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Towards a trauma-informed social security system

Lessons 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 the Forces in Mind Trust (FiMT) or any participating stakeholders and agencies. The authors take responsibility for any inaccuracies or omissions in the report.

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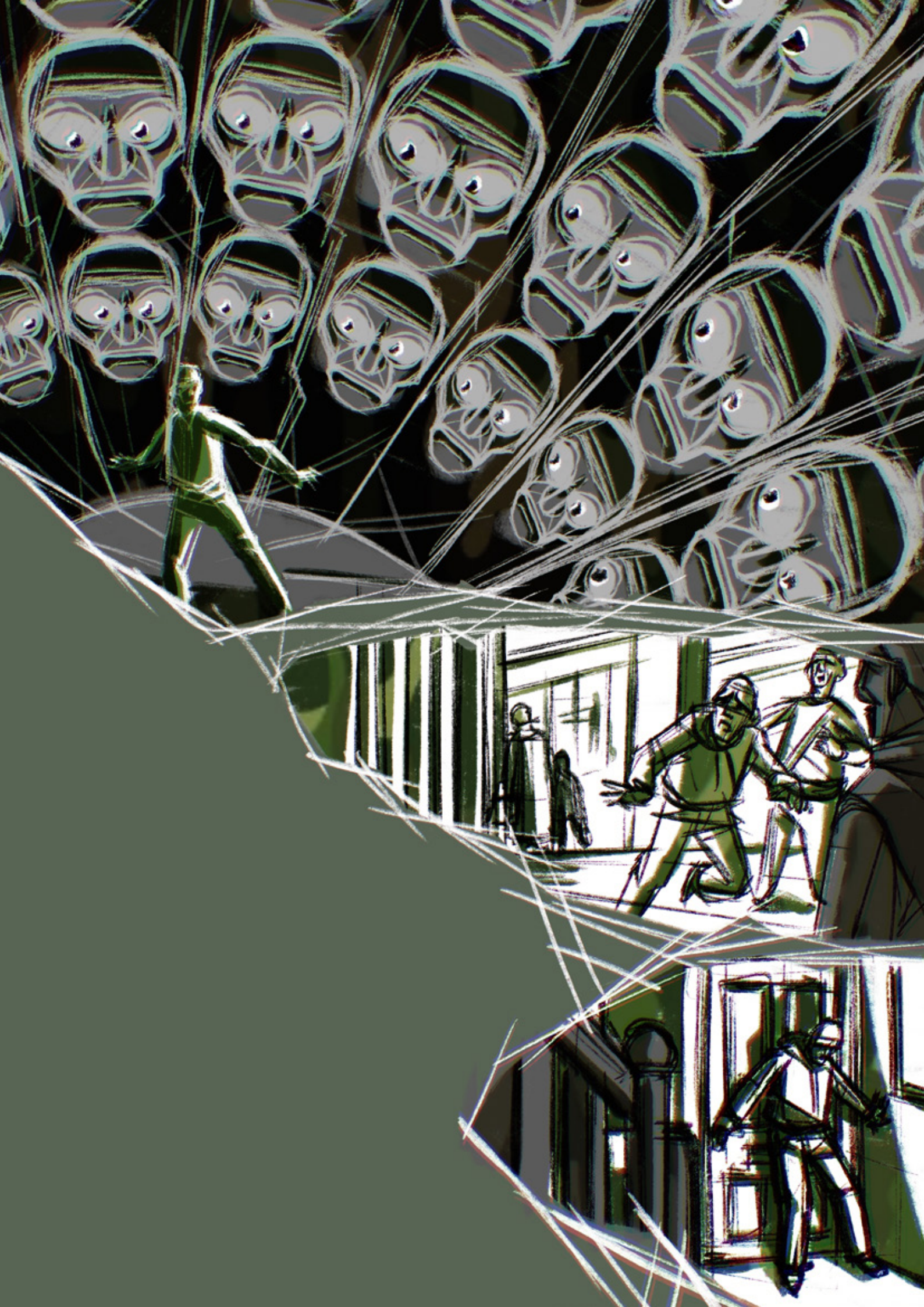
Towards a trauma-informed social security system: Lessons from the Sanctions, Support and Service Leavers project



1. Introduction

Trauma is defined as 'when an event, or series of events, overwhelm an individual's capacity to psychologically self-regulate and can negatively affect the individual's internal wellbeing, inter-personal relationships, and functioning in society'[1]. Traumatic events generally involve 'threats to life or bodily integrity, or a close personal encounter with violence and death'[2]. It is widely acknowledged that experiences of trauma can create a range of potentially long-lasting difficulties across various areas of people's lives[3]. Various services whose central role is *not* the treatment of trauma have recognised that many of their clients have trauma histories that impact on their engagement with services and that poorly designed services can trigger trauma-related responses in clients with such histories, negatively impacting their recovery from trauma[4].

Originating in the United States and subsequently moving to a range of countries, the trauma-informed care (TIC) movement has applied what is known about trauma to the design of social and health services[5], supported by research showing it is far more prevalent than many had realised[6]. Harris and Fallot[7] were the first to propose five principles of TIC for the delivery of services: **safety**, **trustworthiness**, **collaboration**, **choice** and **empowerment**. Services that are 'trauma-blind' (i.e., that fail to adopt a trauma-informed perspective) may (mis)interpret client behaviours as aggressive, unreasonable, disrespectful or manipulative[8]. In contrast, trauma-informed services situate people's behaviours within the context of what has happened within their lives, enabling service providers to anticipate, and overcome, some of the barriers that can prevent clients from engaging fully[9]. TIC therefore involves a 'paradigm shift' for organisations from pathological narratives of 'what is wrong with you?' to instead asking clients 'what happened to you?'[10]. Trauma-informed services recognise that 'any person seeking services or support might be a trauma survivor'[11] and therefore proactively redesign their operations to avoid inadvertently re-traumatising service users[12].

Although we recognise that TIC is not without its critics[13], the study of the impacts of psychological trauma has challenged policy assumptions concerning the drivers of client behaviour[14] and, when applied to various sectors, TIC has been effective in improving hopefulness and motivation, supporting client mental health and reducing aggression[15]. Within the UK, TIC has been adopted by a range of

1 Bargeman, M., Abelson, J., Mulvale, G., Niec, A., Theuer, A. and Moll, S. (2022) 'Understanding the Conceptualization and Operationalization of Trauma Informed Care Within and Across Systems: A Critical Interpretive Synthesis', Milbank Quarterly, 100(3): 785–853.

2 Herman, J. (2015) Trauma and recovery: the aftermath of violence - from domestic abuse to political terror. New York: Basic Books.

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

4 Bloom, S. and Farragher, B. (2013a) Restoring sanctuary: a new operating system for trauma-informed systems of care. Oxford: Oxford University Press.

5 Quadara, A. and Hunter, C. (2016) Principles of Trauma-informed approaches to child sexual abuse: A discussion paper. Sydney: Royal Commission into Institutional Responses to Child Sexual Abuse.

6 Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Koss, M. and Marks, J. (1998) 'Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. The Adverse Childhood Experiences (ACE) Study', American Journal of Preventive Medicine, 14(4): 245–258.

7 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.

8 Quadara and Hunter (2016) op cit.

9 Bloom and Farragher (2013a) op cit.

10 Sweeney, A., Filson, B., Kennedy, A., Collinson, L. and Gillard, S. (2018) 'A paradigm shift: relationships in trauma-informed mental health services', BJPsych Advances, 24(5): 319–333.

11 Goodman, L., Sullivan, C., Serrata, J., Perilla, J., Wilson, J., Fauci, J.E. and DiGiovanni, C. (2016) 'Development and Validation of the Trauma-Informed Practice Scales', Journal of Community Psychology, 44(6): 747–764.

12 See, for example: Hopper, E., Bassuk, E. and Olivet, J. (2010) 'Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings', The Open Health Services and Policy Journal, 3: 80–100; Kelly, U., Boyd, M., Valente, S. and Czekanski, E. (2014) 'Trauma-Informed Care: Keeping Mental Health Settings Safe for Veterans', Issues in Mental Health Nursing, 35(6): 413–419; Levenson (2017) op cit.

13 See, for example: Birnbaum, S. (2019) 'Confronting the Social Determinants of Health: Has the Language of Trauma Informed Care Become a Defense Mechanism?', Issues in Mental Health Nursing, 40(6): 476–481; Dolezal, L. and Gibson, M. (2022) 'Beyond a trauma-informed approach and towards shame-sensitive practice', Humanities and Social Sciences Communications, 9(1): 214.

14 Levenson, J. (2017) 'Trauma-Informed Social Work Practice', Social Work, 62(2): 105–113.

15 Bloom and Farragher (2013a) op cit.

services and at many levels. For example, services such as health[16], schools[17] and children and young people's social care[18] have developed trauma-informed practice; local authorities[19], cities[20] and city-regions[21] are moving towards becoming trauma-informed 'places'; and the Scottish and Welsh devolved administrations are advocating the government-wide adoption of TIC[22].

