



**The
Children's
Society**

Young Carers in Armed Forces Families

Evidencing the need

September 2017

**No child
should feel
alone**



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Foreword

Developments in legislation through The Children and Families Act 2014 and the Care Act 2014 have significantly strengthened the rights of all young carers, those they care for and the whole family.

All local authorities in England now need to adopt a whole system, whole council, whole family approach, coordinating services and support around the person needing care to consider the impact of their needs upon the whole family, including their children. The Care Act now makes integration, cooperation and partnership a legal requirement for local authorities and for all agencies involved in public care, including health services.

In addition, for Armed Forces Families, the Armed Forces Covenant was developed to morally support those currently and historically in the forces and their families. For the Armed Forces Community, the covenant is about removing disadvantage to ensure Armed Forces Personnel and their families get the same outcome as the civilian community.

However, despite these changes in legislation and entitlements for young carers and their families – and despite the growing evidence and some recognition of young carers in Armed Forces Families the scale of this issue remains unknown and the figures and statistics are piecemeal.

The lives of service families can be very different from those in the civilian world. They move frequently, which can cause upheaval. Children in service families (including reservists) experience a unique set of circumstances compared to those living in civilian life. This can include frequent separation from a parent on deployment to a combat zone or exercise, as well as frequently moving home and school.

The SSAFA Forces Additional Needs and Disability Forum (FANDF) recognises that 'The challenges of military life can be greater when a serving person or member of their family has a disability or additional needs, including experiencing PTSD or mental ill health.'

This report looks at the needs of children in Armed Forces Families with caring responsibilities for a family member with a disability or additional needs. It suggests actions to improve identification and support that consider the needs of young carers and the whole family.



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Chapter 1: Introduction to the project

Overview and aims

The Children's Society's Include Service was awarded funding from NHS England to look at the needs of children in Armed Forces Families who undertake caring responsibilities which affect their own health, well-being and education, and to identify gaps in their access to support services.

The project ran from October 2016 to March 2017 and looked at the specific needs of young carers from Armed Forces Families across Hampshire and Wiltshire (where 29% of the Armed Forces are currently located).

The main aims were:

- To inform future military welfare and external agency professional development to improve recognition and support for these young people.
- To produce an information resource specifically for young carers in Armed Forces Families, signposting them to further information and advice.

Legislation

Two landmark pieces of legislation, the Children and Families Act 2014 and the Care Act 2014, led to better, more consolidated rights for young carers, young adult carers and their families.

The Care Act 2014 requires local authorities to adopt a whole system, whole council, whole family approach to the provision of support for those with care needs. This means coordinating services and support around the person with care needs, and considering the impacts of care needs upon the whole family, including children. The Children and Families Act 2014 Part 5, Section 96 details the rights for young carers, including that local authorities (LAs) must assess whether young carers in their area have support needs and, if so, what those needs are.

They can carry out this assessment if:

- They think the child has needs (the young carer or their parent doesn't have to ask).
- The child asks them to.
- The child's parent asks them to.

Both pieces of legislation require a whole family approach to ascertain if any of the young carers' needs for support could be prevented by providing services to the person cared for.

Assessments

'Are we asking the right questions? Are we thinking whole family?'

All young carers under the age of 18 have a right to an assessment of their needs –no matter who they care for, what type of care they provide, or how often they provide it.

The assessment needs to consider:

- Whether it is appropriate for the young carer to provide, or continue to provide, care (for the person needing care).
- The young carer's needs for support, their other needs and wishes.

LAs must also assess what the young carer needs for their own education, training, recreation and future employment.

Under the Care Act 2014 young carers under 18, who are themselves preparing for adulthood, have a right to a transition assessment. If a young person or young carer is likely to have needs when they turn 18, the local authority must assess them.

¹ Access further information about young carers legislation and key resources and guidance at childrenssociety.org.uk/youngcarer/legislation

² NHS Integrated toolkit england.nhs.uk/ourwork/pe/commitmentto-carers/carers-toolkit/

Key documents¹ to support assessment and delivery include:

- No Wrong Doors: working together to support young carers and their families.
- The Care Act and Whole Family Approaches.
- NHS England and its partners have developed a toolkit² to help health and social care organisations work together to identify, assess and support the well-being of carers, including young carers and their families.

The vision for young carers in Armed Forces Families

Children and young people should be protected from inappropriate and excessive caring responsibilities so they can enjoy their childhoods, thrive and reach their potential.

Effective support for young carers should aim to prevent them having to take on excessive care by offering the right kind of support to the people they care for.

There is a need for NHS bodies and the local authority to work closely together when supporting the discharge of patients home from hospital.³

There is a need to improve the registration and assessment of young carers in primary care so that their needs are identified earlier, and before their own health and well-being deteriorates.⁴

Additionally, for the Armed Forces community the Ministry of Defence (MOD) is committed to ensuring support for families of wounded, sick and injured personnel. The Armed Forces Covenant⁵ exists to remove disadvantage and to ensure that Armed Forces personnel and their families get the same outcome as those in the civilian community, including how they can expect to be treated by the Government and the nation in several areas – for example, having the same access to and standard of healthcare as any other UK citizen.

Despite these recent changes in legislation and entitlements – and despite the growing evidence and recognition of young carers in Armed Forces Families – the numbers in this group remains unknown.

Methodology

This project engaged with young carers from Armed Forces Families across Hampshire and Wiltshire, and consulted with a range of relevant personnel from the Army, Royal Navy and RAF, local authority, health, young carers' services and the Armed Forces voluntary sector. Their valuable contributions have informed this report, an online resource⁶ and an information leaflet specifically for young carers in Armed Forces Families that signposts them to further information and advice.

In addition:

- Background national data has helped to set context, and local data was requested from both schools and young carers' services.
- The two local authorities were contacted to provide any known data.
- Two consultation days were held, one in Wiltshire at Tedworth House hosted by Help for Heroes, and one in Hampshire in collaboration with the University of Winchester.
- Young carers from Armed Forces Families in Hampshire and Wiltshire were consulted with.

The project also collaborated with Surrey Young Carers who have a pilot support project for young carers in Armed Forces Families (5 to 18 yrs).⁷

³ Care Act 2014 Schedule 3

⁴ NHS England 'An integrated approach to identifying and assessing carer health and wellbeing' <https://www.england.nhs.uk/wp-content/uploads/2016/05/identifying-assessing-carer-hlth-well-being.pdf>

⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf

⁶ youngcarer.com/youngcarersarmedforces

⁷ For more information about the Surrey Pilot project visit surrey-youngcarers.org.uk/

Chapter 2: Who are young carers?

Who are young carers?

Young carers are children and young people under the age of 18 who provide, or intend to provide, care for another person who has a long-term illness, is disabled, has a mental health condition, or an addiction problem. They may be caring for a parent, sibling, grandparent or other family member. Young carers often take on practical and/or emotional caring responsibilities that would normally be expected of an adult.

As set out in statutory guidance from the Department of Health, 'Children should not undertake inappropriate or excessive caring roles that may have an impact on their development. A young carer becomes vulnerable when their caring role risks impacting upon their emotional or physical well-being and their prospects in education and life.'⁸

Young Carers in Armed Forces Families

Service children who are young carers may be caring for:

- A serving parent who has returned from deployment and is injured physically or experiencing mental health needs, including post-traumatic stress disorder.
- A non-serving parent remaining at home who is affected by illness or disability.

- Sibling(s) or other family members affected by illness or disability.

During consultations with professionals and young carers it was apparent that young people in Armed Forces Families were less likely to be identified as young carers, and therefore may receive less support than their civilian counterparts. Schools and health professionals may not be aware of service children who are young carers, or their movements within their regions or catchment areas.

