The needs of young service families rebasing to the UK

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About the Authors

Professor Joyce Kenkre

Joyce has conducted over 70 research projects including clinical therapeutic trials, multi-centre randomised controlled trials, epidemiological, point of care testing and evaluation of service provision. She has also held many senior managerial positions including: in the office of the Chief Nursing Officer for Wales in Welsh Assembly Government; Associate Director for the Wales School of Primary Care Research. Currently Joyce is the Associate Director of the Wales Centre for Primary and Emergency Care Research.

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Sue is a Project Manager at the South East Wales Academic Health Science Partnership (SEWASHP). She has a varied career including serving in the armed forces and working at the BBC before training as an Independent Financial Advisor. Looking for a change in career Sue took on the role of Mitigating Circumstances, and Senior Quality & Enhancement Officer at the University of South Wales. , While working full time she undertook a BA Hons in Business and Management, Sue also worked at Bristol University Medical School before joining the team at SEWAHSP in November 2013.

Dr Tom Powell

Tom is an experienced Health and Social care researcher and has worked within the NHS, academia, clinical research and the wider public sector, and has a wide breadth of academic, health and healthcare related experience including; research and analysis of key health and social care policy; supporting the production of independent expert policy advice; and working with colleagues across NHS Wales, academia and Welsh Government to inform senior service and policy leaders. Tom is currently an honorary researcher at the University of South Wales.

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Background to this report

The British Army will be bringing 4,000 service personnel and their families to Wiltshire, which will transform Salisbury Plain into the Army's largest training area in the UK with three high readiness Reaction Force Brigades based in Wiltshire by 2019. The British Army's basing announcement in March 2013 (MOD 2013) advised approximately 4,300 extra troops would be moving to Wiltshire over the next four years, accompanied by their families, bringing the total number of additional people to 7,600. The significant increase in Army personnel and their families to South Wiltshire will have implications for a range of Wiltshire Council partner organisations, which will need to consider what additional services may be required to meet increased demands of service personnel and their families (MOD 2016).

Military families are resilient, but an increasing body of literature has documented the psychosocial toll of a parent's deployment (Gerwitz et al 2014). Military operations are characterised by extended, multiple, and frequent deployments and many active duty service personnel with children have served on more than one deployment (Bello et al 2015). A large proportion of the current knowledge has been around reintegration experiences, which is based on clinical work with service men and women who have experienced Post Traumatic Stress Disorder (PTSD) and the impact this has on their lives (Marek et al 2012). However, this does not address the breadth of needs of families returning to the United Kingdom from often long deployments abroad for themselves, their partners and their children.

Purpose

To establish the potential needs of returning families so that the information can be used to ease the transition for armed forces families with young children, to access appropriate help in the immediate and long term, to integrate into local communities.

Method

A workshop organised and coordinated by **Home-Start UK and the University of South Wales** was held in February 2018 at which there were twenty four attendees from a diverse cross section including HMAF service families, local councils and schools, Health, police, MOD, 3rd Sector and volunteers. Those attending were asked to identify as many issues/problems that they thought service families would face or experience on returning to Wiltshire that needed to be addressed to manage this transition.

To aid the analysis of these responses a Group Concept Mapping (GCM) approach was undertaken. GCM is primarily a group process and as such is well suited for situations where teams or groups of stakeholders have to work together in order to identify their ideas about concerns or issues, in this context it was in relation to what individuals felt families returning and moving base needed to ensure an easy transition into the local community. There are specific stages that are followed in helping a group to articulate their ideas and understand them more clearly.

Once the attendees had listed their perceived needs of service families with young children, they were amalgamated together then the attendees were asked to group all the needs into common themes and name them. Attendees then scored all responses by importance and then by ease of implementation. This was then used to generate a GCM cluster map that averages for statements and then across all statements and rating of values.

Importance	Ease of implementation
1=Not important	1=Easy
2= somewhat important	2= Less Easy
3=Important	3= Somewhat difficult
4= Very important	4=More difficult
5=Extremely Important	5= Very Difficult

The resulting GCM cluster map shows grouped statements in a two-dimensional space with similar statements located nearer each other, and displays the ways in which statements were grouped into clusters that partition the space on the map. From this key map emergent themes were identified. The ease or difficulty to address these needs was also elicited which may highlight some 'quick wins' in the first instance.

