

What's the Evidence?

Children with Additional Needs and a Parent/Carer in the Military

Key findings

- It is unclear how many children with a parent/carer who works for a military service have additional needs.
- Characteristics of military family life may be associated with increased prevalence of childhood disability.
- Currently there is no high-quality UK-based evidence that children with a parent/carer who works for a military service have higher rates of additional needs.

What were we asked?

A community paediatric nurse noticed that a large percentage of children with complex care needs she sees have a parent in the armed forces, so asked if this observation was recognised and if it was, were there any ideas as to why it might be?

This is an interesting epidemiological question. Epidemiology is the study of health in populations or sub-groups of the population, examining personal factors and exposures affecting health.

What did we do?

We considered this query as a research question using the PICO format (see <http://www.pencru.org/research/researchterms/#pico>). Definitions are difficult as the complex structure of the armed forces and the different classifications of complex care needs mean neither can be treated as a single entity. However, in order to gather the most complete picture possible, broad definitions were used with 'armed forces' including all families wherein a family member works for a military service and 'complex care needs', including additional health and educational needs. This reflects the most commonly reported indicator in UK routine data which is the number of children with statements of Special Educational Needs (SEN).

Using these definitions and variants, we searched a range of routine data/academic databases and

military charity websites for evidence to answer the question. We also contacted Devon County Council to ask for local information and the Children's Education Advisory Service (CEAS), part of the Ministry of Defence, who provide advice about the education of children who have a parent/carer in the military.

Why focus on children with a parent/carer who works for a military service?

Childhood disability is typically associated with a range of socio-economic factors.¹ Families with a parent/carer working for a military service may share the same characteristics with the general population, but may be predisposed to other associated factors. For example, they often live in military bases, away from extended family and frequently children are in the care of a sole parent during deployment.²

Additionally, they differ from families in the general population because they may have:

- to move home more often
- emotional pressures of deployment for long periods in conflict zones
- family relationship problems on return from deployment
- potential exposure to toxic/chemical substances

The UK South West region has the second highest military population in England with around 37,000 armed forces personnel, largely in Wiltshire, Plymouth and Devon.³

What did we find?

Is there an association between children with a parent/carer who works for a military service and additional needs?

- A report commissioned by The Royal Navy and The Royal Marines Children's Fund in 2009 found that within the Wiltshire County Council area, the percentage of children with a parent/carer in the military with a statement of SEN was reportedly higher than the general Wiltshire child population.²
- Conversely, a 2010 Department of Education report suggests that children with a parent/carer in the military were less likely to have special educational needs.⁴
- Devon County Council reports a lower percentage of children with a parent/carer in the military with a statement of SEN than in the general Devon child population.⁵
- One school in Devon has a high proportion of children from a military background and a high level of special educational needs⁶. However, this school is in a socio-economically deprived area which may confound the analysis (e.g. are the results because of the high proportion of military families or because of the deprivation?). The small number of children being compared also limits how this data can be interpreted.
- Caution is required to infer from these findings due to the limitations of the data collection processes. Definitions of additional health and educational needs vary. The process of getting a statement of SEN may also be more difficult for a family who move around.²
- Army families are required to register their child with the Children's Education Advisory Service (CEAS) if their child has a statement of SEN; but it is only an option for other military service personnel based in the UK, so their statistics are likely to be incomplete.⁷
- In 2013, the House of Commons Defence Committee acknowledged this lack of clarity about the number of children with SEN who have a parent/carer in the military and recommended better systems be established.⁸

Is there any research evidence of the impact of military life on child health?

- Two studies have compared the health of children with a parent/carer in the military and civilian children. Williams et al (2004) surveyed over 6,000 military families whose children were eligible to receive care from the US military health system and found 23% of the children had additional health needs, which is at the upper-end of the normal range found in other population samples in the US.⁹
- In the UK, Yoong et al (2000) followed 551 babies (23% armed forces) in a cohort study and found that the health outcomes of military and civilian babies did not differ overall but the study only followed the cohort till they were six months old.¹⁰
- White et al (2011) conducted a systematic review of studies examining the impact of parents' deployment to Iraq or Afghanistan on their children's health and well-being. Nine American studies were included which showed an increase in emotional/behavioural problems, but these were suggested to be associated with concurrent factors, notably parental mental ill-health.¹¹
- Since that review, two further American studies have reported that during deployment, spouses and children report more emotional and behavioural symptoms (Aranda et al, 2011)¹², greater use of health services and reliance on medication (Larson et al, 2012)¹³.
- A small body of evidence is also reported in respect of the positive aspects of being a child with a parent/carer who is in the military, including educational attainment⁴ and a sense of pride and identity²; however we found no systematic reviews that considered such positive impacts.
- The available literature is very limited and results cannot be generalised due to the way samples were convened in the American studies and limitations in the study designs used.
- King's College London is currently working on a study, looking at the impact of military service on the well-being of children of UK service personnel. Results will be available by end of 2014. See: www.kcl.ac.uk/kcmhr/research/kcmhr/kidsstudy.aspx

