Unpaid Carers in the Armed Forces community

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About RBL and support for Carers

The Royal British Legion (RBL)

The Royal British Legion is at the heart of a national network that supports our Armed Forces community through thick and thin – ensuring their unique contribution is never forgotten. The Armed Forces community consists of serving personnel, Reservists, Veterans, and their respective family members and dependants.

As the country's largest Armed Forces charity, we couldn't be prouder of our national network of over 175,000 members and over 50,000 volunteers. Without their passion and dedication, our work would not be possible. We also work with many partners and other charities to direct support wherever and whenever it is needed, so we can help everyone who approaches us.

We support serving and ex-serving personnel of the Royal Navy, Royal Marines, British Army, Royal Air Force, Reservists and their families. Our support starts after one day of service and continues long after life in the Armed Forces.

We help veterans young and old transition into civilian life, helping with physical and mental wellbeing, financial and employment support, care and independent living, local community connections and expert guidance.

We give the Armed Forces community a voice by championing their interests and campaigning on key issues. We often call on members of the public to add their voice to help us make a real impact. And as part of a national network we work with other charities and organisations to amplify our voice.

Admiral Nursing

RBL's Admiral Nursing service is run in partnership with Dementia UK to support those in the Armed Forces community caring for someone with dementia (the member of the Armed Forces community can be either the person with dementia or their carer). Admiral Nurses provide practical, emotional and psychological help to give the family unit healthy ways to cope as the illness progresses. As a result, carers will feel less isolated and more connected to those who can give them help, as well as more able to provide a positive, caring environment for their loved one.

Additionally, carers benefit from other support services provided by RBL to anyone in the Armed Forces community. These include:

- Advice
- Community support, including the RBL Network for Carers delivering a national network of social groups offering support to carers in the Armed Forces community
- Financial guidance and hardship support
- Help living at home
- Recovery services for wounded, injured and sick serving personnel and veterans
- RBL's 6 care homes
- Research and campaigning

For more information contact us at **rbl.org.uk** or call us at **0808 802 8080**.

Foreword

Charles Byrne
Director General,
The Royal British
Legion.

For 100 years, the RBL has been proud to be the forefront of supporting the Armed Forces community of veterans, serving personnel and their families. We are at the heart of a national network providing lifelong support and shining a spotlight on the issues that affect all those who serve and their families.

Previous RBL research has found that members of the ex-Service community are more likely to have a caring responsibility for a family member, friend or neighbour. This report goes further by examining the experiences of members of the Armed Forces community who provide unpaid care for a loved one, listening to their voices and raising awareness of their needs.

I hope that this report will contribute to the national conversation on the role of unpaid carers, raising awareness of an undervalued group of carers who play a crucial role in supporting members of the Armed Forces community with additional needs or disabilities. We want carers in the Armed Forces community to feel that their caring role is valued by the services they come into contact with. Findings from this research suggest that carers feel under supported despite the negative impact caring responsibilities can have on their health and wellbeing. These carers would benefit from access to respite provision, peer support, and suitable mental health provision.

This report puts forward a number of recommendations for consideration, which we believe will address some of the unique issues experienced by unpaid carers in the Armed Forces community. Every carer's story is different, and it is by valuing and acting upon their experiences that we can achieve positive changes that improve their lives.

Charles Byrne
Director General

Introduction

Within the UK's public and political discourse, the needs of unpaid carers, and their vital importance in meeting the care demands of the population, are being increasingly recognised. Recent years have seen developments such as quality standards to support unpaid carers[1] and the development of a carers action plan for England.[2] Yet unpaid caring disproportionately affects the UK ex-Service community. Previous RBL research has shown that working-age members of the ex-Service community are more likely than the adult population of England and Wales to have caring responsibilities; 23% compared to 12% in the 16-64 age group nationally.[3] Despite this, there is a lack of knowledge about the profile, needs, and experiences of members of the Armed Forces community who provide unpaid care. Through the evidence presented in this report, RBL investigates the impact of unpaid caring on this group in order to make recommendations for how support could be improved.

This report begins to explore the needs of this under-researched section of the Armed Forces community, and we hope it is just the opening chapter of a much-needed dialogue. Further research is necessary to form a picture of these carers and the people that they care for, enabling the UK Armed Forces sector, care providers, and wider charitable and statutory services to support them more effectively. The COVID-19 pandemic has seen increased pressures place upon unpaid carers,[4] giving this work new urgency.

RBL's aim is for carers in the Armed Forces community to feel valued and receive support that is tailored to their needs, thereby improving their quality of life and that of those they care for.

Defining carers in this research

For the purposes of this report, a carer is someone who provides unpaid support to another person who requires help due to their own health needs. The person requiring help could be of any age. Those requiring support may have different levels of care needs. The help or support the carer provides might include personal care and help with everyday tasks, emotional care, managing finances, or transport. This research is not about paid care workers, who provide care as part of their employment.