Trauma-informed practice and the UK social security system: Learning lessons from the Sanctions, Support and Service Leavers project

Since 2017, we have been leading a project funded by the Forces in Mind Trust (FiMT) called *Sanctions, Support and Service Leavers* [hereafter *SSSL*]. The project involves two main methods: (1) qualitative longitudinal research with veterans undertaken at approximately 9–12-month intervals; and (2) consultation with policy and practice stakeholders. *SSSL* was developed specifically to explore the experiences of veterans as they navigated the benefits system and represents the only project of its kind within the UK. It examines veterans' experiences of the various aspects of claiming benefits (e.g., application processes, benefits assessments, conditionality, interactions with the DWP and intersections between benefits and Armed Forces compensation/pensions).

SSSL originally ran for two years (2017–2019), with an initial sample of 68 veterans (interviewed twice)[23]. In recognition of the impact of the project and the unique dataset that it provides, in early 2020 the research was extended to autumn 2023 to ensure that the experiences of veterans were understood during the ongoing implementation of Universal Credit (UC). For this, we recruited an additional cohort of veterans, all claiming UC (to be interviewed three times). In parallel, we recontacted our original cohort to continue tracking their experiences (over an additional three waves of interviews). To date, the project has included **108 veterans** (carrying out **251** interviews with them across various waves) and consulted with **67 stakeholders** (an overview of the project methods, analysis and outputs is provided in Appendix 1).

In 2021, drawing upon an analysis of a selection of interviews from our original *SSSL* dataset (2017–2019), we made the *first call* for the application of trauma-informed principles within the UK benefits system[24]. Applying a trauma-informed lens to our data from the original project (2017–2019), we revealed how the benefits system appeared to be 'trauma-blind', with participants describing being treated in ways that were perceived as disrespectful, unfair, disempowering and, in some cases, re-traumatising. Subsequent research has reiterated the potential value of trauma-informed approaches, with reference to specific aspects of the benefits system, e.g., benefits assessments[25].

As a system that routinely interacts with people who have backgrounds of trauma, it is striking that the field of social security, until very recently, has been largely absent from the TIC movement[26]. The last two decades in the UK have seen more stringent conditions in relation to benefits for people with and without health problems and disabilities,

16 Law, C., Wolfenden, L., Sperlich, M. and Taylor, J. (2021) Trauma-informed care in the perinatal period: https://www.england.nhs.uk/wp-content/uploads/2021/02/BBS-TIC-V8.pdf

17 Flynn, D., Gordon, I., Spencer, L., Scott, S., Bhardwaj-Gosling, R., Devanney-Glynn, C. and Henderson, E. (2020) Developing and Piloting Mental Health Campaigns in Trailblazer Schools: https://research.tees.ac.uk/en/publications/developing-and-piloting-mental-health-campaigns-in-trailblazer-sc.

18 Asmussen, K., Masterman, T., McBride, T. and Molloy, D. (2022) Trauma-informed care: Understanding the use of trauma-informed approaches within children's social care. Early Intervention Foundation: https://www.eif.org.uk/report/trauma-informed-care-understanding-the-use-of-trauma-informed-approaches-within-childrens-social-care

19 Parkes, J. (2021) Islington Council Trains Workforce in Trauma-Informed Practice to Improve Outcomes for Vulnerable Children. Children and Young People Now: https://www.cypnow.co.uk/features/article/islington-council-trains-workforce-in-trauma-informed-practice-to-improve-outcomes-for-vulnerable-children

20 The Trauma Informed Plymouth Network. (2021) Envisioning Plymouth as a Trauma Informed City: https://www.plymouthoctopus.org/wp-content/uploads/2021/05/Trauma-Informed-Plymouth-Approach-.pdf

21 Greater Manchester Combined Authority. (2021) Developing Trauma Responsive Public and Third Sector Workforces: https://manchestercommunitycentral.org/news/developing-trauma-responsive-public-and-third-sector-workforces

22 See, for example: Homes, A. and Grandison, G. (2021) Trauma-Informed Practice: A Toolkit for Scotland. Scottish Government: https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/; Welsh Government. (2021) Review of Adverse Childhood Experiences (ACE) policy: report. How the ACE policy has performed and how it can be developed in the future: https://gov.wales/sites/default/files/pdf-versions/2021/3/3/1615991408/review-adverse-childhood-experiences-ace-policy-report.pdf

23 Scullion, L., Dwyer, P., Jones, K., Martin, P. and Hynes, C. (2019) Sanctions, Support & Service Leavers: Final Report: https://s31949.pcdn.co/wp-content/uploads/sanctions-support-service-leavers-final-report.pdf.

24 Scullion, L. and Curchin, K. (2021) 'Examining Veterans' Interactions with the UK Social Security System through a Trauma-Informed Lens', Journal of Social Policy, 51(1): 96–113.

25 Allan, S., Roberts, H., Clancy, M., Nair, V., MacKenzie-Nash, C., Braekkan, K., Matrunola, C., Blanche, M., Jamieson, M., Stuart, S. and Gumley, A. (2022) 'What researching the benefits system has taught us about being trauma informed when people encounter traumatising systems', Clinical Psychology Forum, 353: 36–42; Roberts, H., Stuart, S., Allan, S. and Gumley, A. (2022) ''It's like the Sword of Damocles' – A trauma-informed framework analysis of individuals' experiences of assessment for the Personal Independence Payment benefit in the UK', Journal of Social Policy, 1–16. DOI: 10.1017/S0047279422000800.

26 In an upcoming report based on a 2022 survey of benefit claimants, the Welfare at a (Social) Distance project (https://www.distantwelfare.co.uk/) show that a noticeable proportion of claimants are currently affected by PTSD, and that this is far more common among benefit claimants than the general public (to an even greater extent than other mental health conditions)

and existing research has provided important insights into the ways that interactions with the benefits system can be implicated in *exacerbating* mental ill health for some[27]. However, we are aware that those designing and delivering social security are now looking at TIC within their services. For example, Social Security Scotland – as part of Scotland's National Trauma Training Programme – has pledged trauma awareness as central to delivery[28], and the Department for Work and Pensions (DWP) is exploring the integration of trauma-informed principles[29].

This is therefore a pivotal moment for social security policy and practice stakeholders to explore the value of trauma-informed approaches in an evidence-informed way. As a substantive qualitative longitudinal project with data from a sizeable number of benefit claimants who have experienced trauma, our *SSSL* research therefore represents a vital evidence base. This report draws upon emerging findings from interviews with **74 veterans** (**133 interviews** across the various waves) who indicated that they had service-attributed mental health issues. By looking at these data through a trauma-informed lens, the purpose of this report is to provide an understanding of how the benefits system – and some of the processes and contact channels within the system – are currently experienced by those who have backgrounds of trauma. Through this analysis, we can demonstrate some of the challenges faced by both claimants and DWP staff but also identify areas of good practice in the provision of support.

The project includes a work strand that focuses specifically on benefits assessments (i.e., the Work Capability Assessment and Personal Independence Payment [PIP] assessment), which will be presented in a separate report in autumn/winter 2023. In this report we therefore focus specifically on interactions with the DWP rather than on interactions with assessors and assessment processes. However, our earlier report[30] and TIC paper[31] provides significant evidence of trauma-blind practice in relation to benefits assessments, as does recent research in relation to experiences of PIP[32].

Structure of this report

This report is structured as follows:

Chapter 2 provides an overview of the backgrounds of our veteran participants.

Chapter 3 presents an analysis of our data through a trauma-informed lens, drawing specifically on the five principles of TIC referred to above.

Chapter 4 provides an example of good practice support, drawing upon a case study of the DWP Armed Forces Champions (AFCs).

Chapter 5 provides some concluding comments and outlines some considerations in relation to TIC and the benefits system.

Note on the images used in this report

As part of the dissemination strategy for this project, we have commissioned Andrea Motta, a professional illustrator, to produce a series of images and a graphic novel from the research. The images included in this report are some of the illustrations produced by Andrea and are based on his interpretation of anonymised excerpts from the interviews.

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

27 See, for example: Dwyer, P., Scullion, L., Jones, K., McNeill, J. and Stewart, A. (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; Williams, E. (2021) 'Punitive welfare reform and claimant mental health: The impact of benefit sanctions on anxiety and depression', Social Policy & Administration, 55(1): 157–172.

28 National Trauma Training Programme - Social Security Scotland: https://transformingpsychologicaltrauma.scot.

29 Project director, Lisa Scullion, has met with the DWP's new Trauma Integration lead

30 Scullion et al. (2019) op cit.

31 Scullion and Curchin (2021) op cit.

32 Roberts et al. (2022) op cit.

2. Background to our participants

Before we focus specifically on participants' experiences of the benefits system, it is important to situate this within the other challenges in their lives. There are significant and complex needs within our sample of veterans in relation to their ongoing mental ill health and also the wider impacts of this on other areas of their lives including relationships, accommodation, employment, interactions with the criminal justice system and alcohol and drug use. This background is important for understanding the context within which our participants are navigating the benefits system and indeed in many cases necessitated their benefit claims in the first place.

Mental ill health and multiple traumas

As highlighted in Chapter 1, this report draws upon emerging findings from 133 interviews from our ongoing study. This represents 74 participants who identified as having a mental health impairment that was attributed to service in the Armed Forces. Most of our sample had joined the Armed Forces immediately or shortly after leaving school. A range of reasons were given by participants as to why they had left the Armed Forces, including redundancy; medical discharge; bullying; compulsory discharge; time served; a lack of promotion prospects; and leaving owing to a change in their military role. However, a multiplicity of factors coming together could sometimes prompt a departure from the Armed Forces. Issues related to family were often cited, including the imminent arrival of children, demands from spouses, care obligations and seeking a more settled way of life.

