifications (Cohort 2)

No.	Wave A	Wave B	Wave C	Ever had a WCA? ⁴	Ever 'failed' ⁵ a WCA?	Ever appealed against a WCA decision?	Ever had a PIP assessment? ⁶	Ever failed a PIP assessment?	Ever appealed against a PIP decision?	In receipt of armed forces pension?	Claimed War Pension / AFCS?
69	UC	Full-time work (UC claim still open)	No interview	No	N/A	N/A	No	N/A	N/A	No	No
70	UC	UC	UC	Yes	No	N/A	No	N/A	N/A	No	No
71	UC	UC	UC	Yes	No	N/A	No	N/A	N/A	No	No

⁴ This could include reference to a WCA that occurred prior to involvement in the project.

⁵ This was the language used by many participants.

⁶ This could include reference to a PIP assessment that occurred prior to involvement in the project.

No.	Wave A	Wave B	Wave C	Ever had a WCA? ⁴	Ever 'failed' ⁵ a WCA?	Ever appealed against a WCA decision?	Ever had a PIP assessment? ⁶	Ever failed a PIP assessment?	Ever appealed against a PIP decision?	In receipt of armed forces pension?	Claimed War Pension / AFCS?
72	UC	Full-time work (UC claim still open)	UC	No	N/A	N/A	No	N/A	N/A	No	No
73	UC	Full-time work (UC claim still open)	Full-time work (self-employed) (UC claim still open)	No	N/A	N/A	No	N/A	N/A	No	No
74	UC	No interview	No interview	Veteran uncertain	Unknown	Unknown	Yes – outcome unknown	Unknown	Unknown	Yes	Yes
75	UC	UC	UC	Yes	Yes	Lost appeal – DWP withdrew before tribunal so was awarded	Yes	No	No	No	Yes
76	UC	UC	UC	Yes	No	N/A	Yes	No	No	Yes	No
77	UC	UC	UC	No	N/A	N/A	Yes	Yes	No	No	No
78	UC	UC	UC	Yes	No	N/A	Yes	No	N/A	Yes	No
79	UC	UC	No interview	Yes	No	N/A	Yes	No	No	No	No
80	UC	UC	UC	Yes	No	N/A	Yes	Yes	Successful at reapplication. Also successfully applied to tribunal for higher amount.	Yes	No
81	UC	No interview	No interview	No	N/A	N/A	Yes	Yes	Yes – reapplied. Outcome unknown	Yes	No

No.	Wave A	Wave B	Wave C	Ever had a WCA? ⁴	Ever 'failed' ⁵ a WCA?	Ever appealed against a WCA decision?	Ever had a PIP assessment? ⁶	Ever failed a PIP assessment?	Ever appealed against a PIP decision?	In receipt of armed forces pension?	Claimed War Pension / AFCS?
82	UC	Full-time work – temporary post	Full-time work (short period on UC between jobs)	No	N/A	N/A	No	N/A	N/A	No	No
83	UC	UC	UC	Yes	No	N/A	Yes	No	No	No	No
84	UC	No interview	No interview	No	N/A	N/A	No	N/A	N/A	Yes	No
85	UC	UC	UC	Yes	No	N/A	Yes	No	No	No	No
86	UC	UC	UC	Yes	No	N/A	Yes	No – but appealed for higher amount	Yes – successful at appeal	No	No
87	UC	UC	UC	Yes	No	N/A	No	N/A	N/A	Yes	No
88	UC	Part-time work (UC top-up)	UC	Yes	No	N/A	Yes	Yes	Yes – successful at tribunal	No	No
89	UC	UC	No interview	Yes	Yes	Yes – successful at reapplication	Yes – outcome unknown	No	No	Yes	Application in progress at Wave B
90	UC	UC	Full-time work	Yes	No	N/A	Yes	No	No	Yes	No
91	UC	Full-time work	Full-time work	No	N/A	N/A	Yes	No	No	No	Yes
92	UC	UC	UC	Yes	No	N/A	Yes	No	No	No	Yes
93	UC	Full-time work	No interview	No	N/A	N/A	Yes – but abandoned claim	No	No	No	No
94	UC	Full-time work	Full-time work	No	N/A	N/A	Yes	No	No	Yes	No

No.	Wave A	Wave B	Wave C	Ever had a WCA? ⁴	Ever 'failed' ⁵ a WCA?	Ever appealed against a WCA decision?	Ever had a PIP assessment? ⁶	Ever failed a PIP assessment?	Ever appealed against a PIP decision?	In receipt of armed forces pension?	Claimed War Pension / AFCS?
95	UC	Part-time work (UC top-up)	UC	Yes	Yes	Did not pursue appeal on earlier failure but successfully reapplied	Yes – outcome unknown	Unknown	Unknown	No	Yes
96	UC	Full-time work (UC claim still open)	Full-time work (UC claim still open)	Yes	Yes	Did not pursue appeal on earlier failure but successfully reapplied	Yes	Yes	No	No	No
97	UC	UC	UC	Yes	No	N/A	Yes	No	No	No	No
98	UC	Full-time work	Full-time work	No	N/A	N/A	No	N/A	N/A	No	No
99	UC	No interview	No interview	Yes	No	N/A	Yes	Yes	Yes – awaiting outcome of mandatory reconsideration	N/A	No
100	UC	UC	UC	Yes	No	N/A	Yes	No	No	No	No
101	UC	No interview	No interview	Yes – awaiting outcome	N/A	N/A	Yes	No	No	No	Yes
102	UC	UC	UC	Yes	No	N/A	Yes	No	No	No	No
103	UC	UC (ESA)	UC	Yes	No	No	Yes	Yes	Did not pursue appeal on earlier 'failure' but successfully reapplied. Appealed to tribunal for higher amount.	No	No
104	Part-time work (UC top-up)	Part-time work (UC top-up)	UC	No	N/A	N/A	No	N/A	N/A	No	No
105	UC	UC	No interview	Yes	No	Seeking to reapply after transfer to UC	Yes	No	No	No	No
106	UC	Full-time work (UC top-up)	Full-time work (signed off UC)	No	N/A	N/A	No	N/A	N/A	No	No

No.	Wave A	Wave B	Wave C	Ever had a WCA? ⁴	Ever 'failed' ⁵ a WCA?	Ever appealed against a WCA decision?	Ever had a PIP assessment? ⁶	Ever failed a PIP assessment?	Ever appealed against a PIP decision?	In receipt of armed forces pension?	Claimed War Pension / AFCS?
107	UC	No interview	No interview	No	N/A	N/A	Yes	No	No	No	Yes
108	In process of transfer from ESA to UC	UC	No interview	Yes	No	No	Yes	Yes	Yes – successful at tribunal	No	No



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