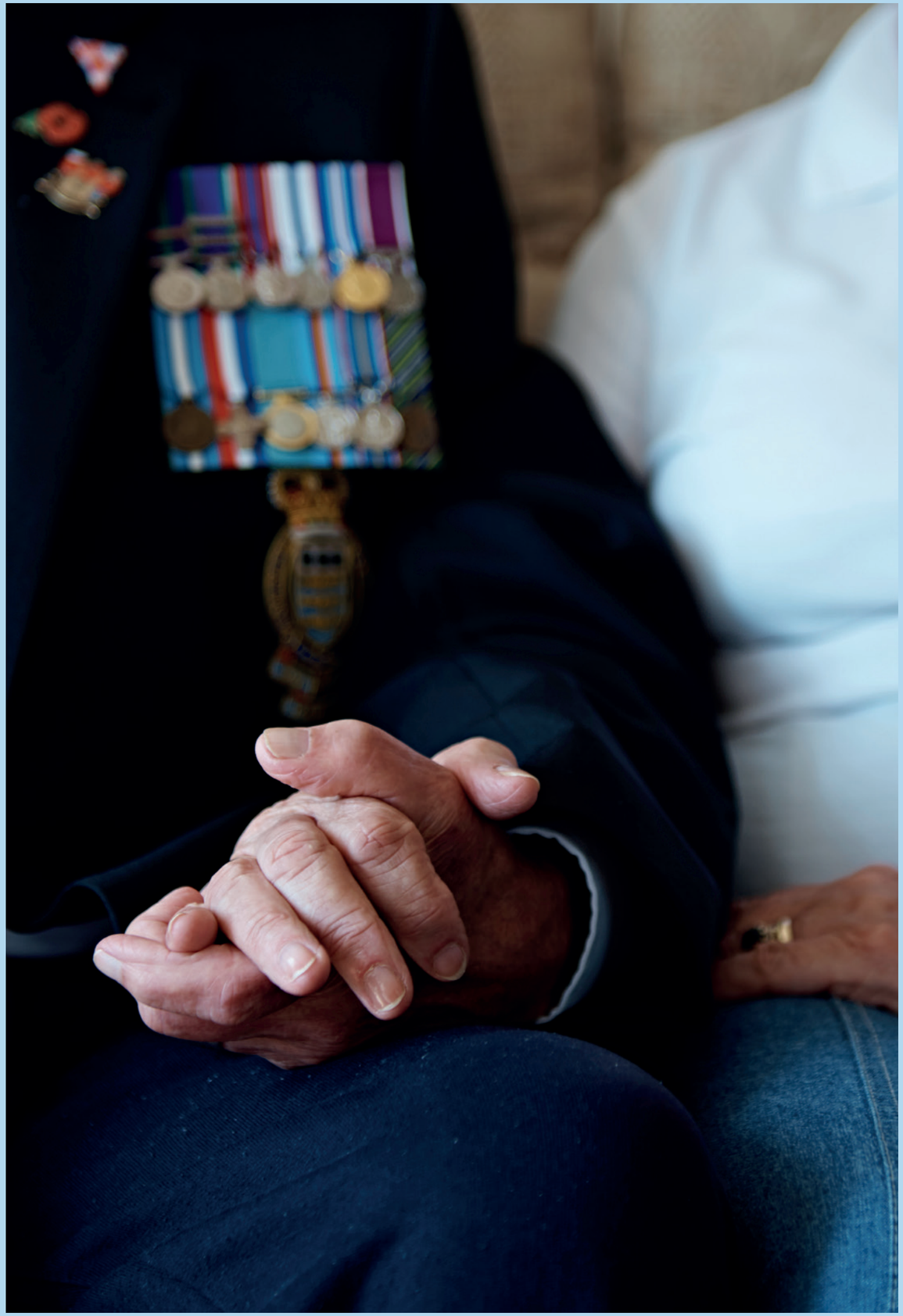
The NHS England definition of a carer is as follows:

> **"A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid"[5]**

However, some individuals who provide unpaid care may not perceive or label themselves as 'a carer'.[6] In line with tested wording in the 2021 Census,[7] the definition used to determine the eligibility of individuals to participate in this research was as follows:

> **"Do you look after, or give any help or support to anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age? Do not count anything you do as part of your paid employment"**

This definition supports identification of carers through self-reporting, by framing it around the practical care they provide, and enables comparisons to be made with the general population.



Research methodology

The aim of this research is to improve knowledge of the profile, needs, and experiences of members of the UK Armed Forces community who provide unpaid care; using this knowledge to inform policymakers on how their needs can be better supported. In order to achieve this we undertook a scoping study of existing literature which informed further primary research via a survey of carers within the Armed Forces community.

This research used a mixed methods approach, using both quantitative and qualitative methods.

1. A desk-based review of relevant UK and international academic literature, as well as policy documents.

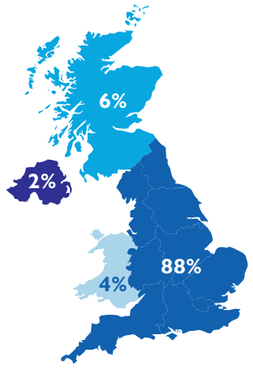
There is a lack of substantive UK based research into carers in the Armed Forces community, which is a barrier to understanding their needs and experiences. This report uses relevant insights from international literature. While significantly different health and care systems, as well as policy and military contexts should be acknowledged, international practice provides useful insight into how to better support this community.