Young carers may find that continuity of support for themselves or the person they care for is disrupted as they regularly move with their family to different postings. They may feel isolated or find it harder to cope without support from extended family or local community networks. There are difficulties in identifying young carers, recognising the impact of caring responsibilities and understanding their needs.

Young Adult carers

Young people aged 16 to 25 who are caring for someone are known as young adult carers. Their progress to higher and further education and career choices may be impeded by caring responsibilities.

Some serving personnel aged 17 to 25 have been identified as young

adult carers, caring for parents or siblings at their family home from a distance and during leave.

The impacts of caring responsibilities on children and young people

Young carers today face a greater set of challenges than ever before. Yet too often they remain unrecognised and unassisted by the very systems and services that should be there to support them. Inappropriate caring responsibilities have significant impacts on the lives, education, health and development of young people.

Children who have caring responsibilities are more likely to require support for mental health problems – including anxiety and depression⁹ – are known to report poorer general health¹⁰ and have worse academic outcomes.¹¹ Caring can affect a young person's physical health¹³ and emotional well-being⁹, education, life chances and socialization.¹¹

Many young carers have significantly lower educational attainment at GCSE level and are more likely not to be in education, employment or training (NEET) between the ages of 16 and 19.¹¹ The 2011 census statistics revealed that there are 166,363 young carers in England.¹⁰

⁸ Care and Support Guidance. Paragraph 2.49. Issued under the Care Act. DH 2014

⁹ Carers Trust (2016) <https://professionals.carers.org/young-adult-carer-mental-health>

¹⁰ Office National Statistics 2011 Census Data

¹¹ The Children's Society (2013) Hidden from View: The experiences of young carers in England

Particular challenges for young carers in Armed Forces Families

Young carers from Armed Forces Families have been highlighted as a particularly vulnerable group, because the impacts of the caring roles of these young people are further compounded by other factors linked specifically with military life.

The impact of mobility on the education of service children

The MOD's Directorate for Children and Young People (DCYP) notes that 'service personnel often need to move for career and strategic reasons'.¹² They may move as individual families (known as 'trickle posting'), typically every two to three years, or as the whole unit moves. Service children may have changed schools several times and it is important to understand the history of that child and seek information from the previous school. They can bring experiences of living in different locations and add a richness and interest to a school's community, which should be embraced. Service children can also be adaptable, resilient young people with a pride in their family's way of life.

However, there may also be gaps in learning and differences in curriculum covered (especially if they come from different devolved regions or overseas) or they may have Special Educational Needs and Disability (SEND) or Additional Support Needs (ASN). Early assessment of the child is key. Individual children may take time

to settle in and classes that have high levels of mobility may find it disruptive. Children may also have trouble developing friendships, and have limited support from wider extended families due to increased transience.¹³

The impact of deployment on service children, families and schools

Deployments can be for a month or up to nine months, and can place a strain on family life and have an impact on the education and well-being of children. The service person may have increased periods away before deployment for training, may come home for a short periods of Rest and Recuperation (R&R) midway through deployment, as well as periods of post- operational tour leave (POTOL). Each period can be disruptive and unsettling to the family routine and each child will have a unique way of dealing with or responding to the deployment.

Research¹⁴ published by University of Winchester found significant disparity and considerable disadvantages between the progression of service children and their peers. It highlighted barriers to children's success in education following mobility and deployment experiences unique to service children. Additionally the motivations, choices and educational pathways of service children post-16 – and their further and higher education and employment outcomes – are unclear.

Young people's perspective

'It was hard when my dad went away for six to nine month deployment. It was hard for me because my responsibilities had changed. When my dad went away my mum relied on me to help care for her and look after my younger brother. This has had an impact on my life. I used to struggle at school and then I used to come home and I found it hard to get any of my homework done.'

'When I was at school it was hard for me because I used to get bullied anyway, but no one knew what my home life was like. Even teachers weren't aware that I was a member of an armed forces family and that I was helping care and look after my younger brother who has learning disabilities. If teachers were aware then this could have changed my life and maybe I would have got more support and help at school that I really needed.'

A young carer who has cared since age of 10 and still helps when returning home from university

Young carers in Armed Forces Families are a hard to reach group. However, two consultation groups

¹² MOD Education Support Fund 2017 Guidance

¹³ Supporting the health and wellbeing of military families. Public Health England gov.uk/government/uploads/system/uploads/attachment_data/file/479525/2903829_PHE_Military_Families_Accessible_v0.2.pdf

¹⁴ McCulloch, J., Hall, M. (2016) Further and Higher Education Progression for service Children for MoD

were facilitated at a school and a young carers' service to inform this project, with young carers from Armed Forces Families aged 8 to 16 and with a young adult carer at University of Winchester. All the young people identified with the issues, however some were unfamiliar with the term 'young carer'. Although they were caring, they had not recognised they were a young carer.

When asked what support they and their family were receiving, varied responses were given – but only one young person mentioned receiving support from welfare or social care.

Responses included:

'No support. I don't have anything.'

'I get support from my friends because I can trust them.'

'From the headteacher at the drop in.'

'I get support from school and from home.'

'Me, my sister and my brother don't have any help or anything.'

'Someone comes around every Thursday for my little sister.'

When asked what support they would like to receive, responses included that doctors should listen to the whole family, address the caring role being undertaken, and provide support to ensure they do not remain in an inappropriate caring role.

Regarding school, those participating generally said that their school was supportive but that finishing homework in time and revising for exams were a challenge, and that school needed to listen to their concerns and difficulties. Some also mentioned that getting to school on time was a challenge because of their caring responsibilities, and that schools needed to be more accessible for the parent with disability.

Young people felt that teachers, welfare professionals and other professionals needed to listen to them, believe them and understand their needs.

Consultations with Armed Forces, health and social care professionals revealed that many were working with Armed Forces Families where children were taking on inappropriate caring roles, but they had not fully recognised them as 'young carers', or did not know how and where to access support.





Chapter 3: The prevalence of young carers in Armed Forces Families

Summary of data

No statistical evidence currently exists to ascertain the numbers of young carers within Armed Forces Families. Therefore, this section provides a short overview of relevant statistics to show the potential scale of this group.

In 2015–2016, there were 68,896 service children in England taking up Service Pupil Premium¹⁵ (this does not take account of any families serving overseas, many of whom will soon be returning). No data is held on how many service children have caring responsibilities.

The UK Regular Armed Forces Continuous Attitude Survey (AFCAS) 2016¹⁶ identified:

- Just over half of service personnel (52%) report that they are married or in a civil partnership and a further 22% are in a long-term relationship. Around half (51%) state that they have children that they support financially. These figures are stable over time, although both the proportions of those married/civil partnership and those with children have increased slightly since the AFCAS survey began in 2007.

- Among those who have put in their notice, the impact of service life on family and personal life remains the top reason for leaving the armed forces.

The Tri-Service Families Continuous Attitude Survey (FAMCAS) 2016¹⁷ recorded the following:

- Three quarters (76%) of all service families (UK Regular Forces) have children, a figure that remains largely unchanged since 2012. One-fifth (20%) do not have any children, just under a quarter (23%) have one child, 36% have two children and 14% have three or more.
- Twenty four percent of families live separately from their partner during the week. This separation differs greatly by service. Royal Navy/Royal Marine (RN/RM) families are more likely to live separately from their spouse during the working week (36%) than Army (23%) or RAF (18%) families. They are also more likely to experience longer periods of separation; 24% of RN/RM families experience separation of more than six months (compared to 11% of Army and

5% of RAF families). However, RN/RM families are much less likely to move due to service reasons (14%) than Army (32%) or RAF (28%) families.

- In the past year, one-fifth of service families had school age children who had changed school for service reasons.

