

UK military families with a dependent who has Special Education Needs and/or Disability (SEND): a forgotten sub-population?

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INTRODUCTION

Military families research has enjoyed a resurgence in the past decade, leading to an improved understanding of the unique stressors associated with military family life.¹ Exposures such as parental separation, frequent family re-location,² increased risk of paternal common mental health disorder³ and post traumatic stress disorder, or alcohol misuse⁴ have been widely investigated leading to an evidence-base that has informed effective policy-making and intervention. However, this proliferation of research has not extended to include those families with a dependent who has Special Educational Needs and/or Disability (SEND); onwardly referred to as 'SEND military families' for ease of reference. SEND, for the purpose of this editorial, shall be defined in line with legislation as any physical, cognitive, mental or learning impairment which has a long-term (more than 1 year), adverse effect on a person's ability to carry out daily or educational activities. Very few papers, internationally, have investigated SEND military families, specifically.⁵⁻⁷ Therefore, little is understood about this sub-population and how the stressors associated with being in a military family interlock and combine with the stressors associated with having, or being, a dependent with SEND. Child psychological and educational functioning within this sub-population remains uninvestigated. Moreover, no papers were found that capture the lived-experience of the UK SEND military family population. This editorial, to the authors' knowledge, is the first paper to highlight UK SEND military families as an important, at-risk, sub-population requiring autonomous research. Key themes are outlined and

clear recommendations for future research are made.

A BUILDING MOMENTUM

The lack of research and understanding of UK SEND military families is now beginning to gain recognition and a momentum for change is building. In 2020, the Forces Additional Needs and Disability Forum (FANDF), facilitated by SSAFA, published 'Families Fighting on'⁸ which is the first report to spotlight the challenges faced by UK SEND military families. This report demonstrated that UK SEND families experienced difficulty in accessing appropriate education, healthcare and service provision; counter to goals for improvement within the 'Armed Forces Family Strategy (2016–2020)'.⁹ Subsequently, the Ministry of Defence (MoD) in its 'Living in our shoes: understanding the needs of UK armed forces families' report¹⁰ placed an emphasis on SEND, acknowledging the increased vulnerability of children to worsened educational outcomes, both for the child with SEND and their siblings. This increased focus on UK SEND military families is welcomed by the Naval, Army and Royal Air Force (RAF) Families Federations, as well as other organisations such as the Service Children's Progression Alliance (SCiP) and the Chronic Conditions and Disabilities in Defence Network (CanDiD). All of whom, for some time, have been highlighting UK SEND military families as a key beneficiary group in need of support. This momentum should now be used to proliferate meaningful and directed research to provide an evidence-base upon which to design future intervention and policy.

KEY ISSUES AND RECOMMENDATIONS FOR FUTURE RESEARCH

Prevalence of SEND among dependents in military families

The UK-wide Family Resources Survey¹¹ demonstrated that 7% of children in the UK live with a disability. However,

the generalisability of prevalence rates to UK armed forces families is currently unknown. The notification of a dependent's additional need, while mandatory for Army service personnel via Army General Administrative Instruction (AGAI) 108,¹² is optional for those serving in the Royal Naval Service and RAF. It is not known how many are compliant and register their dependent with SEND, or if local commanders are aware of the process to do so. Therefore, the resultant prevalence data from this process is problematic and would likely underestimate the true rate. Furthermore, it is unknown whether registering a dependent is beneficial to the family or whether it increases their exposure to stigma associated with having a dependent with additional needs. The MoD does not track outcome data for servicepersons in SEND families as they do for other demographic groups.⁸ Therefore, prevalence of SEND among military dependents is currently unknown. In line with recommendations in the FANDF report,⁸ it is recommended that the tracking of UK SEND families, as well as military families more widely, captures important demographic information such as category of need and/or disability.

Re-location and access to services

SEND families often experience additional barriers to accessing appropriate, specialist educational, medical and early intervention services for their children.^{13 14} The process of diagnosis for certain conditions can take many years and is often complex, involving multi-agency and multi-disciplinary input. This can often cause disruption to a family's continuity of care and delay diagnosis, preventing vital educational support and early intervention.¹⁵ For the SEND military family, these pre-existing barriers often interlock with additional stressors that arise from the unique demands of military service.^{6 8} This can cause increased disruption and worsened outcomes among SEND military families.^{5 6} The FANDF report demonstrated that 29% of respondents reported ongoing issues with diagnosis and educational support for their children.⁸ For many, re-locating to a different local authority during the diagnostic process was a key factor, with respondents experiencing multiple assessment re-starts and delays before achieving a diagnosis and, therefore, accessing appropriate educational support. The MoD 'living in our shoes' report demonstrated that missing months of education was not uncommon among children with SEND in UK military families.¹⁰ This is clearly unacceptable, and

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the recommendation to update the SEND code of practice to place an emphasis on service children is welcomed.