Ethical approval was sought and obtained from the University of South Wales Faculty Research Ethics Committee for the project.
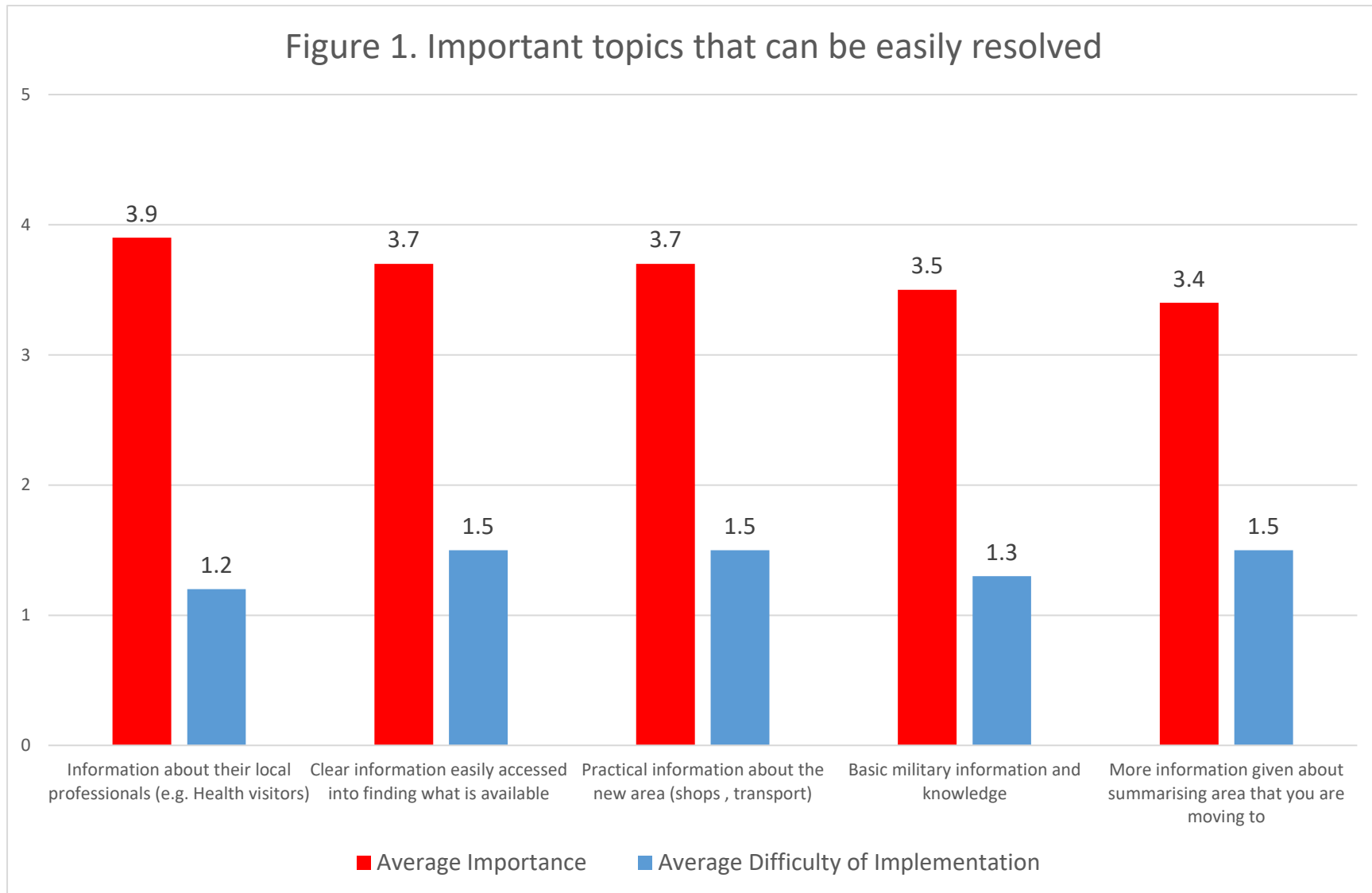
Results

In total there were 213 initial statements made by the participants based on their individual perception of what they or those families returning to Wiltshire will need upon their home-coming. These were collected and collated. Not surprisingly, there was variance in the responses, as the importance and ease of implementation may depend on the group of people or organisation the individual represented or if they were putting their individual needs forward.

'Quick wins' – areas for immediate attention

There were a number of topics rated as important (>3) that respondents identified as being the easiest to achieve (in that they had the lowest average difficulty (<2) see Figure 1. Such topics represent a useful priority to aid service family reintegration.

Figure 1. Important topics that can be easily resolved

	Average Importance	Average Difficulty of Implementation
Information about their local professionals (e.g. Health visitors)	3.9	1.2
Clear information easily accessed into finding what is available	3.7	1.5
Practical information about the new area (shops, transport)	3.7	1.5
Basic military information and knowledge	3.5	1.3
More information given about summarising area that you are moving to	3.4	1.5

GCM Cluster Map

Despite the variance in the individual responses the resulting GCM cluster map (Fig 2) indicates a number of areas that are strongly related to each other. From these the following key emergent themes can be identified 1) Isolation; 2) Access to Healthcare; 3) Education – for Families and Children). In addition a significant cross cutting sub-theme was the need of children under 5 and this is also referred to below. It can be seen from the Cluster Map, that Isolation and associated factors around Language, Housing, Infrastructure, Local Information and Family Support which are all issues that should be addressed.