Veterans

The Annual Population Survey 2016¹⁸ estimates that there are currently 2.2 million veterans in England (2.6 million in Great Britain) of whom 52% are 75 years of age or over. There are an estimated 1.4 million veteran/ex-service dependent children and young people in the UK.¹⁹

In 2015/16²⁰:

- The most common principal cause of medical discharge was musculoskeletal disorders and injuries.
- The second most common principal cause of medical discharge was mental and behavioural disorders. In 2015/16, there was a statistically significant increase in the proportion of personnel medically discharged with a principal cause of mental

¹⁵ Pupil Premium Allocations: gov.uk/government/publications/pupil-premium-2015-to-2016-allocations

¹⁶ UK Armed Forces Continuous Attitude Survey 2016 gov.uk/government/uploads/system/uploads/attachment_data/file/523875/AFCAS_2016_Main_Report.pdf

¹⁷ Tri-Service Continuous Attitudes Survey 2016 gov.uk

¹⁸ Annual Population Survey: UK Armed Forces Veterans residing in Great Britain, 2015 (published October 2016) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/559369/20161013_APS_Official_Statistic_final.pdf

¹⁹ British Legion (2014) A UK Household Survey of the ex-service community http://media.britishlegion.org.uk/Media/2273/2014householdsurvey_execsummary.pdf

²⁰ UK Service Personnel Medical Discharges (2015-16) gov.uk

and behavioural disorders among Naval Service and Army personnel.²¹

- Over 50% of personnel leaving the UK Regular Armed Forces on a medical discharge had more than one condition leading to discharge.

Young carers

The 2011 Census recorded 200,000 young carers in the UK. This has increased by 25,000 since the previous census. In England, a total of 166,363 young carers were recorded.

The number of young carers aged 5 to 7 years old had increased by 80% since 2001 and the number of young carers in England under 10 years old totaled 20,700.

Nearly 15,000 children up to the age of 17 provided more than 50 hours care a week, with 1 in 12 young carers spending 15 hours a week caring. One in twenty young carers miss school to care for a parent or sibling.

These census figures are thought to be a substantial underestimate. According to a survey in 2010, the BBC estimated that there were 700,000 young carers in the UK. Research regarding young carers from excluded groups has not adequately attended to the issues faced by young carers from both serving and veteran Armed Forces Families, and no adequate estimate has been made about their prevalence based on the aforementioned figures. The greater the understanding we have of the lives and prevalence of young carers from specific groups, the better the interventions and measures we can put in place to

improve their health, well-being and access to support.

A request to the Office for National Statistics was submitted to correlate census data of the number of families or individuals who stated they were serving in British Armed Forces against those who also said a child under 18 was caring for someone in the family.

It found a total of 521 young carers in Armed Forces Families under the age of 18.

A total of 428 were providing 1 to 19 hours of unpaid care a week.

Ages 0–10 = 120
Ages 11–15 = 223
Ages 16–17 = 85

A total of 45 were providing 20 to 49 hours unpaid care a week.

Age 0–10 = 7
Ages 11–15 = 29
Ages 16–17 = 9

A total of 48 were providing 50 or more hours unpaid care a week.

Ages 0–10 = 19
Ages 11–15 = 4
Ages 16–17 = 5

This figure would not have captured young carers caring temporarily (eg for 6–9 month deployment periods) and relies on the parent recognising that their child is caring and feeling comfortable to tick the box to answer the question. In addition the census question captures information of those caring for someone with a long-term physical condition, mental ill-health needs and other disabilities as well as problems related to

old age. Therefore this does not capture information regarding the often hidden young carers caring for someone affected by alcohol, substance misuse or the impacts of domestic abuse and other stigmatised illnesses and conditions. Therefore this total figure of 521 young carers in Armed Forces Families is likely to be an underestimate.

There are also a high level of veteran/ex-service dependant children and young people in the UK that maybe taking on caring roles who are not included in these figures.

Good Practice example: School health unit data collection North Yorkshire

North Yorkshire County Council's school improvement service undertakes a biennial health and well-being survey with pupils in Years 2, 6, 8 and 10 to gather valuable data on pupils' perceptions about health, well-being, learning and happiness. It uses an online anonymous survey (designed by Exeter's School Health Education Unit) that covers a whole range of health and well-being questions and views about learning. Questions at the start are around equalities information such as SEND status, gender and whether or not pupils consider themselves to be a young carer.

North Yorkshire has analysed the data it has gathered to show differences between the general population in North Yorkshire and the Armed Forces population, and published it in Growing Up in

North Yorkshire 2016 KS2 A report for Forces Families.²²

²¹ Annual Medical Discharges in the UK Regular Armed Forces April 2011 – 31 March 2016 (Published 14 July 2016) MOD

Responses analysed for 2016 for children in Armed Forces Families were as follows (responses for general population in brackets):

Primary (Y6) YOUNG CARERS

- Nine percent (4%) of pupils responded that they are a 'young carer', while 6% (3%) said they are 'not sure' if they are and 2% (2%) didn't want to say.
- Two percent (1%) of pupils responded that they are a 'young carer' and their school knows they are, while 4% (2%) said they are 'not sure' if it does and 2% (0%) didn't want to say.
- Of the 27 (184) pupils who said they are a 'young carer', 17% (31%) said their school knows they are.

Secondary (Y8 and 10) YOUNG CARERS

- Ten percent (4%) of pupils responded that they are a 'young carer', while 4% (4%) said they are 'not sure' if they are.
- Four percent (2%) of pupils responded that being a young carer takes up at least an hour of their time each day, while 3% (2%) said it takes up less than an hour.
- Of the 39 (346) pupils who said they are a 'young carer', 11% (12%) said their school knows they are, while 36% (32%) said they are 'not sure' if it does.

Data collection recommendations

There is a clear lack of statistical data on the prevalence and needs of young carers in Armed Forces Families. Going forwards there is a need to have an agreement for effective tri-service data collection to enable development of suitable services to reach and support families. Useful actions could include:

- A question about carers and young carers in the Tri-Service Continuous Attitudes Surveys set up by MOD, including the annual FAMCAS (families), AFCAS (Armed Forces) and RESCAS (Reserves) surveys.
- Schools should correlate data for service pupils and young carers. The Department for Education (DfE) could support this in a wider way by including young carers, alongside Armed Forces Families and Children in Care on the statutory School Census²³ data. This would allow correlation of pupil census data for service pupils and those who are young carers on a national scale.

A detailed look at young carers in Hampshire and Wiltshire

This programme also took a detailed look at the needs, prevalence and current support mechanisms in place for Armed Forces Families in Hampshire and Wiltshire, where 29% of Forces Families live.

In Hampshire

- There were 6,220 Service children recorded at pupil premium maintained schools.²⁴
- The 2011 Census showed that there are 4,109 young carers in Hampshire (an increase of 809 since the 2001 census).
- Approximately 30,000 men and women are currently serving or are employed by the MOD in Hampshire. In addition, the county hosts the largest concentration of veterans anywhere in the UK.

The Armed Forces community therefore constitutes a major presence in Hampshire, making up approximately 10% of the total population of the county.

Hampshire is unique in having an Armed Forces community from all three forces. There is a strong Naval presence in the south of the county, particularly in Gosport. Andover has the British Army Headquarters and Aldershot is the home of the Army. Odiham has the RAF Chinook military base.²⁵

In Wiltshire

- There were 5,864 pupils accessing Service Pupil Premium in maintained schools in Wiltshire.²⁶
- The 2011 census identified 969 young carers up to the age of 18 in Wiltshire.
- The Wiltshire Carers Strategy²⁶ 2012–2015 states there are 2,723 Carers aged 24 and under which represents 5.8% of Carers in Wiltshire.

