Veterans and benefits

Executive summary

Howard Burdett
Dr Deirdre MacManus
Prof Nicola Fear
Prof Roberto Rona
Prof Neil Greenberg

King's College London

FiMT
forces in mind trust
SUCCESSFUL SUSTAINABLE TRANSITION
Awarding funds from
The National Lottery®

Foreword

Too much debate, and even the very drawing up of policy in the sphere of veterans and their families, takes place in an echo chamber of anecdote and mythology. At Forces in Mind Trust, we are determined that those who make decisions that affect the lives of the whole Armed Forces Community do so with the very best evidence that can be made available to hand. In some cases, the topic might be politically inflammatory, or maybe just dull as dishwater. It might be hard to get at the truth through inadvertent bureaucratic obstruction, or plain organizational ineptitude.

'Veterans and benefits', ably led by Dr Burdett, bounces off all 4 corners of this envelope. By developing a ground-breaking linkage between the data held by the Department of Work and Pensions and the King's Centre for Military Health Research, this project has produced real insights into how ex-Service personnel fare when discharged. The report not only produces clear evidence of pathways to success (and sadly sometimes to failure), but also presents sound evidence-based recommendations on where the limited resources of the State and the Third Sector can best be deployed. At a time of economic stagnation and public-sector service reductions, ensuring that targeted, preventative action is taken wherever possible must be a key priority for policy makers and service providers alike.

As with much of the work funded by the Trust, this report presents a credible and contemporary picture of reality, and at the same time offers innovative ideas to help shape the future, and for the better. The challenge for us all is to lend our support to making those changes, and to show how the Departmental collaboration on which this project's very existence depended, can be continued, strengthened, and used to the benefit of those most in need: the recent leavers; those with pre-enlistment disadvantage; the young and the junior; those suffering from ill health. They deserve our support, and our Society would benefit from their successes.
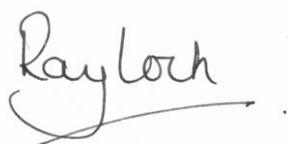
Air Vice-Marshal Ray Lock CBE

Chief Executive, Forces in Mind Trust

King's Centre for Military Health Research

King's Centre for Military Health Research (KCMHR) was launched in 2004 as a joint initiative between the Institute of Psychiatry and the Department of War Studies, King's College London. KCMHR draws upon the experience of a multi-disciplinary team, and is led by Professor Sir Simon Wessely and Professor Nicola Fear. It undertakes research investigating military life using quantitative and qualitative methods. Its flagship study is an ongoing epidemiological multiphase investigation of the health and well-being of approximately 20,000 UK Armed Forces personnel. The study, funded by the UK Ministry of Defence (MoD), has been running since 2003. The primary aim of the study is to investigate the post-deployment health of those who have deployed to the conflicts in Iraq and Afghanistan. However, the study is also investigating a range of topics relevant to serving and ex-serving personnel in general. Data from our studies have been used to analyse various military issues, and papers have been published in peer reviewed, scientific journals. Our findings are regularly reported in the press, and have also been used to inform military policies.

Acknowledgements

Background

Veterans' receipt of welfare benefits is a frequent topic of discussion. To date such discussions have not been informed by good evidence. Some might assume that one of the many difficulties of transitioning to 'civvy street' is unemployment, while others might assume that a cadre of physically fit and skilled personnel should obtain high levels of employment post-service. Numerous charitable organisations provide services for veterans in respect of their mental health and employment status. There is strong evidence that unemployment and mental health are interrelated in the general population, but there is limited knowledge of how these variables affect the wellbeing of the UK veteran population.

This project involved linking welfare benefits data from the Department of Work and Pensions (DWP) with data on veterans held by the King's Centre for Military Health Research (KCMHR) cohort to investigate benefit receipt among UK veterans.

Aims

By making use of this administrative rather than self-reported data, and by using a sample group of former members of the UK Armed Forces from the KCMHR cohort study we were able to:

- access objective and unbiased data on the use of unemployment and disability benefits among the veteran population
- investigate how benefit usage and mental health are interrelated
- assess the effects of other personal characteristics, and pre-service and service-related factors.

Method

KCMHR cohort data includes information on over 11,000 Service leavers, who had originally entered the sample while still serving (thus creating an unbiased sample population). The KCMHR data contained socio-demographic (e.g. age, gender etc.), service demographic (e.g. rank, combat exposure etc.) as well as information about veterans' mental health status (i.e. Posttraumatic Stress Disorder (PTSD), Common Mental Disorders (CMD) and alcohol misuse).