Across this sample, PTSD, anxiety and depression were mentioned most frequently and were often described as manifesting in symptoms such as hypervigilance, claustrophobia, anger and difficulties with memory. In many accounts, the symptoms and effects of mental ill health were simultaneously described by participants as having longer-term debilitating impacts but also being episodic in nature. A small number of participants had been sectioned under the Mental Health Act (2007) or had spent time in a mental health institution since leaving the Armed Forces. However, it was common for participants to describe having multiple health issues, including a mix of both mental and physical health impairments. For some participants, physical injuries sustained in the Armed Forces had led to a medical discharge, and this could also have knock-on effects on their mental health[33]. Additionally, a small number had started to experience serious mental ill health while serving.

Although many participants attributed trauma and mental ill health to their time in the Armed Forces, it is important to acknowledge the presence of longer-term trauma that was unrelated to service. As such, in participants' accounts there was a complex mix of pre-existing issues relating to childhood[34], experiences during the Armed Forces and wider post-service adverse events that negatively affected participants' ongoing mental health. Pre-service trauma often related to abuse or neglect that was experienced during childhood, and for some the Armed Forces had offered a 'way out':

> I grew up with a, pardon the expression, 'smackhead' for a mother... Raised basically by my grandmother, who was an alcoholic. School was when I could be bothered to go. Then I had a choice, really, it was either jail, start selling drugs and do something stupid, or join the Forces... Best move I ever made, otherwise I'd be in jail or I'd be dead by now. (Employment and Support Allowance [ESA] claimant, England)

> 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. (Universal Credit [UC] claimant, England)

> I think I'd always had a little bit of mental health stuff in my past due to my childhood, but I don't think I'd ever picked up on it particularly. (UC claimant, Wales)

For some participants, challenging relationships with parents had continued 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.' (UC claimant, England)*

However, traumatic experiences that had occurred while serving were frequently perceived as the main origin of psychological issues. For a number of participants, serious mental health issues that occurred in service and were often connected to combat experiences were cited as reasons for subsequent medical discharge from the Armed

33 Hynes, C., Scullion, L., Lawler, C., Steel, R. and Boland, P. (2021) 'The impact of in-Service physical injury or illness on the mental health of military veterans', BMJ Military Health. DOI: 10.1136/bmjmilitary-2020-001759.

34 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.

Forces. Although some had PTSD *officially* recorded as their reason for medical discharge, there were also many participants who described how their service-attributed trauma was only formally diagnosed a number of years after they had left the Armed Forces and was sometimes triggered by difficulties in other areas of their lives:

> 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. I obviously, yes, had the problems, and I have got a form of PTSD as well... Then lots of things came together at once, and I had, I suppose a few years ago would have been called a breakdown, I suppose. (UC claimant, England)

> 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. My marriage failed. 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. (UC claimant, Scotland)

As highlighted in our earlier report[35], the value placed on self-sufficiency, strength of character and resilience while in the Armed Forces could make it harder for people to seek help when they needed it:

> It was long-standing. I was ill, but I hid it well. I just got on with it. I've always had that mentality where you just get on with it. (UC claimant, England)

Thus, it was evident that some participants had been living with unresolved trauma for many years before reaching a crisis point.

The varied impacts of mental ill health and trauma

Although relationships and family were often a key factor in the decision to leave the Armed Forces, it was evident that many of our participants subsequently experienced a range of complex family and relationship circumstances. Indeed, 52 participants (across the two cohorts) made reference to relationship breakdown in their first interview, with additional participants experiencing a relationship breakdown over the course of the research. Although the breakup of long-term relationships is common in civilian society, participants often attributed relationship breakdown to two key issues: (i) difficulties in adjusting to civilian life as a couple when so much time had been spent apart; and (ii) the impact of the mental ill health issues described above.

> That's when there became a problem between myself and my first wife. I don't think she could handle living with me, as in where I was with the military. I was away all the time, getting deployed, doing this, that and the other, and then you have to learn to live together. It's very, very hard. (UC claimant, England)

> Eight weeks after we got married, the wife said she couldn't cope with the PTSD and everything anymore. (UC claimant, Scotland)

It was clear that a routine consequence of relationship breakdown was estrangement from children, with some participants describing having little or no contact with their children. Some described ongoing disputes in relation to access to children, which further impacted on their mental health:

> I must admit, if I'm being genuinely honest, the bad days have subsided purely from being able to have my son on a more regular basis. (UC claimant, England)

Alcohol misuse also featured within the accounts of some of our participants, and although some attributed this to a perceived wider culture of drinking within the Armed Forces, others described it as a response to experiencing psychological trauma. Some participants (although a smaller number) referred to illicit drug use as well. Some developed an addiction while they were serving, which worsened once they had left the structure of service life:

> Pretty much the day I left [the Armed Forces] and the gates shut, that was the end of it. There was no other help and support... my addiction was – it was bad then, but after I'd left it spiralled out of control, and I was lost and didn't know where to be. (UC claimant, England)

It was evident that alcohol or drug use also developed (or increased) following relationship breakdowns and other adverse experiences highlighted above.

Additionally, a large proportion of participants had experienced insecure housing or homelessness at some point in their transition to civilian life, whether rough sleeping, sofa surfing or living in supported accommodation. Furthermore, there were several participants who referred to interactions with the criminal justice system since leaving the Armed Forces.

Most participants described how they had been able to find paid work immediately or very shortly after leaving the Armed Forces, and many described maintaining a strong work ethic, but, as highlighted in our earlier report[36], there was a common narrative of transitory, unsettled post-service employment, punctuated by periods of unemployment:

35 Scullion et al. (2019) op cit.

36 Scullion et al. (2019) op cit.

> [I] always want to work and earn money... but I just end up getting really stressed out with being around and having to deal with the general public and stuff, but I've done quite a few jobs on and off, just basic jobs... it was just the post-traumatic stress disorder was the reason why I couldn't really stay in work. (UC claimant, England)

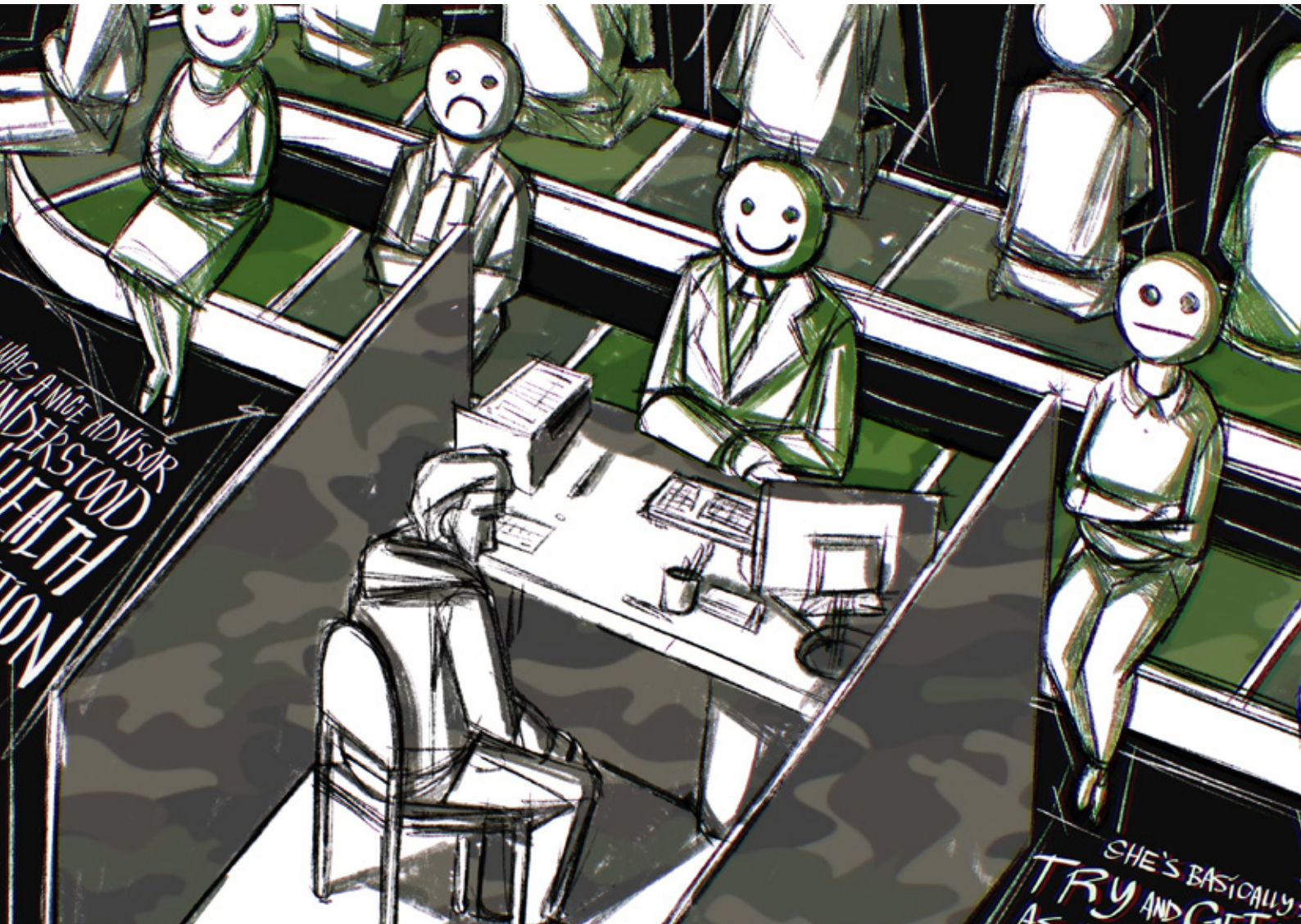
> I have anger issues and all this, that and the other... I've never worked anywhere very long. I think two or three years is the most I've ever worked anywhere, so I've been drifting around. (UC claimant, England)

> Someone would say, 'I've got a job for you, start Monday.' Fantastic. Comes to Sunday night, you don't want Monday to come. Do you understand? (UC claimant, England)

Mental ill health therefore significantly impacted on people's post-service labour market experiences. Indeed, the benefit claims of many of our participants had been instigated following a period of crisis, where mental ill health (and the related experiences described above) impacted on their ability to sustain employment.

