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Military children

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Military children: Unique risks for mental health and wellbeing and implications for school-based social work support

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Abstract

Children in military families experience a unique combination of stressors associated with military life that may affect every stage of their lives, including their mental health, as well as disrupt their schooling and consequent social, emotional, and academic development. A review of the key issues faced by children is presented including the challenges in providing school-based social work support. A case vignette is used to illustrate how an ecological framework can address many of the unique aspects of military life that affect children, such as mobility, multiple deployments, recent relocation, mental health and wellbeing, family stress, and their impact on social, emotional, and academic outcomes.

Introduction

Military children, defined as dependents of a military service member (Cozza & Lerner, 2013), are often considered as experiencing a set of "unique" circumstances and challenges (Astor & Benbenishty, 2014, p. 5), with two key factors differentiating them from their peers: first, a high degree of mobility, involving multiple geographical relocations, leading to educational and social transition issues (Aronson et al., 2011; Baumann & van Rensburg, 2020; Cramm et al., 2019); and, second, parental absence and separation for extended periods of time, related to military deployment (Aronson et al., 2011; Brendel et al., 2013; Cramm et al., 2019). At times, this deployment can involve genuine concerns for parental safety, which can heighten the risk of negative emotional and mental health outcomes (Brendel et al., 2013).

As well as the unique challenges facing military children, schools, through both teachers (Williams, 2013) and school-based mental health professionals (Brendel

et al., 2013) are in a unique position to assist these children with needed support. An issue that has been raised, however, is that most military children attend civilian schools in the community, where they may not receive the understanding and support required for their unique needs (Brendel et al., 2013; De Pedro et al., 2014). In fact, the stressors they experience could be exacerbated in civilian settings where the "unique struggles of military children, adolescents, and families are not acknowledged or addressed" (Astor et al., 2013, p. 241). There is significant variability in military student enrolment within such schools, for example, it is possible that a military student may be the only one, or one of a few military students attending, whereas in another school that is in or near a military installation, there may be a large percentage of military students (Fenning, 2021).

There have only been limited studies of the supportive role of school environments regarding the social, emotional, and psychological outcomes of military children (Astor et al., 2013). However, schools can be significant "supportive and responsive external contexts" that can help military children cope with stressors, such as those associated with deployment (De Pedro et al., 2011, p. 600), with Chandra et al. (2010, p. 222) finding that schools were a "stable place or sanctuary for students".

Social workers can play an important role in developing and helping to implement relevant practices and policies to address these needs in school settings, especially those in key positions in relation to the children, such as school social workers and military social workers (Astor & Benbenishty, 2014; Wooten, 2015). School social workers can take a leadership role in relation to addressing effective policies and practices in schools (Astor & Benbenishty, 2014), and military social workers can contribute also, as their knowledge and practice skills include "familiarization with military-connected-schools" and "school-based interventions for

military children and families" (Wooten, 2015, pp. S12-S13). Underpinning this broader support for the mental health and wellbeing needs of military students is the ecological perspective, which, as "a cornerstone of social work practice, research, and theory" (Astor & Benbenishty, 2014, p. 7), is the contextual lens we bring to this issue.

Therefore, the question we explore in this paper is: How can social workers help provide support for military children's unique mental health and wellbeing needs in the civilian schools they attend in the community?

To assist us in highlighting the complex issues facing many military children, we will use a case vignette (Brand & Weiss, 2015; Fletcher, 2013) which aims to exemplify these issues and illustrate how a social work approach within their school environment can help provide the comprehensive support these children require.

A high degree of geographical mobility

Military children, whose parent has a career of any length, are subject to multiple postings, with disrupted learning and social networks as a direct consequence of this mobility (Baumann & van Rensburg, 2020). In fact, the average military child has nine school changes during their school years (Astor et al., 2013). Accordingly, contemporary military families are highly mobile, with family stress theories indicating that an accumulation of stressors resulting from this mobility may affect the family's coping capacity (Bradshaw et al., 2010). Outcomes of this complex process can involve heightened family stress and functioning problems, peer connection and relationship issues, classroom learning difficulties, behavioural problems, anxiety, sadness, anger, and social isolation (Aronson et al., 2011; Baumann & van Rensburg, 2020; Bradshaw et al., 2010). Of course, some children and families have more

difficulties than others in transitioning to new schools and communities and it is seen as valuable to proactively identify these for priority support (Aronson et al., 2011).