Even once a diagnosis had been achieved, many UK SEND military families reported that the diagnosis and resulting Education, Health and Care Plan are not accepted in the new local authority once re-located; restarting yet another lengthy and unnecessary assessment process.^{8 10} Furthermore, in the UK, the disparity of medical and educational SEND services between regions causes many families to experience difficulties in finding appropriate school places and treatment interventions in their new location.¹⁶ The problem of re-location is maximally exacerbated when a UK SEND military family relocates across a border between the devolved nations. This causes the family to experience an exaggerated mismatch in services and provision between locations, leading to detrimental disruption and delay. Research is required to capture the lived-experience of UK SEND military families grappling with local service provision, post re-location, in order to identify the specific barriers to accessing educational, health and service support for their children.

Re-location can also disrupt a family's access to physically adapted accommodation, with many UK SEND military families reporting delay in receiving appropriate physical adaptations in their new Service Family Accommodation (SFA).⁸ The MoD are currently piloting a 'Future Accommodation Model' that aims to increase the number of options available to armed forces families, to include subsidised, privately rented or owned accommodation.¹⁷ It is recommended that UK SEND military families are proportionately represented in the current pilot of the MoD's Future Accommodation Model to ensure this sub-population's views are heard and needs are met, should the scheme be adopted more widely in 2022.

Frequent parental separation

Children with SEND can have increased personal care and support requirements which often necessitate the sharing of parental responsibility in order to meet the child's additional needs. SEND military families, however, must also contend with frequent and prolonged separation from the serving parent, either through lengthy operational deployment or multiple military training exercises.¹⁸ Moreover, many SEND military families choose not to accompany their service person during

the working week and live in a separate, fixed location in order to achieve educational and medical continuity for their child.¹⁹ This 'weekending' arrangement is associated with increased parental stress and poorer outcomes across the military family.¹⁹ Frequent or prolonged parental absence, either via operational deployment or non-operational training, can be particularly disruptive to a SEND family as it impedes the involvement of one parent in their child's care; placing an additional burden on the remaining family members.⁵ No papers were found in the academic literature that describe how UK SEND military families cope with the adjustment of prolonged parental separation.

One possible coping mechanism might be to utilise a sibling in the household to share in parental responsibility once upheld by the absent parent. This would cause the sibling to become a 'young carer' who, if unsupported, can be at higher risk of poor mental health, decreased psychological functioning and worsened educational outcomes.²⁰ The FANDF report demonstrated that 12% of respondents reported siblings who were acting as carers or suffered as a result of the increased care burden of the child with SEND.⁸ The well-being, functioning and educational outcomes of siblings in SEND military families is, therefore, a key area for future research.

Family functioning, well-being and mental health

It is worth noting that having a dependent with SEND does not automatically result in increased mental illness, poor well-being or family dysfunction. It is recommended that research should avoid framing this population within a negative expectation of outcomes as this would ignore the important protective factors that exist among SEND families. While the literature provides evidence that parents of children with SEND are at an increased risk of high parental stress compared with parents generally, this stress is usually triggered by extra-familial factors such as failures in systems of support or lack of access to appropriate services.²¹ Stress and dysfunction typically occur when SEND families experience institutional barriers relating to the lengthy and disjointed process of diagnosis, disrupted access to specialist education or persistent experience of stigma.^{13 14 21 22} This can affect the psychological functioning and educational outcomes of both children and adults in SEND families.²³

It is possible, however, that UK SEND military families experience an interlocking of stressors that combine to cause high levels of disruption, higher risk of stress and poorer psychological outcomes.⁷ The interlocking of multiple stressors in SEND military families is likely to increase the risk of psychological and educational dysfunction among the family. More research is required to evidence this association and explore it in detail.⁶ Research should aim to capture the interlocking effect of stressors associated with being in a SEND military family, such as parental separation and family re-location, in addition to comparing outcomes of SEND military families with SEND families in the general population. Many existing data sets, such as the King's Centre for Military Health Research's cohort study and 'KIDS' study, contain rich and relevant data that are currently unexplored. This would be a good starting point, in the short term, for future research.

Retention and operational effectiveness

While it is crucial to increase the understanding of UK SEND military families, the effects on the service person and their military employment is also of vital operational importance. The FANDF report⁸ revealed that 18% of respondents felt that having a family member with SEND had negatively impacted on the service person's career, with many personnel reporting missed promotions and disrupted military service due to their child's condition. It was noted that while some respondents felt well supported at the time of completing the survey, many believed this support relied on the receptivity of local commanders which varied from posting to posting. There was a suggestion that having a lower rank worsened the effects of having a child with SEND on military employment.⁸ The recommendation within the FANDF report to include a SEND item on the Families Continuous Attitude Survey is useful as this could provide rich, quantitative data to explore the effect of having a child with SEND on retention in military service. Future research should aim to identify barriers to military service and retention in this sub-population.

