

Social security during COVID-19: the experiences of military veterans

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

Introduction

Research published prior to COVID-19 has illustrated some of the difficulties that veterans can experience within the benefits system (Scullion et al, 2018; 2019; Scullion and Curchin, 2021). For example, those with Service-attributed mental health conditions can face challenges interacting with various aspects of the system from Work Capability Assessments (WCAs) through to Work Focused Interviews (WFIs) (Scullion and Curchin, 2021). Accounts within pre-COVID-19 research also highlight the significant role of informal peer networks and third sector organisations in supporting veterans in relation to both benefits processes but also wider issues relating to health and wellbeing, particularly where there is an absence of close family connections and relationships (Scullion et al, 2018; 2019). Drawing on emerging findings from interviews with veterans undertaken during COVID-19, this chapter revisits some of these pre-COVID-19 issues around mental health, benefits processes, and support networks to explore the impact of the pandemic.

In this chapter we discuss two key issues. First, we reflect on some of the changes that occurred to the benefits system during COVID-19 (albeit temporary). More specifically we focus on (i) the suspension of, or changes to, benefit assessment processes; and (ii) the suspension of conditionality. We acknowledge that experiences of these particular (and sometimes challenging) aspects of the benefits system apply equally to non-veterans. However, by drawing on the accounts of a cohort of veterans who have complex needs, we provide important insights for policy and practice in relation to the need for careful consideration of *when*, *how* (or indeed *whether*), we return to 'business as usual' within the benefits system.

Second, we explore the importance of taking a wider perspective on the nature of *family* when considering how people experience, and are supported through, periods of crisis. Indeed, the Covid Realities project is documenting the experiences of *families* during this unprecedented time. Drawing on the accounts of our cohort of veterans provides an important

contribution from those whose families are ‘fractured’ or where ‘family’, in the traditional sense, is *absent*. Here we highlight the importance of peer networks in delivering many of the support functions associated with families and provide an understanding of the impact when such networks are broken, even temporarily.

The Sanctions, Support and Service Leavers project: background, methods, and participants

Each year a proportion of people leave the UK Armed Forces and enter civilian life. For the vast majority, the transition to civilian life is relatively unproblematic. However, it is recognised that ‘those who do encounter difficulties often experience multiple and complex problems’ (Warren et al, 2015: 38). This can include concerns around mental health and/or physical impairment following active Service (Hynes and Thomas, 2016; Hynes et al, 2020), and experiences of homelessness (Johnsen et al, 2008), drug and alcohol use (The Centre for Social Justice, 2014), the criminal justice system (Fossey et al, 2017), and gambling (Roberts et al, 2017). In response to the recognition that those leaving the military need supporting appropriately, there has been an increasing focus in UK policy and practice on the needs of veterans. Notable policy changes include the publication of the *Armed Forces Covenant* (2011) and the ten-year *Strategy for our Veterans* (2018), but also through the creation of the first ever Office for Veterans’ Affairs (OVA) (2019) and the new Armed Forces Bill (2021) which proposes enshrining the Armed Forces Covenant in law. Each of these measures aims to ensure that veterans are not disadvantaged when accessing public services and focus on ‘helping the nation fulfil its lifelong duty to those who have served in the Armed Forces’ (OVA, nd). However, how far this support has extended to those navigating the UK social security system was largely unknown. To address this gap, the Sanctions, Support and Service Leavers project [hereafter SSSL¹] was developed to explore the experiences of veterans within the benefits system. SSSL is a qualitative longitudinal research (QLR) project, which began in early 2017 and originally ran for two years. Following significant policy and practice impact (Scullion et al, 2021), in early 2020 the research was extended to 2023 to ensure that the experiences of veterans were considered during the ongoing implementation of Universal Credit (UC).

Responding to COVID-19: changing our focus and methods

As a longitudinal project that was designed and commissioned pre-COVID-19, the pandemic required a shift in both *focus* (that is, consideration of the changing benefits processes, such as the acceleration to digital/telephone

interactions, the suspension of benefits assessments, the temporary removal of conditionality) and *methods* (that is, switching to remote interviews).

The project started with a baseline sample of 68 veterans at Wave A (2017–18), with 52 veterans re-interviewed at Wave B (2018–19). Wave C commenced in December 2020, with 28 interviews completed (at the time of writing) with our original cohort. With the exception of a very small number of telephone interviews in Wave A and B, face-to-face interviewing was our main (and preferred) approach; however, the Wave C interviews with our original cohort have all been undertaken ‘remotely’ via telephone or other virtual platforms such as MS Teams or Zoom. Although the original participants have been accepting of the shift to remote methods, as we will discuss later in relation to benefits assessments, some expressed a strong preference for face-to-face interactions.

