

Research with veterans suggests that a trauma-informed social security system would benefit all claimants who have experienced trauma



***Lisa Scullion** and **Katherine Curchin** draw upon interviews from the [first substantive research to focus on veterans](#) within the UK benefits system to suggest that there is much to be gained from the application of trauma-informed approaches to the social security system.*

The benefit system is meant to offer a safety net for people who are struggling. But what if it is actually exacerbating their mental health problems? [Our research into this question](#) focused on veterans and was guided by [the principles of trauma-informed care](#). Trauma-informed care draws on neuro-scientific insights into the long-lasting effects of overwhelming, life-threatening experiences on the structure and functioning of the brain. Neuroscience has come a long way since World War I veterans were diagnosed with ‘shell shock’. We now know that trauma sustained in combat or in civilian life can create a range of [potentially long-lasting difficulties](#). Through better appreciating what survivors of trauma are going through, trauma-informed care aims to stop services inadvertently re-traumatising their clients. Such services are respectful, trustworthy, and collaborative and enable their clients to exercise control and feel safe. The paradigm of trauma-informed care has been used internationally in relation to mental health, drug and alcohol, homelessness, domestic violence and children’s services, as well as schools and custodial institutions, but social security systems have been largely absent from this movement.

Examining veterans’ interactions with the benefits system

The vast majority of those leaving the Armed Forces thrive in the civilian labour market. But some veterans will need support from the benefits system at some point during their transition to civilian life. Poor mental or physical health is often the reason. The mental health conditions referred to most frequently by our participants were PTSD, anxiety, and depression and some had been living with unresolved trauma for many years before reaching a ‘crisis’ point. Although many described being able to find employment relatively quickly after leaving the Armed Forces, difficulties sustaining employment were common and people had subsequently needed to claim benefits.

We found that veterans were often distrustful of their work coaches and perceived that some staff were unable to empathise with their experience with mental illness. It was evident that veterans were grappling with [an intense sense of shame](#) at moving from a position of respect in the Armed Forces (and sometimes a number of years of post-Service employment) to having to ask for financial support. This was amplified where staff appeared to demonstrate a lack of respect towards people’s experiences.

A major concern for many veterans with health issues was the Work Capability Assessment (WCA), which assesses how a person’s health condition affects their ability to complete a range of activities. Some veterans reported being disappointed and frustrated by assessors who were unable to appropriately assess mental health issues arising from service in the Armed Forces. The WCA was described as a stressful process, and it created so much anxiety for some that it undermined the progress they were making in managing their on-going mental illness.

We also found that veterans were having trouble navigating the rules and responsibilities associated with their benefit claims. Recipients of Universal Credit must sign a claimant commitment, which sets out their obligations and what will apply if they fail to meet these (i.e. the possibility of a benefit sanction). The work-related obligations are supposedly tailored to each individual’s circumstances. However, many veterans reported feeling powerless over the content of their Claimant Commitment and were worried that the impact of their poor health hadn’t been taken into account. They also found the physical environment where they were required to attend appointments and assessments made them feel unsafe. Moving away from a ‘one-size-fits-all’ approach and allowing claimants to have more input into the claimant commitment, but also a greater say over the pace of meetings or the WCA process, as well as the opportunity to take breaks if they felt overwhelmed, would enable people to feel more in control.

It is unfair to suggest that all interactions with the benefits system were negative, and we found evidence of good practice, often in geographical areas where staff were more regularly engaging with Service/ex-Service personnel had a greater understanding of some of the issues they may face in the transition to civilian life. For example, we found [Department of Work and Pensions Armed Forces Champions](#) who acted as the first point of contact for veterans within their districts and worked collaboratively with other organisations to ensure veterans have the support they need in place.

Moving from a trauma-blind to a trauma-informed social security system

We recognise that there are some significant challenges to making the social security system more trauma informed. Indeed, the focus in the UK (and other modern welfare states) on monitoring compliance with behavioural conditions, and [punishing non-compliance with benefit sanctions](#), is difficult to reconcile with the principles of trauma-informed care. Likewise, the 'any job' approach to labour market activation pursued in the UK would appear to be in tension with addressing the needs of people with unresolved trauma.

However, changes *could* and *should* be made within the UK social security system to avoid re-traumatising clients with histories of trauma. In our analysis of veterans' experiences, it was clear that a trauma-informed approach would improve not only the social and emotional well-being of the individual claimant but also of family members including spouses and children. Additionally, there are potential employment gains: veterans themselves identify unresolved trauma as a barrier to entering and sustaining paid work. Making social security services more trauma-informed is also likely to improve the workplace safety of staff by reducing the level of aggression that they sometimes encounter during their interactions.

A vital step in making social security interactions more trauma informed is through the provision of appropriate staff training on how traumatic experiences can affect individual functioning. This applies both to work coaches but also to those responsible for conducting benefits assessments. Although our analysis focuses on the experiences of veterans with mental illness, the challenges outlined here are similar to many others who are experiencing mental ill health. A trauma-informed approach would therefore benefit *all* social security claimants who have experienced trauma in their lives.

*Note: the above draws on the authors' [published work](#) in the *Journal of Social Policy*. The research was funded by the [Forces in Mind Trust](#).*

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