We have applied a widely used and rigorous methodology for a scoping study[8] with the aim of summarising existing broad research findings, identifying any gaps in research, and contextualising the investigation. The question that was explored was: What can be identified from the existing literature about the needs and experiences of carers in the Armed Forces community?

Literature was found using relevant key words, and included based on relevance to the UK Armed Forces community and the research question. All literature included was published in the last ten years to ensure a level of contemporary relevance. Along with a range of policy documents, 34 academic articles were reviewed as part of this work, and informed how the research engaged with carers on issues related to their caring experiences. Policy literature is used to contextualise carers legislation and policy in the UK and investigate the number of carers in the UK Armed Forces community. Additionally, policy literature on carers in the general population is used to draw comparisons with carers in the Armed Forces community.

2. A qualitative and quantitative online survey was carried out between 4 March and 5 April 2021, which was completed by 366 unpaid carers in the Armed Forces community, 358 of whom live in the UK.

The survey provided an anonymous method for carers to share their experiences, collecting both qualitative and quantitative insights without requiring a large time commitment from carers who participated. Results from the survey are quoted heavily in this report. However online methods are not accessible to all, and as the survey was targeted at carers it may not have captured the views and experiences of those who provide care but would not define themselves as a carer. Due to the COVID-19 pandemic there were limitations on field research throughout 2020 and 2021.



All information was handled according to General Data Protection Regulations (GDPR).

Location of survey respondents		
England	88%	316
Scotland	6%	21
Wales	4%	15
Northern Ireland	2%	6

The national representation of research participants makes it possible to make suggestions about the UK wide Armed Forces caring community, as each nation of the UK was represented approximate to their proportion of the UK population.[9] However, due to lower numbers of respondents outside of England, recommendations specific to the Scottish, Welsh, and Northern Irish health and care contexts are not possible. Nevertheless, issues experienced by carers in the Armed Forces community are cross border rather than restricted to England, and some comparisons to carers in the general population will use UK-wide data where information is not available by nation. A number of recommendations will apply to the whole of UK and be beneficial to carers living outside of England, particularly those affected by MoD policy.

The survey also received 8 responses from carers in the ex-Service community living outside the UK, with a connection to the UK Armed Forces community. However, as this report focuses on improving support for carers living in the UK, those living outside the UK are out of scope in this report and have been removed from analysis.

Carers legislation across the UK

The UK Government has committed to putting the needs of unpaid carers at the centre of a green paper on social care reform in England,[10] which has been delayed several times and at the time of writing has no set publication date. RBL believes that effective adult social care is vital to enable veterans, serving personnel, and their dependents to maintain wellbeing and independence for as long as possible, and to support the most vulnerable to live with dignity. When compared to the general UK population, a greater proportion of the ex-Service community are elderly, with associated care needs, and have a limiting illness or access sickness and disability benefits.[11] Reform should not further shift responsibility onto unpaid carers, who are not a replacement for formal and specialised care support. Substantive reform of the social care system, which values the role of unpaid carers, is required.

RECOMMENDATION: The UK Government and devolved administrations should bring forward proposals for reform of social care at the earliest possible opportunity, with specific recognition of the needs of the Armed Forces community within the proposals.

However, in lieu of substantive reform practical improvements can be made for unpaid carers within current systems.

Carers legislation is a devolved matter. However, in each nation of the UK carers are entitled to have their needs assessed by a relevant local authority or statutory body.

In England, the 2014 Care Act introduced new rights for adult carers in England, while carers under the age of 18 are recognised under children's law.[12] For the first time, carers were recognised in law in the same way as those that they care for, and can be eligible for support in their own right.[13] The Act places a statutory duty on local authorities to carry out a carer's assessment if it appears that the carer may have need for support, whether now or in the future. The assessment should be carried out regardless of the type of care they provide or whether the person they care for has had a needs assessment. Whether support is then provided will depend on the local authority's eligibility criteria.

In Scotland, the 2016 Carers (Scotland) Act came into effect in 2018, giving carers the right to a support plan or statement without first requiring them to be providing care on a substantial and regular basis. The Act requires each local authority area to set local eligibility criteria for support to carers, and for local carer strategies to be developed setting out plans to identify and support carers.[14] Carer involvement is a key principle, and a Carer's charter, to help carers understand their rights under the Act, was published in 2018.[15]

In Wales, the 2014 Social Services and Well-being (Wales) Act, which came into effect in 2016, imposes a duty on local authorities, health boards and Welsh ministers requiring them to promote the well-being of those who need care and support, or carers who need support.[16] Carers have an equal right to an assessment for support as those they care for. A national eligibility framework determines eligibility for support from local authorities.

In Northern Ireland, the most recent strategy for carers is the 2006 Caring for Carers.[17] The 2002 Carers and Direct Payments Act places an obligation on Health and Social Care Trusts to inform carers about their right to an assessment.

Carer's Allowance, the only benefit specifically aimed at unpaid carers, is paid by the Department for Work and Pensions (DWP) across the UK, while Social Security Scotland pays a Carer's Allowance Supplement in Scotland.[18]

The Armed Forces Covenant

Following a campaign by RBL, in 2011 the Government enshrined the Armed Forces Covenant (the Covenant) into legislation. The Covenant pledges the following:

'Those who serve in the Armed Forces, whether Regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved'[19]

The Covenant applies to all members of the Armed Forces community and is an obligation that the whole of society is responsible for delivering.

