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Benefits assessments and veterans

Lessons from the Sanctions, Support and Service Leavers project

David Young, Lisa Scullion, Philip Martin, Celia Hynes and Joe Pardoe

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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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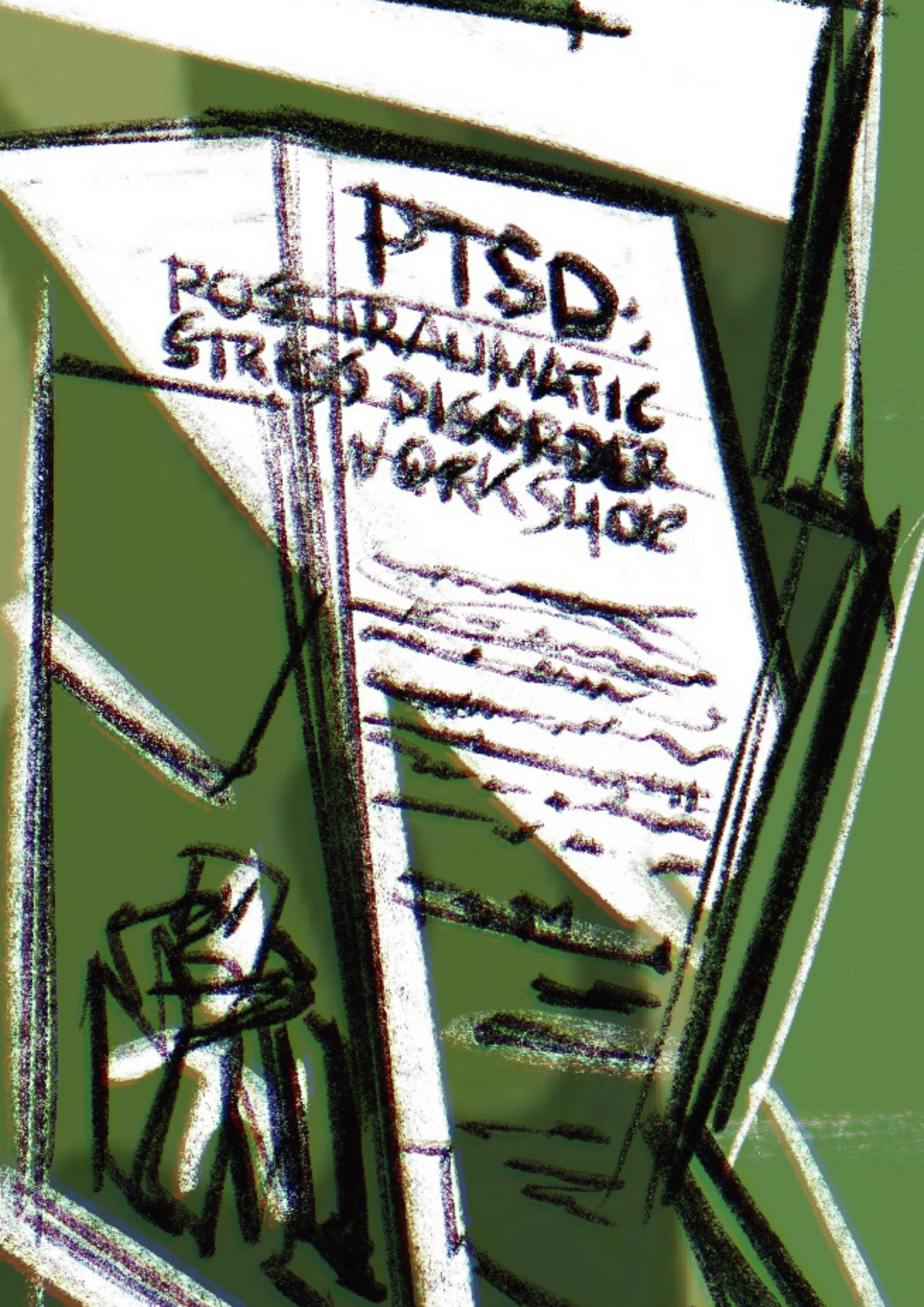
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1. Introduction

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

People with disabilities and health conditions can also apply for Personal Independence Payment (PIP), which replaced Disability Living Allowance in 2013 for people with a disability who are aged 16 to 64. PIP is designed to cover some of the extra costs associated with living with a long-term health condition or disability and can be claimed if someone is working, has savings or are receiving other benefits. Like ESA and UC, it requires claimants to go through an assessment process.

The DWP outsources benefits assessments to external assessment providers who employ Healthcare Professionals (HCPs) to assess claimants and compile reports with recommendations. A decision maker within the DWP then decides on benefit entitlement. Both types of benefits assessment have received significant criticism, including concerns raised by the Work and Pensions Committee, who highlighted how aspects of the assessment process and decision-making had created a lack of trust and transparency in the operation of these benefits[1].

In March 2023, the Government proposed abolishing the WCA in its *Transforming Support: The Health and Disability White Paper*, with the proposal that there will just be one process (the PIP process) alongside a new 'personalised health conditionality approach', which would give individual Jobcentre Plus Work Coaches greater discretion to determine the work-related activity requirements of claimants. These planned reforms will take a few years to come into effect. In September 2023, the DWP launched a consultation on proposed changes to the WCA, stating that it had not been 'comprehensively reviewed' since 2011 and needs to deliver 'the right outcomes while it still exists'[2].

This report aims to help inform the current discussions and deliberations surrounding reforms to benefits assessments with regard to how these processes are experienced by veterans of the Armed Forces.

Veterans and benefits assessments: 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. Prior to the *SSSL* study, very little was known about veterans' experiences of the benefits system beyond anecdotal evidence suggesting that they were not always able to access an appropriate entitlement to welfare support. The study therefore 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).

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

2 DWP (2023) *Open consultation: Work Capability Assessment: activities and descriptors*: https://www.gov.uk/government/consultations/work-capability-assessment-activities-and-descriptors/work-capability-assessment-activities-and-descriptors

SSSL originally ran for two years (2017–2019), with an initial sample of 68 veterans (interviewed twice)[3]. 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 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). The project has included 108 veterans (carrying out 297 interviews to date across various waves) and consulted with 67 stakeholders (an overview of the project methods, analysis and outputs is provided in Appendix 1).

In two of our earlier reports (2018, 2019)[4], we included chapters on veterans' experiences of benefits assessments. These raised concerns about the ability of the process, and those undertaking the assessments, to appropriately consider the specific mental and physical health impairments that may result for some from service in the Armed Forces and concerns that service medical records, and other relevant supporting medical information, were not routinely being included within the benefits assessment processes. Subsequent research by the Royal British Legion (2020)[5] supported many of these findings. Beyond the challenges highlighted with procedural elements, our ground-breaking application of a trauma-informed lens in 2021[6] provided evidence that some veterans experienced benefits assessments as trauma-blind and sometimes re-traumatising. Recent work focusing on PIP assessments has also supported our trauma-informed analysis[7].

As the UK Government focuses on reforming the benefits assessment process, it is important to consider the experiences of veterans. As a substantive qualitative project, our *SSSL* research represents a vital evidence base. This report draws upon findings from interviews with veterans (across the various waves), consultation with third-sector organisations providing support to veterans, and consultation with a small number of HCPs working for the Centre for Health and Disability Assessments, one of the DWP's contracted providers[8]. Although a limited sample (five), the inclusion of HCPs provides an often-unheard perspective.