²² The Schools Health Education Unit sheu.org.uk

²³ Schools Census Guidance <https://www.gov.uk/guidance/school-census>

²⁴ Pupil Premium Allocations (2015-2016) gov.uk

²⁵ Hampshire Military and Civilian Partnership Plan 2017-2020

²⁶ Wiltshire Carers Strategy Wiltshire.gov.uk/Wiltshire-carers-strategy.pdf

- Of the 624 young people registered with Spurgeons Young Carers Wiltshire, 23 have been identified as being from Armed Forces Families (3.6%) and assessed to be in need and receiving support ranging from information, advice, guidance, signposting, respite activities and 1:1 support.

Wiltshire children and young people's health and well-being survey

All Wiltshire schools and colleges were invited to take part in the 2017 survey, which ran from January until March 2017. This year almost 10,000 children from over 100 Wiltshire schools took part. Full data from the survey will be publicly available from September, but some headline messages show that some subgroups, including young carers, consistently had significantly poorer outcomes.²⁷

Wiltshire has the largest number of military personnel in the South West. The South West has the largest number of military personnel in the UK. Military personnel constitute around 3.3% of Wiltshire's total population, with around 15,000 personnel stationed at sites across the county.

Military personnel and dependants are estimated to constitute over 20% of the total population in Tidworth, Bulford, Durrington, Upavon, Warminster East, Lyneham, Nettleton and Colerne wards, with this figure reaching 75% in Tidworth. An additional 4,000 military personnel and their dependants will be relocated into

Tidworth, Ludgershall (specifically Perham Down), Bulford, and Larkhill between 2014 and 2019.

Combat Stress²⁸ has seen a rapid rise in young men and women who have served in Iraq and Afghanistan seeking their help. More widely across the county, many veterans settle in Wiltshire. Some veterans are affected by mental health conditions related to their military service, but this can take years to be acknowledged as a problem that requires treatment. The isolation of military families can also cause common mental health disorders such as depression and anxiety.

To identify the prevalence of young carers in Armed Forces Families in schools and young carers' services in Wiltshire and Hampshire, a survey was conducted twice during the six-month project.

Within those schools that engaged, only a few had mechanisms in place for identifying young carers in Armed Forces Families. Most schools who replied to the survey collected data on pupils in Armed Forces Families and data on young carers, but did not correlate the two. Additionally, schools from across England engaged in the National Young Carers in Schools Programme²⁹ (were surveyed). Twenty schools from across England who have gained or are applying for the Young Carers in Schools award replied and had very good support systems in place for identifying and supporting pupils who were young carers – but only one school had identified that they were supporting young carers

from Armed Forces Families. The remaining schools were unsure.

The majority of young carers' services responded to the survey, and some services in both Hampshire and Wiltshire were already supporting young carers from Armed Forces Families. Those who were not were aware of the needs of these young people locally but had not received any referrals for them. The numbers of young carers in Armed Forces veterans' families were not known by any respondents and had not been referred for support.

²⁷ Wiltshire Health and Wellbeing Survey wiltshirehealthyschools.org/partnership-projects/fab-research/

²⁸ Combatstress.org.uk

²⁹ Youngcarersinschools.com



Chapter 4: Health needs associated with service life

The Armed Forces participation framework³⁰ states that the nature of service life gives rise to several health needs that are specific to this population. They may manifest themselves in-service, as a reason for discharge, or emerge after service, and can include:

- Increased incidence of musculoskeletal injuries.
- Mental health issues.
- Higher than average misuse of alcohol.

Stress associated with frequent moves and separation between service personnel and their families.

The health needs of Armed Forces personnel (including reservists and veterans) may significantly affect the mental and physical health of their family members, including their children.

Injury and illness

The United Kingdom Armed Forces have deployed to numerous conflict zones since 1991. Research has shown that some personnel will experience adverse deployment related mental and physical health consequences.³¹ Non-deployment physical injuries have also been frequently reported.

Almost 1 in 11 UK military veterans who served in the regular Armed Forces between 1991 and 2014

will need significant physical or mental health support now or in the years to come. The Counting the Cost report³² identified 757,805 people who served as regulars in the military between 1991 and 2014. Of these people, the report estimates that 66,090 will need health support for service-related physical health problems such as limb injuries or mental health issues such as post-traumatic stress disorder (PTSD).

Medical discharge statistics recorded 36,506 regular service personnel who were medically discharged between 1st April 1991 and 1st April 2014. The MOD (2014) showed that 2,130 military personnel were severely or very severely physically injured between 2001–2014 in combat action, and there was an increase of 19% of veterans being diagnosed with PTSD from 2013.³³

In 2015/16, the rate of medical discharge in the Naval service significantly increased to 13.6 per 1,000 personnel at risk compared to the previous year. By contrast the rate for the Army fell significantly to 19.8 per 1,000 personnel at risk. There was no significant difference in the RAF rate of medical discharge, which was 4.2 per 1,000 personnel at risk in the latest year. In line with previous years, for all three services.³²

Although not all medically discharged veterans/ex-service personnel will have their care needs met primarily by a young person, support services need to ensure appropriate assessments and support are undertaken to prevent the burden falling to a young person. Services should also be aware of illness or disability within the family of the discharged person, including non-serving adults, siblings and other family members.

³⁰ England.nhs.uk/wp-content/uploads/2017/01/armed-forces-participation-frmwrk.pdf

³¹ Fear, N.T., et al What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK Armed Forces? A cohort study. Lancet, 2010.

³² Help for Heroes (2015) Counting the Cost helpforheroes.org.uk

³³ UK Service Personnel Medical Discharges (2015-16) gov.uk

Chapter 5: Improving services working with young carers in Armed Forces Families

Consultations were carried out with a range of agencies attending two information days, one in Hampshire hosted by University of Winchester and one in Wiltshire hosted by Help for Heroes and Tedworth House, Tidworth. Significant barriers to recognition and identification of young carers by agencies were identified. In particular, issues were raised which could prevent service personnel and their families being aware of the help that could be provided to them.

These issues included the perceived stigma of asking for help, and the impact this could have on their career. This was also associated with concerns that military families were often stereotyped as 'fit and healthy'.

Identifying children of Armed Forces families is also often difficult, schools and health professionals may not even be aware of service children, or indeed their movements. This can make accessing services or even providing continuity or support for children from service families difficult as they move between schools and between other services; including health. It is crucial to provide consistent support when service families move location, in order to prevent children providing excessive or inappropriate care.

Outcomes from consultation

Delegates discussed the barriers to identifying and supporting young carers in Armed Forces Families and the solutions to bridging these gaps in support.³⁴

In further chapters we discuss the specific roles and recommendations for support services, including Welfare Services, health and education, and draw from these consultations.

Here we focus on overarching strategic recommendations to bridge the gap between services and ensure effective joined up working.

Recommendations for services working with armed forces families

Based on the learning from previous research and the professional consultation undertaken with tri-service and civilian professionals, the following overarching and strategic recommendations are made. Further service specific recommendations are made later on in this report.

Identification and awareness

- Chain of command and welfare personnel should be aware of any service personnel who may

be young adult carers who have caring responsibilities. They should consider the impacts upon their health and well-being, and consider how they can reduce any stigma they may be facing.

- Widescale national consultation with young carers, families and all services, forces and civilians who engage with them, and data collection³⁵ should be undertaken to ascertain the overall number of young carers in Armed Forces Families and their individual health and social care needs.

Assessments

Tri-service welfare assessments should consider the needs of the whole family, including carers and young carers and ensure a whole family approach is being adopted. These assessments should include considering the impacts of mobility and deployment on families, cultural and language barriers faced by foreign and commonwealth personnel, effective information sharing during transitions, and how to reduce caring roles and associated negative impacts for young people.