The Department of Health and Social Care's (DHSC) Carers Action Plan 2018-2020, the most recent set of proposals for improving support for carers in England, reiterates the department's – and by extension the Government's - commitment to the Covenant.[20]

NHS England and NHS Improvement's 2021 *Healthcare for the Armed Forces community: a forward view* reiterates the importance of the Covenant in the context of healthcare noting that:

"Commissioning good quality healthcare for the Armed Forces community should be based on the Covenant"[21]

In this research, carers in the Armed Forces community gave examples of disadvantages they face, including access to support and the impact of deployment upon their ability to carry out caring responsibilities. Special consideration is particularly relevant for members of the Armed Forces community who require care due to Service attributable conditions.

"NHS England and the Ministry of Defence will work to improve support for armed forces carers, in keeping with the intent of the Armed Forces Covenant, whereby service personnel and their families are not disadvantaged as a consequence of service in the armed forces. NHS England will jointly raise awareness of the health-related aspects of support for carers in the armed forces and will make sure this work reaches relevant stakeholders at their annual armed forces carers conferences.

The Ministry of Defence and NHS England will continue to work together to support armed forces carers, particularly through the work of the Ministry of Defence on the UK armed forces families strategy and work regarding safeguarding. The commitment to the Covenant considers adult, young adult and young carers, and acknowledges the need to best support a community that often does not have access to broader familial support. A holistic approach to armed forces carers recognises the need for timely access to care and services."

DHSC (2018), Carers Action Plan 2018-2020

How many unpaid carers are there in the UK Armed Forces community?

The survival rates of British Armed Forces personnel sustaining serious injuries has improved substantially over the last two decades,[22] and it has been estimated that 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.[23] The sometimes complex health needs of serving personnel and veterans affects the care required, which may often be provided by unpaid carers.

In 2014, RBL published what at that time was the largest survey to date of the UK ex-Service community, looking at its size, profile and needs. The survey highlighted that compared with the adult population of England and Wales, the working-age ex-Service community is almost twice as likely to have an unpaid caring responsibility for a family member, friend or neighbour; 23% compared to 12%. This is equivalent to around 990,000 people.[24]

Within the general population, it is estimated that a further 4.5 million individuals began providing unpaid care during the COVID-19 pandemic, but it is not known how many of these carers are in the Armed Forces community.[25] The Veterans CHECK study, which explores the impact of the COVID-19 pandemic on a veteran cohort, found that 18% of veterans reported new or extra caring responsibilities because of the pandemic.[26] Given that members of the Armed Forces community are more likely to be carers and may face unique issues linked to the military lifestyle and a lack of awareness of military culture among policy makers and practitioners, more tailored information needs to be gathered. RBL successfully campaigned for the incorporation of a veteran identifier question in the 2021 Census for England and Wales (and 2022 Census in Scotland), which will enable information to be cross-referenced and provide insight into carers who are veterans or live with a veteran. Exploration of this data would improve the evidence base on carers in the Armed Forces community and enable more effective targeting of support.

RECOMMENDATION: The Office for Veterans' Affairs should support the Office of National Statistics in carrying out a bespoke data linkage analysis of census data on caring, veteran and dependent status from the 2021 Census in England and Wales.

The impact of COVID-19

Linked to a potential increase in caring responsibilities during the COVID-19 pandemic, half of the carers who responded to our survey have seen a reduction in the availability of support and services since the start of the pandemic that they and the person they care for need.

Around 1 in 6 have not been able to access any of the support and services they used prior to the pandemic, and just over 1 in 3 have only been able to access some of the support and services they previously used. Compared to all carers who responded, family members of serving personnel were almost twice as likely not to be able to access any of the services and support that they did before the pandemic.

"Support has dramatically reduced since Covid & has not been re-instated anywhere near what it was prior to Covid which was only just workable"
Survey respondent

Only a tenth of all respondents have been able to access all of the services and support they used before the pandemic. This proportion was even lower among serving carers (5%) and the family members of serving personnel (2%).

The negative impact of the COVID-19 pandemic on access to support was a common theme raised by carers.

"My responsibilities have increased in the last 12 months but because of lock-down I have not felt able to access any support"

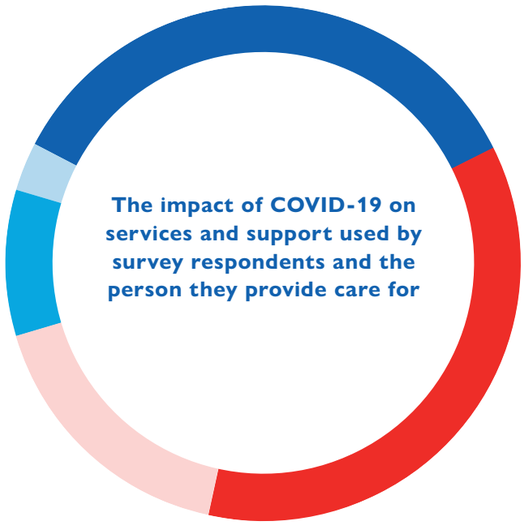
"Covid is the perfect cover to explain away the lack of support activities but they were not there in the first place"

"We're consistently fighting for help during the Pandemic"

The pandemic had also caused some carers to feel isolated.