The purpose of this report is to bring together unique insights from veterans, stakeholder organisations who support veterans with benefits processes, and those undertaking assessments with veterans. Through this analysis, we can demonstrate some of the key challenges associated with the assessment processes, and identify areas of good practice in the provision of support for veterans who are navigating this particular aspect of the benefits system.

Structure of this report

This report is structured as follows:

- Chapter 2 provides a brief introduction to our participants, including the prevalence of benefits assessments within our sample.
- Chapter 3 explores understandings and experiences of navigating benefits assessment processes.
- Chapter 4 explores some of the impacts of benefits assessments on veterans.
- Chapter 5 provides concluding comments and recommendations.

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 anonymised excerpts from the interviews.

3 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

4 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*: https://www.fim-trust.org/wp-content/uploads/2018/04/20180410-FiMT-Sanctions-Support-Service-Leavers-Interim-Report.pdf; Scullion et al. (2019) *op cit*.

5 The Royal British Legion (2020) *Making the benefits system fit for Service*: https://www.britishlegion.org.uk/get-involved/things-to-do/campaigns-policy-and-research/campaigns/making-the-benefits-system-fit-for-service.

6 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.

7 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.

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

2. Background to our participants

As we have highlighted in our earlier reports[9], the *SSSL* study sample is reflective of the diversity of veterans who engage with the benefits system during their life course. This includes those who claim for relatively short periods of time but also those individuals with complex needs who require longer-term support. Before we focus specifically on our participants' experiences of benefits assessments, it is important to provide some background information about our sample, particularly in relation to health and prevalence of assessments.

Mental and physical health issues

A high proportion of our participants were experiencing mental ill health, which was attributed to their time in the Armed Forces. Across the full sample (108 participants), 90 veterans (83% of our sample) reported having a mental health condition, with 74 of those attributing it to their service (82% of those with a mental health issue).

Post-traumatic stress disorder (PTSD), anxiety and depression were the most frequently experienced mental health conditions 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 facility since leaving the Armed Forces.

However, it was common for participants to describe having multiple health issues, including both mental and physical health conditions. A total of 55 participants (just over 50% of our sample) reported a physical health issue, and the same number reported both mental and physical health issues. A total of 24 participants described being medically discharged from the Armed Forces. Mental health issues were more commonly cited as reasons for medical discharge, although there were a number who described physical injuries, whether related to combat, accidents or general 'wear and tear'. For some veterans, physical injuries sustained in the Armed Forces could have knock-on effects on their mental health[10]. However, several stated that their persistent health issues had started during service, but they had not been formally subject to medical discharge, either choosing to leave themselves, or being discharged for other reasons, including convictions for offences whilst serving or substance abuse.

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 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.

As highlighted in our trauma report[11], 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 some of our participants experienced a complex mix of pre-, during- and post-service trauma. Similarly, with physical health issues, although participants described service-attributed injuries or conditions related to combat, accidents or general wear and tear, there were those with physical health issues that had developed post-service.

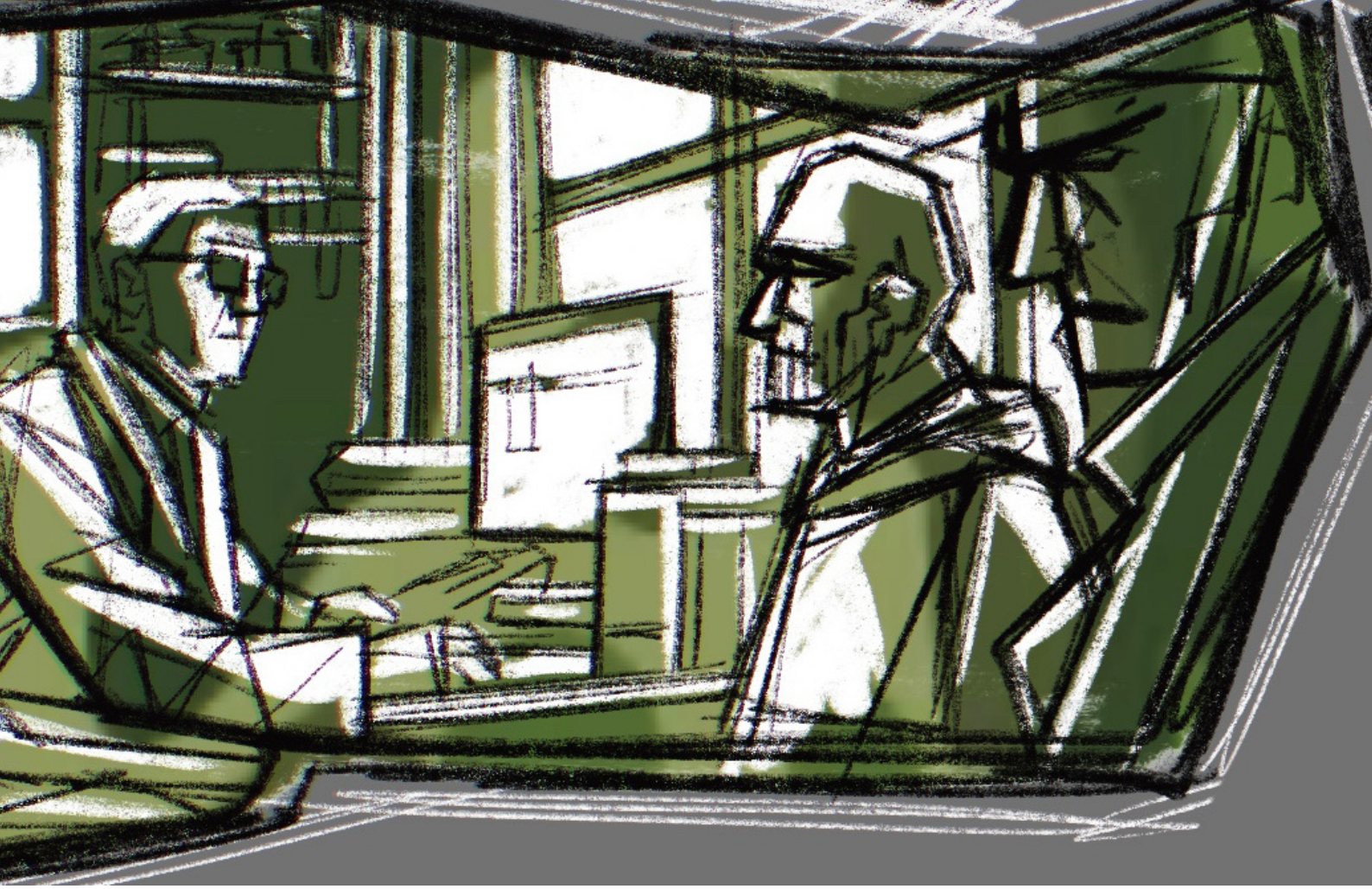
Prevalence of benefits assessment experiences in our study

The mental and physical health conditions referred to above impacted on participants' ability to enter and/or sustain paid employment and often necessitated their benefit claims in the first place. Participants who were claiming ESA (as part of the legacy benefits system) or UC had experienced a WCA. Across our total sample (108 veterans), 72 veterans (67% of our sample) had experienced at least one WCA. In addition, 75 veterans

9 Scullion et al. (2019) *op cit.*

10 Hynes, C., Scullion, L., Lawler, C., Steel, R. and Boland, P. (2023) 'The impact of in-Service physical injury or illness on the mental health of military veterans', *BMJ Military Health*, 169(1): p51–p54. DOI: 10.1136/bmjmilitary-2020-001759.