Our conclusions:

- We didn't find any high-quality evidence for an association between children who have a parent/carer who works for a military service and additional needs, especially in the UK.
- It is crucial that consistent definitions of disability, additional health and educational needs are utilised in routinely collected data.
- Military services comprise a range of personnel that have differing risks that could predispose children to having additional health and educational needs. The risks may be shared with the general population (such as socio-economic factors), or are specific to military life. The topic merits further investigation.

References

1. Blackburn C, Read J & Spencer, N. 2012. Children with neurodevelopmental disabilities. Annual Report of the Chief Medical Officer. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252659/33571_2901304_CMO_Chapter_9.pdf
2. Royal Navy and Royal Marines Children's Fund. 2009. The Overlooked Casualties of Conflict. Available from: http://rnmchildrensfund.org.uk/wp-content/uploads/old/overlooked_casualties_of_conflict_report.pdf
3. Ministry of Defence, Statistical Release, Oct 2013. Available from: <http://www.dasa.mod.uk/publications/personnel/combined/quarterly-location-statistics/2013-10-01/1-october-2013.pdf>
4. Department of Education (DoE). 2010. The Educational Performance of Children of Service Personnel. Research Report: DFE-RR011. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182525/DFE-RR011.pdf
5. Department for Education School Census. Spring 2013. To access this information; contact via <http://www.devon.gov.uk/index/learningschools/educationstatistics/edstats-schoolcensus.html>
6. Devon County Council. 2012. Armed Forces Community Covenant Task Group. Available from: http://www.devon.gov.uk/armed_forces_report_final1.pdf
7. Direct Correspondence received from CEAS 14th Jan 2013.
8. House of Commons Defence Committee. 2013. The Armed Forces Covenant in Action? Part 3: Educating the Children of Service Personnel. Available from: <http://www.publications.parliament.uk/pa/cm201314/cms/elect/cmdfence/586/586.pdf>
9. Williams TV, Schone EM, Archibald ND & Thompson JW. A National Assessment of Children with Special Health Care Needs: Prevalence of Special Needs and Use of Health Care Services Among Children in the Military Health System. *Paediatrics*, 2004; 114 (2) 384 - 393.
10. Yoong SY, Miles D, McKinney PA, Feltbower RG & Spencer N. Are Armed Forces infants more at risk than civilian infants? *Public Health*, 2000; 114, 374-9.
11. White CJ, De Burgh HT, Fear NT, Iverson AC. The impact of deployment to Iraq or Afghanistan on military children: A review of the literature. *International Review of Psychiatry*, 2011; 23: 210-7
12. Aranda MMC, Middleton LS, Flake ME & Davis BE. Psychosocial Screening in Children with Wartime-Deployed Parents. *Military Medicine*, 2011; 176, 4:402.
13. Larson MJ, Mohr B, Adams RS, Ritter G, Perloff J, Williams TV, Jeffrey DD & Tompkins C. Association of Military Deployment of a Parent or Spouse and Changes in Dependent Use of Health Care Services. *Med Care*, 2012; 50 (9) 821-8.

Signposts to other information

A number of organisations exist to support military families, including:

- HMS Heroes (national group for children) <http://www.plymouthcurriculum.swgfl.org.uk/hms/heroes/>
- Soldiers, Sailors' and Airmen's Families Association <http://www.ssafa.org.uk/>
- Royal Navy & Royal Marines Children's Fund <http://rnmchildrensfund.org.uk/>
- Children's Education Advisory Service <https://www.gov.uk/childrens-education-advisory-service>

We would like to hear your feedback on this summary – please email us at penclu@exeter.ac.uk if you have any comments or questions.

This information is produced by PenCRU researchers and reviewed by external experts. The views expressed are those of PenCRU at the University of Exeter Medical School and do not represent the views of the Cerebra charity, or any other parties mentioned. We strongly recommend seeking medical advice before undertaking any treatments/therapies.