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# Improving health and wellbeing support for Armed Forces families

**Engagement findings**

August 2021

# 1. Background

The NHS in England provides healthcare services for families of serving personnel (regulars and reservists) who have registered with an NHS GP practice and the families of veterans. We know, however, that not everyone in the NHS understands the specific health needs of Armed Forces families and what they are entitled to under the Armed Forces Covenant<sup>1</sup>. We also know that some Armed Forces families have problems getting the right care and support, which can present further challenges and difficulties for them.

To help improve support for these families, some parts of England have established Armed Forces community support networks, which focus on improving their experience of health services. Feedback on these is positive; however, in many areas, these links are informal and not as well developed as they might be.

Considerate of the above, NHS England and NHS Improvement<sup>2</sup> wanted to gather the views and experiences of Armed Forces families, and the organisations which support them, to help identify how the NHS can improve care, treatment, and support. It also wanted to explore whether setting up Armed Forces families support networks might help. In order to capture views and experiences, an engagement took place between 30 September and 30 November 2020. This was supported by a questionnaire and series of online focus groups and one-to-one interviews to gather feedback.

Opportunities for Armed Forces families to have their say were promoted through NHS England and NHS Improvement's website<sup>3</sup>, social media (including paid-for advertising), statutory and voluntary sector partners' channels, Forces TV and radio broadcasts.

The feedback has been independently analysed by NEL Commissioning Support Unit<sup>4</sup> and is summarised in this document. These findings have been shared with decision makers to help shape what support could be put in place for Armed Forces families in the future. The NHS will continue to engage with Armed Forces families to ensure that any future support put in place meets their needs.

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<sup>1</sup> Armed Forces Covenant

<sup>2</sup> NHS England and NHS Improvement

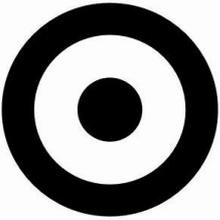
<sup>3</sup> <https://www.engage.england.nhs.uk/survey/health-and-wellbeing-support-armed-forces-families/>

<sup>4</sup> NEL Commissioning Support Unit

## 2. How did people engage?

	<b>1,391</b> responses, in total, to the engagement		<b>11</b> focus groups
	<b>1,323</b> responses to the online and hard copy survey		<b>1.25 million</b> impressions via social media <b>365</b> social media posts
	<b>158,879</b> total reach of Facebook and Instagram adverts		<b>Over 160</b> organisations contacted directly to encourage responses

### 3. Who responded?

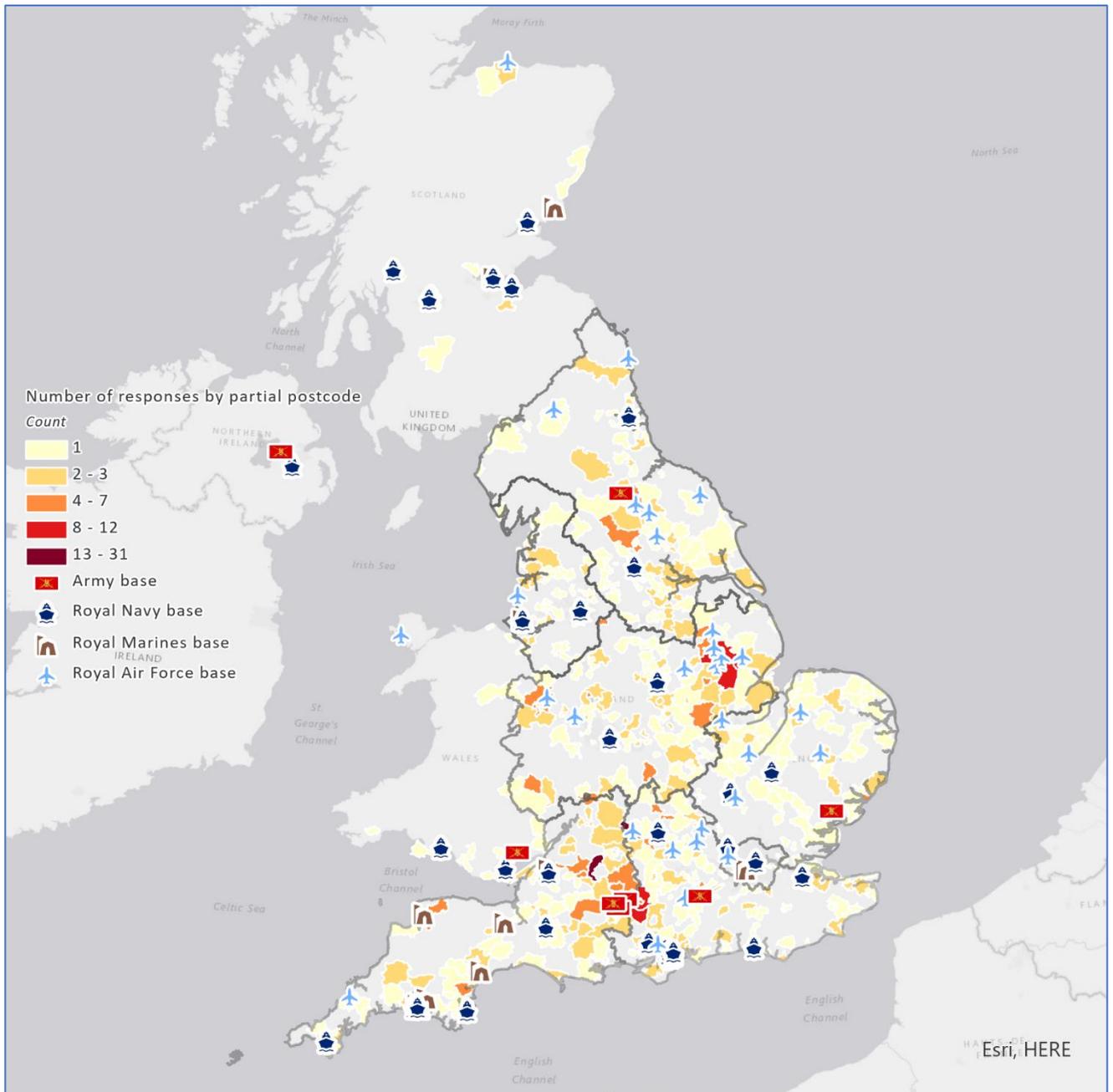
	<p><b>424</b> responses from Armed Forces families</p>		<p><b>71</b> responses from, or on behalf of, children and young people aged under 25</p>
	<p><b>639</b> responses from veterans</p>		<p><b>91%</b> of respondents were White and <b>1%</b> were Nepalese</p>
	<p><b>84%</b> of respondents were aged between 26-65</p>		<p><b>62%</b> of respondents were from, or linked to, the Army</p>
	<p><b>22%</b> of respondents were from, or linked to, the Royal Air Force</p>		<p><b>18%</b> of respondents were from, or linked to, the Royal Navy or Royal Marines</p>