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



had experienced at least one PIP assessment (69% of our sample). A total of 52 participants (48% of our sample) had experienced both a WCA and a PIP assessment.

A significant proportion of our sample described having at some point 'failed'[12] an assessment, i.e., they had not scored sufficient points to be eligible for PIP or to be classified as having limited capability for work following a WCA; 24 veterans described this in relation to a PIP claim (32% of those who had experienced a PIP assessment) and 32 in relation to a WCA (44% of those who had experienced a WCA).

As these two sections show, mental and physical health conditions were common amongst our participants, and a high proportion had experienced a health assessment for benefits (either a WCA, a PIP assessment or both). As this is a longitudinal study, a number of participants had also experienced reassessment through either a WCA or a PIP assessment (or both) over the course of the study. We would recommend reading this report in conjunction with our earlier reports to understand the longitudinal picture[13]. The next chapter focuses on understanding and navigating the benefits assessment processes.

12 This was the terminology used by participants.

13 See Scullion et al. (2018) *op cit*., chapter 6, and Scullion et al. (2019) *op cit*., chapter 5.

3. Understanding and navigating benefits assessments

It is important to consider the ways in which veterans understand and navigate benefits assessments to consider how they are currently experienced (and therefore how they may be experienced following future reforms). Our findings show the importance of medical evidence at the application stage; confusion about the actual purpose of benefits assessments; the importance of understanding military culture; and the significance of providing appropriate support for veterans to help them understand and navigate benefits assessments.

The importance of medical evidence at the application stage

The ESA and UC WCA and reassessment processes start with claimants filling in the ESA50 or UC50 form, which includes a series of questions about their health condition or disability and how it impacts on their ability to work. PIP assessments and reassessments start with the 'how your disability affects you' form, which focuses on how a disability or health condition affects people's ability to carry out daily tasks. Claimants are also asked to supply medical evidence at this stage for both health assessments.

Our focus group with HCPs highlighted that it was essential that all relevant medical evidence was collated and submitted at the application stage. Having all medical evidence from the outset means that, in some cases, an assessment may not be required as a decision can be made at what HCPs described as the 'file work' stage. However, a key challenge was that GPs were often the primary contact in relation to medical evidence. Therefore, if veterans had been engaging with a variety of health support agencies and this information hadn't been shared with their GP, it could be missed in terms of supporting medical evidence:

> As a file work practitioner, I can say that if you get things like significant mental health stuff that's been contributed to or caused by service life, if we can get the medical evidence, many of those do not get anywhere near the assessment centre because we can give advice at the paperwork stage … getting that medical evidence can be the challenging bit … Veterans will go, or be referred in, to these services, these charitable services, who will then commission care of some kind, be it residential stuff … or trauma-based CBT… and they will do that, and the GP will know nothing about this or will know it's happened but have no… Of course, our first port of call when we call for further medical evidence at the file work stage is the GP. Now we can, later on we can look at phoning and speaking to other people, but if people don't put down who's involved in their care… I can't just go digging around to somebody I think might be involved… I need to have consent to approach a medical professional involved in their care… I think giving information to people with these problems to say, listen, in your claims packs you need to put in the things from your psychiatrist and summary of what's been going on from your social worker, [Armed Forces charity] or whatever they've got going on … I think there's an opportunity to gather a lot of the information that could spare people talking to me for an hour, an hour and a half, by being able to get medical evidence so we can give advice at file work if they're very unwell. (HCP)

The HCPs in our focus group therefore felt that there was a need to raise awareness amongst claimants and the organisations supporting them regarding the importance of collating all relevant medical evidence at the outset:

> If somebody was thinking about making this a better process, it would be giving that information to the people that are helping people apply for these benefits… you get them come through the door for a face-to-face, and they bring a whole ream of stuff with them that they haven't put in with their questionnaire. You have a look, and you think, for goodness' sake, I wish I could've seen this at file work, because you could've been signed off long-term with risk… I think the veterans, because they're going through a position where they've got all the charities, all the other things going in as well, it's kind of a fractured system. So, more information before or how to claim and what the implications are, what information would be of benefit, all of those kind of things, I think would be incredibly useful. (HCP)

Indeed, it was evident that several veterans in our study had experienced issues relating to a lack of understanding of the point at which medical evidence was needed. For example, some were asked to provide further evidence *before* having to go for an assessment:

> They asked me, you know, in relation to the hand, they asked me for my surgeon's letter because they'd never heard of it, and the assessor deemed me to be worthy for work at that point. (Veteran claiming ESA)

while others had taken documentation with them to an assessment centre, which created significant frustration and anxiety when it was felt that the evidence was not looked at:

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

Despite high levels of medical discharge and service-derived ill health, there were only a small number of cases where participants referred to service medical information being fed into the assessment process. Several veterans highlighted that they had experienced challenges in obtaining their service documentation:

> I haven't got any service records. You're supposed to get sent them when you leave and never got sent them. I applied for them. 'Oh, we don't do them anymore.' So, I've not got any of that. (Veteran claiming ESA and PIP)

Some had accessed their service medical records, but it had taken time and persistence to receive them. Difficulties in accessing service medical records were also highlighted in our earlier research on the experiences of those leaving the Armed Forces with a physical injury or disability, where several participants had made multiple requests for their records, with some still waiting for them to be released after 12 months[14]. Consequently, we recommended the urgent need for the implementation of Programme Cortisone[15], which aims to provide an integrated healthcare information system that will improve the accessibility of service medical records. However, recent consultation with an Armed Forces charity indicates that the roll-out has been delayed and challenges persist in relation to accessing medical records. As highlighted by the HCPs above, not having all relevant medical information from the outset can impact on subsequent benefits assessment experiences and outcomes.

Confusion about the purpose of benefits assessments

Although there were challenges in collating and accessing medical evidence, many veterans had assembled substantive evidence of medical diagnoses from service medical information, from War Pensions or Armed Forces Compensation Scheme assessments and from various healthcare professionals who had supported them post-service. Therefore, they often found it difficult to understand why further assessments were needed to claim benefits:

> [DWP] wanted me to go in for an assessment… I rang them up, and I say, 'I'm unfit to travel to an assessment', and they said to me, 'No, but you've got to come in for an assessment… You've got to provide evidence that you've got PTSD.' I said, 'Doesn't my War Pension evidence count?' He says, 'No, because you're claiming for a different benefit.' (Veteran claiming ESA and PIP)

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

The HCPs who took part in our consultation consistently highlighted that claimants' misunderstanding of the purpose of assessments was a key issue not just for them, but also in terms of assessment outcomes. The health assessments examine a person's functional impairment because of a disability or health condition, rather than providing a medical diagnosis. As such, they are not assessing whether a person has a health condition but what the condition means for their capability for work (WCA) or care and mobility needs (PIP). In relation to veterans, HCPs felt there was sometimes difficulty in explaining the difference between fitness for military service and fitness for work in civilian life, as assessed by their processes:

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

For some of the Armed Forces charities that support veterans with benefits assessment processes, this challenge was framed as unrealistic expectations of the benefits system. For example, when discussing PIP, some charity representatives described having to have 'difficult conversations' with veterans around the criteria and awards:

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

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

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

It was also suggested that there were instances where veterans had provided medical evidence related to specific conditions but had perhaps not identified the most significant issue that would have made them eligible for benefits:

> Sometimes we've got all the medical evidence from their military service, their medical discharges, all the help they had or the physio or the intensive therapies, all the medical evidence for that, but that's not something that you would necessarily be able to, under the DWP criteria, to award them a benefit from... However, they often have significant mental health issues, which they don't necessarily put as their main presenting issue. (HCPs)