"A year of virtually no company apart from a partner with advanced dementia cannot be understood unless you live it"

"We were cut off at the start of the pandemic and basically abandoned without anyone getting in touch"



- **36%** We have only been able to access some of the services and support we used before the pandemic.
- **35%** We were not accessing any services and support before the pandemic.
- **17%** We have not been able to access any of the services and support we used before the pandemic..
- **9%** We have been able to access all of the services and support we used before the pandemic.
- **3%** We have been able to access more services and support than we used to before the pandemic.

Research participants – demographics

In line with the aim of this report to form a picture of carers in the Armed Forces community and raise awareness of this group, this section outlines the profile of carers in the Armed Forces community who participated in this research by responding to our survey. These survey respondents are not representative of all carers in the Armed Forces community, but the results give an indication of the demographics and needs of this group.

The online survey carried out for this research was marketed using charitable and statutory networks, and targeted at anyone with caring responsibilities in the Armed Forces community. 358 complete responses were received from across the UK serving and ex-Service community.

The analysis of results is primarily focused on the four largest groups of UK carer respondents;

- Veterans who are carers (*n = 148 people, 41%*)
- Carers who care for a veteran (*n = 76, 21%*)
- Carers who have a serving person in their immediate family (but the person they care for is not the serving person) – for brevity this group will be referred to as serving family carers (*n = 50, 14%*)
- Carers who currently serve in the UK Armed Forces (*n = 45, 13%*)

The survey asked carers who care for more than one person to answer in relation to the person they spend the most time helping.

Age

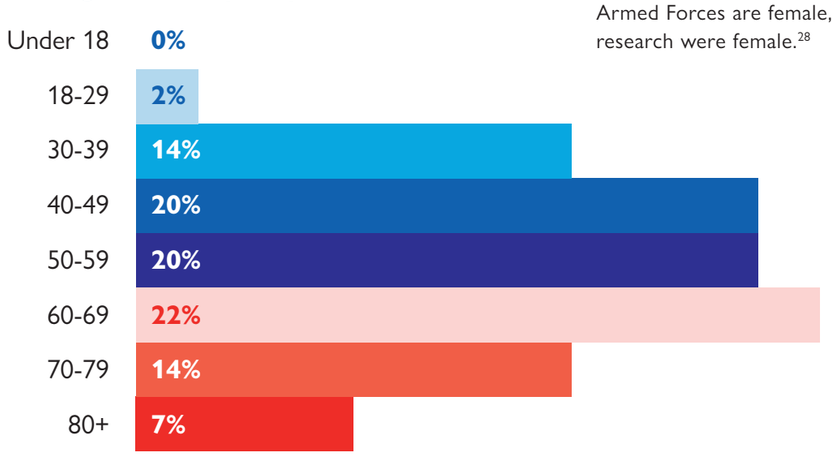
RBL's 2014 Household Survey found that those of retirement age in the ex-Service community are almost as likely to have caring responsibility (18% of people) as younger people were (23%). Conversely, the survey carried out for this report saw a higher representation from older carers. Serving carers and serving family carers reported a younger age profile. Carers who are veterans, those caring for veterans, and those who are both a veteran and caring for a veteran, have an older age profile. No young carers (carers under the age of 18) responded to the survey.

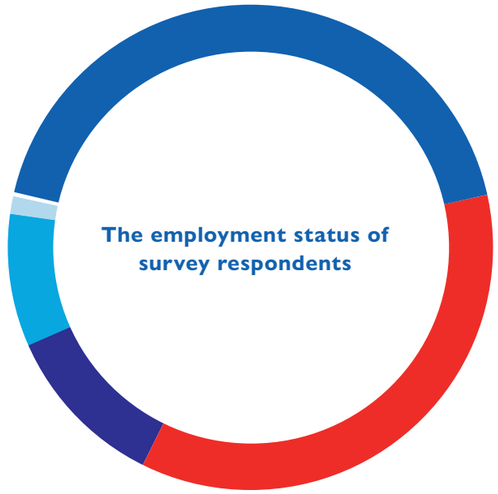
Gender

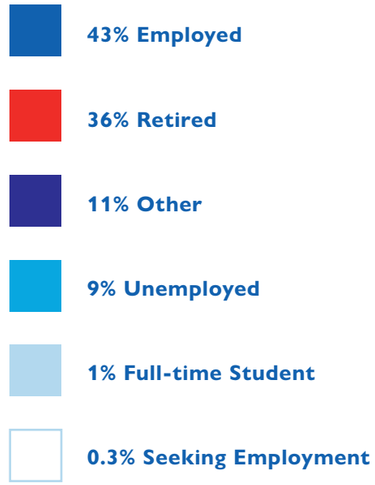
Respondents to the survey highlight a potential difference between carers in the general population and in the Armed Forces community. In the general population of England and Wales, around three-fifths of unpaid carers (58%) are female. While we cannot say with certainty whether this is replicated within the Armed Forces community, our survey returned an equal split of male and female carer respondents.