Summary

There are a range of complex needs evident within our sample of veterans. Although participants were able to enter paid work on leaving the Armed Forces, they often narrated employment histories that involved shorter-term posts and periods of unemployment. In addition to difficulties sustaining employment, there were also a wider range of adversities that people described relating to family and relationship breakdown, insecure housing, interactions with the criminal justice system and alcohol and drug use. Psychological trauma had been experienced in many areas of people's lives, and although service-attributed trauma was commonly referred to, it was clear that there was a complex mix of pre-, during- and post-service trauma that formed the context within which our participants were navigating the benefits system.



3. Exploring veterans' interactions with the benefits system through a trauma-informed lens

As highlighted in Chapter 1, Harris and Fallot[37] were the first to propose five principles of TIC for the delivery of services: **safety, trustworthiness, collaboration, choice and empowerment**. In this chapter we explain what these principles mean and demonstrate their relevance to veterans. More specifically, we illustrate how the absence of safety, trustworthiness, collaboration, choice and empowerment underpin many of the negative experiences that veterans have when navigating the benefits system, but also how these principles can illuminate some of the positive experiences that are evident in the study.

Exploring the principle of safety in our SSSL data

The first step in recovering from trauma is regaining a sense of **safety**. The provision of an effective social safety net has been identified in the trauma-informed literature as a way of increasing people's sense of safety and thereby their opportunity for recovery[38]. Moreover, the design of services has an important role in promoting clients' safety. From the perspective of TIC, client safety is promoted through developing an awareness of potential triggers and by respecting people's privacy and personal boundaries[39]. Safety is constructed as being both psychological *and* physical[40], so services need to be delivered in environments that feel safe for service users. Thus, trauma-informed services try to create environments for clients that are free from stresses and potential triggers such as loud noises and crowding[41].

It was evident that some participants felt unsafe during their interactions with the benefits system. For example, the impact of the environment of Jobcentre Plus (JCP) offices was referred to by some participants, who expressed feelings of anxiety and intimidation when faced with busy waiting rooms and offices, when security guards were present within offices, and where there was limited privacy in their interactions with staff:

> I don't know why they have so much security at Jobcentres. It's slightly intimidating. They have more security guys walking around looking hard and butch than they have job coaches. I find that very intimidating, and I'm an ex-squaddie. (UC claimant, Scotland)

> There was somebody on the table immediately behind us, and if I stretched out I could literally tickle the back of their hair, we were that close... when I was going through medical and my Naval background, I was conscious of what I was saying and that somebody was close by. (UC claimant, England)

Even the journey to, or the location of, the JCP office could pose challenges for some participants:

> One of the big problems I find with my PTSD is I can get on to public transport but as long as there isn't crowds. So, what can happen is I get on and there's nobody there, and at the next bus stop a load of people get on, so I get off! Which can make journeys a little bit extended at times! (UC claimant, England)

> The Jobcentre is right in the middle of the town, so I could get a flashback with a bus passing. (UC claimant, Scotland)

However, there are various forms of interaction with the DWP (in person, telephone, online and letters), and it each channel of communication (and not just in-person interactions) had the potential to trigger fear and anxiety amongst participants, as the following examples illustrate:

37 Harris and Fallot (2001) op cit.

38 Bowen, E.A. and Murshid, N.S. (2016) 'Trauma-Informed Social Policy: A Conceptual Framework for Policy Analysis and Advocacy', American Journal of Public Health, 106(2): 223–229.

39 Kelly et al. (2014) op cit.

40 Allan et al. (2022) op cit.

41 Gerber, M.R. (2019) 'Trauma-Informed Care of Veterans', in M.R. Gerber (ed.) Trauma-Informed Healthcare Approaches. Cham: Springer: 107–122.

> By the time I've waited on the phone, I'm a quivering wreck... They keep sending me texts and that, and I know it sounds daft, but I've said things like texts and missed calls actually trigger me. They're triggers to me to be worried about something, but I still get them. I got one this morning saying, 'You need to do this, you need to do that.' (UC claimant, England)

> Every time I see a brown envelope, I feel sick, and that's the honest truth. (ESA claimant, England)

Shame is also a powerful part of the experience of trauma, so trauma-informed services work to discourage shame and stigma[42]. Indeed, there have been recent calls[43] for 'shame-sensitivity' and 'shame-sensitive practice' as an essential (but missing) component of trauma-informed approaches. When looking at the benefits system through a trauma-informed lens, it is important to recognise that there may be two intersecting elements of shame. First, there is the shame that is central to people's experiences of trauma, which is regarded as responsible for 'much of the maladaptive behaviour associated with trauma, PTSD and other post-trauma states'[44]. However, this then intersects with the perceived shame of being part of a system that is often portrayed negatively in public and political debate. Indeed, as we have argued previously[45], our veteran participants were acutely aware of the stigmatisation of benefit claimants:

> There's a lot of shame around the whole benefit thing, I found... I don't feel very proud about myself; I feel bit ashamed to be taking the money. There's all those articles about people taking benefits, and benefits on telly demonised, so I just feel shit... (ESA claimant, England)

Some participants experienced an intense sense of shame at moving from a position of respect in the Armed Forces to seeking financial support through the benefits system. This was amplified when staff (both in person and on the telephone) were perceived to demonstrate a lack of respect towards people's backgrounds and experiences:

> I remember my first appointment, going to the Jobcentre, and it was horrific. The woman was sat there speaking to me like I was some sort of little child that didn't want to get out of bed in the morning to go to work, and that wasn't the case... and it is massively degrading, when you do something as proud as serving in the Army. (UC claimant, England)

> I've sat there on the phone to the young girl, who's sitting there giggling on the phone. I'm trying to explain my situation, and she sat there giggling. I just said, 'I'm going to get someone else,' and put the phone down on her. (UC claimant, England)

Consequently, perceived acts of disrespect (even where they may appear small or are unintended) could sometimes trigger outbursts of violence or aggression[46]. This was evident in the accounts of our participants' interactions with DWP staff, not only *in person* but also those taking place via *telephone* or through the *online journal*[47]:

> I got a letter a few weeks ago saying I had an appointment on Monday, and I sat here by the phone and waited for my appointment. It never came. So, I phoned them up, and I lost my temper with the lad on the phone. (UC claimant, England)

> I had a bit of a meltdown, wrote something pretty nasty on the [UC] journal saying, 'The government's responsible for suicides in veterans, and you need to do more to support veterans,'... and this, that and the other. I was like, 'Cancel my claim.' They were like, 'You want us to cancel your claim?' I was like, 'Yes, yes.' I think I actually wrote in the journal, 'Yes, stick it up your arse', or something like that. (UC claimant, England)

> When I'm stressed, I have a very, very, very short fuse. I've been banned from two Jobcentres because effectively they were talking like this. The guy was there, and he's looking at my notes and all the rest of it, and I've got all this stuff in front of me that he's wanting me to do. He said, 'Well, [participant], well what are you doing to find a job?' I said, 'It's there.' I said, 'This is what I've done, this is what'... 'I don't believe you, you're not trying hard enough'... So, I threw the book at him, smacked him in the mouth... So, I got escorted out the building. (ESA claimant, England)

> This one guy I sat in front of, he literally, without him saying it to my face, he's called me a liar. 'I do not believe that this has been signed by a doctor', and then called G4S over and said, 'Please escort this man from the premises. We've got zero tolerance.' I said, 'I'm raising my voice because you're not listening to me. I've been signed off by a consultant, and you're questioning a medical incompetence and a medical professional and basically calling me a liar. His supervisor heard it, and, like I say, I had it overturned the next day, because I said, 'How can he speak to me like that?'... (UC claimant, England)

42 See, for example: Harris and Fallot (2001) op cit; Levenson (2017) op cit.

43 Dolezal and Gibson (2022) op cit.

44 Dolezal and Gibson (2022) op cit.

45 Scullion et al. (2019) op cit.

46 Bloom, S. and Farragher, B. (2013b) Destroying sanctuary: the crisis in human service delivery systems. Oxford: Oxford University Press.