This data was linked to benefit claim records held by the Department of Work and Pensions, which comprised the entire benefit history of the veteran. Data linkage was requested for 9,731 discharged Service personnel and 2,298 reserves within the KCMHR cohort. This summary refers to data on around 8,000 veterans who had previously served as regulars and were not acting as reserves at the time of latest data collection; these personnel will have left between 2003 and 2015.
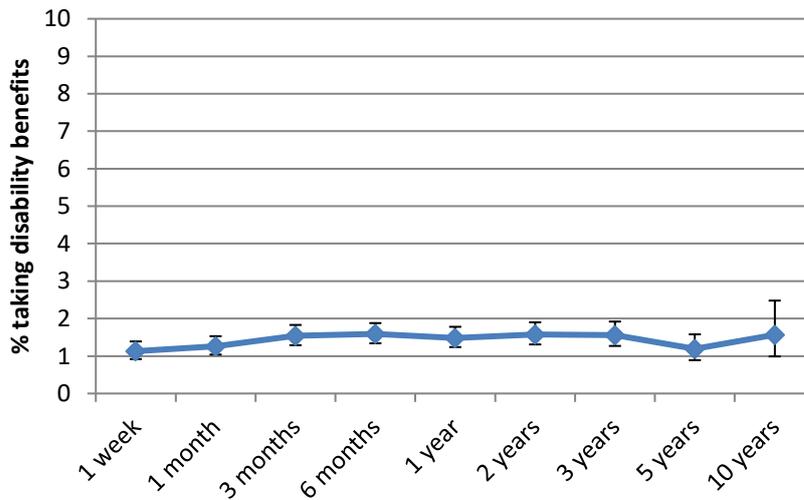
Results and discussion

We were able to examine rates of unemployment and disability benefit claims, and in each case, identify associations with the length of time a veteran had been receiving that benefit (i.e. distinguishing short-term, persistent, and recurring unemployment and disability benefit use) within the period of the cohort being studied.

Unemployment benefits with time since leaving the Services

Disability benefits with time since leaving the Services
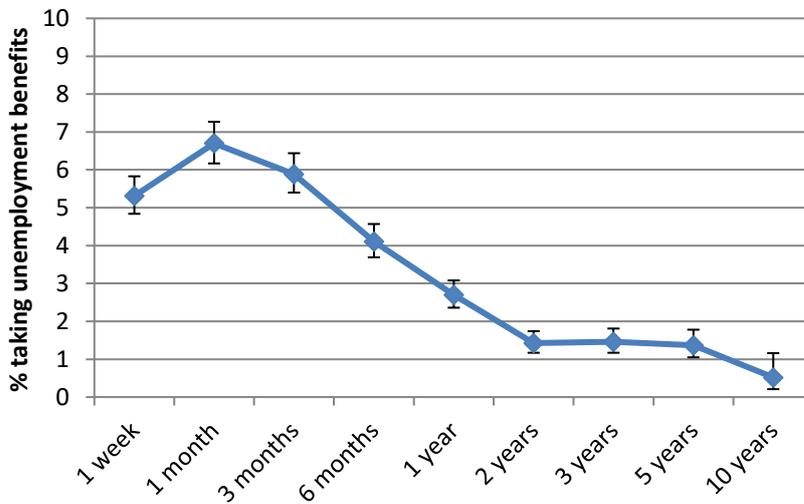
This study found that a substantial proportion of veterans claimed unemployment benefit support shortly after leaving service (e.g. around 7% claiming at 1 month after leaving), but that receipt was short-term (e.g. dropping to under 2% within two years after leaving), and that long-term dependency on unemployment benefits was negligible. By contrast, disability benefits were less frequently claimed by veterans (at only around 1.5%), but when received were likely to be persistent over the longer term.

We were also able to identify the effects of childhood adversity (including both family adversity and anti-social behaviour), in-service factors (including rank, deployment history, deployment experiences, and being an Early Service leaver[i]), and post-service factors (particularly mental health status and alcohol misuse) on receipt of benefits, and to examine the associations between benefit usage and prior and/or subsequent mental ill health to identify groups at risk of poor transition.

One key predictor of post-service benefit receipt was having a history of claiming benefits before joining. This may be indicative of the fact that socio-economic situation of an enlistee is not necessarily 'wiped clean' by joining the services. Another important pre-service predictor of unemployment benefits was having a history of childhood anti-social behaviour. Pre-enlistment anti-social behaviour may persist into adulthood and may be associated with personality characteristics which may be more tolerated in a military than a civilian environment, and may even be utilised to good effect. However, such behaviour or associated personality traits may impact negatively on functioning in civilian life and employment roles once someone has left. Higher education (i.e above GCSE level) reduces the risk of claiming unemployment benefits, but there was no significant difference between those with GCSEs and those with no qualifications at all; this might indicate that skills obtained in service are substituting for GCSE-level education.