Figure 2: Cluster Rating Map

Layer	Value
1	3.13 - 3.26
2	3.26 – 3.39
3	3.39 – 3.52
4	3.52 – 3.66
5	3.66 – 3.79
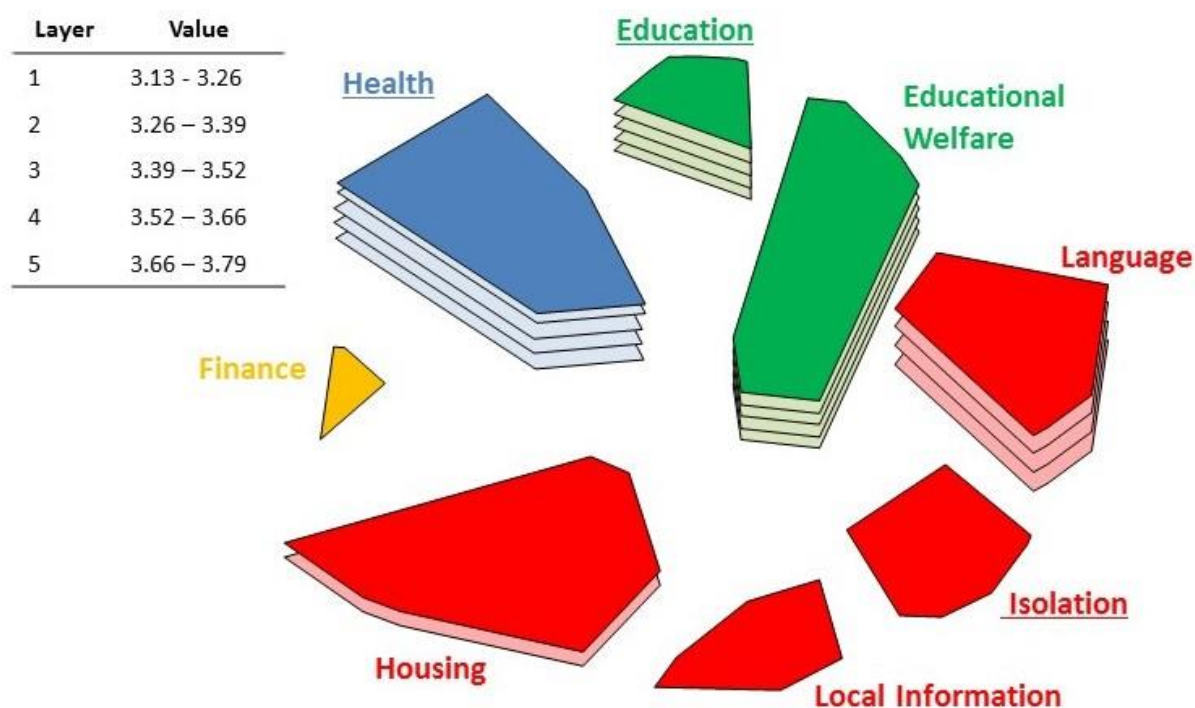
For each of these emergent themes the 5 responses that were rated as the most important are listed below (with the average score of importance). These statements/needs identified by those in attendance at the workshop reflect their greatest concerns.

Isolation

Isolation was the most common theme and many of the responses raised referred either directly or indirectly. The highest rated response was related to the perceived language and cultural barriers that would face services personnel and their families (Table 1). While other key issues also reflected social isolation other key areas of local infrastructure such as housing, transport and lack of wider family support were also raised and suggest potential areas for immediate action. These include provision outside of school hours, youth clubs, parks and other opportunities for social interaction.

Table 1: Isolation- Top 5 responses by average importance score	
1. Language and cultural barriers (Home start does not **currently** provide leaflets in German)	**3.9**
2. Encouragement to get out of the house, and build confidence in new area	**3.9**
3. Peer support to combat social isolation	**3.5**
4. Being able to meet other families who are new to the area, who understand how they feel in a new environment	**3.3**
5. A sense of not belonging or being 'military' for service families	**2.4**

Access to Healthcare Services

Access to health and care services was scored as some of the most important issues by participants Table 2). In particular the need for increased provision and access to local health and care services. The need for detailed high quality information about local services was identified as the most important quick win (Fig 1). This would help support service personnel and their families in making initial contact with these local health services. There were also concerns raised around the accurate and timely transference of medical records to these new services.