47 The journal is part of a claimant's online account and is a record of everything they have done while claiming UC.

> [The Work Coach] in there had said something quite derogatory, the way his attitude was and the way he was talking to me and stuff, and I then turned round to him and said, 'I'm an Armed Forces veteran and I've got complex mental health.' I said, 'Do you think you'll enjoy your next breath?' He was like, 'What?' I said, 'You better value your next breath, and if you value your life, I would stop gobbing off to me and being a prick, because I'm going to come over there and deck you.'... the security guard comes over, the manager comes over, and then I was like, 'Fuck you, I'm going', and just walked off. (UC claimant, England)

Interestingly, the latter participant described returning for his next appointment, where he was then introduced to a DWP Armed Forces Champion (AFC), which significantly improved his subsequent experiences. When reflecting on his interactions, he was frustrated that it had got to the stage of conflict before he was able to access more appropriate support:

> ... Then when I went back the next time round, I was introduced to this guy [DWP AFC]. We then had a bit of a chat, and instantly he put me at ease. He was really nice to talk to. He was really helpful... I had to lose my temper and threaten to knock somebody out before they took heed of what I was telling them, and they led me to that point, because every time I was going in there, and I would prep myself. I've got complex issues, so I'd prep myself like, 'Don't go in there and be a knob, go in there and be nice, try and keep it cool.' I'd go in there, and I'd try and keep my cool. Your appointment is at half-ten. Quarter past 11, I'm still sat there with no appointment yet. (UC claimant, England)

The support provided by DWP AFCs is discussed in further detail in Chapter 4.

Exploring the principle of trust in our SSSL data

Trust is also a function of safety, as people who have experienced trauma have difficulty trusting[48]. Therefore, trauma-informed services support people to learn to trust again by ***themselves*** being trustworthy; for example, by having integrity, consistency and transparency. Unfortunately, the accounts of some of our participants demonstrated a lack of trust in the benefits system, which they found, at times, inconsistent, unresponsive and prone to double standards.

Inconsistency was a key issue across the sample and one that we highlighted in our earlier report from the project[49]. As providers of 'human services', we acknowledge that staff are human and will have diverse approaches when interacting with claimants. Our concern is where a lack of respect or empathy was quite openly demonstrated, where (although well-meaning) the member of staff was ill-equipped to appropriately deal with specific interactions, or where people were interacting with multiple staff members and were having to repeatedly explain their circumstances. At times, these issues overlapped in people's accounts of their experiences:

> The first three or four [Jobcentre appointments] were the same person, but then it was someone different every time thereafter. So, there was no real continuity. (UC claimant, England)

> If you look at my work journal, it is a different Work Coach every single time... You never get the same person, never. When you reply to them, it's a generic reply. It comes back by someone else... there's no consistency here at all. Every time they contact you, you'll tell them, and then they'll have to go through my history. (UC claimant, England)

> That's what makes it difficult, because if you've got to start explaining your circumstances to each different person, and each different person isn't as compassionate as the one before, isn't understanding. Depending on what sort of person you get, and what sort of day they're having, depends on what help you get. (UC claimant, England)

The point by the latter participant also relates to the issue of inconsistencies in responsiveness, particularly when participants had queries or concerns and were trying to find someone to help address them. These related primarily to telephone or online interactions. However, criticism appeared to be directed particularly towards telephone interactions, where there was frustration at staff not being able to address people's concerns or providing contradictory advice[50]:

> ... just the lack of dialogue, I suppose as well, is another frustrating thing. Not getting to speak to anybody who can handle your case efficiently, and not be on hold for an hour and then speak to somebody who is, essentially, just sitting in a call centre. Just no acknowledgement in the journal when you try and contact them that way. (UC claimant, England)

> ...it's the people on the phone. Apart from the amount of time you're on the phone waiting in the queue – and normally it's nearly an hour by the time you actually get through to speak to somebody, and so you've got all that waiting around, but then they tell you information which contradicts what has been said by somebody else. (ESA claimant, England)

48 Bloom, S. (2006) Organizational Stress as a Barrier to Trauma Sensitive Change and System Transformation, online at: http://www.nasmhpd.org/sites/default/files/Organizational%20Stress%202010%20formatted%20NTAC(1).pdf.

49 Scullion et al. (2019) op cit.

50 Some DWP telephone advice services are outsourced to private sector providers. Concerns have been raised around staff training and the 'questionable' advice staff are giving to vulnerable claimants; see: https://hansard.parliament.uk/Lords/2021-11-30/debates/0ED9212B-7FB8-43F8-AE5E-6907E5D0CC87/OutsourcingDWPTelephoneServices

One veteran described how, during a period of counselling for PTSD, he had attended a group session that provided techniques aimed at supporting him during his telephone interactions with specific services:

> … we had this little workgroup for when we need to call the DWP and whatnot, of how to prepare for it. There were two components to how we should sort of carry ourselves: take some notes before you call them, and also just at the start of the call inform them that you have a mental health problem… it was under the banner of a lot of things: calling the GP, DWP, things like that… they gave us sort of like coping mechanisms, I guess you would call it. (ESA claimant, England)

However, when he had tried to use these techniques in a recent telephone interaction with the DWP, the staff member was uncomfortable with his disclosure of PTSD. Thus, it appeared that his preparation and techniques were not met with equal preparedness from the staff. This interaction was problematic for him, but his account suggests that it was also potentially distressing for this staff member as well:

> … she [referring to telephone staff member] didn't even acknowledge the phrase that I said: 'I've got PTSD, I'd just like to take the call very slowly if we can, and I might need things repeated'… it all got out of hand. She wasn't really willing to give me information; she was saying it's probably going to have to go to a decision-maker. I said, 'Would you mind just telling me what the possible outcomes are? I worry a bit about this stuff.' 'No, I can't.' I said, 'Well, can I speak to your supervisor?' 'No, you can't.' I said, 'Look, I'm sorry, I did say at the start I'm a veteran, I was in Iraq and it has made me quite mentally ill', and she went, 'You're disturbing me with that information. Can you stop talking please?'… Eventually, she put me through to her colleague, who was a little bit slower but very much treated me like I was being a hassle. (ESA claimant, England)

These experiences seemed to contrast significantly to the interactions that were taking place with some of the DWP AFCs (see Chapter 4).

Another source of mistrust was the 'double standards' people felt had been applied in some of their interactions with the benefits system. Benefit claimants have expectations placed on them in relation to providing supporting information when requested and punctual attendance at appointments. However, participants felt that they could not hold DWP staff to the same standards:

> 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.' (UC claimant, England)

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 and that the system would 'work' for them in terms of providing the support they needed:

> '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. (UC claimant, England)

> 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. (UC claimant, England)

The latter comment demonstrates a perceived unfairness of the relationship, where a claimant's minor 'transgression' could result in the removal of financial support through a benefit sanction, but with no means of applying reciprocal pressure on DWP staff. This demonstrated to veterans the power differential in their relationship with the DWP. Trauma-informed services, however, try to redress the power imbalances that are experienced between clients and professionals, recognising that these can exacerbate the feelings of powerlessness associated with trauma[51].

It would be incorrect to suggest that all the interactions described by our participants were negative. Indeed, Chapter 4 illustrates the good practice in the support being provided to this cohort through the DWP AFCs and Leads. There was a relatively equal split between those who had negative and those who had positive experiences, with many examples of participants having their issues and queries responded to quickly and effectively by the DWP. One participant, for example, described receiving a message that he didn't understand. He had emailed the DWP to ask for clarification, and within an hour his Work Coach had phoned and helped resolve the issue:

51 Allan et al., (2022) op cit.

> The [Work Coach] came back to me straight away with an answer and said, 'This is what you need to do', and it was all sorted out. So, any time that I've had a question, a problem, you send an email and you'll put it in your journal, and I've found that usually within an hour somebody's picked it up and will get back to you with some sort of answer. (UC claimant, Scotland)

There were also many examples of where interactions were perceived as respectful and understanding of participants' backgrounds and health conditions and where Work Coaches were using discretionary powers appropriately to ensure that they were personalising their approach:

> The [Work Coach] was absolutely lovely. She tried to make it as quick as she could because my anxiety was through the roof, and she could see that... She said, 'Listen, obviously I understand your situation. You don't have to come in.'... That's what they do now; the woman rings me now and again, just to see how I am. (UC claimant, England)

> The [Work Coach] who I see, I've given him permission to access my journal when a message comes, and if it's important, he'll contact me. (UC claimant, England)

> It's amazing how your experience with something can change just by the change in personnel. I've got a new advisor now, and he is a reservist. He understands a bit about the military. He understands about my skill set. He doesn't expect me to do 37 hours a week looking for jobs. When I then see him every couple of weeks, we have a chat, a good old chat... It's so much easier and pleasant. He knows I'm not trying take liberties. He knows that it's just a bit different maybe. The experience can change with the change of personnel... That's the only reason that I'm at this place now where I feel the system's better; the people are better, or the experience is better. (UC claimant, England)

> I actually had a nice [Work Coach] towards the end... he was sound. He just said, 'Yes, crack on. I'm happy for you.' He'd help you. If I needed travel to go for an interview anywhere, bang, he'd be straight onto it. He wouldn't take two days to get in touch. He'd just say, 'Look, if you're ever in emergency need of me, just come to there and say, "I need [name of Work Coach]."' He was a hell of a lot better. He was just straight onto everything for me, and he'd even send me jobs, 'Oh, I seen this earlier.' Bang... he actually done his job... I think he did know I'd served in the Forces, and I think he did respect me, and he did go the extra mile. (UC claimant, England)

Although these (and numerous other accounts) describe positive interactions, it was clear from some of the accounts that these positive experiences took place within the context of having previously experienced more negative situations. This returns to the issue of inconsistency, whereby changes in Work Coaches could be experienced positively or negatively, depending on the nature of the previous interactions.