However, some of the charity representatives who were supporting veterans had experienced situations where they felt that HCPs had not given due consideration to the impact of multiple health conditions[16]:

> The assessors are not necessarily picking up when there's other comorbidities, and they'll just look at the [single condition], and that's it. (Armed Forces charity representative)

As highlighted in Chapter 2, 52 participants had experienced both PIP assessments and WCAs. It was evident that some of our participants were unsure about the difference between these two assessments and even between ESA/UC and PIP more broadly. This could partly be explained by the complexity of the benefits system and the challenges veterans sometimes faced in understanding the range of different benefits (which has been highlighted in our earlier reports[17]). However, some of our accounts also suggested confusion about whether or how different benefits and different assessments might link together or impact on each other[18]:

> They stopped both my benefits because of something with one of them, but I can't remember which one. It was really confusing to me, so it's hard for me to explain how it works. Then when you say – because I remember saying to them, 'Well, you've got all this information. You've already asked me all this information. It's all on my PIP forms.' They went, 'Well, we don't work with PIP. We're separate', but then they turned round – if they stop your PIP, they stop your Universal Credit as well. So, they do work together, so it's total lies. That's happened maybe ten times in the last ten years. They always cancel each other out. If you lose one, you lose both. (Veteran claiming UC and PIP)

16 The DWP stated that claimants are asked about all their conditions except if: (a) questioning about it would cause distress (i.e., it makes them relive a stressful experience); (b) if the condition does not cause a functional impairment – then the HCP will not go into detail; c) an assessment is curtailed because the HCP has enough evidence and there is no need to extend the length of the assessment for the claimant.

17 Scullion et al. (2018) *op cit*.; Scullion et al. (2019) *op cit*.

18 The DWP stated that the department is undertaking structural reform as part of the Health Transformation Programme which should address some of the issues around dual systems for PIP and WCA, and the confusion experienced by duplicate requests for evidence.

> I had a change of circumstances. I notified PIP having a change of circumstances because my back's getting worse. They said, 'Well, we can see that ESA's got a medical assessment[19] for you. We'll jump on the back of that.' So, I was like, 'All right, okay.' (Veteran claiming UC and PIP)

Veterans within our study also raised concerns around multiple assessments and the continued need to provide evidence, particularly where evidence had been provided previously or where their health condition would deteriorate rather than improve over time:

> You had to send in your – the PTSD thing and the things I've had done on my back and my knees and that, which I've all got photocopies of because they're always asking for them. I had to send all them, but you didn't get them back, but I wasn't bothered... You have to send them both times, yes, every time. I don't know why, because they must have it on record... now I've got to do it all again and have all the paperwork again. How can it not be on a file? (Veteran claiming ESA and PIP)

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

This issue was reiterated by some of the Armed Forces charity representatives, who, again, were playing a significant role in managing expectations and understandings of the assessment processes:

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

Concerns around multiple assessments are amplified for those in receipt of, or applying for, military compensation, who must undergo separate assessments to determine their Armed Forces Compensation Scheme award.

Military culture and benefits assessments

The role of military culture in how veterans experienced benefits assessments (but also sometimes the outcomes of those assessments) was evident in both our stakeholder consultation and interviews with veterans. The value placed on self-sufficiency, strength of character and resilience while in the Armed Forces meant there was often a reluctance for veterans to acknowledge their need for support. Within the context of a benefits assessment, this could disadvantage them, particularly when they sought to demonstrate their resilience and did not fully explain the extent and impact of their conditions:

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

> They are trained to 'put up and shut up' really and just get on with it, even when they're in pain and not able to do things. (Armed Forces charity representative)

The following accounts from some of our veteran participants exemplify this issue:

> Being a military man, I'm actually quite proud. If I had a broken back now, you wouldn't know I had a broken back. (Veteran claiming ESA and PIP)

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

This was also recognised in the focus group with HCPs, who had specific knowledge and expertise of working with veterans (some had served themselves) and so was not reflective of the wider assessment staff base. Their views supported those of the other stakeholders in relation to how a culture of resilience sometimes prevented them (as HCPs) from gaining an accurate picture of how someone's condition impacts on their day-to-day life. One HCP highlighted the importance of veteran claimants having support with the process in these situations:

19 The DWP reiterated that the WCA is not a medical assessment but a functional assessment, looking at a range of different activities relating to physical, mental, intellectual, and cognitive functions, to determine whether an individual could reasonably be expected to work or undertake work-related activity. The language used by one of our veteran participants in this quote reflects their understanding and interpretation of the assessment.

> One of the challenges is the fact that they're often very proud, very independent. They don't like to admit failure, and they don't like to admit that anything is going wrong in their lives. Yes, they know they may have significant problems, but I do find that with the veterans they're the ones who are less likely to admit to things. That's why it's often very good to have somebody with them[20], either on the end of the phone or with them in person, who can actually give a more accurate idea of their daily life. (HCP)

The HCP focus group also highlighted the need to consider the levels of literacy of some veterans and how this can create barriers to the completion of the forms that are required as part of the assessment process:

> I think it'd be useful not to assume that people who have served in the Armed Forces are particularly good with literacy and numeracy... one of the barriers is having the information in the UC50 or the ESA50[21]. If you can't read it properly, you're really struggling to work out what it is and you can just about get down on paper what you need to get across, then that's a significant barrier for a lot of people. It's not something people are likely to put their hand up and say I need help with. They might be rather embarrassed by that. (HCP)

while representatives of some of the Armed Forces charities highlighted differences between what they described as 'military forms' and the forms that were used in benefits assessments:

> Military forms are very, 'Can you do this? Can you not do this? If you can't, tell me why not'... In [assessment] forms it's far more opaque, and the bit in the middle going, 'Can you do that?' 'Well, I can.' 'Okay, tell me how it affects you', but they've never done that before. They've never filled the how-does-that-affect-me form. (Armed Forces charity representative)

Support with the benefits assessment process

As the previous section highlighted, the importance of support through the benefits assessments was a significant issue. Our earlier reports[22] have already highlighted that many of our participants were reliant on the support of Armed Forces charities, healthcare professionals and other stakeholder organisations to navigate the benefits assessment processes. This included the importance of supporting people to understand the questions that are asked – both on the forms referred to above and during an assessment – and how to respond to those questions:

> You don't realise these things, and somebody says, 'Can you do this?' You say, 'Yes.' It's things like when I got up here and somebody from [organisation] was talking to me. They said, when you sign up for PIP and all this, they said, 'When you're really ill, do you eat?' I said, 'No.' So, when it comes to the form about, 'Do you eat?', you have to put down, 'No, I don't eat.' The question itself, unless you've got experience of it – it's what I've found, if you've got experience of the system, it helps you. If you've got no experience of the system at all or what they're expecting from you, it doesn't help you at all. (Veteran claiming UC and PIP)

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

In some cases, this required quite detailed conversations with veterans to provide an understanding of the criteria. For one charity representative, they were providing support that they felt the DWP did not provide:

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

The interviews with veterans and with Armed Forces charities revealed that support was needed with various aspects of the process from helping complete forms to accompanying people to assessments, through to supporting with mandatory reconsideration processes and tribunals. Sometimes organisations were supporting veterans with the whole process from start to finish:

> It was done over the phone, again, handled by [Armed Forces charity]... what my counsellor said, she said, 'Look, if I answer that and he's in the room it could trigger off his PTSD, so is it okay if he leaves?' Yes, they were quite happy. They said, 'Yes, no problem.' If I was okay with [counsellor] giving all the details and I said, 'Yes, no problem', that was it. (Veteran claiming UC and PIP)

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

21 The ESA50 and UC50 are the capability for work questionnaires that claimants may be asked to complete and that determine whether they need to be called for an assessment.