However, some findings may indicate that increased caring responsibilities are placed on female carers. 92% of survey respondents providing unpaid care for a veteran were female, consistent with research findings from the US which found that 96% of those who care for veterans are female.[27] This could imply that female carers are bearing the brunt of providing care for veterans with Service attributable care needs. Among serving carers, women were over-represented among those with caring responsibilities and appear, therefore, to be potentially more likely to provide care than their male counterparts. 11% of the UK Regular Armed Forces are female, yet 27% of serving carers in this research were female.[28]

The age of survey respondents







Employment status

The rate of employment among carer respondents is similar to the general caring population in the UK, in which 39% of carers report being in paid work.[29] Carers in England report that caring has a significant effect on their ability to manage full-time employment, with many reducing their working hours or leaving paid work to provide care.[30] This was replicated in our survey, with two in five carers (39%) reporting that caring responsibilities have had a negative impact on their ability to carry out paid employment in the past year. This group of respondents were subsequently twice as likely to be unemployed compared to respondents as a whole.

The impact of caring responsibilities on employment may be exacerbated by other issues faced by Service leavers, with some veterans reporting difficulties sustaining employment due to physical and mental health problems (both Service and non-Service related) acting as barriers to sustaining paid work.[31]

The negative impact of caring responsibilities upon the ability to carry out paid employment was pronounced among serving family carers, with 69% feeling a negative impact. For partners or spouses of serving personnel, caring responsibilities may interact with other barriers to employment, including problems with suitable childcare, postings and deployment, and a military culture that can view spouses and partners solely as dependants of the serving person.[32]

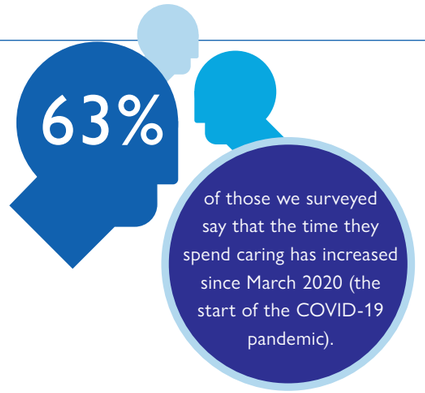
Carer respondents were frustrated at a lack of financial assistance from the Government and some saw this as evidence they were not valued. They felt that the financial impact of caring, including giving up work to provide care, was not recognised, with one carer suggesting carers are seen 'as a cheap labour force'. Around half (47%) of respondents said that their caring responsibilities have had a negative impact on their financial situation or finances in the last year.

"Carers save the government approx. £132 billion a year, in return they give us £67 per week"

"Support for Carers at the moment isn't suitable to those also trying to work. It's not tailored to younger Carers. In most Armed Forces cases, an entire income has been lost and there's nothing to fill that gap"

Note - Where grammatical errors are present in quotations from survey respondents, some minor corrections have been made without changing the substance of the quotation.

Experiences of caring



Half of survey respondents spend 50 or more hours a week providing care. The COVID-19 pandemic is likely to have led to an increase in the amount of care that Armed Forces carers provide, with 63% of those we surveyed saying that the time they spend caring has increased since March 2020 (the start of the COVID-19 pandemic).

Hours spent caring per week across different groups of survey respondents

Hours caring per week	ALL	Serving carers	Serving family carers	Veteran carers	Caring for a veteran
1 - 19 hours	20%	22%	6%	24%	21.3%
20 - 49 hours	26%	51%	26%	19%	25.3%
50 + hours	54%	27%	68%	57%	53.3%

Drawing a clear comparison to the general population is complex due to varied estimates over recent years. Compared to the 2011 Census, carers in the Armed Forces community spend more time caring.[33] Compared to Carers UK's 2019 *State of Caring* survey (a large and more recent survey of UK carers) they spend less time caring on average than the general carer population.[34] As has already been recommended, it is hoped that a cross comparison between questions about caring, veteran and dependent status in the results of the 2021 Census will support policymakers to draw a clearer comparison and improve their evidence base on the experiences of these carers.

Hours spent caring per week compared to carers in the general population

Hours caring per week	Our survey	2011 Census[35]	2019 State of Caring[36]
1 - 19 hours	20%	22%	6%
20 - 49 hours	26%	51%	26%
50 + hours	54%	27%	68%

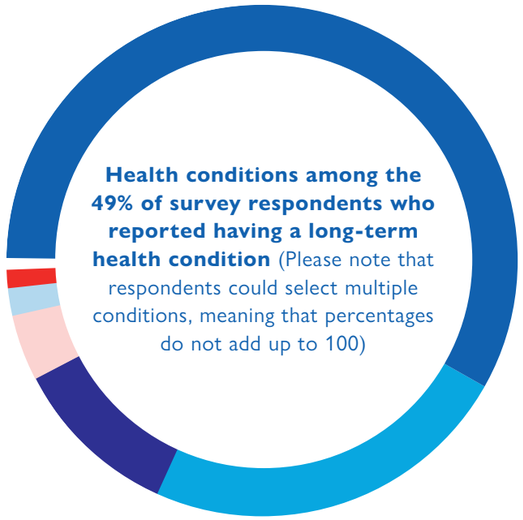
Not only does this evidence indicate that carers in the Armed Forces community are spending a high amount of time caring, there also appears to be long term commitments, with 1 in 5 respondents to our survey stating they have been providing care for 15 years or more.