Support

Direct work should be carried out to support young carers to increase their well-being and resilience, to support them to

³⁴ Full review of discussed barriers and solutions from the consultation undertaken available in Appendix A

³⁵ Suggestion for effective data collection are included on page 16 'data collections recommendations'

overcome the negative impacts of their caring roles, and ensure they have the same future life chances as their peers.

Effective information materials for young carers and their families, tri-service welfare services, health and social care support, schools and young carers services need to be developed to promote a shared understanding of the needs of young carers in Armed Forces Families. Materials should highlight rights and guidance for services and families and be accessible to all, ensuring the needs of children, those with sensory and communication difficulties, and foreign and commonwealth personnel are considered.



Chapter 6: The role of support services

The role of Schools

DCYP MOD states that there has been overwhelming evidence from a series of inspections and reviews that in the education of service children, high-quality transfer documentation is an important part of the process of moving schools. This documentation can make a significant difference to the successful outcomes for service children, who move schools more frequently than most. Currently the Pupil Information Profile transfer documentation does ask for 'Brief description of any significant health/medical/care issues' but this refers to the pupil and not the wider family.

Because many children of service personnel have to move schools several times due to the nature of service life, it is therefore vital that schools have as much information as possible about a child's achievements and needs. This documentation should supplement the information that schools must transfer by law, and it will help the school get to know a child. The pack can be personalised to help the school to know more about the child.

Schools have stated that service children often only stay for a short while and it takes time to get to know a child and their needs. Equally when a need is identified it may take time to get support in place, by which time the child may

be moving on again and not receive timely help.

Recommendations

- Service Children's Pupil Premium Information Profiles should include questions of any additional needs of wider family and note if any children and young people are recorded as young carers.
- Service children's schools transition packs³⁶, which supplement the information schools must transfer by law, could also be amended to add information about family situation and any caring role undertaken.

Service Children in State Schools

Service Children in State Schools (SCISS) was formed as a working group to consider the issues relating to English state schools providing for children whose parents serve in the Armed Forces. It was convened by the Children's Education Advisory Service (CEAS) in the latter part of 2003. CEAS is a UK-wide MOD service which provides information, guidance and support to service families, schools and local authorities. Since 2010 CEAS has been part of the MOD's DCYP.

SCISS is now an affiliation of more than 1,500 state-maintained schools in England which have

children of service personnel on roll, led by a National Executive Advisory Committee made up of headteacher and local authority representatives.

The DfE now identifies schools which draw down the Service Pupils' Premium each year and this information is used to populate CEAS's database of SCISS schools.³⁷

Recommendations

- Many schools record both numbers of pupils who are young carers and pupils who are service children. All SCISS schools should be encouraged to collect this data so that a correlation of the two sets of data may help identify those young carers in Armed Forces Families.
- All SCISS should identify and support young carers by implementing the support available through the Young Carers in Schools programme.³⁸

Service Pupil Premium

The Service Pupil Premium (SPP) is extra funding for schools to support children and young people with parents in the Armed Forces. Pupils attract the premium if they meet these criteria:

- One of their parents is serving in the regular Armed Forces.

³⁶ Access Moving Schools Packs: gov.uk/government/publications/moving-school-packs

³⁷ SCISS Handbook (2013) gov.uk/government/publications/service-children-in-state-schools-handbook/service-children-in-state-schools-handbook-2013

³⁸ Find out more about the Young Carers in Schools Programme: youngcarersinschools.com

- They have been registered as a 'service child' in the school census at any point since 2011.
- One of their parents died while serving in the Armed Forces and the pupil receives a pension under the Armed Forces Compensation Scheme (AFCS) or the War Pensions Scheme (WPS).

Better use of the SPP data could help to identify pupils in service families known to be a young carer.

Further and Higher Education

Research published by University of Winchester³⁹ found significant disparity between the progression through further and higher education of service children and their peers that represents a considerable disadvantage.

The study suggests that 4 out of 10 young people from Armed Forces Families are far less likely to go to college or university, even though they have the ability to do so. Further exploration needs to be undertaken to explore the motivations, choices and educational pathways offered to children and young people in Armed Forces Families.

The research provides a range of recommendations for local authorities, schools, colleges, families and military services to address this disparity and support young carers in Armed Forces Families into higher education.

Recommendations

- Make provisions for young carers in transition to further and higher education including

recognising the stresses of military life and a caring role and providing appropriate pastoral support to allow them to engage with and remain in higher education.

The role of Health Professionals

Health professionals such as GPs, health visitors and school nurses (among others) have a crucial role in identifying children of military families and can work with parents to improve their health outcomes – particularly in terms of emotional health and well-being. Both professional groups are well placed within local communities to support serving personnel and families being re-based or returning to the UK.

The physical and mental health of young people can be negatively impacted by a caring role, so it is important to ensure that young carers are identified and supported to overcome these negative impacts. Young carers' health and well-being should be addressed as part of a young carers' needs assessment, and support provided to the person in need of care to reduce negative impacts on health and well-being for young carers.

Being able to offer young carers meaningful experiences that increase their skills and knowledge – particularly for future education and employment opportunities – is also important to improving their overall well-being.

The CCG improvement and assessment framework 2016/17 and NHS England's Five Year Forward view for Mental Health (2016) highlight children and

young people as a priority group to receive early intervention support and access to high-quality services focusing on 'prevention, early-identification and evidence-based care'.

Health visitors and school nurses can also support military families who may be struggling with separation anxiety and fears about a family member being killed, as well as the effects of post-traumatic stress disorder on their family after they return. The NHS can also provide free mental health support through the Big White Wall service. It is important to note that family members should retain their place on any NHS waiting list if moved around the UK due to the service person being posted.

Young carers are a particularly vulnerable group of young people, and a model of joint working with multiple agencies is best placed to support the development of confidence, resilience and promotion of good mental health. The NHS Integrated Toolkit⁴⁰ can support effective implementation of this multi-agency joint working in the identification, assessment and support of young carers and their families. During consultation with service personnel and universal services it was apparent that communication between services at an operational level was creating barriers for families to access effective support between NHS and MOD services.

There are a number of regionally-based NHS Armed Forces Networks (AFNs) in England (currently nine) with membership reflecting the make up of the armed forces community.

³⁹ McCulloch, J & Hall, M. (2016) Further and Higher Progression for Service Children for MOD

⁴⁰ NHS Integrated Toolkit: england.nhs.uk/ourwork/pe/commitmentto-carers/carers-toolkit/

Members include: serving personnel (clinical, recovery staff and chain of command), veterans, family members and carers of veterans and serving personnel, GPs and professional clinical staff, representatives from service charities, other voluntary sector organisations supporting Armed Forces communities, NHS England, CCGs, NHS trusts and local authorities, as well as locally relevant groups and people.

Public Health England have recommended that health visitors and school nurses can address challenges faced by service families by:

- Understanding 'service life and culture'.
- Understanding different terminology and acronyms across agencies.
- Improving systems to identify children of military families (and any who may be young carers).
- Ensuring clarity regarding communication systems and child records, and partnership working, within health, education and social care.
- Collaborating with service family federations.

Recommendation

- To promote effective joined up working, Armed Forces Health networks should include the identification and support of carers and young carers on their agenda. They should also develop better communication and share learning of the needs of young carers in Armed Forces Families within their networks.

The role of welfare services

Any service family with a dependant (child or adult) who has an additional need and/or disability should register this with their respective chain of command. Arrangements exist within the single services to assist personnel and their dependants who have disabilities and/or additional needs⁴¹ including health and social care. Registering a disability or additional need within a Service person's family will allow the single service to provide this assistance. Registering this is mandatory for those serving in the Army.