22 Scullion et al. (2018) *op cit*.; Scullion et al. (2019) *op cit*.

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

Concerns were also raised by some representatives from Armed Forces charities about the impacts when veterans did not seek support in the early stages of making their application. They highlighted that they were often responding to issues that arose from a claim being rejected and felt that veterans needed to be encouraged to seek support with the processes from the outset:

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

The extent to which veterans' organisations mediate the assessment process is an important consideration in terms of both providing the support claimants need and familiarising them with the process in the first place. The importance of this support cannot be overstated and indeed was highlighted by the HCPs that we spoke to. However, it also emphasises the significant 'displacement' effects of the benefits system, whereby the cost of supporting people with benefits issues is borne by a wider range of organisations.

Consultation with HCPs suggested that the DWP, through Jobcentre Plus (JCP), could play a greater initial role in supporting veterans, particularly in relation to ensuring that they understand the process and what evidence is required at an early stage:

> If the Jobcentre had a tick list of things to suggest to veterans should their medical condition be attributable to their service, such as get a hold of some paperwork from your own service charity. Don't assume your doctor's got it. Be like, right, bring it in. We'll photocopy it. We'll make sure it's in your claims pack, that sort of thing. People need prompting on things, and I think a robust but simple checklist so that if somebody at the Jobcentre sees that they've got a veteran come on to their caseload, they can grab their clipboard off the board and strike off a few things. It may be that some of the stuff's not relevant, but I think there is an opportunity there to get a lot more information into the system. It may be that some veterans, because they are fragile, are going to struggle to get that information from other people if their mental health is poor. I don't know what advocacy is out there or whether Jobcentre can get people involved to help people with stuff. (HCP)

Here it is important to highlight that the DWP has a network of Armed Forces Champions (DWP AFCs) that represent a central element in the DWPs programme of support designed to help current and former Armed Forces personnel (and their families) access JCP and other mainstream benefits services. We have recently published a briefing paper outlining the significant support the DWP AFCs are providing in many areas of the UK, including supporting veterans with benefits assessment processes[23]. However, variation in geographical coverage and inconsistency in the delivery of the DWP AFC role is an on-going issue. As such, we have recommended that the DWP AFC role should be a permanently resourced role, with a review undertaken to ensure consistent support is available in all DWP districts.

23 See: Scullion, L., Pardoe, J., Martin, P., Young, D. and Hynes, C. (2024) *Briefing Paper: The importance of the Department for Work and Pensions (DWP) Armed Forces Champions*, online at: https://s31949.pcdn.co/wp-content/uploads/Briefing-DWP-Armed-Forces-Champions.pdf.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4. The impact of benefits assessments

Chapter 3 focused on some of the more procedural elements of the system. However, it is also important to consider the wider impacts of benefits assessments on veterans. Our findings show that assessments can exacerbate ill health and erode trust and that the skills and understanding of HCPs are crucial in mitigating some of these issues.

The role of benefits assessments in exacerbating ill health

For many of our participants, it was evident that navigating benefits assessments was a very stressful experience. Our interviews demonstrated the anxiety experienced when an assessment (or reassessment) was pending, the stress of completing the relevant forms, and the fear experienced when awaiting the outcome of an assessment. For some participants over the years of our research, it was evident that anxiety over an assessment had sometimes manifested in devastating ways, as one described:

> I had a letter come through the letterbox... [DWP] wanted me to go in for an assessment... I rang them up, and I say, 'I'm unfit to travel to an assessment', and they said to me, 'No, but you've got to come in for an assessment... You've got to provide evidence that you've got PTSD'. I said, 'Doesn't my War Pension evidence count?' He says, 'No, because you're claiming for a different benefit'. Unfortunately, I put the phone down, and my anxiety levels were so high I tried popping a couple of diazepam, and that wouldn't work... I took a serrated knife to my arm... After I'd calmed down, I spoke to my doctor surgery, and they says, 'Well, come straight down'... A couple of days later I had another phone call from the DWP, same sort of rigmarole, 'We're waiting for evidence'... Unfortunately, I put the phone down and hacked at my left arm, my right arm. Same situation again... [Following the intervention of external organisations] I get a phone call from the DWP saying, 'We've seen the photographs of what you've done to yourself... You don't have to have an assessment, and we're now going to leave you alone'... I had not self-harmed in 18 months, and the fact is that these people had pushed me into doing it. (Veteran claiming ESA)

Another veteran, who had been diagnosed with PTSD and had previously attempted suicide, described the anxiety created by some of the questions he was asked by an HCP, particularly those pertaining to his experiences during deployment[24]. He felt that his disinclination to provide that level of detail had been detrimental to the outcome of his assessment, i.e., he was deemed 'fit for work'. With the support of an Armed Forces charity, he had appealed against that decision, gone through a lengthy appeal process, and subsequently been awarded ESA (and then also claimed PIP). However, it was evident that the process had been detrimental to his mental health:

> The system has made me five times as worse as when I first went to the doctor for help. (Veteran claiming ESA)

Some participants also described needing time to recover after an assessment:

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

24 The DWP stated that HCPs are trained to draw out all health conditions and experiences in a professional and sensitive manner. With regards to PTSD, they stated that HCPs should ask questions in a way that does not seek to make someone re-live their traumatic experiences.

In our earlier report[25], we highlighted that the challenges of navigating benefits assessments can also have knock-on effects on spouses and wider family members. For example, there was evidence of 'repercussions' for family members when some veterans returned home from an assessment:

> [The DWP need] to maybe just comprehend the level of risk and threat that come along with that for the family. So, the DWP have no concerns in having [him] waiting in an incredibly stressful environment with somebody that wasn't qualified to manage him… This is somebody that's heavily medicated for a serious mental health condition, and that had repercussions within my family unit when he came home. His behaviour does sometimes become unmanageable. We have come very close to [him] having to be sectioned… I'm not asking for special treatment. I'm just asking for somebody to think, 'Is this the most appropriate course of action with this person, and what are the possible repercussions and ramifications for that?' (Spouse of veteran claiming ESA)

Additionally, there were a number of spouses in our study who played a significant role in managing the administrative burden of benefits claims for their veteran spouse, as part of their role as primary carer.

We have also previously highlighted how interactions with the benefits system can be experienced as trauma-blind or re-traumatising[26]. This was particularly evident in relation to benefits assessments, where people were often required to detail their experiences or conditions multiple times:

> The pressure they put you under for medicals[27] – I don't know whether you'd be able to count it up, but over the years I must've done between 40 and 50 medicals, and to go through all that, and then nine times out of ten they turn you down… the last one I had, and I lost my rag – I think I told you – I lost my rag with this doctor, and I told him to stick the money where the sun doesn't shine. (Veteran claiming ESA and PIP)

> Well, why do you keep on asking me for assessments, because nothing is going to change. You know I got injured. It's not going to change. The doctors have said that. Why do you – this is a mere formality to keep on inviting me…' (Veteran claiming ESA and PIP)

Again, it needs to be recognised that veterans may also have experienced additional assessments relating to War Pension or Armed Forces Compensation Scheme claims.