Certain service-related factors also seemed to have an effect on post-service benefit receipt. Those from the Naval Services and RAF were less likely to claim benefits; this may be a consequence of these broadly being the more 'technical' services, with strong emphasis on skills which are likely to be transferrable to civilian life, and/or a consequence of a higher recruitment threshold in these services compared to the Army. Higher rank was also protective, possibly due to the social strata from which Commissioned Officers are often drawn, but also possibly due to the nature of the management and logistical skills obtained by higher ranks. By contrast, role and deployment to Iraq or Afghanistan impacted little on post-service outcomes. Those who serve for longer periods are less likely to claim benefits when they do leave; these individuals will also likely be older, and hence less likely to claim unemployment benefits in general (following general population trends). One point of interest was that, while Early Service Leavers appeared to be more likely to claim unemployment benefits (as would be expected given past findings), this relationship disappeared once other factors (particularly method of leaving), were taken into account. This suggests that, while ESLs are an at-risk group of claiming unemployment benefit post-service, it is not necessarily the short duration of their service that is the problem; rather the surrounding context for their early leaving needs to be taken into account. Indeed, method of leaving was a key factor affecting risk of subsequent benefit usage (i.e. unplanned and unexpected end of service rather than brevity of service).

Mental health, physical health and alcohol misuse also affected benefit receipt in several ways. In- and post-service PTSD, CMD, and in-service physical ill health were associated with an increased risk of unemployment benefit, but the impact of these factors was low, suggesting that unemployment is linked mostly to factors other than poor mental and physical health. By contrast, post-service mental health was a strong predictor of post-service disability benefit, and a large proportion of those taking disability benefits had a substantial mental health symptom load (76.1% would be expected to qualify as a PTSD and/or CMD case). In-service measures of CMD and PTSD (but not alcohol misuse)

---

[i] I.e. an ex-service member who did not complete their initial period of service, usually of 4 years.

also predicted post-service disability benefits, but these were not as strong as post-service mental health measures, indicating that present circumstances were more relevant to disability benefit.

Alcohol misuse did not have the same associations: unexpectedly, both in- and post-service alcohol misuse only had very mild impacts on post-service unemployment benefits, and had no relations with disability benefits. Furthermore, neither recovering from alcohol misuse post-service, nor becoming a new case of alcohol misuse post-service, affected benefit usage. This surprising finding requires further elucidation.

Thus many sociodemographic and service-related factors had a link with claiming benefits as a veteran. The most consistent predictors of both forms of post-service benefits use were:

- low rank;
- method of leaving (with unplanned leaving associated with higher unemployment benefit; receipt, and those medically discharged having a higher risk of disability benefit receipt);
- having a pre-service history of benefits, and
- having a post-service mental health disorder.

These factors may help identify at-risk individuals and allow support to be prioritised, or at least tailored and targeted, accordingly. However, the impact of any potential support provision would need to be appropriately evaluated.

Approaches such as Individual Placement and Support (IPS) have proven effectiveness among those suffering from mental health disorders, and veteran re-employment charitable services have used similar approaches specifically in a veteran context. Many veteran disability benefit seekers are PTSD and/or CMD cases; thus the Department for Work and Pensions might benefit from providing such services alongside the back-to-work services they already provide as part of the welfare system.

Overall, this study indicates that veterans were not generally at particular risk of claiming welfare benefits, but certain subgroups were (particularly those who claimed benefits pre-enlistment and unplanned leavers). Most veterans supporting themselves with disability benefits were also shown to have poor mental health; the evidence here suggests that if the latter were treated it would reduce disability benefit receipt, so such treatment would be worth further attention. Potential avenues for future research include examining veteran income and the employment sector (to better determine the type and quality of post-service employment), and to determine the most effective pathways and interventions (such as IPS) to return veterans to work.

Recommendations

- Potential interventions to reduce the need for unemployment benefits should be focused on personnel within the first two years of leaving service, and particularly for the early period after leaving (e.g. the first 3 months)
  - Interventions should be either those for which an evidence base already exists (such as IPS) or should be evaluated to ensure their effectiveness
  - Support would be best targeted at those who leave with a private-equivalent rank, those who leave in an unplanned manner, those with a childhood history of anti-social behaviour, and those with a history of pre-enlistment unemployment benefit use, as these are the strongest predictors of post-service unemployment benefit
- Those with medical discharges and/or a history of pre-enlistment disability benefit receipt should be considered at higher risk of claiming disability benefit, and appropriate safeguards and support should be considered
- Those with a history of pre-service adversity and/or benefits should, if possible, be identified and provided additional support during the transition process
- The Ministry of Defence is already active in increasing mental healthcare support for serving and ex-Service personnel. Targeting mental health resources at those who are receiving disability benefits by the relevant service providers may well be fruitful, as there is evidence that remission of mental health symptoms reduces disability benefit requirement (however conversely, remission of mental health symptoms does not reduce unemployment benefit requirement).

Future research

- Given the high prevalence of mental disorders among those claiming disability benefits, further qualitative study could be useful in understanding their support needs and experiences
- Similarly, research within clinical mental health services, particularly those aimed at veterans, could shed further light on social services support for those hardest-to-reach and most disadvantaged (who may be beyond the reach of this study)
- Further quantitative and/or study on those with very short periods of service is advisable, utilising newly-collected data as these made up only a small proportion of veterans in this sample