In parallel with our Wave C fieldwork, we have also recruited new participants as part of the continuation of the project. To date, 30 new participants (all claiming UC) have been added to the project, all of whom have been interviewed via remote methods. The findings presented in this chapter are therefore based on the analysis of 58 interviews undertaken during COVID-19. The original cohort were recruited from four main geographical areas in England (the North West, North East, London, Yorkshire), reflecting areas with large proportions of Armed Forces Service leavers or garrisons, but also pragmatically relating to maximising the available fieldwork travel resources. However, with the recruitment of the new UC cohort, the use of remote interviews has meant that we have been able to widen the study to veterans from across the UK. The new cohort includes a number of veterans from Scotland, for example.

Background to our participants

Although our project focuses on experiences of the benefits system, the data reflects the range of complex needs experienced by the participants in our sample. This is important for understanding the context within which our participants were claiming benefits, and their subsequent experiences during COVID-19. The sample was overwhelmingly male, with only two female veterans (who were part of our original cohort). Through our Wave A interviews, we captured a range of issues relating to transitions from military to civilian life, including health, housing, employment, and relationships. Across our original cohort of 68 participants, 59 identified as having a mental health impairment. The new UC cohort demonstrated remarkably similar patterns of mental ill health, with (at the time of writing) 22 out of 30 stating that they had a mental health issue. Across both cohorts, PTSD, anxiety, and depression were mentioned most frequently, and the majority attributed their mental health issues to their time in the Armed Forces. Research

suggests that comorbidity is frequent among veterans seeking mental health support (Murphy et al, 2017) and it was evident that some participants in our study were experiencing multiple mental health issues (with some also experiencing physical health problems). 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 their severity. A small number of participants had also been sectioned under the Mental Health Act (2007) or had spent time in a mental health institution since leaving the Armed Forces. Although many participants were clear about the role they believed their experiences within the Armed Forces had played in relation to their mental ill health, it is important to acknowledge the presence of longer-term trauma that was unrelated to the Armed Forces (Iversen et al, 2007; Van Voorhees et al., 2012; Scullion and Curchin, 2021). As such, there was sometimes a complex mix of pre-existing trauma, experiences during Service, and wider post-Service events that impacted on people's mental health.

Alcohol misuse also featured within the accounts of some of our participants, with a smaller number referring to drug use as well. The use of alcohol was sometimes described by veterans as being part of the 'culture' within the military (Jones and Fear, 2011). However, for others it was a response to difficulties relating to health, relationships, employment, and other aspects of the transition to civilian life (Scullion et al, 2018). There were also participants who described experiencing periods of housing insecurity, including some episodes of street homelessness.

For many of our participants, benefit claims had been instigated following a period of crisis, where mental ill health (and the related experiences described earlier) impacted on their ability to sustain employment. As such, within our original cohort over half were claiming Employment Support Allowance (ESA) (primarily within the Support Group), and within our new UC cohort a similar number had 'limited capability for work or work-related activity'. Additionally, several participants were also claiming (or in the process of claiming) Personal Independence Payment (PIP). The remainder of the sample were classed as 'jobseekers' and subject to varying degrees of conditionality.

It is also important here to mention the complex family and relationship circumstances of many of our participants. Almost half of the sample had experienced a relationship breakdown, which was often attributed to two key issues: (i) difficulties in adjusting to civilian life as a couple when Service life had required so much time apart; and (ii) the impact of the mental health issues described earlier. Most of the participants had children; however, a consequence of relationship breakdown was often estrangement, with a number of participants having limited or no contact with their children.

Welcome reprieve? Experiences of the COVID-19 benefits system

In our pre-COVID-19 interviews, benefits assessments processes and interactions relating to managing the conditions of their claim were articulated as provoking significant anxiety (Scullion et al, 2019) or even experienced as re-traumatising for some (Scullion and Curchin, 2021). Here we turn our attention to the interviews that took place during COVID-19, whereby participants reflected on these aspects of their experience.