The impact of caring responsibilities cannot only be determined by the amount or volume of time spent caring – many carers will have multiple responsibilities including paid employment and childcare. It is likely that, when compared to UK carers generally this research sample were more likely to have childcare responsibilities that they carry out in addition to their caring responsibilities. 36% of respondents reported having additional childcare responsibilities, compared to 20% of UK carers having childcare responsibilities for a non-disabled child under 18.[37] Childcare responsibilities were considerably higher in the serving population, at 71% for serving carers and 86% for serving family carers.

Carer health & wellbeing

Health conditions and impact of caring on health

RBL's Household Survey found that those in the ex-Service community with a long-term illness or disability are more likely to care for someone else than those without an illness.[38] Among carers in the Armed Forces community surveyed for this research, nearly half (49%) reported having a long-term health condition. The following is a breakdown of health conditions among the participants who reported this.



Health conditions among the 49% of survey respondents who reported having a long-term health condition (Please note that respondents could select multiple conditions, meaning that percentages do not add up to 100)

- **81.1% Physical health condition, illness, or disability**
- **32.6% Mental health condition, illness, or disability**
- **14.9% Other**
- **2.9% A learning disability**
- **1.1% Terminal illness**
- **0.6% Alcohol or drug dependency**
- **0% Dementia**

The health of carer respondents who are veterans was worse than the average among survey respondents generally, with 62% of veteran carers reporting a long-term health condition. This may be linked to the older age profile of the veteran population compared to carer respondents overall. Health conditions among carers who responded to our survey should not be seen as a direct result of their caring responsibilities, as other factors including age will impact their health. However, some respondents did report that their caring responsibilities had a negative impact on their health.

Respondents were most likely to have a physical health condition, but caring responsibilities appeared to have a more widespread impact on mental health.

50% of all respondents said that in the last year their caring responsibilities have had a negative impact on their physical health and 71% say caring had negatively impacted their mental health.

This is consistent with the finding that two-thirds of UK carers say that their mental health has worsened as a result of the COVID-19 pandemic,[39] and the Veterans CHECK study finding that veterans were more likely to report common mental health disorders if they had regular or new caring responsibilities over the course of the pandemic.[40]

The perceived mental health impact was highest among serving family carers, at 88%. Carers felt that their mental health could be supported more effectively:

> "No one understands the mental strain caring for someone who was seriously physically injured in Service has on the family"

This evidence indicates that respondents may be more likely to have a physical or mental health condition than UK carers in the general population. While this cannot be used as a direct comparator, 22% of UK carers report having bad or very bad physical health, and 27% report having bad or very bad mental health.[41]

RECOMMENDATION: The NHS and MoD should conduct research into the impact of caring responsibilities on the mental wellbeing of the Armed Forces community, to inform the design and delivery of future services to support carers' mental health.

A lack of breaks from caring

A common theme among respondents was not being able to have a break from their caring responsibilities. This appears to be even more pronounced than in a recent survey of carers in the general population, in which 72% of carers reported not being able to take a break from caring during the COVID-19 pandemic.[42]

Less than one in ten carers in the Armed Forces community who responded to our survey have been able to take a break from caring in the last year (9%). This becomes less than one in twenty, if the carer was caring for a veteran, (4%). Among serving carers, 19% said they had been able to take a break from caring in the last year, which may be linked to time on deployment.

"In my case I have not had a full 24 hours without caring duties since July 2014"

Access to suitable respite care (which can include a few hours of paid care, access to a day centre, or a short stay in a care home) for the person they care for and breaks for the carer was a common theme when carers were asked how their needs could be better supported. Carers wanted to be able to have time away from their caring responsibilities and assurance that while they did this, the person they care for was safe and being sufficiently supported. A number of carers noted that they would have to fund any replacement care themselves.

"We are providing care 7 days a week 52 weeks a year, and have been told that we will have to pay for any care so that we can have a break"

Some carers seemed to be desperate for a short break from their caring responsibilities, even for a few hours, due to having to be constantly there for the person they support.

"to be able to switch off and not worry. To know someone else has my husband's back. So I don't have to go it alone trying to hold everything together"

Carers clearly felt that they needed improved access to respite care.

RECOMMENDATION: The OVA, MoD and DHSC to work in partnership to improve access to statutory-funded respite provision for the Armed Forces community.

Loneliness

Previous research, undertaken by RBL, found that members of the Armed Forces community are exposed to events and challenges that make them more vulnerable to loneliness and isolation, including; an increased volume of transitions due to a highly mobile lifestyle, relationship issues due to separation, and exiting the Armed Forces. The self-reliant culture of the Armed Forces can limit people's willingness to seek help or speak out when they feel lonely or isolated.[43] In particular, previous RBL research has shown that carers in the Armed Forces can be vulnerable to loneliness as they adapt to their caring role, particularly if the transition is sudden.[44]

Carer respondents to our survey for this research were more likely to report experiencing some degree of loneliness than the Armed Forces community as a whole; only 14% of carer respondents 'Never' felt lonely compared to 25% of the general Armed Forces community previously surveyed.