However, it is also important, when reflecting on interactions with Work Coaches, to acknowledge that they are working within the constraints of high caseloads and short appointment times, which can present challenges when trying to fully understand the backgrounds and experiences of clients[52]. Indeed, as one veteran highlighted when reflecting on a meeting with their Work Coach:

> It felt as though I'd literally only just started with why I was on the sick, and my time was up. (UC claimant, England)

This can be contrasted with those interactions where additional time was given. For example, one veteran described a particularly positive experience that happened during the pandemic, where his Work Coach had realised that he was living alone and was isolated during the various lockdowns, so had booked two ten-minute telephone appointments back-to-back to allow sufficient time to talk to him. The telephone contact approach had also continued once the lockdown restrictions had lifted:

> I think she realised, because I was stuck in here on my own and didn't know anybody, a ten-minute phone call wasn't long enough. She would book in two appointments together so I would get 20 minutes... I felt alright; it was all alright. They understood me – they do now – do you know what I mean?... I don't have to go to the Jobcentre; they just ring... We just talk about mental health and that, really, asking if I'm alright and stuff... They understand my anxiety; that's why they do it over the phone. (UC claimant, England)

Exploring the principles of choice, collaboration and empowerment in our SSSL data

Feelings of helplessness and powerlessness can be central to traumatic experiences, so recovering from trauma can involve learning to exercise agency again. Trauma-informed services therefore give clients a sense of control and **choice** over what happens to them. This also links to the principles of **collaboration** and **empowerment**, as trauma-informed services try to support people to regain a sense of self-efficacy by doing things ***with*** them rather than ***to*** them. Indeed, services that make people feel trapped or dominated can be experienced

52 Consultation with DWP AFCs and Leads suggested that some Work Coaches could sometimes be expected to see up to 30 claimants per day.

as re-traumatising[53], so trauma-informed services work collaboratively with clients towards the goals that clients value and feel are achievable[54].

A key aspect of people's interactions with the benefits system where issues of choice, collaboration and empowerment were important related to the degree of control that participants had over the conditionality within their claim. This included, for example, the setting of mandatory work-related requirements (including the type of work that people were expected to take up) and the expectations in relation to the frequency and method of JCP meetings. With regard to work-related expectations, as we highlighted in our earlier report[55], the perception that people were being pushed to take *any* job, rather than being able to select one that aligned with their skill set and aspirations, remained an ongoing concern for many of our veteran participants and was evident in their recent interactions with Work Coaches. The accounts also demonstrated people's concerns at being expected to take low-paid work that could 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... give me a wee bit of slack. I'm waiting for funding to come, and if it does come, then all good and well, 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.' (UC claimant, Scotland)

> So, I go in there 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. (UC claimant, England)

Again, Work Coach discretion was integral to whether participants reported positive or negative experiences. The veterans who talked positively about their interactions were often those who described the Work Coach as demonstrating trust that they (the participant) were the experts in their chosen career field or were best placed to understand what was possible and realistic within the context of current mental ill health. In this way, they were not exerting pressure in their interactions with claimants:

> He [Work Coach] said to me, 'Look, the work you're looking for 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. (UC claimant, Scotland)

> If I'm honest, the positive interaction's the fact that they leave me alone, because I already feel guilty about not being able to do what I used to, and it makes you feel quite bad, and the last thing you need to be is bothered constantly, because it induces anxiety in me, so yes, I would say positive that they leave me alone. (UC claimant, England)

The accounts that described more negative experiences were a mix of those where participants felt that the relationship with their Work Coach was one of overt conflict rather than collaboration:

> I should be doing what I need to do without being tret wrong. Especially with her [referring to Work Coach], you know, if I'm doing what I need to do – like with all my other workers, I've always been successful getting into work. With her I wasn't, because instead of working together we worked against each other. It wasn't on my behalf, and I can tell you that. I did actually complain. I did actually say, 'Look, I want to put a complaint in about you because your attitude's terrible.' (UC claimant, England)

or where the Work Coach's lack of appreciation of participants' goals and aspirations was perhaps more subtle but was nonetheless still experienced as disempowering:

> 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? (UC claimant, England)

53 Muskett, C. (2014) 'Trauma-informed care in inpatient mental health settings: A review of the literature', International Journal of Mental Health Nursing, 23(1): 51–59.

54 Kezelman, C. and Stavropoulos, P. (2012) Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery. Sydney: Adults Surviving Child Abuse.

55 Scullion et al. (2019) op cit.

Summary

By applying a trauma-informed lens to our *SSSL* interviews we can see how the presence or absence of safety, trustworthiness, collaboration, choice and empowerment can underpin veterans' experiences of navigating the benefits system. Veterans who talked positively about their interactions were often those who described Work Coaches as empathetic and demonstrating trust that they (the participant) were best placed to understand what was possible within the context of current mental ill health and used discretionary powers appropriately to support them. However, there were many negative experiences across the sample, where staff were perceived to have demonstrated a lack of respect towards people's backgrounds and experiences, or where inconsistencies in support was evident. The interviews also demonstrate how the varied forms of interaction with the DWP - in person, telephone, online and letters - need consideration. Although our analysis focuses on the experiences of benefit claimants, it is evident that some of the interactions are likely to have been challenging or distressing for staff members as well.

4. Spotlight on good practice

The DWP Armed Forces Champions and Leads

In the previous chapter, reference has been made to positive experiences of support being provided to veterans by DWP AFCs. Here we want to provide further detail about the work of some of the DWP AFCs as an example of how provision of personalised support, provided by staff who have a greater understanding of the needs of specific claimants, can significantly improve experiences and outcomes for those who are interacting with the benefits system.

Background to the roles

The DWP AFC role was introduced in early 2010. Originally, it was not designed as a 'customer-facing' role; rather, the AFCs aimed to provide advice and guidance to JCP advisors on issues of relevance when working with the Armed Forces community. Our earlier report[56] highlighted the importance of the support provided by AFCs but also some of the inconsistencies in that support. Subsequently, the DWP enhanced the AFC role and introduced Armed Forces Leads[57]. Since April 2021, there are now 50 DWP AFCs[58] and 11 Armed Forces Leads. Whereas previously the AFC role was one of many roles a staff member was undertaking, it has become a substantive role with a job description. The role is now 'customer-facing', and AFCs provide support to veterans and their families around a range of benefits (but also wider) issues. The new role of Armed Forces Lead was introduced to provide supervision and support to the AFCs in different regions across the UK, as well as undertaking a networking function with third-sector Armed Forces organisations.

The perspectives of veterans

Where AFCs were visible and contactable, there was significant praise for the various support provided, and it was clear that the AFCs were often also working closely with other organisations in their geographical area. For example, one participant who had reached retirement age over the course of the project (but had previously claimed Jobseeker's Allowance [JSA]) described the collaborative working between the veterans' support organisation where he volunteered and the local DWP AFC:

> I think that's the one good thing about the Jobcentre where we are; there is a guy in there and he's ex-Forces... So, what they do, when we're at [third-sector veteran organisation], if we've got a new person coming in – we'd ring up, ask for [DWP AFC], and [he] will say, 'Can you bring him across for us?' So, we just take them across [to the Jobcentre], and he sorts everything out. (Retired, previously claiming JSA, England)

Some participants attributed their positive experience to the fact that some DWP AFCs were veterans themselves, so understood the military background and culture and also some of the mental health challenges that can be attributed to service:

> You need people in the Jobcentres that are veterans. Only a veteran knows what a veteran's been through. A civvy doesn't know what a veteran's done... You need someone who's been a veteran or someone that's learned not from textbooks but from experience how to deal with veterans, because veterans are real – what's the word I'm looking for? – contrary. If something doesn't go their way, then they blow up. That all comes down to PTSD. (UC claimant, England)

However, positive experiences, including a decrease in anxiety, were also reported by those who received support from AFCs without military backgrounds:

> Veteran: My anxiety has dropped right down, and at least the bloke who I've got at the Jobcentre, he's the Armed Forces Champion... and he's absolutely brilliant...
> Interviewer: Is he a veteran himself?
> Veteran: No, he's just the Armed Forces Champion; he just goes out to try and help veterans, as much as what he can. (UC claimant, England)

Regardless of military experience or not, the key issue was whether the AFC was able to provide personalised and dedicated support and had a greater understanding of mental ill health (such as PTSD) and how that could impact on behaviour in specific interactions. Indeed, several interviews demonstrated that AFCs were providing a level of support that veterans often felt was lacking in

56 Scullion et al. (2019) op cit.

57 See: https://www.fim-trust.org/news-policy-item/forces-in-mind-trust-research-leads-to-better-support-for-veterans-navigating-the-benefits-system/.