Parental absence and separation

Parental absence refers to the times that a military service member is required to be away from their family because of military duties (Culler et al., 2019). Consequent difficulties noted for children and adolescents include family tension, relationship difficulties with peers, anxiety, sadness, and anger (Aronson et al., 2011). In a scoping review of the mental health of military children, most research examining mental health effects of family separation and deployment reports significant harmful impacts for children (Cramm et al., 2019). Numerous studies, involving multiple informants and methods, have found increased emotional and behavioural problems in relation to deployment among children of a variety of ages (Esposito-Smythers et al., 2011). Different problems have been found at particular ages, such as difficulties with sleep and excessive crying among pre-school children and anger, anxiety, depression and suicidal ideation for school-aged children and adolescents (Cramm et al., 2019). These periods of deployment, which can range from a matter of days up until 18 months or even longer, mean that the other parent is the sole caretaker, with family consequences including lower psychological and emotional wellbeing for the other parent, and military children showing higher levels of social and emotional difficulties (Culler et al., 2019). Such problems in children can arise partly in response to any stress or mental health issues on the part of the remaining parent, with the well-being and resilience of this caregiver a crucial protective factor for children (Boberiene & Hornback, 2014; Huebner, 2019). Military children, whose parents were deployed for longer periods, or who were involved in multiple deployments, have been found to

experience greater mental health problems than children whose parents were deployed for shorter times (Cederbaum et al., 2014; Mansfield et al., 2011). Additional issues include that schools may have received inadequate information concerning relocated military students, with consequences for appropriate class placements and supports (Aronson et al., 2011). Further, stressors associated with mobility and deployment can elevate the risk for child maltreatment (Chapin, 2009; Huebner, 2019).

In particular, concern and fear for their parent while on deployment, as well as dealing with a parent who may face being killed or injured, is a reality for military children (Bradshaw et al., 2010; Brendel et al., 2013; Cramm et al., 2019; Pexton et al., 2018). In a meta-analytical review of studies of military children whose parents have been deployed, the largest effect sizes were found for anxiety and depression, resulting from fears for the deployed parent's safety (Cunitz et al., 2019).

School challenges in providing support

Because children attend school for a considerable amount of their time, school staff can play a crucial role in both identifying and helping to address emotional and behavioural health issues that may arise (Alisic et al., 2012). Although most military children attend civilian schools in the community, staff in these schools are often unaware that military children are enrolled in their schools (Astor & Benbenishty, 2014), and even if they are, they are usually poorly prepared to deal with the unique stressors confronting these children (Astor & Benbenishty, 2014; Wooten et al., 2019). In a study in 130 schools in the USA, school administrators reported limited resources, training, and time to support the needs of the military children in their schools (De Pedro et al., 2014). Lack of suitable school policies and practices were also identified, for example, although 45.5 % considered it is true or very true that

military parents face barriers to parental involvement, only 9.1 percent reported that the school has specific policies and practices to support their involvement (De Pedro et al., 2014).

Research has also found that both teachers (Bradshaw et al., 2010; Mmari et al., 2009; Williams, 2013; Wooten et al., 2019) and school-based counselors (Mmari et al., 2009; Williams, 2013) lack understanding of the needs of military children. This is particularly the case in relation to children's emotional needs, such as those associated with parental deployment (Arnold et al., 2014). Indeed, both teachers and students themselves felt schools were unable to deal effectively with these children's complex needs (Williams, 2013). Military students have also been found to lack awareness of potential supports from staff, such as school psychologists or student liaison officers, as well as from military student peer support groups (Bradshaw et al., 2010).

A particular challenge for schools in providing appropriate support is the limited availability of specifically developed or empirically validated programs that focus on military children and can be delivered in schools (Brendel et al., 2013; Guzman, 2014). Interventions that are available tend to have different foci, with some concentrating on children and parents, and others addressing teachers and the broader school community (Ohye et al., 2020).