Table 2: Access to Healthcare - Top 5 responses by average importance score	
1. Increased provision of medical/health services	**4.5**
2. Access to local services for psychological wellbeing increased provision of appointments in medical centres	**4.5**
3. Support with impact of PTSD on family and treatment	**4.0**
4. Registering with local GP and Dentist can be difficult.	**4.0**
5. Delay in existing medical records being transferred	**4.0**

Education (Families and Children)

The education theme broadly encapsulated the needs of both children and families, resulting in high scores of perceived importance (Table 3). Accessing and securing places at both primary and secondary school was the identified as the most important issue with the lack of having a residential address in time for the application cycle, possibly preventing enrolment. Some respondents also raised concerns around differences in curriculums and general expectations of pupils such as hand

The Need of Young Service Families Rebasing to the UK

writing, reading schemes and language used in schools. With regards to adult educational needs, a specific sub-theme was the needs of the spouses of service personnel. There was a clear emphasis on providing additional access and support for spouses to enter training education and work.

Table 3: Education (Families & Children) - Top 5 responses by average importance score	
1. Access to placements at both pre-school and secondary school	**4.4**
2. Send referrals & assessments by services (e.g. Educational Psychologist, applications for EHC needs assessment can be lost or delayed, and need restarting on posting	**4.3**
3. Good education links for families; welfare to link with local colleges.	**4.1**
4. Length of time it takes for families with children with SEN to get correct support	**3.9**
5. English as additional language support	**3.7**

Needs for Children under the age of five:

The needs of children under 5 were a cross cutting theme that span issues around isolation (of their parents and carers), accessing education provisions and healthcare services. The issues identified by participants as having the highest importance of all responses was accessing healthcare services to ensure child development checks were undertaken (Table 4). Respondents clearly highlighted other key needs which included greater provisions for childcare outside school hours, breakfast clubs and general wrap around care.

Table 4: Needs of Under 5s - Top 5 responses by average importance score	
1. Access to GP & Health visitors, as if delayed can cause child development checks to be missed/delayed.	**4.7**
2. Access to special educational needs (SEN)	**4.6**
3. Accessible schools/nurseries and liaison support to enable this.	**4.2**
4. Impact of parental deployment (fathers & mothers) on wellbeing of children	**4.2**
5. Thresholds for help with additional needs may vary between different areas, and families don't understand why they have/have not received additional support.	**4.0**

Important issues that are difficult to fix

The following Figures (3-7) identify the topics that respondents graded as being the most important and most difficult to implement. These are grouped around the emergent themes already identified above; Isolation; Education (Children and Adults/Families); Needs of children under 5; along with cultural and social factors. Such topics while perceived as complex and hard to achieve represent a clear set of needs that must be addressed to support service family reintegration.

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Figure 3: Isolation -
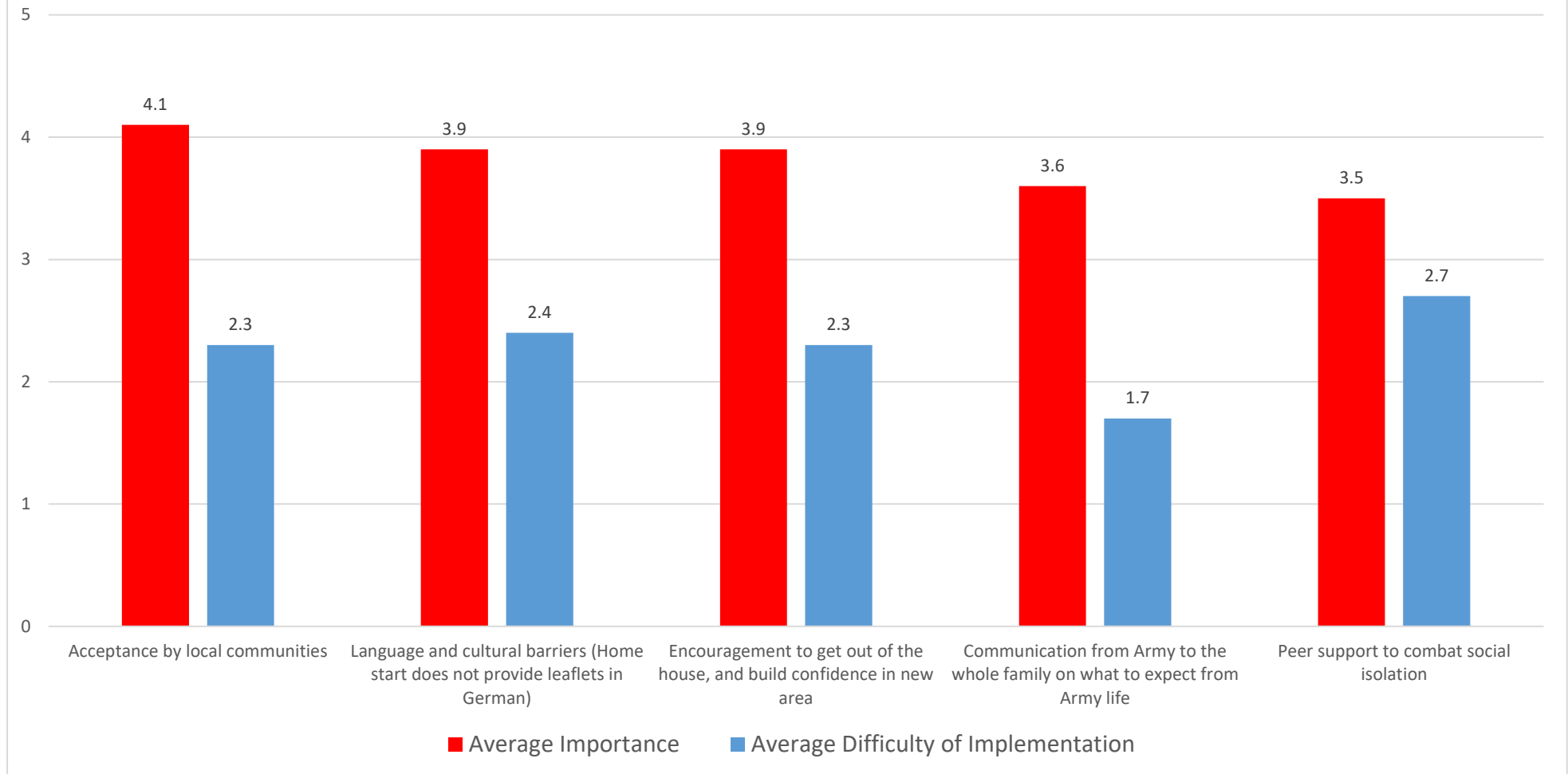Importance against Difficulty of Implementation