The erosion of trust

As highlighted in Chapter 1, benefits assessments have received significant criticism over many years, including concerns raised by the Work and Pensions Committee, who highlighted how aspects of the assessment process and decision-making had cultivated a lack of trust and transparency in the operation of these benefits[28]. In our earlier report on trauma[29], we also highlighted the importance of trust for veterans, and particularly those with mental health conditions, with trust being one of the key principles of trauma-informed care[30]. The issue of trust was central to how the veterans in our study experienced and interpreted benefits assessments. There were four key issues identified in relation to trust or, more accurately, *mistrust*:

First, a number of participants reported perceptions of not being believed during the assessment process, with a sense that the process was designed to 'catch them out':

> From the way the questions were, the questions were there to try and catch you out, as in what exercise do you take? Can you do this? Can you manage on your own?… sneaky little things like you had to go upstairs unaided and stuff like that. (Veteran claiming UC)

Other claimants described a feeling of not being believed as underpinning their whole interaction during the benefits assessment process:

> Just the way they ask you questions, it's like they're trying to trick you all of the time. (Veteran claiming UC)

> To me, over the years, it's always been a fight with them, because they don't believe you. (Veteran claiming ESA and PIP)

Second, concerns were raised in relation to the differences between what happened during an assessment and the subsequent written assessment report, with examples where claimants felt that the written report did not always accurately reflect the information they gave:

> They were saying completely different answers to what I'd said to them. It were infuriating that, the argument, and the person from the [support organisation] who went with me knew I'd not said that, and I said, 'Well, how can somebody adjust that?' (Veteran claiming UC and PIP)

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

25 Scullion et al. (2019) *op cit*.

26 Scullion et al. (2023) *op cit*.; Scullion and Curchin (2021) *op cit*.

27 As per footnote 19, reference to 'medicals' is the language of veteran participants and reflects their understanding and interpretation of assessments.

28 See Work and Pensions Committee (2018) *op cit*. and Work and Pensions Committee (2023) *op cit*.

29 Scullion et al. (2023) *op cit*.

30 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.

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

It was evident that some of the organisations that were supporting veterans could also see discrepancies between the responses given in an assessment and the subsequent report, and raised concerns that HCPs did not always follow up on responses to obtain further detail:

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

Third, these experiences of mistrust shaped subsequent interactions with the DWP. Even where later interactions were positive, trust had been eroded and would require significant work to rebuild over time. One participant, for example, had experienced several negative interactions over many years and described being 'suspicious' when contacted more recently about an increase in their PIP award:

> Somebody rang me from the DWP, and they'd reviewed my paperwork, and they've said that there was something – I think that was to do with mixing with others. They said that I should have been awarded that before, but I wasn't, and he said he was going to award it, so he'd give me the full rate of the PIP, which I was shocked... He was a very nice man on the phone, but that – I know it probably sounds strange – but it's as unnerving as when they're being terrible. When they suddenly start being nice you think, oh God, is this, is a trick? I suppose it's quite a normal reaction because all this stuff had gone on for so long... It's going to take years for me to feel confident with them, that they're not waiting behind a bush to trip me up... I've had such a long list of bad experiences; I don't trust them. (Veteran claiming ESA and PIP)

In some cases, challenges with the benefits system over time could prevent people from claiming the benefits that they might be eligible for. One veteran, for example, described being deterred from making a claim for PIP due to the perceived 'hassle' of the process, while a representative of an Armed Forces charity suggested that some veterans may choose to disengage from the system entirely (which also related to the trauma of having to repeatedly talk about their injury):

> No [I haven't applied for PIP]. A couple of people have told me to go for it, and I was just like, no, because I don't want to end up going through all this malarkey. It takes so long. (Veteran claiming ESA)

> They're just like, oh, I can't deal with that. They'd rather in some cases throw the benefit away, not to bite their nose off to spite their face, but they just can't go through the assessment. It's too stressful for their psychological injury to think they've got to get assessed again and again and tell their story of why they're injured or if they've got an issue. (Representative of Armed Forces charity)

Echoing existing research[31], the mistrust articulated by some participants did not always relate to their own personal experiences but was based on what they had heard about the negative experiences of other claimants. One participant, for example, had experienced being assessed by someone who had previously served in the Armed Forces. Rather than this shared background being viewed positively, it had created anxiety around the motivations of that HCP:

> I heard all the horror stories of how they spoke to you. They want to catch you out. They want to trip you up. You always get [knocked] back on your first attempt. I heard all of these things, so, as far as I was concerned, he could have been lying. He could have been lying that he was military. He also could have been lying about circumstances to trip me up, to make us feel comfortable, to talk to us, to lull us in a certain way. So, for all I know it could be the exact opposite of all that, and it was a lie to trip us up. They got somebody or hired somebody with similar background... you'll think he's one of them, and he'll trip himself up. So, I didn't actually look at it as, 'Get in, he's ex-military. We'll look after each other.' I genuinely looked at it as in, I could be getting trapped here. (Veteran claiming UC and PIP)

31 Research with young people, for example, highlights that negative perceptions of DWP did not always relate to personal experiences, but was influenced by experiences of peers; see Gjersøe, H. M., Jones, K., Leseth, A. B., Scullion, L. and Martin, P. (2023) 'Refraining from rights and giving in to personalised control: young unemployed peoples' experiences and perceptions of public and third sector support in the UK and Norway', *European Journal of Social Work*, DOI: 10.1080/13691457.2023.2212875.

Finally, the experiences of mistrust outlined above need considering within the context of people's military background and experience. The system was perceived by our participants as *demonstrating mistrust* (e.g., a feeling of not being believed in relation to their health condition), and this was interpreted as challenging their integrity and disrespecting their service (and the sacrifices made through service). The system itself was also perceived as *not trustworthy*, i.e., operated in opposition to the values instilled in the Armed Forces:

> They need to be aware that someone's ex-Army; they do need to be aware of that because we are different. I'm not being disrespectful to any civilian out there, nor would I, but we're different because we were all trained the same way... We are taught discipline, respect, honesty, integrity, honour. (Veteran claiming UC and PIP)

(Re)building trust? Reviewing the skills and understanding of HCPs

It was evident that much of the emphasis on a desire to be understood *as veterans* related to whether HCPs demonstrated an understanding of the specific experiences and health needs that may relate to service in the Armed Forces. Our earlier reports[32] documented many examples where veterans felt that they were being assessed by health professionals who were 'not qualified' to assess their specific needs and lacked understanding of military background and culture. In some cases, this appeared to have been corroborated in subsequent appeals processes, as one of our earlier interviews highlighted:

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

This account also reiterates the challenge highlighted by HCPs earlier in relation to the point at which medical evidence needs to be included in the process.

The perception that some assessment staff lacked the necessary understanding still featured in many of our recent interviews:

> If I have these medicals, I want to see a doctor. I don't want to see somebody who is not medically trained... I say, 'Well, you're not a neurological consultant surgeon, are you?', which they're not...' (Veteran claiming ESA and PIP)

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

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

The latter quote also speaks to widely acknowledged concerns in existing research[33] and the concerns raised in our previous reports[34] around the perceived emphasis on physical function rather than mental health[35].

Many veterans therefore requested that HCPs should understand the difficulties that veterans can experience when navigating benefits assessment processes. The HCPs we consulted had specific knowledge and expertise of working with veterans and therefore understood many of the challenges. Notably, the HCPs who took part in our focus group appeared to suggest that veterans should be seen as *a specific cohort of claimants*. As such, it was suggested that more work should be done to raise understanding of the issues veterans face across the wider HCP staff base:

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

32 Scullion et al. (2018) *op cit.*; Scullion et al. (2019) *op cit*.

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

34 Scullion et al. (2018) *op cit.*; Scullion et al. (2019) *op cit*.

35 The DWP stated that HCPs are qualified and experienced medical professionals, and that training covers a wide variety of physical and mental health conditions, including PTSD.