Framework to address challenges and provide support

However, the needs presented by military children are multiple and require a wide-ranging approach. Thus, to be effective, comprehensive, integrated services are needed in schools, which involve systems that encompass prevention as well as recognition and addressing of early signs of difficulty (Hess et al., 2017). A

framework such as the Multitiered System of Supports (MTSS) within a public health

model, with its focus on prevention and the consideration of systemic issues, is a

suitable type of approach (Fenning, 2021; Hess et al., 2017).

MTSS is a widely recognized public health framework for service provision in

schools that combines tiered levels of academic, behavioral, and mental health

support (Reinbergs & Fefer, 2018). MTSS frameworks have the following key

features: decisions are data-based, such as the use of screening and monitoring of

progress; priority is given to evidence-based practices; and support systems are

established to assure fidelity of implementation, for instance, team-based coordination

and professional development (Freeman et al., 2017). MTSS aims to identify the

varied degrees of students' social and emotional needs and to provide primary (or

universal), secondary, and tertiary levels of support to individuals, groups and

families (Fletcher-Janzen & Harrington, 2020). At Tier 1 universal support is

provided to all students, such as developing a supportive school climate (Chafouleas

et al., 2016). As Culler et al. (2019) indicate, for example, general coping skills can be

taught to students across the school. Tier 2 provides more targeted support to students

identified as at risk, including assisting them with emotional regulation skills or to

develop support systems (Chafouleas et al., 2016). This type of support can also

involve small groups and assistance for parents and teachers (Reinbergs & Fefer,

2018). Culler et al. (2019) suggest that suitable support for military children could

also include practical initiatives, for example, assisting new families with community

connections such as clubs, sport, childcare, and transport. Tier 3 assistance is provided

for those who need more intensive support (Chafouleas et al., 2016). This could

involve supportive programs and counseling for children and parents, with these being

especially pertinent for those with special challenges such as children with identified

mental health needs (Fenning, 2021; St. John & Fenning, 2020), and those with disabilities (Culler et al., 2019).

Critically, a key component of MTSS is that data-based decision making occurs at each of the three tiers (Chafouleas et al., 2016). A hallmark of MTSS is the use of data to support school teams in decision making regarding when students should transition across the three tiers of support to best meet their needs (Fenning 2021), for instance when a child should move from a less intense intervention to a higher level. Useful data includes commonly collected school-based data such as attendance rates, disciplinary incidents, and academic grades (Chafouleas et al., 2016). Universal screening measures that can assist in accurately identifying students who need higher levels of psychosocial support include tools such as the Strengths and Difficulties Questionnaire (SDQ) (Reinbergs & Fefer, 2018).

The MTSS model, being "ecosystemically oriented", can be a helpful guide for social workers as it is aligned to the person-in-environment approach of social work and can broaden the scope and offer various locations for intervention in schools (Phillippo, 2016, p. 54), allowing social workers and other professionals to "delve deep into the many ecological layers and methods" of providing support to military children (Astor & Benbenishty, 2014, p. 5). The ecological systems approach provides a perspective of "person and environment as a unitary interacting system in which each constantly affects and shapes the other." (Constable, 2016, p. 16). Social workers need to be conscious of the "constellation" of child, teacher, parent, school, and community to be able to assess and understand the child's situation and help develop a plan to enable the whole constellation to work together in supporting the child (Constable, 2016, p. 4).

The role of social workers in an MTSS framework

School social workers can play a valuable role in implementing the MTSS framework and may design or contribute to MTSS processes and implementation, develop collaborative relationships with teachers to support them in the classroom, and incorporate evidence-based approaches that are evaluated based on data and focused on the whole child (Avant & Lindsey, 2015). Social workers can both provide interventions themselves and also act as consultants to teachers and other school staff to help them to deliver appropriate supports that the student needs (Evans et al., 2022).

Active-duty military personnel, veterans, and their families generally seek services, including social work, in the communities in which they live. Thus, social workers in their careers will provide services to military families across many practice settings, including schools. While the Department of Defense offers resources for children and their families, it is not feasible that the care of service members, veterans, and their families can be adequately provided for solely by government or military family support organizations (Green-Hurdle & Siebler, 2023) and many interactions with children will take place outside military settings in the community (Fletcher, 2013). As Westhuis (1999, p. 286) contends, military social workers need to be mindful of an ecological perspective and "step outside" their offices to do prevention, be knowledgeable about and link families to military and community resources, and act as advocates, educators, and consultants. Military social workers are well-placed to collaborate with their school social work colleagues to provide information and advice relating to military children's unique needs.