The Need of Young Service Families Rebasing to the UK

Figure 4: Educational needs children
Importance against Diffilculty of Implementation

	Average Importance	Average Difficulty of Implementation
Access to educational special needs provision	4.6	3.4
Education settings to have more spaces i.e. pre school primary school and secondary school	4.2	3.2
Emotional needs of children need to be met to enable them to settle in school and make progress with learning	4.2	2.4
Different systems across different locations (e.g. CAF's/EHCP) can be problematic to pick up/replicate support also due to budget constraints	3.8	3.9
Lack of understanding of UK school system/systems in different parts of the UK, how to apply, when to apply	3.7	2.3

The Need of Young Service Families Rebasing to the UK

Figure 5: Educational Needs of Families - Importance against Difficulty of Implementation

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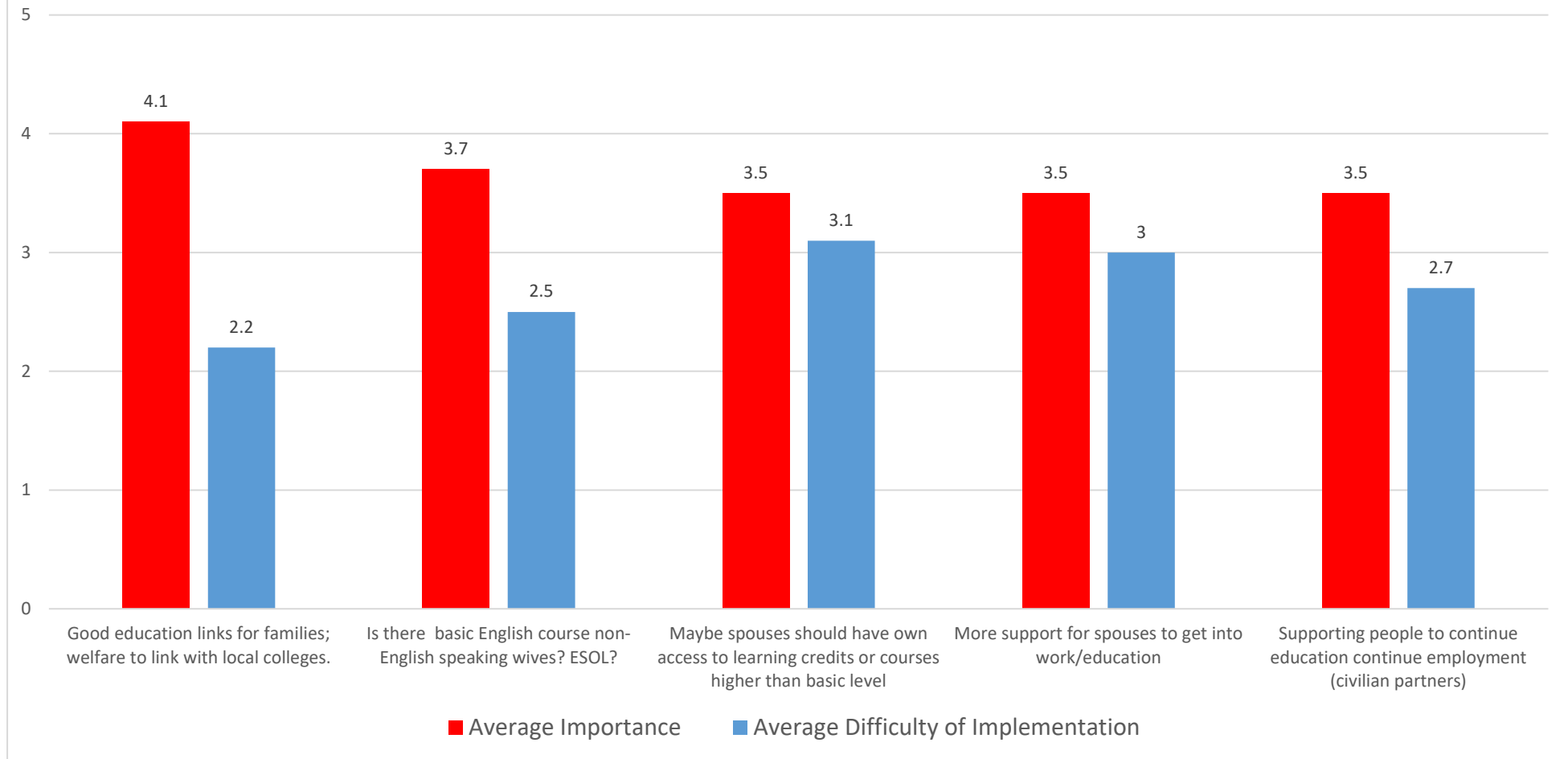
Figure 6: Needs identified for Children under 5
Importance against Difficulty of Implementation

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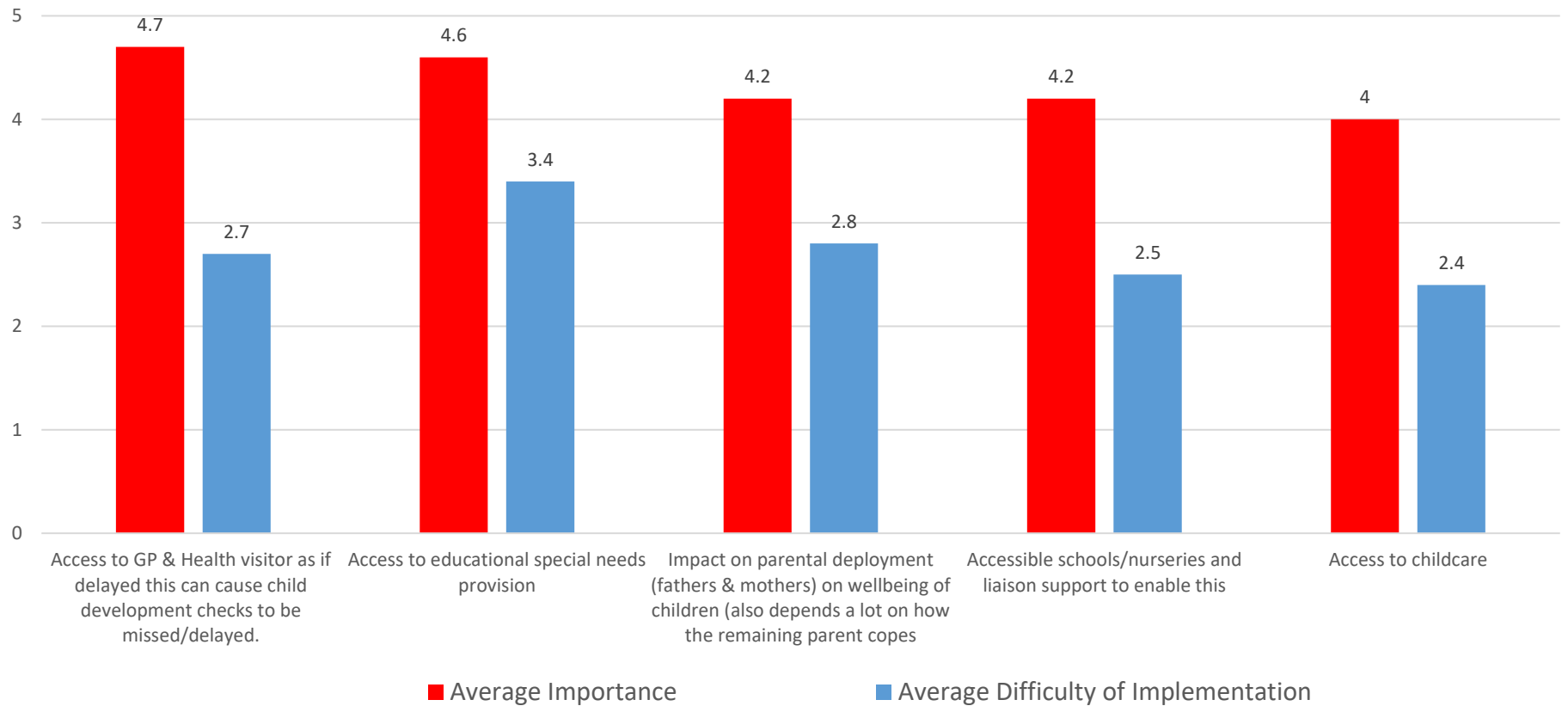
Figure 7: Cultural/Environmental -
Importance against Ease of Implementation