An additional need may be identified as: physical (acute or chronic illness), emotional (including mental health illness), special educational needs (SEN) or special educational needs and disability (SEND). It is recommended that personnel register an additional need even if they are unsure whether to or not. Support for this can be through chain of command or welfare services and more information is available through SSAFA (Soldiers, Sailors, Airmen and Families Association) and the FANDF (Forces Additional Needs & Disability Forum) handbook.⁴²

Welfare services

Army Welfare Service (AWS)

The aim of AWS is to provide a comprehensive, professional and confidential welfare support service that is responsive to the needs of individuals, families and the chain of command in order

to maximise the operational effectiveness of service men and women. Services include:

Personal Support (PS)

Personal Support staff provide accessible, independent, confidential and professional specialist welfare services to soldiers (and their families) with any personal or family difficulty, thereby strengthening and enhancing the resilience and resourcefulness of soldiers and their families.

Army General and Administrative Instructions Chapter 108 (known as AGAI 108)

AGAI 108 includes an assessment of supportability for service personnel with family dependants who have additional needs, disability or a child with SEND.

An assessment of supportability allows the provision for support in deployment areas to be assessed against the needs of dependants with additional needs, to determine if they can be appropriately supported when they are relocated.

Currently the AGAI 108 does not include any questions about the impact of additional needs on the whole family or caring roles being undertaken. Asking those questions could support the identification of young carers and ensure they also receive the support needed.

⁴¹ Tri-Service Disability and Additional Needs Policy (2014) ssafa.org.uk/sites/default/files/20140204-jsp_820_pt_1_directive_final-u.pdf
⁴² Additional needs and Disability: A guide for Service Families ssafa.org.uk/sites/default/files/and_guide_2015_update_oct_16.pdf



Recommendation

- A section about impacts of any additional needs and caring responsibilities should be added to the AGAI 108 assessment to promote the identification of young carers.

Community Support

Community Support (CS) staff secure or directly provide CS learning and personal development opportunities for military personnel and their families wherever they are living. Non-formal education opportunities are provided within Community, Youth and Play Centres/Projects focusing on the provision of learning and personal development activities to children, young people and their families throughout the year (both across the UK and overseas). CS delivers additional activities during school holidays, including Easter and Summer programmes, and offsite residential experiences.⁴³

During consultation it emerged that some CS staff were aware of families where children were taking on a caring role but did not feel confident in their knowledge to identify and support the needs of young carers in a whole family context.

Recommendation

- Community Support staff need to be informed about young carers and the need for a whole family approach.

Royal Navy

The Royal Navy Royal Marines Welfare Team provide accessible support services that strengthen and enhance the resilience and resourcefulness of Naval Service personnel, their families and communities.⁴⁴

Royal Air Force Welfare

The SSAFA has been contracted to provide the RAF with personal support and social work services (PS and SWS) in the UK. Working alongside the RAF, but outside the chain of command, SSAFA staff are there to help with concerns for RAF personnel and their family, whether regular or reserves. A dedicated team of professionally qualified social workers and welfare staff stationed throughout the UK assist all serving personnel (regular and reserves) and their family.

Joint Service Housing Advice Office (JSHAO)

The JSHAO are a tri-service focal point for civilian housing and provide information for service personnel and their families wishing to move to civilian accommodation at any point in their career. They also provide housing advice to those during armed forces resettlement to assist the transition to civilian life.

Housing adaptations from Carillion can be requested following an Occupational Therapy assessment.

HIVES

All three Services have HIVE information centres which support the chain of command and service communities through the provision of up to date and relevant information.

The HIVE is an information network available to all members of the service community. It serves both married and single personnel, together with their families, dependants and civilians employed by the services.

Offering training and information to HIVE personnel about the Care Act and Children and Families legislation, as well as signposting to local support, would help raise awareness and identify families who may need more support to avoid relying on children to help with any care needs.

Women's Royal Voluntary Service (WRVS)

The Army Welfare Service sponsors the WRVS staff to assist in providing welfare support to single and unaccompanied soldiers in military establishments in UK, Germany, Canada, Cyprus, Northern Ireland and the Falklands Islands. WRVS could be key in the identification and support of serving young adult carers, and consideration should be given to sharing learning and raising awareness to support them in this identification.

⁴³ army.mod.uk/welfare-support/welfare-support.asp

⁴⁴ royalnavy.mod.uk/welfare/find-help/welfare-information-support

Other support

The FANDF has published a Tri-Service handbook to signpost services and resources available for family members with additional needs or a disability. It also issues a quarterly newsletter for all three services.

Families' federations

All three services have families' federations which give families a voice and provide them with timely and professional support regarding issues or concerns that they may have. They provide a confidential signposting service for specific information, support and help.

Supporting transition to civilian life

There is also a need to acknowledge veterans during transition from the services and in their first year in civilian life. Once military personnel leave the armed forces the responsibility of care falls on NHS mainstream services. The Army, Navy and RAF Families Federations review what is needed for families on transition.

Veterans Gateway is the first point of contact for veterans needing support. Veterans' Gateway is made up of a consortium of organisations and Armed Forces charities, including The Royal British Legion, SSAFA – the

Armed Forces charity, Poppy Scotland, Combat Stress and Connect Assist.

Service Personnel and Veterans Agency (SPVA) has been formed through a merger of the Veterans Agency (VA) and Armed Forces Personnel Administration Agency (AFPAA). They will provide a range of 'through life' support functions directly to around 900,000 serving and ex-service personnel.

During consultation it was highlighted that these services may not fully recognise the challenges experienced by veterans with medical and care needs, and the needs of the whole family – including young carers.

Recommendations

- All discharge pathways and transition assessments should include holistic information about the family including any caring roles carried out by children and young people and the impacts on the wider family including Vulnerable Service Leaver protocols and during mandatory Army core recovery courses.⁴⁵
- Consideration should be given to utilising the Veterans Passport⁴⁶ to record this information and trigger a statutory assessment for the young carer.

- Support service leavers to identify as veterans in order to access appropriate support, and ensure support services, such as SSAFA Mentor Services, consider the needs of young carers
- Strengthen links between military and local authorities by utilising the NHS Armed Forces Networks⁴⁷ to bring together regional multi-agency networks with an aim to build bridges between Armed Forces and civilian support systems.

⁴⁵ Army Core Recovery Courses <http://www.army.mod.uk/welfare-support/23691.aspx>

⁴⁶ The veteran's passport is a portable medical and welfare document currently being piloted for service personnel experiencing medical discharge

⁴⁷ Find out more about the nine regional Armed Forces Networks <https://www.england.nhs.uk/commissioning/armed-forces/armed-forces-net/>

Chapter 7: Conclusion

This report has highlighted the problems facing young carers in Armed Forces Families. We know that young people taking on excessive and inappropriate caring roles can face wide and varied impacts on their immediate health and access to education, as well as long term impacts on their future life chances.

Young carers in Armed Forces Families can face additional challenges due to multiple and frequent moves and the impact of the serving persons deployment. Young people have told us about the difficulties they face in these situations, and those we spoke to highlighted that additional support and engagement was needed from health services, social care and welfare services. It is also clear that schools have a key role to play in identifying and supporting these young people to reduce negative impacts on their education.

This report starts the journey of understanding the frequency with which children and young people in

Armed Forces Families have caring responsibilities, and the impact this has on their lives. However further work is still needed through effective identification, data collection and engagement with tri-service personnel, and within universal support services. Further consultation is also needed with children and young people and their families to ascertain what range of support would be most beneficial.

We make a series of recommendations throughout this report, and early consideration should be given to the list below to ensure effective first steps are made in identifying and supporting young carers in Armed Forces Families:

- Direct work should be carried out to support young carers to protect their well-being and increase resilience. This direct work should support them to overcome any negative impacts of their caring roles and ensure they have the same future life chances as their peers.