Adopting an ecosystemic framework, such as MTSS, social workers involved with military families can help orchestrate a comprehensive, multi-disciplinary team

approach to school-based interventions which can co-ordinate a range of relevant school professionals such as teachers, school administrators, psychologists, and counselors to support families and children (Astor & Benbenishty, 2014; St. John & Fenning, 2020). Key knowledge social workers require includes having a basic understanding of the opportunities and challenges facing this population, especially the effects of deployments on the family, as well as awareness of the practice standards for working with military families (National Association of Social Workers [NASW], 2012). In essence, social workers can be a resource for the school and can provide consultation with and psychoeducation for teachers regarding the unique circumstances of military children, including the impact of deployment, demands of relocation, effects on mental health and consequences for schooling (Fenning, 2021).

To assist us in highlighting the complex mental health and wellbeing issues facing many military children, and how school-based support can assist, we have created a case vignette (Brand & Weiss, 2015; Fletcher, 2013) to illustrate the numerous factors facing two siblings in a military family. According to Bradbury-Jones et al. (2014, p. 431), vignettes can be created from several sources including "data from previous research" and "real-life experiences". Based on real families, this example is derived from the second author's previous research which in part examined Australian parents' perceptions of their children's reactions to a military deployment as well as their help-seeking behaviours (Siebler, 2009).

Case vignette – the Green family

Demographics and presenting issues

The Green family comprise two children, Sam, aged 16, and Amelia who is 9, together with their mother Ann and their father Jonathan. Sergeant Jonathan Green is

an Army combat medic and is currently deployed for six months. Associated with his military occupation, he has been exposed to multiple traumas. He saw a counselor at work prior to this current deployment because "his drinking had gone through the roof". Ann works fulltime as a nurse, and she has the support of her workplace to work mostly straight shifts during the deployment. Ann relies upon extended family support to care for her children when she works night shifts. She served in the Air Force for 7 years before discharging for "family reasons". Ann is aware that her husband's alcohol use has increased, and this has caused tension in their relationship. The family relocated recently due to a posting just after the commencement of the school year. Sergeant Green has had five deployments in his 17-year career. He wants to serve for 3 more years and then discharge, whereas Ann thinks the family has "had enough". She feels exhausted with the competing demands of trying to hold the family together during this deployment, dealing with her marital relationship which is under strain, and her work commitments. Ann's primary concern, however, is Sam's and Amelia's mental health and wellbeing, and their schooling:

> The 24/7 complete responsibility of your children. I'm always "on-call" for work and being a parent, especially school activities which I struggle to get to. Sam's not doing well either and I'm worried he is not going to finish his schooling … he's so stressed all the time … he's stressed so I'm stressed.

Sam Green

Sam has struggled with mental health problems throughout his childhood and adolescence. Ann recounts:

> ... at three and a half I had him at a psychologist's and pediatrician's because he was losing hair through stress because his father would go away, and we wouldn't hear from him for weeks and he thought his dad was dead ...

… when he was six … he must have been angry, he was getting a bit violent with me, just pushing … I know he kicked a girl in the back, and probably he might have been clowning around in school …… well now his anxiety is getting worse … we've tried everything. I need to speak to his year level coordinator.

Since the notice of the family's posting in the previous year, Sam had been living with a relative in another State, as it was felt necessary to provide some continuity of his education. With the family reunited however, he is struggling with his final year of schooling and believes he is going to fail the year and have to repeat: "I didn't do very well in the mid-year exams ... I just couldn't handle the pressure … I mean, I'd panic and go all anxious and that sort of thing."

Sam has a good relationship with his teachers but does not talk about his father's job at his school, except with one friend: "...it's not that I'm embarrassed about my dad or anything like that … I just want to be seen as normal."

The school is aware that Sam's father is in the Army. A number of his teachers are interested in and supportive of his father's role, but Sam is ambivalent in talking about this. He has spoken with different mental health professionals over the years. The first one he recalled was when he was in elementary school:

> She was a social worker, I think. My mom says I was very angry back then. The one thing I remember her (the social worker) saying was, "You're very good with computers." Which I still am and funnily that's the career I want. But we had to move, and I don't think I saw her for very long.