Average Importance   Average Difficult of Implementation

The Need of Young Service Families Rebasing to the UK
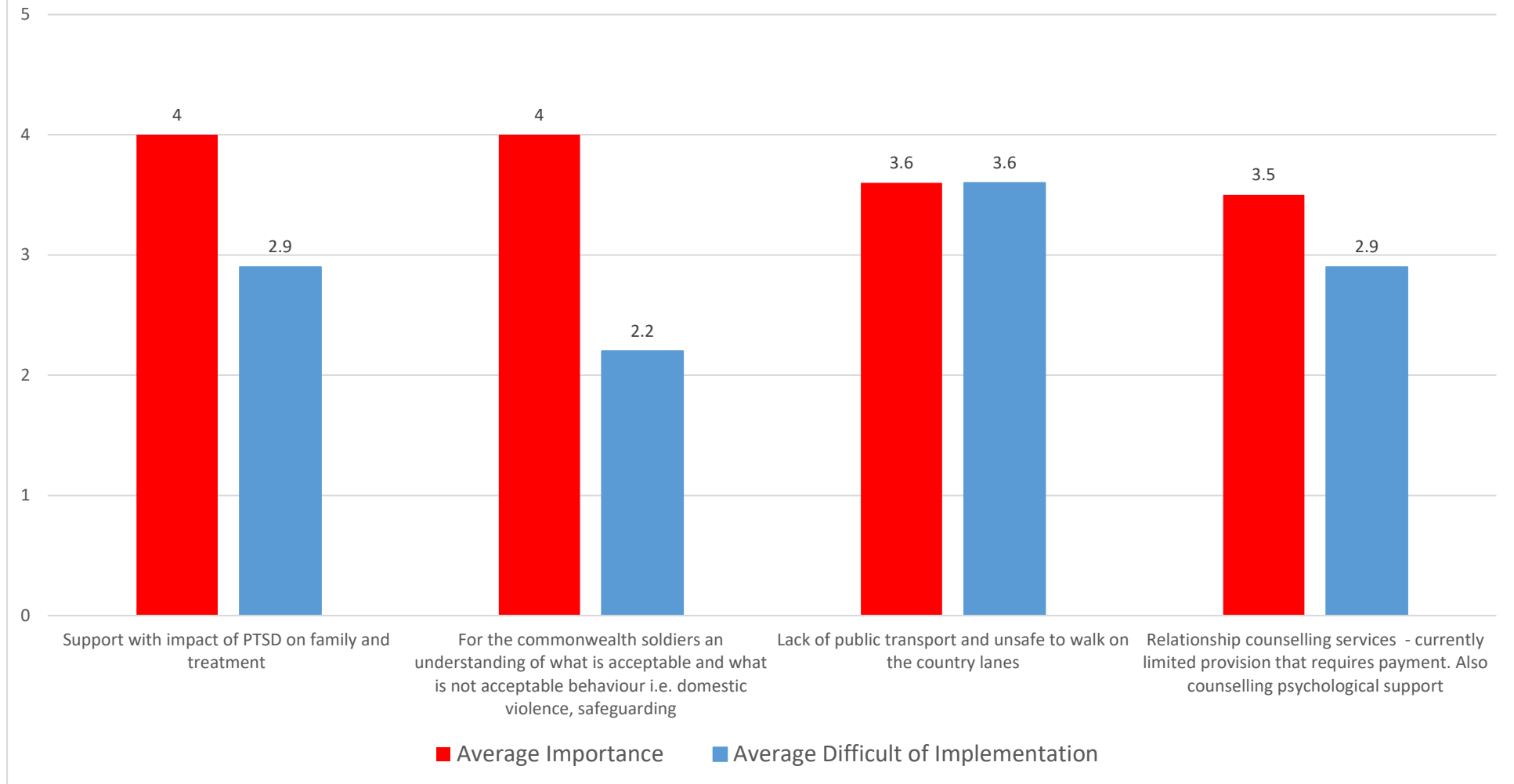
Key Emergent Themes

Isolation

This was particularly pertinent to spouses and children of serving personnel, the constant requirement of postings and relocation of serving personnel and their families means that friends are more often than not no longer close to hand, and support previously available may not be as easily accessible.