Like many other benefit claimants, the veterans we interviewed described the suspension, cancellation, or delay of benefits assessment processes during COVID-19 and indicated that original categorisations and payments had been extended: “I have heard nothing from ESA to reassess me or anything else, and I got a letter recently on the PIP side, saying that, due to the virus, my award has been extended by another year” (ESA Support Group claimant, Wave C). Given some of the previous negative experiences of our participants, one might assume that the suspension of assessments would be a welcome intervention. However, although there was evidence of some ‘relief’ at the suspension of assessments, overall, the interviews suggested that more commonly there was anxiety around the uncertainty of *when* and *how* they would take place. Additionally, for those who were making new claims or those who were hoping that a re-assessment would increase their payment level, such delays were articulated as having financial repercussions. One participant, for example, explained that in February 2020, he had been invited to attend a re-assessment, which he was hoping would give him the opportunity to provide his full medical records and would subsequently lead to a higher payment. However, when interviewed in December 2020, he explained that “then this COVID came along, so I’m still waiting” (UC claimant, Wave C). Another participant, from the new cohort of UC participants, described feeling in ‘limbo’ having waited 16 weeks for his new PIP claim to be processed. Frustrated at a PIP assessment being delayed, he commented:

‘As hard as I try there is just no way of getting it right now because they say, “Oh well, we can’t do it, everything is locked down with COVID.” Surely they can look at somebody’s medical records and say, “Hold on, he is at least eligible for some [support].”’ (UC claimant, Wave A, new cohort)

Within our sample, four participants had experienced a PIP assessment during the COVID-19 period and one of these had also had a WCA. Like many other benefits processes, these assessments had shifted to remote methods (Work and Pensions Committee, 2020). As such, participants described

having a telephone assessment, where previously it had been face-to-face. Again, there were mixed views on this method. Some welcomed the removal of the requirement to attend a face-to-face assessment at an assessment centre (for example those who experienced anxiety when leaving the house). However, for others telephone assessments were problematic due to the inability to judge how the assessor was reacting to the conversation, to make a connection with the assessor, or not knowing if other people were present in the background:

‘I like to try and get my point across to someone on a personal level, so you can see people, you can gauge people’s reactions. It’s a lot easier to do it by body language and stuff when you see people than it is over the phone because you don’t know ... it could be a party call sort of thing where they’ve got their bosses listening in, or other people prompting them, or it might be a trainee on their first day. You’ve no idea, do you, it’s just a voice? It’s very hard to build up any sort of connection over the telephone.’ (UC claimant, Wave C)

For those participants who were classed as ‘jobseekers’, the emphasis was more on managing the requirements that are set to continue receiving benefits. Our pre-COVID-19 interviews highlighted acknowledged concerns around the effectiveness of conditionality (Dwyer et al, 2018), particularly where mental ill health was a significant issue (Dwyer et al, 2020; Scullion and Curchin, 2021). With the onset of the pandemic, another significant change to the benefits system was the temporary suspension of conditionality (under the Social Security (Coronavirus) (Further Measures) Regulations 2020), and there were examples from across the sample of people experiencing “a lot more leeway” (UC claimant, Wave A, new cohort). This participant, for example, had struggled to access his online account and had missed an appointment with his work coach. He described his perception that ordinarily this would result in a sanction; however: “My benefit didn’t stop, whereas it would do usually. If you don’t keep an appointment, your benefit stops.”

Several participants talked positively about the supportive nature of the interactions with DWP staff, who were described as ‘light touch’ in their approach. For example, one veteran referred to a phone call he received at the very beginning of the pandemic (March/April 2020): “and they literally said, ‘You’re not coming in. You’re not doing anything. Payments are all automatic. Don’t do anything’” (UC claimant, Wave C). One participant, who was having to shield due to multiple health conditions, also described a conversation with his work coach where he had told them that he was struggling to manage the monthly payment, particularly in relation to the expense of food shopping. Although this raises much broader – and

important – questions about the adequacy of the benefits system (see also [Chapters 2, 3, 4, and 11](#)), it was evident that on a practical level his work coach had tried to help and had subsequently quickly changed his payments from monthly to twice monthly:

‘I was speaking to this [lady] from the DWP who’s my work coach basically. She said, “How are you getting on?” I said, “I’m struggling with this lockdown because I can only get food once a month, and it’s expensive.” ... She said, “I’ll tell you what I’ll do. You’re in between payments now. Your next payment will be less than what your first payment is, the one just gone.” So I get my payment every fortnight on Universal Credit, and the way it’s fallen, this is better for me in a way; 4th February coming up, I get my Universal Credit that day, and I get my PIP that day, so I’ve got just under £1,000 coming in less than two weeks.’ (UC claimant, Wave C)