Early in high school, Sam saw a professional he described as, "another school counselor": "He just did tests on me. I never knew what they were for. My mom might. I don't think that helped. He didn't really talk to me all that much."

The high school is located near a military base and the school receives some funding from the Department of Defense for a School Liaison Officer (SLO), who has tried to talk to Sam. She commented that: "He was polite, but he wasn't interested in talking to me … I'm meeting with his mother soon and with the teachers."

However, Sam has formed a positive relationship with a school social worker who asked him what he thought would be the most helpful first step by the school to help him reach his goal of graduating from high school. Sam was reflective about what might help him: "Well, I'm still stressed aren't I … maybe some help with getting through an exam, I don't really know."

Sam wants to complete his schooling to pursue a graphic design degree and become a video game designer and animator as a career. With his consent, the school social worker plans to talk to the school support team to enlist their help to address his problems. The school social worker is aware the SLO has a good relationship with Ann Green and has provided her with information about events at the school.

MTSS interventions

Tier One. While Sam required higher-level interventions, the promotion of a supportive school climate, typified by schools having policies and access to programs for military children, knowing who their military children are, welcoming students into a new school as a consequence of military relocation, enabling positive social relationships, and information provision for teachers regarding military children's

unique needs, serve as proactive approaches to mental health and wellbeing promotion for all students (De Pedro et al., 2014; Fenning, 2021).

Tier Two. Tier Two interventions mitigate challenges for those at risk for or exhibiting early challenges (Chafouleas & Iovino, 2021). Strategies include psychoeducation to recognize trauma symptoms and impact, promote social and learning support, and strengthen self-regulation skills (Chafouleas et al., 2016).

The school social worker had knowledge of the impact of deployments and relocation on children, had established linkages with the on-base military support system including the military social workers, understood the role of the SLO, and was aware of the evidence-based literature regarding military adolescents and their treatment. The on-base military social worker had also previously presented a seminar to the school support team and teaching staff on the topic of deployment and mental health.

With Sam's and Ann's involvement, utilizing the MTSS framework, the school support team, led by the school social worker, implemented a school support plan to assist Sam with his goal of being more confident with the final exams and his desire to complete his final year of school. The team was also cognizant of the potential impact of trauma for the Green family arising from Sergeant Green's multiple deployments and trauma exposure.

At the instigation of the school social worker, Sam's school was trialling a social and emotional learning (SEL) intervention as part of a program developed by the Collaborative for Academic, Social, and Emotional Learning (2015). As a result, Sam was placed in a small SEL group, which included one of his friends, with the aim of developing problem-solving, emotional regulation, and coping skills that could

ameliorate the mental health stressors that Sam and his peers were experiencing (Lucier-Greer et al., 2015). SEL has been shown to improve young people's social-emotional skills, as well as depression and anxiety, behaviour, and academic performance (Kuosmanen et al., 2019; Rusu & Chis, 2019). With the support of the school psychologist, who consulted with the classroom teachers, specific academic study skills were able to be incorporated into the SEL group tailored to Sam's and his peers' needs (Fenning, 2021). In addition, the school social worker facilitated relaxation training and progressive muscle relaxation in the group setting. This Tier Two intervention has been found to be "probably efficacious" for adolescents with anxiety (Jones et al., 2019, p. 7).

Tier Three. Tier Three interventions provide more intensive supports. Those using cognitive behavioral therapy are usually seen as "the gold standard of evidence-based treatment for trauma-related stress" (Chafouleas et al., 2016, p. 149). The school support team, which involved Sam and Ann, identified a number of risk factors including Sergeant Green's current and multiple deployments, family stress, Sam's history of mental health problems during his childhood, and the fact that his mental health had not been adequately assessed in his final year of schooling. Depression and anxiety are internalizing mental health disorders that military youth can experience (Chandra et al., 2010). Sam's underlying mental health problems were re-assessed and he was found to have elevated symptoms of anxiety and depression with high stress under specific academic situations, although his symptoms were not severe enough to meet a clinical diagnosis. While there is limited intervention research regarding school-based interventions for military children (Cramm et al., 2018; Ohye et al., 2020), trauma-informed, cognitive behavioral therapy was the treatment of choice for

Sam since it has been found to address a number of mental health concerns for children and adolescents (Chafouleas et al., 2016). As a Tier 3 intervention, the intervention was individualized and intensive.