58 The DWP have stated that the number relates to 50 full time equivalent posts, so isn't directly equivalent to 50 individuals as some staff will be part time. Every Jobcentre Plus district has an AFC.

other interactions they had with the DWP. For example, a veteran who stated that he had complex PTSD had been experiencing difficulties with UC for almost 12 months until a DWP AFC intervened and resolved the issues within one hour:

> 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 AFC] less than an hour. An hour after that, I got another message saying everything had been sorted out. (UC claimant, England)

Despite the many positive examples of the support provided by AFCs, a lack of consistency was evident in the interviews, which often related to the (in)visibility of AFCs and a lack of clarity about who the AFCs were within specific Jobcentres:

> 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 [operational lead] 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.' (UC claimant, Scotland)

Concerns were also raised about loss of support. For example, a relationship of trust may have developed with an AFC, only for that person to move to another role or another location. This created anxiety for some in relation to their future interactions with JCP:

> Instantly, he [DWP AFC] put me at ease. He was really nice to talk to; he was really helpful... what muppet am I going to get this time round?... It does worry me about going back in and seeing them now, because [the AFC] is not there and we don't have anybody else in there, so it does concern me, going back in there. I seem to get frustrated by them and the situation and frustrated because I don't know what to do and I don't know how to do it, so that frustrates me and puts me on the bad step already, but I'm aware of that. (UC claimant, England)

This relationship-building and the ability to maintain consistency were particularly important when veterans were managing the ongoing impacts of their experiences of trauma and wider mental ill health.

The perspectives of DWP AFCs

In addition to our qualitative longitudinal interviews with veterans, our project also involves consultation with DWP AFCs (see Appendix 1). At the time of writing, this consultation is ongoing; however, here we want to draw out a few key reflections from the consultations to date, specifically in relation to how investing in the enhancement of the role since 2021 was enabling more positive outcomes. As highlighted in Chapter 3, ***time*** was an essential component of the ability to appropriately support people, combined with the ability to be dedicated to a specific cohort. As one AFC stated:

> We've always had Champions per se, Armed Forces Champions, but they were your single point of contact, so they were Work Coaches, so they just didn't have [the time], whereas at the moment now our Armed Forces Champions specifically deal with that cohort of customers. (DWP AFC)

The enhancement of the support also appeared to be aligned with the introduction of an Armed Forces marker on the UC data system (which had also occurred following our earlier report), which helped flag up the potential for additional support needs:

> When somebody makes a claim for Universal Credit, there is a question which asks are they currently serving or if they've previously served, and that flags up an additional support banner. The way that we work as an Armed Forces Champion is we ask the Work Coaches or Case Managers if they identify someone with that banner; we asked them to provide that to us. We then do a review of that claim, if you like, to see where we can add value. Sometimes, everything's absolutely fine, but we may monitor it. So, if we suddenly get a journal message through from that customer, and it is related to something we can support with. (DWP AFC)

The consultation with DWP AFCs suggested that there was no formal training programme (although an AFC resource book was used). Consequently, it was essential for those undertaking the roles to be able to draw upon the expertise of other DWP AFCs (within the DWP AFC

network), DWP Armed Forces Leads and external professional organisations, including those providing specialist mental health support:

> I think that's why we work so well as a team. Maybe you won't get that so much across the country. We're a hive mind... We rely very heavily on the Teams chat. Just as we're talking now, I'm seeing it pop up. The guys who aren't on the call are saying, 'Right, I've got this housing benefit question.' (DWP AFC)

> What's been the biggest thing for me learning-wise is working with Op COURAGE59 if we've got a customer who's got PTSD. I'd seen PTSD on documentaries, but you never realise how differently it can affect people and how their Jobcentre experiences can differ when they have PTSD. So, having that go-to connection with Op COURAGE has been so helpful for me. (DWP AFC)

The latter quote illustrates the recognition that some staff had in relation to their own (lack of) understanding of mental health issues such as PTSD and how connections with specialist organisations were vital in the provision of appropriate support.

However, reiterating the issues raised within the accounts of veterans, some staff flagged concerns around the lack of visibility of their AFC role as well as concerns around inconsistency and the potential 'postcode lottery' of support:

> Some districts have provided full support, some not so much. We're trying to get that standardised. Realistically speaking, it shouldn't be a postcode lottery... It's not just the customers that need our support; it's the Work Coaches as well. (DWP AFC)

Here, we are reminded of the importance of both benefit claimants and DWP staff when considering how people are appropriately supported.

Summary

The DWP AFCs provide an example of how personalised support, appropriate time to deliver support, and staff who understand the needs of specific claimants can significantly improve experiences and outcomes. Overall, it was felt that DWP AFCs were providing support that veterans often felt was lacking in other interactions they had with the DWP. However, it was evident that no formal training was provided when undertaking the role, with some AFCs increasing their knowledge and understanding around trauma through their partnership working with external organisations.

59 Op COURAGE is a specialist NHS mental health service launched in March 2021 as a means of bringing together the three main mental health services for veterans: Veterans' Mental Health Transition, Intervention and Liaison Service (TILS); Veterans' Mental Health Complex Treatment Service (CTS); and Veterans' Mental Health High Intensity Service (HIS). See: https://www.nhs.uk/nhs-services/armed-forces-community/mental-health/veterans-reservists/.

5. Conclusions

A range of services within the UK have been increasingly focusing on the adoption of trauma-informed principles within their service provision. Until quite recently, the benefits system has been largely absent from this movement. As this is a system that routinely interacts with people who have a range of complex needs – including those with backgrounds of trauma – this is a pivotal moment for social security policy and practice stakeholders to explore the value of trauma-informed approaches. Indeed, we are aware that those designing and delivering social security are looking at TIC within their services, with trauma awareness pledged by Social Security Scotland, and the DWP exploring the integration of trauma-informed principles. To support the development of this work, this report has presented an emerging analysis of 133 interviews with 74 participants from a qualitative longitudinal project that represents the UK's only substantive research focusing on the experiences of veterans as they navigate the UK social security system.

There are significant and complex needs within our sample of veterans. Trauma had been experienced in different areas of participants' lives, and although service-attributed trauma was often referred to, some participants experienced a complex mix of pre-, during- and post-service trauma. Given the high proportion people within the sample whose mental health has been impacted by trauma, our *SSSL* research represents a unique evidence base for our understanding of how the benefits system and some of the processes and contact channels within the system are currently experienced by those who have backgrounds of trauma. This chapter provides some brief reflections on the key issues and considerations emerging from our ongoing analysis.

Reflections on veterans' experiences through a trauma-informed lens

The sample was split relatively equally between those who articulated positive experiences with the benefits system and those who had had more negative interactions. However, it is important to note that, as this is a longitudinal project, we could see that more recent positive interactions were narrated within the context of earlier experiences that were more negative. There were many examples of good practice from individual Work Coaches and from the DWP AFCs, who obviously had a specific and dedicated role in relation to this cohort. What connects the positive experiences (whether relating to individual Work Coaches or AFCs) was the understanding, respect and empathy shown in relation to claimants' personal circumstances. Veterans appreciated receiving support tailored to their circumstances and praised staff who used their discretionary powers appropriately to adjust interactions and expectations. Adequate time to devote to supporting claimants was also a key factor in positive experiences.

However, when talking about interactions with the DWP, it is important to recognise the organisational scale (as the UK's largest public service department[60]), the numerous functions it serves (vis-a-vis welfare, pensions and child maintenance) and the various contact channels used in relation to interactions (some of which are outsourced to private service providers). Although many examples within this report focused on face-to-face interactions with DWP Work Coaches and AFCs, veterans also told us of their experiences with the full spectrum of contact channels, i.e., the UC journal, letters, texts, emails and telephone. Consideration of how these varied types of contact were experienced is important, as each could pose challenges and present triggers to participants. Our study does not highlight that there was one single best option; rather, it is important that people are able to choose the means of interaction that causes them least stress and allows them most control. Where letters, texts and emails are being used, there is a need to consider how they are written and how they may 'land' with someone who is experiencing difficulties in relation to trauma (and mental ill health more broadly). For those interactions taking place in person, beyond the essential interpersonal considerations referred to above, our interviews have highlighted the importance of the physical environment in which interactions take place, particularly the need for welcoming environments and spaces that afford privacy.

Consistency of support remains a challenge. Many examples were provided 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, and as highlighted in our earlier paper[61], veterans articulated being treated in ways that were variously perceived as disrespectful, unfair or disempowering and in some cases exacerbated existing mental ill health. Having better insights into the symptoms of psychological trauma would therefore enable staff to understand people's difficulties as a predictable effect of overwhelming, life-threatening experiences[62], rather than misinterpreting them as an unwillingness to engage. Additionally, the fluctuating nature of people's mental ill health (described by some as 'bad days' and 'good days') meant that people's

60 https://www.gov.uk/government/organisations/department-for-work-pensions/about

61 Scullion and Curchin (2021) op cit.

62 Van der Kolk (2014) op cit.

capabilities varied over time, raising questions around how the benefits system can respond to episodic mental ill health. Some DWP AFCs had increased their knowledge and understanding around issues such as PTSD through more informal means (i.e., through their connections with external organisations who were providing specialist mental health support to veterans). A vital step in making social security interactions more trauma-informed – even in those areas where good practice was evident – will be through the provision of appropriate staff training on how traumatic experiences can affect individual functioning. Although our project focuses on the experiences of veterans, as we have previously argued[63], such approaches would benefit a wide range of benefit claimants[64].