Overall, the interactions with work coaches were described positively and were perceived as reassuring given that people had limited options to engage in work-related activity, but also given the anxiety that was experienced by so many people during this unprecedented period. However, it was evident that participants did not expect this “light touch” approach to remain indefinitely and there were indications in the interviews carried out later in the pandemic that the nature of the interactions had already begun to change. This is presented in the case study of ‘Patrick’.²

Case study: ‘Patrick’

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

It was around 15 years after leaving the Armed Forces that he began to experience issues with stress and alcohol. He experienced a range of long-term physical and mental health challenges, indicating that his mental wellbeing had declined considerably over the last year, to the point where he didn’t want to open the door to anybody or answer

the telephone: "I just refused to engage." After experiencing a more significant mental health crisis in mid-2021, he was now supported by a mental health social work team.

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

'I had a lovely woman ring me up and she says, "I've got your claim. I hope you're aware that it's going to take me some time. There's a backlog. There's millions of people." She was very empathetic She said, "You can't come into the office because nobody can go in. We're all working from home." She said, "We're going to do it all remotely. Do you have a problem with that?" I said, "No." She goes, "Okay then, we'll keep in touch. Don't bother about stressing out and whatever, we'll keep in touch once a month."'

He continued to say that he was contacted once a month and that the conversations focused on checking that he was okay: "The person didn't give me any grief ... they would just ring me up and say, 'Are you alive? Are you well? Are you basically happy? Okay, then I'll call you back next ... I'll call you again next month.'" This situation had lasted until around May 2021. At that point, he described experiencing what he perceived as a notable shift in attitude and approach from the previous "very friendly telephone conversation", when a new work coach phoned from his local JCP "asking me to come in and they would like to interrogate me further on what I was doing with my time." He described how the new work coach had stated explicitly: "The softly, softly approach was ending, and it was going to be, you know, forensically look at whether you've been doing enough ... He just explained that things were opening up, the lockdown as far as the Jobcentre was concerned was over and that things were getting back to normal." When asked how he felt about the change in approach, he replied, "Depressed, depressed, depressed." Fearing what would happen to him, and particularly the potential that he might experience a benefit sanction, he had contacted a third sector organisation that had supported him to get a sick note and he was currently not expected to engage in work-related activity.

Patrick's case study illustrates the need to consider *when* and *how* conditionality is (re)introduced in the aftermath of the pandemic. Reflecting existing research on the counterproductive nature of conditionality (Wright and Dwyer, 2020), Patrick's account demonstrates how his 'jarring' introduction

to conditionality had not led to engagement with work-related activity; rather, it had led to Patrick moving further away from engagement with paid employment.

The absence of 'family': the importance of peer support

The Covid Realities project is focusing on documenting and understanding the experiences of *families* during an unprecedented time and existing research highlights the central role of *families* and *relational support* when managing on a low income (Daly and Kelly, 2015). However, an important contribution of the SSSL study is exploring experiences where families are fractured or where 'family', in the traditional sense, is absent. The absence of family was a notable feature of many of the accounts of the veterans who were experiencing mental ill health, and in addition to relationship breakdown and separation from children (referred to earlier in our background to participants), some also described limited contact with parents, siblings, and other family members.

Consequently, *even before* the pandemic many participants spoke of feeling isolated. In some cases, this isolation deepened considerably during COVID-19, leading to worsening mental health. For those who had limited family support or contact, the support provided by peers through local veteran-specific networks (both formal and informal) was described (pre-COVID-19) as vital. These networks provided a space for veterans to talk through a range of issues and concerns including sharing or comparing experiences of the benefits system. However, the suspension of such forms of support due to COVID-19 restrictions had impacted significantly on a number of participants:

'I'm constantly up, constantly down. ... Obviously, the COVID's affecting us massively because of not being able to get out and go to these Breakfast Clubs [Armed Forces and Veterans' Breakfast Clubs³]. I don't really have any mates, but the mates that I do have I can't go and see because obviously, we're in lockdown.' (UC claimant, Wave C)

'Up at a church in the borough ... they've got mental health advisers there. There's a guy that's an ex-squaddie. You just go there and have a chat, and just sit down and have a cup and talk through stuff, but obviously that stopped. That's all been lost because of the Covid ... a lot of lads [referring to veterans] haven't coped very well.' (UC claimant, Wave C)

The importance of being able to resume attending these support groups was evident, not just in terms of addressing the isolation people felt but also

as places that provided support across a range of issues. This is illustrated through the case study of 'Mark'.