Sam met off-site with the mental health clinician out of school hours. Given that he required intensive support, a wraparound planning team was convened which included individuals who were critical to maintaining family stability chosen by Sam and Ann, rather than individuals who are traditionally part of school support teams (Fenning, 2021). They identified Sam's best friend, one of Ann's neighbours, and Sam's Information Technology/Computer teacher. The wraparound team established a goal for Sam to have a balance between school requirements and recreational activities that he enjoys out of school. Activities to meet this goal were developed. With the consent and agreement of Sam, the mental health clinician provided regular feedback to the school social worker and wraparound team regarding Sam's progress.

Amelia Green

Ann has been worried about Amelia for some time. She is clingy and wakes in the night to sleep in Ann's bed. This pattern occurred with a previous deployment when she was three. Ann indicates Amelia became sad and teary before the recent deployment occurred and this has continued throughout:

> Amelia would always sleep on Daddy's side ... This was my side ... you know. Even if Amelia didn't sleep with me at night, I wouldn't sleep on his side of the bed ... and then ... she would cry. She would cry. Everything was always a constant reminder.

Ann had little faith in the on-base military family support service due to a previous negative experience. As a result, she was unsure where to seek assistance for Amelia but indicated she would start with the school.

Amelia attends a school where there are few military children. Despite commencing school after her classmates due to the family's relocation, her teacher, Ms Brown, has noted Amelia started her time at school as a friendly, although shy child. Amelia tends to play alongside other children and not join their games despite encouragement from her teacher. Ms Brown believes Amelia is a capable student, although she has observed she is more withdrawn than usual recently and seems to have become a reluctant reader. While Amelia takes books home, she refuses to read them, or complete homework tasks and Ann thinks she has an "attitude" problem. Ann is at her "wits end" and plans to talk about Amelia's behaviour and school performance at an upcoming parent-teacher interview.

Amelia's school did not receive any documentation from the school in the previous posting locality. Until Amelia disclosed in a writing activity, Ms Brown was unaware of the deployment and Sergeant Green's military employment in general. It was a surprise to Ms Brown when Amelia wrote in a diary activity that was not to be shared with the class: "My Dad is in Afganisten [sic] … he's pretty busy and does dangrous [sic] things. He was on the news …"

When Ms Brown asked her about her diary entry, Amelia started to cry. Ms Brown reassured and soothed her and decided not to discuss the diary entry at that time any further. However, she made a note to raise this at the upcoming parent-teacher interview and planned to speak to the school social worker prior to the meeting for general advice about supporting the family.

MTSS interventions

As an elementary school child, Amelia has had to navigate the recent family relocation and separation from her father due to wartime deployment, unique to military life. School social workers are aware that MTSS interventions sit on a continuum of least to most intensive supports and that lower-level interventions may be sufficient, as Amelia's case will demonstrate.

Tier One. Ms Brown consulted with the school social worker prior to the parent-teacher meeting because she was worried about Amelia. The school social worker was conscious that the school had limited knowledge of the needs of military children. She validated Ms Brown's empathic response to Amelia regarding her concerns for her father expressed in her diary writing and tearful response. She also provided some context for Ms Brown in relation to a military child's experiences with the deployment of a parent, such as worries for their safety, the impact of media reporting on children, and potential effects in academic and social areas at school (Mmari et al., 2009). In addition, the school social worker outlined how mobility for military children posed many challenges. Ms Brown said she had no experience with the military and, like most civilian school staff, was unaware of the presence of military children in the school or her class (Castillo et al., 2017). The school social worker observed that Ann was also likely to be adversely affected, given that frequent moves can cause parents to be physically and emotionally exhausted, and thus less emotionally available to their children (Drummet et al., 2003).

The school social worker's role was therefore to promote teachers' understanding of military children's unique needs (Arnold et al., 2014) and provide information regarding online resources, including the Military Child Education

Coalition, the Military Impacted Schools Association, Department of Defense Education Activity, and Military OneSource (St. John & Fenning, 2020). She normalized Amelia's reactions to the media accounts of Sergeant Green's deployment, her sadness, and likely concern for her father's safety. She further outlined that services were available for Ann if required and that she would assist also, if needed. Ms Brown stated she would consult with specialized learning staff in the school and observe and monitor Amelia in the classroom. On the basis of testing data thus far into the year, Ms Brown did not believe there was any evidence that Amelia had any academic problems, such as a reading difficulty.