A lack of knowledge regarding the area into which individual were moving was seen as a key issue. Such lack of awareness and disassociation were seen to lead to feelings of isolation.

Access to, and Lack of Public Transport was a common topic: Again this may well be an issue for non-military families, but with the huge influx of personal and families this will put pressure on already lacking provision.

Accessing Medical and Dental Healthcare

Registering with local GP and Dentist was considered a difficult and time consuming process. There can also be a delay in existing medical records being transferred, and not all families are aware that if they have specific health needs, including medication, treatment and/or additional care, they can ask for a summary of their medical records before moving.

Each NHS Board in the UK should have an Armed Forces Champion. These individuals will be able to provide military families with information and access to mental health services.

In addition there is a well-established requirement for mental healthcare in the serving military. Between 2007 and 2013, up to 11,000 serving members of the military were diagnosed with mental health conditions including post-traumatic stress disorder (PTSD) and depression[1]. There is a clear requirement for further services for both service men and women and their families.

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[1] https://www.centreforsocialjustice.org.uk/core/wp-content/uploads/2016/06/MILITARY-FAMILIES.pdf

The Need of Young Service Families Rebasing to the UK

Education

Although lack of suitable school places are an issue of everyday life, it is much more of an issue for families returning to the UK (or new to the area), when there are such significant numbers returning at the same time. With relocation of children, this means there is an increased cost of uniform for many families, children may change schools a number of times, and this additional cost of uniform can be significant. Due to constant relocation of families, and shrinking opportunities for 'on base' employment spouses can find it difficult to identify suitable flexible employment, and for those who are self-employed, they have to start again building both their reputation and client base

Children have to move from school to school, and not always with continuity of curriculum, if educational support is in place, this can take time to implement in the new school. Children lose a significant amount of time out of school while waiting to be accepted in any new school. "Difficulties with children's education can also cause significant worry for parents and, in some cases, lead families to leave the military prematurely in search of greater stability.[2]" *

Summary

This research highlights the impact of more frequent and longer military deployments associated with these conflicts and the cumulative toll on family and child mental health and their ability to cope. The impact maybe greatest for a subset of children and families with compromised functioning, mental health problems, and a larger cumulative burden of stressors prior to deployment Bello et al (2015). Some mitigating factors that are associated with the reintegration process include frequency of contact during deployment, overall adjustment to deployment, use of military support programs, and age of children.

Family adjustment depends on a variety of factors, and although a majority of families make the appropriate adaptations during post-deployment and demonstrate a great degree of resilience, many report difficulties. The family dynamics created during deployment are often challenged during reintegration (Marek et al 2012).

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[2] *https://www.centreforsocialjustice.org.uk/core/wp-content/uploads/2016/06/MILITARY-FAMILIES.pdf*

The Need of Young Service Families Rebasing to the UK

Many of the concerns and issues identified are not specific to service families, and can be seen affecting most families within the UK. However there are some needs specific to service families which can and should be considered under this report.

Deployment involves a lack of communication with loved ones. If service personnel are returning home from a dangerous deployment or war zone, they may be unable to talk about it, or may talk about it incessantly.

Significant issues around support for those with PTSD, and how families can help those suffering, there does appear to be difficulty in identifying suitable support.

The sample size in this study is small given the numbers of services families retuning to the UK although large reviews of reintegration have also recognised the limitations in other studies of small samples, a lack of a comparison sample and the use of no standardized measures. (Creech 2014). More research that is family-focused and longitudinal, using nonclinical samples and measures that have demonstrated psychometrics, is needed (Marek et al 2012)

Recommendations as to how Home-Start can initially Support Families returning to the UK

- Socialisation for children and families (potentially through group work, networking and befriending with volunteers and other families)

- Opportunities to welcome families to the area/help to get to know the area (through events, groups)

- Opportunities to meet others who are new to the area (through group and volunteer work)

- Information/access to information and local facilities – (local area, childcare, schools)

- Support to access services – health, education. Supporting with initial appointments where confidence is low

- Support for mental health for families (well-being) – as part of welcoming process to reduce anxieties for children and families

- Opportunities for partnership working with existing services and organisations

The Need of Young Service Families Rebasing to the UK

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The Need of Young Service Families Rebasing to the UK

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