Case study: 'Mark'

Mark was 49 years old and living on his own in a flat provided through a local veterans' support organisation. He had served three years in the Armed Forces, having had to leave after an 'administrative misunderstanding'. Upon leaving, he had moved straight into work; however, he had gone from the relative stability of his Armed Forces role to moving in and out of various lower-skilled roles, much of which had been agency work. Around ten years ago, he began to experience depression and anxiety but also became a full-time carer for his father, the stress of which saw his drinking increase to problematic levels. Mark was interviewed in March 2021 and described the difficulty he experienced in early 2020 after the death of a close family member, followed shortly after by the onset of COVID-19. As such, he described having no close family connections or support during that time:

'So, I don't really have anybody now, as regards family ... I mean, I've got sisters and that, but I don't interfere with them and then, vice versa, they don't interfere with me. She's [referring to the family member who passed away] the only one, still living, who was there for me, you know what I mean? So, it's like I've lost everybody now. ... Then COVID, I was stuck in all day.'

Mark had been through many years of treatment and support for his addiction and had actively engaged with a local veterans' group. In the absence of family, his main support was therefore from other veterans who were part of the local network and addiction support groups. It was also evident that beyond the support provided around his health and wellbeing, these groups had previously supported him with issues relating to his benefit claim. For example, he had been claiming ESA for over four years, and described how, with the help of other veterans, he had won an appeal against a WCA that had recommended transferring him to JSA and been granted two further years in the ESA Support Group. The veterans support group had also helped him to successfully challenge a refusal to award PIP in 2020. At the time of interview, he indicated that he was due another PIP assessment and had received the relevant paperwork to complete and knew that he would be required to attend a WCA at some point too (although he was uncertain when that would be).

It was evident that these assessments were at the forefront of his mind: "It's playing on me mind now thinking about it," and that the peer networks he had established would be vital forms of support through these processes. The ability to meet with these support networks has been suspended during COVID-19; however, with the relaxation of restrictions it was evident that he was grateful to be able to re-engage

with these networks: "They've been rocks for me, they really have and, obviously, I'm back in with [veterans' group], now ... So, I'm happy about that." Mark hoped that the reintroduction of these groups would come at the right time to provide support with his upcoming assessments.

For individuals like Mark, veterans' peer networks had delivered many of the support functions often associated with close families.

Policy implications

Drawing on interviews with veterans navigating the benefits system during COVID-19, this chapter has provided unique insights in relation to two key issues. First, it provides an understanding of experiences of the *suspension and subsequent (re)introduction* of specific aspects of the benefits system; namely benefits assessments and conditionality. With regards to benefits assessments, it was evident that suspension of these processes offered relief for some. However, overall, there was significant uncertainty and anxiety about *when* and *how* they would resume, which needs addressing through clearer communication. With regards to how the *assessments* would be carried out when they did resume, although telephone methods had been welcomed by some, they were not appropriate for all participants, with face-to-face interactions still important for many. We therefore recommend giving *choice* to people in relation to how their assessments are undertaken. This would apply equally to other benefits interactions (for example WFIs), where providing *choice* to claimants about how those interactions take place would improve their experiences (Scullion and Curchin, 2021).

With regards to conditionality, participants valued the positive interactions with work coaches that had centred around wellbeing during the pandemic. However, our interviews suggest that, in some areas, there has been a return to more punitive compliance-based interactions. Similar to benefits assessments, the *when* and *how* of the (re)introduction of conditionality needs careful consideration and needs communicating appropriately with claimants. As evidenced in our findings, sudden shifts can destabilise those with ongoing mental health issues. However, more broadly we question (as we and many others have done previously) the effectiveness of conditionality (Dwyer et al, 2018; Scullion et al, 2019; Wright and Dwyer, 2020) given the evidence that it can be counterproductive in supporting movements towards or into paid employment.

Second, our interviews have raised questions about conceptualisations of 'family', highlighting the importance of peer networks and service support for those whose families are fractured or where there is an absence of family support. We therefore signal a need for a wider recognition of

non-familial support when trying to understand how people experience, and are supported through, periods of crisis. Indeed, COVID-19 has helped us to understand which connections were most important and instrumental to participants, and what can happen when such connections are broken, even temporarily. Although we draw upon the case of veterans, we acknowledge that many of the issues highlighted in this chapter apply to *all* of those who have experienced challenges in navigating the benefits system and likewise apply to anyone who may have experienced losing vital support networks during a period of crisis.