Tier Two. At the parent-teacher interview with Ann, Ms Brown learned more about the family and the stressors they were facing. Ann explained that she had met with Sam's school regarding his difficulties, although she remained positive about his progress. Ann outlined how Amelia had become clingy and sad since her husband had deployed and had lost interest in books and doing her homework. Ms Brown normalized Amelia's reluctance to read, sadness, and tendency for solitary play as a common reaction of children to a parent's deployment (Aronson et al., 2011). She explained Amelia's diary entry and her tears as consistent with behaviors being observed at home. She also described how Amelia tended to play alongside her peers and the steps she had taken to encourage her to play with her classmates. In a non-blaming manner, Ms Brown suggested that Amelia had been disadvantaged socially by her commencement at the school later in the year than her peers, which had likely made it challenging for her to adapt socially. Ann said it had been difficult for Amelia with the recent relocation, and that she missed some friends who she had left behind. Ms Brown outlined the importance of social relationships and a healthy school

climate and classroom for promoting positive mental health and wellbeing (Fenning, 2021). She mentioned a Tier Two program known as *Student 2 Student*, an initiative of the Military Child Education Coalition (2019). *Student 2 Student* is a program that matches civilian students with military students like Amelia to make them feel welcome and to pair them with a friend to make the experience a positive one. Ann expressed interest in this program, or an adaptation of it, and Ms Brown agreed to follow this up.

Ms Brown reassured Ann that Amelia's reluctance to read was not a reading problem and, upon checking with the teacher librarian, Amelia was observed reading books daily in the school library during lunchtimes. Amelia's learning data was provided which demonstrated her overall good progress, in literacy in particular, to date. Ms Brown normalized how young children go through ups and downs with their learning and said that she was confident Amelia would soon get back on track with encouragement and being paired with an appropriate friend who enjoyed reading. She reassured Ann that she would monitor Amelia and would establish regular dialogue between the home and school. Ann was unaware of most of the resources the school social worker had provided and said she would examine them. Ann said she was pleased to hear the teacher speak so positively and informatively about Amelia. Near the end of the meeting, Ann stated that this deployment was taking its toll on all of them, unlike any other. This was a cue for Ms Brown to highlight the services she was aware of for military families and their children, as well as outline how the school social worker could assist Ann, if desired. Ann said she had tried on-base counseling in the past and not found it helpful but said she would contact Military OneSource and inquire about the Military and Family Life Counseling Program (St. John & Fenning, 2020) because of the information provided to her by Ms Brown.

Tier 3. No Tier Three interventions were required at this stage since Ms Brown and Ann agreed they would monitor the impact of the above interventions over time.

Discussion

This case vignette crystallises many of the unique aspects of military life that affect children, including mobility, multiple deployments, recent relocation, mental health and wellbeing, family stress, and their impact on social, emotional, and academic development. It also illustrates the complexity of the needs of the children concerned and how social workers can work within an ecological framework to help address these many issues in a co-ordinated and comprehensive way.

There are a number of key learnings for social workers to consider when assisting military children in civilian schools. First, school systems require policy to be able to track and identify military children. As seen in the case of Amelia, Ms Brown, like most staff in civilian schools (Castillo et al., 2017), was unaware that she was a military child. The USA's Federal *Every Student Succeeds Act (*2015) is an exemplar for international educational policymakers since it mandates that States identify students who have an active-duty military parent through the use of a military student identifier (Fenning, 2021). The Act enables children to be readily identified and increases educator awareness. Fenning (2021) provides a list of guiding questions for schools to assist them in supporting military children, dependent on whether there is a low or high prevalence of military children, with the aim of helping schools to focus their interventions. As a case in point, Amelia's school had a low presence of military children and identifying military children in such schools is critical to be able to cater for their unique needs.