## 4. Where did responses come from?

Responses were received from across England, with a small number received from the devolved nations and overseas. More than half (52%) of responses in England were from the south east, west and London regions.

This heatmap highlights the locations in England from where feedback was received.

*Figure 1: Location of respondents (England)*



## 5. Key findings

These key findings summarise feedback from all respondent groups.

### 5.1. Information and support

Armed Forces families said that they would benefit from more information and dedicated support to help them find and access NHS services. In addition, reducing waiting times as a result of moving bases and more joined-up communication between NHS organisations and between the NHS and Defence Medical Services (DMS) would ensure that Armed Forces families do not repeatedly have to start the referral process every time they move.

Respondents also indicated that better understanding from NHS staff, particularly from GPs, would make accessing services easier.

Feedback from Armed Forces families on currently available information and support, and what could be useful to them as an Armed Forces family, is as follows:

- **Information on available support** – 45% of respondents said that more information on NHS services and how to access them would benefit their family’s health and wellbeing needs.
- **Increased support** – 24% of respondents said that support for carers would be helpful to them as part of an Armed Forces family, particularly when looking after a family member with complex mental health needs. 32% of respondents said that support for children and young people would be helpful. Increased support for carers with dependents who have additional needs was also considered to be useful, as well as increased support for parents caring for their children alone.
- **Single point of contact** – 84% of respondents felt that having a single point of contact to support Armed Forces families to find information about available services and how to access them would be useful. Respondents commented that they would find it helpful to speak to a person as their single point of contact, rather than being supplied with documentation, such as an information leaflet.
- **Improved access to services** – 69% of respondents said that improved access to NHS services with no disruption to their treatment is important to them. In addition, respondents commented that access to services was particularly difficult when they moved home, with many of them having to start the whole referral process again, just to be added to the bottom of a waiting list for treatment; and this was despite already being on a waiting list where they previously lived.
- **More joined-up care** – 68% of respondents said that they would benefit from more joined-up care for Armed Forces families, particularly for those who routinely move between postings or have complex needs. Feedback from respondents indicated that there needs to be a system in place to ensure that when Armed Forces families move to a new area, their medical records are transferred either between NHS organisations or from DMS to the NHS to ensure continuity of care. This was also considered important for those leaving the Armed Forces.
- **Improved understanding** – 84% of respondents said that an improved understanding by the NHS of Armed Forces families’ lifestyle and their health needs is important. Respondents said that there should be improved training and information available to GP practices to help them support and treat veterans, serving personnel and their families. Some respondents felt that there is a stigma around asking for help and support within the military community. Responses indicated that there was a general reluctance from military spouses and Armed Forces families to raise issues or concerns about their health and wellbeing for fear of causing problems for serving

members, particularly with their superiors. Some respondents also felt that asking for help was seen as a sign of weakness.