They acknowledged that there would be HCPs who did not have the additional awareness and insight that they had. Indeed, there was a discussion around the training provision available for HCPs and an earlier education piece that had focused on veterans[36]. This was described as a one-off education piece, and it was suggested that there was a need to revisit this:

> We're quite lucky, those of us on this forum that, we've either served in the military or we are from areas where you are used to dealing with people from military backgrounds and things. Many of my [HCP] colleagues are not, and I know a while ago we had a piece of continuing medical education on service leavers and veterans. That was a one-off, and I would say most of my colleagues have joined since they did that. So, I suspect there's an education piece and understanding piece that could be addressed within what we do. (HCP)

Some HCPs in the focus group also referred to clinical conferences that provided opportunities for external organisations to come and talk about specific issues. It was suggested that it would be helpful for veterans and/or veterans' organisations to contribute to those forums (it was indicated that they had done so in the past, but this had been some time ago):

> One thing… that was really good was the clinical conferences, and we do have external speakers from a number of charities, from a number of backgrounds. Maybe it would be a really good idea to get somebody in from either a veteran or veterans' association to come in and actually give us a talk on it, because that way you reach everybody, but you're also looking at the human implications of it. (HCP)

Our interviews with veterans did evidence positive experiences of assessments, where HCPs were attentive and empathetic to people's specific needs:

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

> With a doctor, and she was absolutely lovely. She put me completely at my ease. Once she'd read about the PTSD and the depression, she basically… She just completely put me at my ease. She wasn't too probing. She was very understanding in what she was saying. She knew that, yes, I'm not swinging a lead there… totally different experience compared to my PIP claim. I mean, my PIP claim is something that is just absolutely dreadful. (Veteran claiming ESA and PIP)

However, our consultation with veterans, HCPs and those organisations supporting veterans still paints a picture of inconsistency, whereby there can be quite varied claimant experiences and staff expertise.

36 The DWP stated that a module called *Life Post Military Service* is available.

5. Conclusions and recommendations

Since 2017, *SSSL* has been helping to provide an understanding of the experiences of veterans as they navigate the benefits system and still represents the only project of its kind within the UK. As a substantive qualitative project, our research provides a vital evidence base on 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). As the UK Government focuses on reforming benefits assessments, the purpose of this report was to bring together unique insights from veterans, stakeholder organisations that support veterans, and those undertaking assessments with veterans. Through this analysis, we want to help demonstrate some of the key challenges associated with the assessment processes and identify areas of good practice in the provision of support for veterans who are navigating benefits assessments.

As this is a longitudinal project, we have seen some improved experiences over time, with a number of our veteran participants articulating more positive interactions with HCPs and assessment processes, as compared with the largely negative experiences described in the early years of the study (two of our earlier reports included chapters on benefits assessments[37], and we would recommend reading those in conjunction with this report). However, many of the issues that we have highlighted previously remain, and, overall, there still appears to be inconsistency in how veterans experience benefits assessments. Here we make some brief concluding comments and provide some recommendations for how veterans' experiences could be improved. These recommendations are data-driven, i.e., they come from the experiences and suggestions of the participants – veterans, veterans' organisations, and HCPs – within our study.

Improving veterans' understanding of benefits assessments

Our findings have shown that there can be a lack of understanding amongst veteran claimants around what medical evidence needs collating and when, how to complete the forms/respond to questions, and the criteria and scoring of benefits assessments. We believe that an education piece is required to ensure that veterans understand the benefits assessment purpose and process from the outset, and how benefit assessments differ from military compensation assessments. It is evident that many Armed Forces charities are already providing significant support to address some of these issues; however, the DWP and heath assessment providers should be working more closely (and routinely) with the Armed Forces charity sector to ensure that guidance on these processes is reaching as wide a population as possible. As we recommended in our earlier report[38], it is vital for the MoD and the DWP to work collaboratively to ensure that guidance on the benefits system is a routine part of resettlement information. The DWP AFC network also has an essential role to play in supporting veterans through the benefits assessment process, and therefore needs to be appropriately resourced to deliver that role[39]. However, it is also important to recognise that the collation of medical evidence remains a challenge for some veterans, particularly accessing service medical records. Our recommendation from earlier research[40] in relation to the urgent need to implement Programme Cortisone therefore remains relevant.

Improving the understanding of benefits assessment staff

Although we consulted with HCPs who were very knowledgeable in relation to the issues that veterans may face, they are not representative of the whole staff base, and indeed our consultation with HCPs suggested that there will be staff who do not possess the same knowledge or understanding in relation to veterans. HCPs referred to a previously delivered continuing medical education piece that focused on veterans. Rather than a one-off piece, we recommend that this is a routine part of the training of HCPs. We also recommend using the existing clinical conferences as forums to learn from veterans and veterans' organisations that have experienced challenges navigating assessment processes.

37 Scullion et al. (2018) *op cit.*; Scullion et al. (2019) *op cit*.

38 Scullion et al. (2019) *op cit.*

39 See our recent briefing paper on DWP AFCs: Scullion et al. (2024) *op cit*.

40 Hynes et al. (2022) *op cit.*

The need to integrate trauma-informed approaches

Our data have shown that benefits assessments can be trauma-blind and sometimes re-traumatising in how they are experienced, particularly where HCPs do not demonstrate the necessary understanding of the impact of trauma, where processes and outcomes are not transparent, and where veterans are expected to repeatedly provide information or talk about their conditions. This is amplified for veterans who may be subject to multiple assessments through their interactions with both mainstream benefits and military compensation schemes. We have previously argued that the benefits system needs to adopt trauma-informed approaches[41], drawing upon the trauma-informed care principles of *safety*, *choice*, *collaboration*, *trustworthiness,* and *empowerment*[42]. The DWP has a Trauma Integration Lead[43] delivering significant work around the integration of trauma-informed approaches within the department. We recommend that health assessment providers should be working with the DWP to align their service delivery with the trauma-informed approaches that are being integrated within the department. With specific reference to *choice*, we are aware that claimants are able to change how an assessment takes place i.e., whether in person, via telephone or video call[44]. However, this needs to be more widely and effectively communicated to claimants. With specific reference to *trust*[45], this was raised as a concern in the Work and Pensions Committee inquiries[46] and has also featured within many of the accounts of our veterans, particularly where there were discrepancies between information given and the subsequent report or outcome. Our research supports the Work and Pensions Committee recommendation to record assessments (with an opt-out option for claimants). Finally, undergoing multiple assessments has the potential to re-traumatise veterans. We therefore recommend the need to investigate the scope for reducing the number of assessments by exploring how assessment records could be used so that one assessment informs another.

The need for assessment providers to engage with research

Our research has helped to show how veterans understand and navigate benefits assessments and the significant impact these assessments can have on their lives. The inclusion of consultation with HCPs has been an important recent addition to our study. In our earlier reports, and indeed in much wider research focusing on benefits assessments, the perspectives of HCPs are absent. Being able to talk to HCPs (albeit only a small number) about their role, and the challenges of that role, has provided unique insights, particularly in relation to the broader issues of understanding what an assessment is for, how essential medical information is at 'desk stage' and the important perspective that veterans can have specific challenges, and therefore the assessment process needs to consider these. However, we would also like to highlight here that gaining access to HCPs was a negotiation that took more than two years (with two of the health assessment providers being unwilling to engage or non-responsive). We are grateful to the DWP and the Centre for Health and Disability Assessments for engaging with our research and would recommend a greater future willingness to engage with research and allow access to staff so the research community can support efforts to improve benefits assessment processes.