Second, schools can be a pivotal site for the provision of a range of supportive services to military children and their families (Astor et al., 2013). As observed in relation to the Green family, the school social worker provided crucial leadership and co-ordination of the school support team, together with the organization of timely mental health assessment and service provision, in relation to Sam's needs. Regarding Amelia's situation, the school social worker's informed consultation with her teacher developed Ms Brown's understanding of Amelia's needs which in turn facilitated the development of a more comprehensive range of services both within the school and to Amelia's mother.

The areas of risk for military students' mental health and wellbeing correspond to the areas of responsibility for schools (Garner et al., 2014). Accordingly, it is incumbent on schools to take initiatives to address the needs which have been identified by research, which include: improved direct communication with military families; focused assistance with integrating military children into their new school, such as appointing mentors and providing tutoring; relevant training for school staff to develop their understanding and practice; and, implementing school policies which support this practice (Williams, 2013).

There are many ways that schools can provide valuable support to address military children's needs. For example, considering the transition process to new schools, Bradshaw et al. (2010) found that students had a particular interest in student-to-student assistance, where new students were matched with current students, such as through buddy systems. The authors also indicated that it would be beneficial, before arrival at the new school, to facilitate new military students' connection with other military students who may be attending the school, where possible. Policy is required in this area for civilian schools. Bradshaw et al. (2010) also recommend

strengths-based approaches aimed at helping individual students manage stress associated with school transitions, together with actively linking military students and their families to the school. They further indicate the need to be especially sensitive to the effects of stress on the student's family and advise the formation of student-to-student support groups.

In relation to practice, military students have been reported to lack awareness of school-based support services, such as psychologists, social workers, liaison officers or peer support groups (Bradshaw et al., 2010; Brendel et al., 2013). Ensuring that these services are readily visible, and that students and their families are alerted to them, is a responsibility of the school and the professionals concerned (Bradshaw et al., 2010). However, although school mental health professionals are in a strategic position to provide on-site assistance, they lack training in relevant approaches (Brendel et al., 2013).

Accordingly, improved training on methods of working with military students, including developing understanding of military families as well as broader aspects of the military community and culture have been called for (Bradshaw et al., 2010). In this regard, a program such as *Staying Strong With Schools* (SSWS), (Ohye et al., 2020), a "low-cost, low-burden school-based intervention" (p. 595), has been specifically designed for implementation in primary/elementary schools, and is worth consideration after showing promising results. Rather than the target of the intervention training being the military children and their parents, the focus of this program is on the students' classroom teachers together with the overall school community. The goal is the formalizing of relationships between administrators, teachers, school mental health professionals, and parents to strengthen social connections. The time required for training and implementation of strategies to

improve military children's sense of support and connection to their school is relatively small, which may appeal to busy school administrators and staff.

Further research

Research with military children in general, and their schooling specifically, is very limited and we argue for a new research paradigm that amplifies the voices of children, as the case vignette aimed to do, and involves them in every stage of the research. Little is known about how military children perceive their experiences of military life, their schooling, the support they may receive and how it may be helpful, how they perceive their strengths, and their solutions to the challenges they face at school. Research could also consider how military children contribute social capital to their schools. An array of qualitative methods is ideally suited to engaging children such as art, video diaries, vignettes, peer interviewing, and involvement in co-design of the study (O'Kane, 2008).

Future challenges for the family

Future challenges are likely for the family system and couple relationship upon the return and reintegration of Sergeant Green from deployment, which is noted to be a demanding time for families (Chapin, 2009; Fletcher, 2013). It is conceivable that parent-child relationships may be affected, particularly since Sergeant Green will have been further exposed to trauma by virtue of his military occupation as a combat medic, with potential psychological and physical effects which could lead to "unpredictable or upsetting parental behaviors that are distressing to a child." (Paley et al., 2013, p. 249).

Conclusion

Social workers have an important role to play in providing support for military children's unique mental health and wellbeing needs in the civilian schools they attend. By virtue of their ecological understanding, school social workers can play an effective role in mobilising the full range of universal, selective, and indicated interventions within schools to mitigate the risks of negative emotional and mental health outcomes for military children arising from military life. Military social workers can also provide valuable consultation regarding military children's unique needs. Schools are pivotal sites for multi-level interventions that need to be tailored to military children's specific requirements. Significant gaps remain in understanding military children's unique needs from their perspective and this requires further research given the ever-evolving operational requirements of the military organization.

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