For serving members and veterans, several respondents commented that they were less likely to ask for help, either due to the fear of being turned away, or it being recorded on their military record. Respondents felt that support through education and outreach to address these cultural issues would be beneficial to Armed Forces families.

## 5.2. Setting up Armed Forces families support networks

Feedback was generally positive towards setting up Armed Forces families support networks, although there was no single preference about whether these should be England-wide, regional or local. It was felt important that there is a consistent minimum support offer if there are regional or local networks to prevent inequity.

The top two areas of focus for networks should be to:

- act as a point of contact for Armed Forces families, offering support and guidance to navigate the NHS, and
- work with Armed Forces families to understand the challenges and issues they experience in accessing health services and how these can be addressed.

### 5.2.1. Benefits of setting up Armed Forces families support networks

- Being a single point of contact outside the chain of command for information and support for Armed Forces families. This is especially important if Armed Forces families are moving frequently between postings.
- Focusing on Armed Forces families and recognising the important role they play in serving members and veterans' health and wellbeing and the impact military life can have on this.
- Improving patient experiences and reducing isolation by providing practical support to help with issues like transferring medical records, ensuring continuity of care and seeking swift support for mental health.
- Understanding military culture and lifestyle, including the impact on children and young people and helping wider NHS organisations to do the same through education, training and raising awareness of the Armed Forces Covenant.
- Managing expectations through supporting Armed Forces families who are transitioning to civilian life to understand how the NHS works, what is available to them and how to access it.
- Encouraging access to a network/networks from Armed Forces families, veterans and serving members who ordinarily would not reach out for support.

### 5.2.2. Challenges of setting up Armed Forces families support networks

- **Getting buy-in** – ranging from getting funding to getting statutory and voluntary organisations to participate in and input into networks.
- **Funding** – both in the short and long-term and being clear on who is responsible for funding networks.
- **Creating a safe and trusting space** to encourage Armed Forces families to feel comfortable in coming forward and asking for help and providing reassurance that information will not be shared with serving members' employers.

- **Having the power to make changes** if services and support have gaps or are not working for Armed Forces families.
- **Finding and retaining the right staff (paid and volunteers)** who have the skills, experience and understanding of Armed Forces families, as well as good relationships with partner organisations. Staff with direct experience or understanding of military culture and lifestyle, such as veterans or family members themselves, would add value.
- **Promoting networks** so that Armed Forces families are aware that this support is available. Understanding the best channels and methods would be important.
- **Involving the right organisations** in networks was felt important to make them successful.
- **Competition between different organisations already supporting Armed Forces families.** It was recognised that there is some excellent support from the NHS and other statutory partners, as well as from voluntary and community sector (VCS) organisations. Avoiding duplication, however, is important, as is encouraging organisations (particularly charities; some of whom receive NHS funding) providing similar support to work better together rather than competing for funding and drawing focus away from supporting Armed Forces families.

### 5.3. Coordinating support

In general, respondents felt care coordination is poor or non-existent and can often be informal and dependent on local personalities and priorities. Armed Forces families recognised that they take on the responsibility of coordinating their own care, as well as care for serving members and veterans, which was a burden, especially when they were unclear on who to speak to, or where to go for information.

There are examples of good practice across England, but it is very variable. Improvements have been made in understanding Armed Forces families' needs and the guidance within the Armed Forces Covenant, but more work is needed to ensure all NHS staff are informed and proactive.

Continuity of care when moving between postings was commonly mentioned as an issue. In particular, gaining timely access to services, retaining positions on waiting lists, and being able to access appropriate services for their needs are still problematic for Armed Forces families.

Organisations (statutory and VCS) are often good at signposting, but not for taking responsibility and dealing with an issue, which causes frustration and leads to Armed Forces families having to repeat their stories multiple times before getting the help they need.

## 6. Next steps

NHS England and NHS Improvement has received the findings of this engagement, which will help to inform next steps and future arrangements for care, and support provision for Armed Forces families. These findings will be considered by the NHS England and NHS Improvement Armed Forces Oversight Group (AFOG), who will look at what actions are needed to progress improvements in this area. Agreed actions will be progressed in collaboration with the NHS England and NHS Improvement Armed Forces Patient and Public Voice Group, Armed Forces families / Armed Forces community, the Families Federations, the VCS, wider NHS, Department of Health and Social Care and Ministry of Defence. This will form the basis of a dedicated programme of work, led by a representative programme team who will report into the AFOG on progress.