Notes

- ¹ The project was funded by the Forces in Mind Trust (FiMT); www.fim-trust.org/
- ² Participants have been given pseudonyms to protect anonymity.
- ³ www.afvbc.net/

References

- The Centre for Social Justice (2014) *Doing our duty? Improving transitions for military leavers*. London: The Centre for Social Justice.
- Daly, M. and Kelly, G. (2015) *Families and Poverty: Everyday Life on a Low Income*. Bristol: Policy Press.
- Dwyer, P., Batty, E., Blenkinsopp, J., Fitzpatrick, S., Fletcher, D., Flint, J., et al (2018) *Final findings report: Welfare Conditionality Project 2013–2018*. York: Welfare Conditionality Project.
- Dwyer, P., Scullion, L., Jones, K., McNeill, J. and Stewart, A.B. (2020) Work, welfare, and wellbeing: the impacts of welfare conditionality on people with mental health impairments in the UK. *Social Policy and Administration*, 54(2), 311–26.
- Fossey, M., Cooper, L., Godier, L. and Cooper, A. (2017) *A pilot study to support veterans in the criminal justice system: final report*. Cambridge: Anglia Ruskin University. [Online]. Available at: www.fim-trust.org/wp-content/uploads/2017/04/Project-Nova-Report.pdf
- Hynes, C. and Thomas, M. (2016) What does the literature say about the needs of veterans in the areas of health?. *Nurse Education Today*, 47, 81–8.
- Hynes, C., Scullion, L., Lawler, C., Boland, P. and Steel, R. (2020) *Lives in transition: returning to civilian life with a physical injury or condition*. Preston: College for Military Veterans and Emergency Services.
- 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, 506–11.
- Johnsen, S., Jones, A. and Rugg, J. (2008) *The experience of homeless ex-service personnel in London*. York: Centre for Housing Policy.

- Jones, E. and Fear, N.T. (2011) Alcohol use and misuse within the military: a review. *International Review of Psychiatry*, 23, 166–72.
- Murphy, D., Ashwick, R., Palmer, E. and Busuttil, W. (2017) Describing the profile of a population of UK veterans seeking support for mental health difficulties. *Journal of Mental Health*. DOI: 10.1080/09638237.2017.1385739.
- Office for Veterans' Affairs (OVA) (nd) About us. [Online]. Available at: www.gov.uk/government/organisations/office-for-veterans-affairs/about
- Roberts, E., Dighton, G., Fossey, M., Hogan, L., Kitchiner, N., Rogers, R.D. and Dymond, S. (2017) *Gambling problems in UK Armed Forces veterans: preliminary findings*. [Online]. Available at: www.fim-trust.org/wp-content/uploads/2017/06/Gambling-Report-FINAL.compressed.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*, 1–18. DOI: 10.1017/S0047279420000719.
- Scullion, L., Dwyer, P., Jones, K., Martin, P. and Hynes, C. (2018) *Sanctions, support and service leavers: social security benefits, welfare conditionality and transitions from military to civilian life: first wave findings*. Salford/ York: University of Salford/University of York.
- Scullion, L., Dwyer, P., Jones, K., Martin, P. and Hynes, C. (2019) *Sanctions, support and service leavers: social security and transitions from military to civilian life: final report*. Salford: University of Salford.
- 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*, 1–14. DOI: 10.1017/S1474746421000166.
- Van Voorhees, E.E., Dedert, E.A., Calhoun, P.S., Branco, M., Runnels, J. and Beckham, J.C. (2012) Childhood trauma exposure in Iraq and Afghanistan war era veterans: implications for post traumatic stress disorder symptoms and adult functional social support. *Child Abuse and Neglect*, 36, 423–32.
- Warren, J., Garthwaite, K. and Bambra, C. (2015) Help for heroes? Evaluating a case management programme for ex-service personnel in the United Kingdom. *Perspectives in Public Health*, 135(1), 37–42.
- Work and Pensions Committee (2020) *DWP's response to the coronavirus outbreak: Government response to the committee's first report*. [Online]. Available at: <https://publications.parliament.uk/pa/cm5801/cmselect/cmworpen/732/73202.htm>
- Wright, S. and Dwyer, P. (2020) In-work Universal Credit: claimant experiences of conditionality mismatches and counterproductive benefit sanctions. *Journal of Social Policy*. Available at: <https://doi.org/10.1017/S0047279420000562>