The importance of staff wellbeing

Except for our consultation with some of the DWP AFCs (referred to in Chapter 4), this report has focused almost exclusively on the voices of veterans and their perceptions and experiences of their interactions with the DWP. Above, we have highlighted that staff training will be key component to better supporting claimants. However, it is also essential to consider the wellbeing of staff (as a well-recognised component of delivering a trauma-informed service[65]). Our analysis has shown examples of participants describing aggression towards staff (with no reference to how those staff may have felt) but also provided examples where it was evident that a staff member was likely to be uncomfortable with disclosures of service-attributed trauma. Indeed, the example on page [insert page number when report is formatted] of the veteran who used techniques of disclosure learned in counselling, which subsequently upset a member of staff on the telephone, demonstrates the current disparity between the service that veterans are seeking and the service that some staff are able to provide. Further research is needed to understand responses across the varied staff base when faced with these situations and how these interactions impact on staff wellbeing. More broadly – and given the organisational scale of the DWP, as above – we also need to consider that some staff themselves may have histories of trauma.

The challenge of trauma-informed approaches when systems have punitive features

The benefit system is a gatekeeper to people's financial security. Yet the negative portrayal of this system and the reproduction of stigmatising narratives of benefit claimants in media, political and public debate make it difficult to recognise that benefit claimants may be trauma survivors who need understanding and personalised support. Rather, such narratives are implicated in the implementation of welfare reforms that are increasingly punitive. In working towards a more trauma-informed benefits system we must therefore consider not only the individual staff working within the DWP but some of the key principles that underpin the design and delivery of the benefits system. In particular, the principle of conditionality inherent within the system appears antithetical to trauma-informed care.

The last two decades in the UK have seen more stringent conditionality in relation to benefits for people with and without health problems and disabilities, and much existing research has already provided important insights into the ways that these can be implicated in *exacerbating* mental ill health[66]. Significant evidence has shown that intensive conditionality (where substantive tangible support is lacking) can be ineffective and counterproductive[67] (including the DWPs recently published evaluation report on benefit sanctions[68]). However, the political and public narrative continues to emphasise increasing 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. Recent research in prisons has talked about the 'troubled relationship between the fundamentally opposed concepts of therapy and punishment, which can undermine efforts to introduce trauma-informed practice in a prison context'[69]. To be clear, we are not comparing the benefits system to the criminal justice system. Rather, we want to raise the question of how a system with punitive features can adopt a trauma-informed approach. It is evident that staff discretion and good practice play a key role in mediating between claimants and some of the more punitive aspects of the benefits system. But overall, these punitive underlying principles and processes run counter to the principles of TIC.

63 Scullion and Curchin (2021) op cit.

64 Our analysis for this report has focused on the experiences of veterans; however, our earlier report (Scullion et al., 2019) highlights the role of families (particularly spouses and partners) in supporting veterans, showing that there can be knock on effects for spouses and partners when benefits interactions are experienced negatively. Trauma-informed approaches therefore potentially have positive impacts for the wider family.

65 Substance Abuse and Mental Health Services Administration (2014) Trauma-Informed Care in Behavioral Health Services: Treatment Improvement Protocol (TIP) Series, No. 57, online at: https://www.ncbi.nlm.nih.gov/books/NBK207194/v (see chapter 2: Building a Trauma-Informed Workforce).

66 See, for example: Dwyer et al. (2020) op cit; Williams (2021) op cit.

67 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.

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 Auty, K.M., Liebling, A., Schliehe, A. and Crewe, B. (2022) 'What is trauma-informed practice? Towards operationalisation of the concept in two prisons for women', Criminology & Criminal Justice. DOI: https://doi.org/10.1177/17488958221094980.

Appendix 1

Overview of the Sanctions, Support and Service Leavers project

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 overarching aim of the project is to provide an understanding of how veterans experience navigating the various aspects of claiming benefits (e.g., application processes, benefits assessments, conditionality, interactions with the DWP and intersections between benefits and Armed Forces compensation/pensions). The project involves two main methods: (1) qualitative longitudinal research (QLR) with veterans; and (2) consultation with policy and practice stakeholders. Here we provide further information about the methods and also our analysis and outputs.

Our methods

Qualitative longitudinal research with veterans

The main component of the research is substantive QLR with veterans. QLR enables us to move away from a 'snapshot' of experiences to providing an understanding of people's experiences over time[70], which is particularly valuable for our understanding of the impacts of changes to policy and practice. The *SSSL* project has two veteran cohorts: an original cohort (recruited in 2017) and a new cohort (recruited when the project was extended in 2020). With the original cohort there will be up to five interviews with participants, and with the new cohort up to three interviews. The aim was to carry out interviews at 9–12-month intervals.

The **original cohort** 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 2020[71], with **31** participants interviewed from our original cohort (December 2020–October 2021) and **25** interviews at Wave D (December 2021–July 2022). At the time of writing, we are undertaking our fifth and final wave of interviews (Wave E, 16 to date). The original cohort included those claiming Employment and Support Allowance, Jobseeker's Allowance or Universal Credit (UC) at the time of their first interview.

The **new cohort** consisted of **40** veterans who were claiming UC (interviewed April–November 2021). 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 increase the number of participants who were claiming UC, given that by the end of 2024 it will replace many of the 'legacy' benefits and be the main out-of-work benefit that people are able to claim. We have interviewed **34** participants from the new cohort at Wave B (June–October 2022). The third and final wave (Wave C) is commencing at the time of writing.

The majority of participants are male, with just two female veterans included in the sample. The sample ranges in age from 18 to 65 (at first interview). The majority have served in the British Army, although the sample does include those who served in the Royal Air Force or Royal Navy. With regard to length of time in the Armed Forces, the sample is diverse in terms of inclusion of early service leavers (i.e. those who have served less than four years) and those who have served for more substantive periods (i.e. 10 years+). Although the study includes those who have left the Armed Forces relatively recently (i.e. within the previous 2-3 years), the majority had left the Armed Forces over 10 years previously, demonstrating the longer-term nature of transitions to civilian life and how, for some people, issues can occur many years (or even decades) post-service.

SSSL was originally designed pre-Covid-19. Except for a very small number of telephone interviews in Waves A and B of the original research, face-to-face interviewing was our main approach pre-pandemic. However, the pandemic required a shift in our methods, i.e., undertaking telephone and online interviews for follow-up interviews with the original cohort and all interviews with our new cohort. Although there are no longer any pandemic restrictions,

70 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.

71 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.

we have primarily continued with telephone or online interview methods as it has given greater flexibility in terms of participant availability.

All participants were recruited through a process of purposive non-random sampling[72] 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 housing/accommodation providers. The original cohort 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. However, with the recruitment of the new cohort, the use of remote interviews has enabled participation of veterans from a wider range of geographical areas, including veterans from Scotland (six participants) and Wales (one participant).

For both cohorts, the Wave A interviews acted as a baseline, enabling us to establish a comprehensive picture of participants' 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 follow-up interviews have then focused on exploring what has 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.

In addition to the QLR cohorts, as part of our stakeholder engagement work with DWP AFCs (see below), two veterans came forward and wanted to have their experiences included in the research, specifically in relation to their interactions with DWP AFCs. This report therefore includes an analysis of their experiences in addition to the wider cohort referred to above.

All of our veteran participants are offered a £20 voucher after every interview as a thank you for taking part.

Consultation with policy and practice stakeholders

Throughout the project, policy and practice stakeholders have also been consulted alongside repeat qualitative interviews with veterans. These consultations have involved two methods. Firstly, we undertook **20** interviews with a diverse range of statutory and third-sector organisations. These were primarily, but not exclusively, interviews with people who represented organisations that were providing support specifically to the Armed Forces community. Interviews lasted 30–60 minutes and were conducted either face to face or by telephone. These interviews took place during the original project (2017–2019).

Secondly, we have also undertaken a series of focus groups with different stakeholder groups, as follows:

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

DWP: We have had positive engagement throughout the project with the DWP, which supports our advisory group and has also contributed to the stakeholder consultation. This consultation has been through a series of DWP focus groups. 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 Jobcentres. 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. Three further focus groups have been undertaken (February and 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.

Analysis

The interviews (with both veterans and policy/practice stakeholders) and focus groups are audio recorded, with permission from the participants, and transcribed verbatim. The data have been analysed using a comprehensive thematic coding framework, assisted by a qualitative data analysis software package (QSR NVivo). Our outputs have involved cross-sectional and repeat cross-sectional analysis[73] to enable exploration of specific experiences or issues over time. As highlighted in the introduction, given our focus on trauma-informed care (TIC), this report draws upon an analysis of the accounts of veterans with self-reported mental health impairments that they attributed to service in the Armed Forces and involves applying the five principles of TIC as a framework for our analysis of the data.

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

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

Note on ethics

The research received ethical approval from the School of Health and Society Research Ethics Panel at the University of Salford and complies with the ethical governance procedures at the University of Salford. To ensure anonymity of our participants (both veterans and policy/practice stakeholders), all identifying information (e.g., names and geographical locations) has been removed, and each respondent has been given an identifier. All members of the project team have extensive experience of undertaking research on sensitive topics, including working with those who are experiencing mental ill health.

Project outputs

To date, we have produced the following published outputs from the project:

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/2018/04/20180410-FiMT-Sanctions-Support-Service-Leavers-Interim-Report.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://s31949.pcdn.co/wp-content/uploads/sanctions-support-service-leavers-final-report.pdf

Scullion, L. and Curchin, K. (2021) 'Examining Veterans' Interactions with the UK Social Security System through a Trauma-Informed Lens', *Journal of Social Policy*, 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*, 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

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*, online at: https://www.tandfonline.com/doi/full/10.1080/09585192.2022.2133574

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://eprints.lincoln.ac.uk/id/eprint/49758/2/Covid%20Realities%20final%20text.pdf

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