41 Scullion and Curchin (2021) *op cit.*

42 Harris and Fallot (2001) *op cit*.

43 The research team have met with the DWP Trauma Integration Lead.

44 The DWP stated that the department now offers multi-channel delivery across telephone, video and face to face modalities after all evidence has been reviewed at the initial paper scrutiny stage to determine whether an in-person assessment is required. Claimants can change assessment channel where they contact the assessment provider in advance to specify that a particular channel would be preferable. They indicated that these requests are routinely agreed without the need for evidence. However, consultation with Armed Forces charities indicated that this was not widely known by claimants.

45 DWP response: "Trust in the assessment process is very important to the department. HCPs do have to ask questions to understand the customers health and typical day. A customer can request a copy of their report and/or for the assessment to be recorded. The WCA is underpinned by trust."

46 Work and Pensions Committee (2023) *op cit.*

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[47], 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[48], 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 were finishing our fifth and final wave of interviews (Wave E, 20 interviews). The original cohort includes those claiming Employment and Support Allowance, Jobseeker's Allowance or Universal Credit at the time of their first interview.

The new cohort consists 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. We interviewed 34 participants from the new cohort at Wave B (June–October 2022). At the time of writing, we were finishing our third and final wave of interviews (Wave C, 27 interviews).

Most 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, as well as a small number of Reservists (either following full time service or who were called up for extended periods away from a civilian job). Regarding length of time in the Armed Forces, the sample is diverse in terms of inclusion of early service leavers (i.e., those who have served for less than four years) and those who have served for more substantial 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. A small number of participants (six) were interviewed with their spouses, to explore how spouses were supporting them to navigate through the benefits system (and also providing support more broadly in transitions to civilian life).

SSSL was originally designed pre-Covid-19 and 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

47 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.

48 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.

any pandemic restrictions, 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[49] 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.

All our veteran participants are offered a £20 shopping 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 the repeat 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 that 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 Armed Forces Champions 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.

Healthcare Professionals (HCPs): We also carried out a focus group with five HCPs working for one of the private providers contracted by the DWP. The focus group took place in May 2023 after a period of over two years of negotiating access. The focus group explored participants' roles within the assessment process, their experience of working with veterans, their perceptions of the challenges that veterans can face with assessments, and the challenges they face as HCPs in supporting veterans.

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[50] to enable exploration of specific experiences or issues over time. As highlighted in the introduction, this report draws upon an analysis of the accounts of veterans in relation to their experiences of benefits assessments (both PIP assessments and WCAs).

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

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

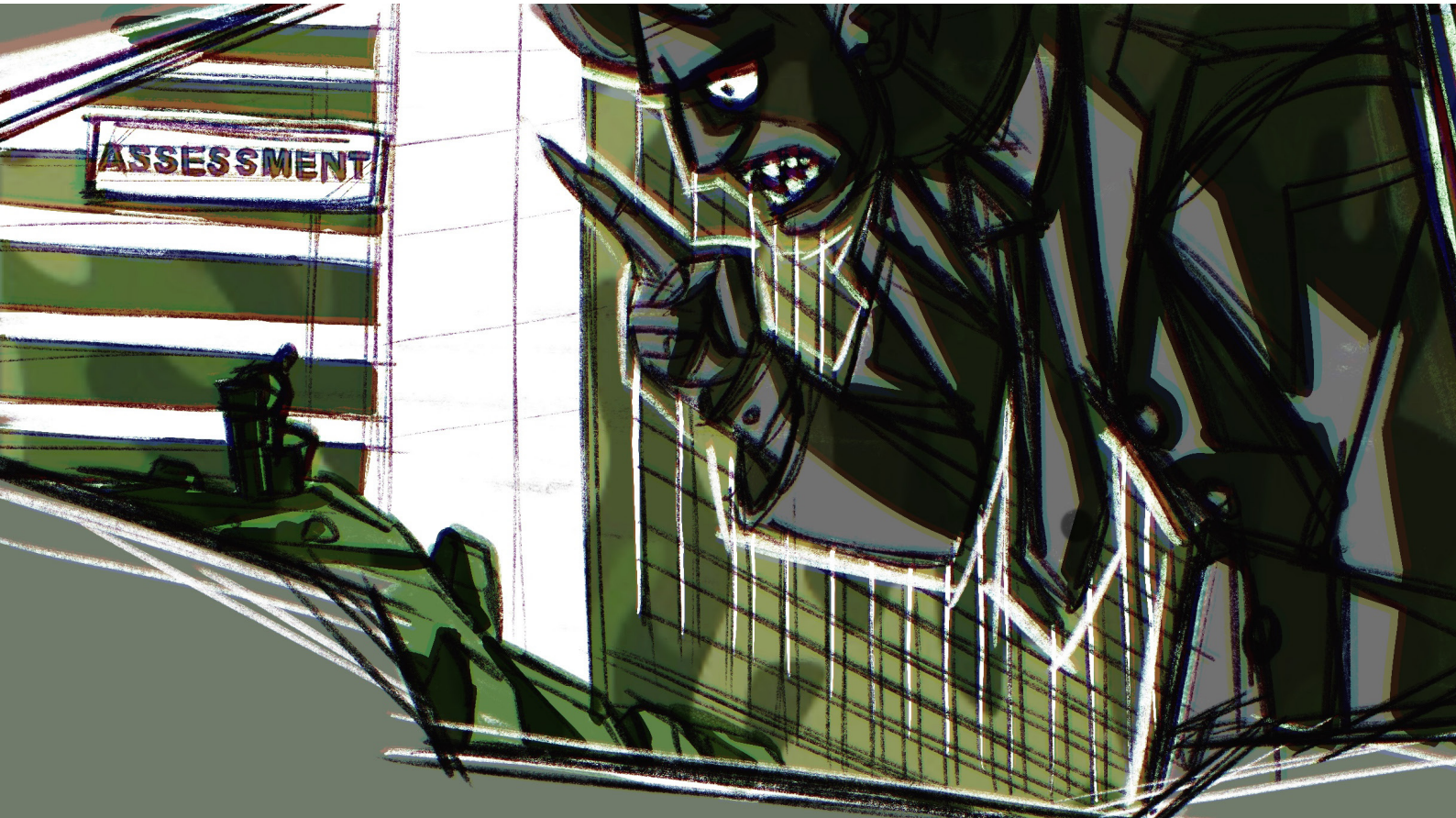
Note on ethics

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 the 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., Pardoe, J. Martin, P., Young, D. and Hynes, C., (2024) *Briefing Paper: The importance of the Department for Work and Pensions (DWP) Armed Forces Champions*, online at: https://s31949.pcdn.co/wp-content/uploads/Briefing-DWP-Armed-Forces-Champions.pdf
- Scullion, L., Young, D., Martin, P., Hynes, C., Pardoe, J. and Curchin, K. (2023) *Towards a trauma-informed social security system: Lessons from the Sanctions, Support and Service Leavers project*, online at: https://s31949.pcdn.co/wp-content/uploads/Scullion-et-al-2023-Towards-a-trauma-informed-social-security-system.pdf
- 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
- 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
- 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., 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



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