- Tri-service welfare assessments should consider the needs of the whole family, including young carers, and ensure a whole family approach is being adopted.
- NHS Armed Forces Health networks should have the identification and support of young carers on their agenda, with a view to improving communication and sharing learning within their networks to promote joined up services for families.
- Chain of Command, Welfare Staff and all support services need to be 'young carer aware' so that children and young people can be protected from inappropriate and excessive caring responsibilities. This would enable them to enjoy their childhoods and reach their full potential.

Chapter 8: Resources and further reading

This section outlines resources available for young carers nationally, professionals and MOD resources for Armed Forces Families.

For young carers

The 'Know your Rights' Pack

childrenssociety.org.uk/youngcarer/advice-for-young-people

This pack aims to make young carers aware of their rights, including human rights, legal rights, and rights to access benefits, support and advice. This pack also contains information about the range of professionals that might be in contact with young carers and their families.

The 'Influencing Change' Toolkit

childrenssociety.org.uk/youngcarer/advice-for-young-people/rights-and-social-change

This resource includes a video, information, templates, activities and quizzes designed to help young carers start an influencing change project safely and within the law in their local area. As well as improving the lives of young carers and their families, young carers can develop confidence and skills too.

Looking after Myself: Young People's Wellness Plan

childrenssociety.org.uk/youngcarer/advice-for-young-people/well-being-and-mental-health

This booklet helps young carers think about and develop some useful ways of coping. It can remind them where to go when

things aren't going so well, and realise it is okay to ask for help or support. It helps young carers explore their caring role. This resource is designed to be used by young carers with support from a trusted adult or professional (such as a teacher, social worker, young carers' worker, family member or friend).

Young and Caring: Accessing Support

rethink.org/carers-family-friends/support-for-young-carers
A guide to supporting young carers to think about the practical and emotional support they need, who can help them when they are struggling, and providing tools and resources to help work through these questions.

Young and Caring – Caring for Someone with a Mental Illness

rethink.org/carers-family-friends/support-for-young-carers

This guide is to support young people caring for someone with a mental illness. This leaflet is to help young carers make sense of things and to get the help they need. It also contains advice and stories from young carers about what has helped them.

The Children's Society's 'Do you have a family member with an illness or disability? Supporting young people information booklet'

An information booklet for young people who have a family member with a disability or illness to support them to look after

themselves, plan meetings with doctors and nurses and get some helpful advice.

For professionals

Supporting young carers and their families: An introductory guide for professionals. The Children's Society (2017)

youngcarer.com/sites/default/files/supporting_young_carers_and_their_families.pdf

The Children's Society's General Practice Pack

A guide for supporting, identifying and signposting young carers in your practice – includes a poster for the GP waiting room, two posters for the staff room and an information leaflet for young people with a family member with an illness or disability
childrenssociety.org.uk/youngcarer/health-and-mental-health

The role of health visitors and school nurses: Supporting the health and well-being of military families

gov.uk/government/publications/supporting-the-health-and-well-being-of-military-families
Health professionals such as health visitors, midwives and school nursing teams working with stakeholders, including social care, early years and education providers, have a crucial role in identifying children of military families. They can work with parents to improve health outcomes, particularly in terms of emotional health and well-being.

**School Nurse Programme:
Supporting implementation
of the new service offer:**

Supporting the health and well-being of young carers

gov.uk/government/publications/school-nursing-public-health-services

A pathway setting out the key messages for services and professionals to meet the needs of young carers. This is of interest to all professionals providing ongoing care where a child or young person may be involved in caring duties. It is particularly aimed at school nursing services and will be of interest to professionals and provider organisations and commissioners.

'An Integrated Approach to Identifying and Assessing Carer Health and Well-Being Toolkit'

To implement duties on NHS organisations brought about by the Care Act 2014 and the Children and Families Act 2014 to create multi-agency approaches for young carers to promote their health and well-being. england.nhs.uk/ourwork/pe/commitmentto-carers/carers-toolkit/

Schools

Young Carers in Schools

youngcarersinschools.com/
A free England-wide initiative that makes it as easy as possible for schools to support young carers, and awards good practice. Run jointly by Carers Trust and The Children's Society, the initiative works with schools across England to share good practice, provide relevant tools and training, and to celebrate the great outcomes that many schools achieve for young carers.

Local Young Carers' Services

The Children's Society's website features a map and details of young carer projects around the UK. youngcarer.com/young-carers-services

Ministry of Defence support and welfare

DIRECTORATE, CHILDREN AND YOUNG PEOPLE (DCYP) INTRODUCTION

The Directorate, Children and Young People provides professional direction, support and advice with the aim of ensuring that service children and young people are provided with every opportunity to achieve the best outcomes possible and fulfil their potential. DCYP contributes to the MOD responsibilities on all matters relating to the education, health, safeguarding and well-being of service children and young people worldwide. Further information about DCYP can be found at: gov.uk/government/groups/directorate-children-and-young-people

CHILDREN'S EDUCATION ADVISORY SERVICE (CEAS)

CEAS provides information, advice and support to parents in all three Armed Forces, and MOD civilian personnel overseas, about any aspect of their children's education. More information about CEAS can be found at: www.gov.uk/childrens-education-advisory-service.

Included within the work of CEAS is support and guidance for service families who have children with additional needs and disabilities, known within England as Special Educational Needs and Disabilities (SEND). More information about CEAS can be found at: gov.uk/childrens-education-advisory-service

The Pupil Information Profile

(PIP) form is a transfer document which is consistent for all pupils in any school setting to support specific aspects of a pupil's background and learning. It contains information that supports a young person's future learning, and parents are encouraged to bring to the attention of their child's school that it is a helpful tool when the child is about to move to another school. It is intended to support continuous learning by identifying the pupil's current and future learning needs. publications/pupil-information-profile-for-military-service-children

Schools transition packs

Children of service personnel move schools several times because of the nature of service life. It is therefore vital that schools have as much information as possible about a child's achievements and needs. This pack should supplement the information that schools must transfer by law,

and it will help the school get to know a child. The pack can be personalised to help the school to know more about the child. government/publications/moving-school-packs

Community Support

Community Support staff secure or directly provide CS learning and personal development opportunities for military personnel and their families wherever they are living. Non-formal education opportunities are provided within the Community, Youth and Play Centres/Projects focusing on the provision of learning and personal development activities to children, young people and their families throughout the year, across the UK and overseas. CS delivers additional activities during school holidays, including Easter and Summer programmes and offsite residential experiences. army.mod.uk/welfare-support/welfare-support.aspx

Airplay (RAF youth project)

Airplay is the RAF Benevolent Fund's £24 million support programme for RAF families. It provides a range of facilities, equipment and activities for toddlers through to teenagers on 28 RAF stations across the UK.

Housing adaptations

carillionamey.co.uk

The HIVE

The HIVE is an information network available to all members of the service community. It serves both married and single personnel, together with their families, dependants and civilians employed by the services. army.mod.uk/welfare-support/welfare-support.aspx

raf.mod.uk/community/support/raf-hive-information-service/
royalnavy.mod.uk/welfare/welfare-teams

The Families Federations

All three services have Families' Federations which give families a voice and provide families with timely and professional support, assistance and an independent voice regarding issues or concerns that they may have. These federations provide a confidential signposting service for specific information, support and help. Find out more at: aff.org.uk nff.org.uk or raf-families-federation.org.uk

SSAFA provides a range of support for serving and ex-serving personnel and their families. For more information visit saffa.org.uk (it also offers an independent confidential help line 0800 731 4880).