CONCLUSION

This editorial has demonstrated a building momentum and focus on the requirement to better understand the lived-experience and outcomes among

Table 1 Main recommendations

Recommendation	Priority
Create a research working group to co-ordinate a comprehensive research agenda, inclusive of academic, armed forces and family stakeholders	Short term
Conduct a systematic review of literature relating to SEND military families	Short term
Utilise existing datasets to investigate SEND prevalence rates and outcomes among UK SEND military families	Short Term
Conduct a mixed-methods study to capture both the lived-experience as well as the educational and psychological outcomes for all family members in UK SEND military families	Medium term
Conduct a study to identify employment retention factors among UK SEND military families	Medium term
Repeat and expand the FANDF (2020) study	Medium term
Ensure that the Future Accommodation Model is inclusive of UK SEND military families and any effects, both positive and negative, are captured and assessed	Longer term
Work with the MoD to develop a protocol that improves data tracking for UK SEND military families	Longer term
As an evidence-base develops, this must be translated into effective policy and intervention where appropriate	Longer term

UK SEND military families. Key issues have been identified and a summary of the key recommendations for future research is contained in [Table 1](#). This editorial highlights UK SEND military families as an at-risk sub-population in need of urgent research and provides a basis on which to turn recent momentum into discernible and meaningful action.

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REFERENCES

- Hughes-Kirchubel L, Wadsworth S, Riggs D. *A battle plan for supporting military families*. Cham: Springer International Publishing, 2018.
- Russo TJ, Fallon MA. Coping with stress: supporting the needs of military families and their children. *Early Child Educ J* 2015;43:407–16.
- Goodwin L, Wessely S, Hotopf M, et al. Are common mental disorders more prevalent in the UK serving military compared to the general working population? *Psychol Med* 2015;45:1881–91.
- Fear NT, Iversen A, Meltzer H, et al. Patterns of drinking in the UK armed forces. *Addiction* 2007;102:1749–59.
- Warfield ME, Adams RS, Ritter GA, et al. Health care utilization among children with chronic conditions in military families. *Disabil Health J* 2018;11:624–31.
- Davis JM, Finke E, Hickerson B. Service delivery experiences and intervention needs of military families with children with ASD. *J Autism Dev Disord* 2016;46:1748–61.
- Aronson KR, Kyler SJ, Moeller JD, et al. Understanding military families who have dependents with special health care and/or educational needs. *Disabil Health J* 2016;9:423–30.
- Forces Additional Needs and Disability Forum (FANDF), SSAFA. 30th Anniversary Report: “Families Fighting On...”, 2020. Available: <https://www.ssafa.org.uk/media/qjda0iba/fandf-30-years-report-2020.pdf> [Accessed 7 Oct 2020].
- MoD. UK Armed Forces Families’ Strategy (2016–2020), 2016. Available: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/492121/20160108-UK_Armed_Forces_Families_Strategy_2016.pdf [Accessed 7 Oct 2020].
- MoD. Living in our shoes: understanding the needs of UK armed forces families, 2020. Available: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/895236/Living_in_our_shoes_Full_Report__1__embargoed_30_June.pdf [Accessed 7 Oct 2020].
- Department for Work and Pensions. UK-Wide family resources survey (2017/18), 2020. Available: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/791271/family-resources-survey-2017-18.pdf [Accessed 7 Oct 2020].
- British Army. Army general and administrative instructions: chapter 108, 2016. Available: https://aff.org.uk/wp-content/uploads/2018/02/agai_108.pdf [Accessed 7 Oct 2020].
- Hock RM, Timm TM, Ramisch JL. Parenting children with autism spectrum disorders: a crucible for couple relationships. *Child Fam Soc Work* 2012;17:406–15.
- Gupta VB. Comparison of parenting stress in different developmental disabilities. *J Dev Phys Disabil* 2007;19:417–25.
- Lappé M, Lau L, Dudovitz RN, et al. The diagnostic odyssey of autism spectrum disorder. *Pediatrics* 2018;141:S272–9.
- House of Commons Education Committee. Special educational needs and disabilities: first report of session 2019, 2019. Available: <https://publications.parliament.uk/pa/cm201919/cmselect/cmeduc/20/20.pdf> [Accessed 7 Oct 2020].
- GOV.UK. What you need to know about the future accommodation model, 2020. Available: <https://www.gov.uk/government/publications/future-accommodation-model-what-you-need-to-know/what-you-need-to-know-about-fam-pilot-overview> [Accessed 7 Oct 2020].
- Jain V, Stevelink SAM, Fear NT. What are the best and worst things about having a father in UK armed forces? Analysis of free text responses. *J R Army Med Corps* 2017;163:115–8.
- Naval Families Federation. The effect of non-operational family separations on family functioning and well-being among Royal Navy and Royal Marines families, 2019. Available: https://nff.org.uk/wp-content/uploads/2019/06/NFF_KCMHR_Full_Report.pdf [Accessed 7 Oct 2020].
- Department for Education. Lives of young carers in England: Omnibus survey report, 2017. Available: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/582575/Lives_of_young_carers_in_England_Omnibus_research_report.pdf [Accessed 7 Oct 2020].
- Dervishalija E. Parental stress in families of children with disabilities: a literature review. *J Educ Soc Res* 2013.
- Baker BL, McIntyre LL, Blacher J, et al. Pre-School children with and without developmental delay: behaviour problems and parenting stress over time. *J Intellect Disabil Res* 2003;47:217–30.
- Pottie CG, Ingram KM. Daily stress, coping, and well-being in parents of children with autism: a multilevel modeling approach. *J Fam Psychol* 2008;22:855–64.