SSAFA Short Breaks

SSAFA offers free week-long adventure breaks for currently serving military families, reserves or those who have left service within last year. The short breaks are designed for siblings and young carers (aged 8 to 14) and are open to any dependant child who has a sibling or a parent with an additional need or disability. These breaks are an opportunity to spend time away from home, try new activities, meet new friends and have a lot of fun. Contact ANDA@SSAFA.org.uk

Forces Additional Needs Disability Forum (FANDF)

The FANDF committee explores the issues surrounding the support provided for those with additional needs in the service community. The FANDF will raise any issues

with the appropriate people and organisations. The FANDF provides families and individuals with an opportunity to discuss ways of ensuring that both children and adults with additional needs and disabilities have access to the best support available. A biennial conference is held, together with local events, and the FANDF have produced the Additional Needs and Disability – A Guide for Families.

Membership is free and open to:

- Parents of children with additional needs and disabilities from service families.
- Partners/spouses of Service personnel with a disability.
- Service personnel with a disability. ssafa.org.uk/fandf

The Royal British Legion provides lifelong support for the armed forces community – serving men and women, veterans, and their families. britishlegion.org.uk/

The Gurkha Welfare Trust

is the leading Gurkha charity, providing financial, medical and development aid to Gurkha veterans, their families and communities. gwt.org.uk

Veterans

Veterans Welfare Service

The Veterans Welfare Service (VWS) is committed to enhancing the quality of life for veterans and beneficiaries of Veterans UK pensions and compensation schemes, and all their dependants. Under Veterans UK, the VWS works in partnerships with the Royal Navy, Army and Royal

Air Force, ex-service charities, statutory and non-statutory bodies, local community service providers and the Veterans Advisory and Pensions Committees to deliver a quality welfare service.

gov.uk/government/groups/veterans-welfare-service

Veterans Gateway puts veterans and their families in touch with the organisations best placed to help with the information, advice and support they need – from healthcare and housing to employability, finances, personal relationships and more.

veteransgateway.org.uk

CivvyStreet is for anyone who has served in the UK Armed Forces (regular or reserves). It is also for their widows, widowers, partners and dependants. Anyone with an Armed Forces connection can apply to become a registered and approved member of CivvyStreet. Membership is validated against Armed Forces number and branch.

civvystreet.org

Joint Service Publication (JSP)

820: The Tri-Service DISABILITY AND ADDITIONAL NEEDS POLICY JSP 820 is the authoritative policy and guidance on the support available to service personnel and their family members who may have an additional need and/or disability. Part 1 and 2 need to read alongside single service policies.

ssafa.org.uk/sites/default/files/20140204-jsp_820_pt_1_directive_final-u.pdf
ssafa.org.uk/sites/default/files/20140401jsp_820_part_2_guidance_final-u.pdf

Health

Meeting the healthcare needs of Armed Forces personnel, their families and veterans

gov.uk/government/uploads/system/uploads/attachment_data/file/28614/dh_091922.pdf

Counting the Costs

helpforheroes.org.uk/media/1438/counting-the-costs-november-2015-final.pdf

The 'Counting the Cost' report identified 757,805 people who served as regulars in the military between 1991 and 2014. Of these people, the report estimates that 66,090 will need health support for service related physical health problems such as limb injuries or mental health issues such as post-traumatic stress disorder (PTSD).

NHS Armed Forces and their Families Commissioning Intentions

2017/18 to 2018/19 outlines the strategic intentions that NHS is planning to improve the way services are commissioned for the Armed Forces and their families.

england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/10/armed-forces-comms-intent-1617-1819.pdf

Framework for patient and public participation in Armed Forces commissioning

This framework is a guide for Armed Forces commissioners - and anyone who is interested, including patients and the public, the voluntary sector, and providers of health and social care services – on how to involve patients and the public in the commissioning of health services for the armed forces community.

england.nhs.uk/wp-content/

uploads/2017/01/armed-forces-participation-frmwrk.pdf

The Veterans' Transition Review

was conducted by Lord Ashcroft KCMG PC. The review was published on 11 February 2014

veteranstransition.co.uk/

Armed Forces Families Strategy

The purpose of this strategy is to provide direction to officials who are responsible for policy development in the areas that make up the 'offer' to the service family. It will act as the starting point for the supporting Action Plan.

Informal Caregiving and Intimate Relationships:

The experiences of spouses of UK military personnel. Gursimran Thandi, S Oram, AVerey, N Greenberg, N T Fear J R Army Med Corps 2016

Appendix A

The outcomes of a consultation activity regarding the barriers and solutions to identifying and supporting young carers in Armed Forces Families.*

Barriers	Solutions
Communication within services.	<ul style="list-style-type: none"> ■ The MOD information guides for families need to use suitable tone and jargon free language for families, rather than military terminology. ■ The identification and needs of young carers should be on everyone's agenda, including Chain of Command. ■ Raise the profile of existing provisions. ■ Encourage the registration of any dependants with special needs, long term illness or disabilities within the family. ■ Develop the central HR system to ensure this process of recognition.
A lack of communication with young people.	<ul style="list-style-type: none"> ■ Informing and reaching children and young people through a social media portal. ■ More provision for young people to meet or engage with youth services or projects if needed. ■ Ensure Community Services are young carer aware.
A lack of communication with families and lack of assessment of the whole family when additional needs are identified. The family may also not recognise the caring situation.	<ul style="list-style-type: none"> ■ Ensure service personnel know the correct process for identifying and registering additional needs and to think 'whole family'. ■ Families may need reassurance about data collection of their needs, including what information is required, and why and where it is stored. ■ The Families Federations, SSAFA, Welfare and HIVE websites to develop information pages for family carers and young carers. ■ Ensure all information sharing eg POESM (pre-deployment questionnaire) and AGAI 108 include carers and young carers. ■ Padres and faith leaders to be young carer aware. ■ Use media to reach out to families such as: ■ SSAFA and Families' Federation magazines and websites. ■ Soldier Magazine. ■ British Forces Broadcasting services (BFBS) radio. ■ Family newsletters.
Stigma – for some there is a fear of repercussions on career. It was felt there may be active concealment of needs by the family due to perceived negative impacts upon career and family life.	<ul style="list-style-type: none"> ■ Raise awareness of needs (and fears) throughout chain of commands. ■ A cultural shift is required to educate and reduce stigma about requesting welfare support and to change the image and mindset of the welfare issues to individuals. ■ Ensure personnel know that information about any additional needs can result in benefits for families.
Health: Health professionals and GPs not listening to wider needs of family. Service personnel and family may not be registered with same GP practice.	<ul style="list-style-type: none"> ■ Build communication between health, social care and Defence Medical Services. ■ Ensure all GPs, medical services and medical centres are young carer aware and use read code for carers and young carers. ■ Utilise unit health committees and SSAFA welfare officers to raise awareness. ■ A health agencies education programme is required. ■ Consider how information is shared between practices. ■ Raise awareness of school nurse pathways for military families and young carers.
Education: Schools are not recognising or identifying children in Armed Forces who may have additional needs as young carers.	<ul style="list-style-type: none"> ■ Provide a schools education programme – and encourage all schools with service children population to participate in the Young Carers in Schools awards scheme.youngcarer.com/resources/young-carers-schools ■ Raise awareness through the schools programme of School Nurse Pathways for young carers and military families. ■ Focus upon all schools registered with Service Children in State Schools (SCISS) to increase awareness raising in schools with service populations. ■ Ensure information about family illness or caring is shared via the Pupil Information Profile. ■ Work with the 'Further and Higher Education of Service Children Project' (SciP) to raise awareness of young adult carers.

* Consultation informed by multi-agency Armed Forces Welfare Services, external services, young carers.

Right now in Britain there are children and young people who feel scared, unloved and unable to cope. The Children's Society works with these young people, step by step, for as long as it takes.

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Children's
Society**

**No child
should feel
alone**

For more information on this report please contact:

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