JSNAs

Local authorities can improve the measures they take to support groups who are at high risk of experiencing loneliness, including the Armed Forces community. RBL has called on local authorities to recognise the specific hazards of loneliness and social isolation among the Armed Forces community, by including consideration of this group in their Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWS) and considering how additional initiatives can target this group. RBL has provided a briefing to all Health and Wellbeing Boards in England and continues to engage with local decision-makers to support them in alleviating loneliness among the Armed Forces community in their local areas.

Prevalence of loneliness

	Survey respondents (2021)	English population (2018)[45]	The Armed Forces community (2018)[46]
Often or Always	25%	5%	24%
Some of the time	31%	16%	35% ('Sometimes')
Occasionally	20%	25%	
Hardly ever	10%	32%	14% ('Rarely')
Never	14%	23%	25%

One group which appeared in our survey to display more extreme levels of loneliness and isolation than their non-caring contemporaries is serving families. Serving family carers were more likely to feel lonely 'Often or Always' (40%), over twice as likely as spouses of serving personnel generally (15%).[47]

Overall, the carers we heard from in our research were considerably more likely to feel that their caring responsibilities have had a negative impact on their health and wellbeing than a positive one. Respondents were unlikely to be able to take breaks from their caring responsibilities. A negative impact in the areas of mental health, physical health, finances, and employment was slightly more likely amongst those caring for a veteran, and excepting physical health is significantly more likely among serving family carers. Feelings of loneliness were also more prevalent among serving family carers. The latter suggests that carers who are family members of serving personnel can be particularly vulnerable to the negative impact of caring responsibilities. This cohort may therefore warrant more targeted tailored support as a priority group.

Impact of caring for complex health needs

Relationship to the cared for person

A significant area of differentiation between carers in the general population and the Armed Forces community is the nature of the relationship that they hold with those they care for. Without definitive data it is again difficult to draw conclusions, however research from the US has previously found that 70% of carers of veterans were their spouses, a finding repeated within our survey respondents. Just 1 in 4 (26%) of carers in the general population care for a spouse or partner,[48] yet survey respondent carers who are veterans were two and a half times more likely than those in the general population to care for a spouse or partner (65%), rising to around three times more likely (78%) amongst those who care for a veteran. Caring for a spouse or partner was most concentrated among older respondents.

Caring for a child

1 in 4 (26%) respondents care for their child, rising to 2 in 5 (42%) among serving carers and 3 in 5 (68%) among serving family carers. Female respondents were more likely to care for someone under the age of 18 (29% compared to 11% of male carers). A number of respondents who care for their child feel that their caring responsibilities are taken less seriously by others as they are seen as simply parental responsibilities.

"I think caring responsibilities are sometimes overlooked when the responsibilities are those of your own child"

"As a parent of a child under 18 I feel it is deemed as simply parental responsibility regardless of other factors such as my own long term medical condition or other the parent being on operational duty and so not able to share the support role"

There was also a sense that support for children with long-term health conditions in the Armed Forces community was not sufficient, with relevant support being focused on adults who have care needs.

"Not interested in children. Only deal with adults even though I'm a veteran. Been rejected by all forces support which is really poor"

"I feel that many organisations believe that as my child is disabled the additional care he requires is part of my parental responsibilities"

The MoD's recent pilot of wraparound childcare for the children of serving personnel recognises that some personnel may need additional support to manage their Service commitments alongside family life.[49]

RECOMMENDATION: Any childcare support solution to flow from the MoD's wraparound childcare pilot should involve consultation with carers in the serving community, to ensure that it suits their needs.

Health conditions

Carers were asked about the health condition or health conditions of the person they provide care for.

Health conditions among the person being cared for by survey respondents

(Please note that respondents could select multiple conditions, meaning that percentages do not add up to 100).

Physical health condition, illness, or disability	77.7%	285
Mental health condition, illness, or disability	42.6%	154
A learning disability	17.3%	62
Dementia	13.1%	49
A terminal illness	4.5%	16
Alcohol or drug dependency	3.1%	12
Other	5.6%	20

Health conditions continued

The breakdown of health conditions varied across different Armed Forces groups. Physical health conditions are higher in older age groups, but also present in those of working age; 49% of people being cared for by survey respondents under 60 have a physical health condition. 37% of those with a physical health condition also have a mental health condition and the two can interact. Evidence demonstrates that individuals with long-term health conditions are two to three times more likely to experience mental health problems than the general population.[50]

Caring for veterans with mental health conditions

Veterans being cared for are more likely to have a mental health condition (51%) or an alcohol or drug dependency (9%) than survey participants overall. Carers of veterans wanted improved access to regular support for the veterans they care for, with a more holistic view of their various needs.

"Why do veterans not have free access to physical therapy over time, it is only offered when urgently needed. Regular therapy would improve mobility. His pain levels directly impact on his mental health"

Carers wanted to see the impact of a veteran's mental health condition on them considered by health services.

"Why when a veteran goes into therapy or is sent for in patient care are carers not automatically offered mental health support as well?"

The majority of individuals in the Armed Forces community do not experience mental health problems, but those that do can experience them in an acute way. Some carers raised challenges surrounding caring for a veteran with a mental health condition, including PTSD.

The prevalence of PTSD is higher in the Armed Forces community than in the general population. The most recent Adult Psychiatric Morbidity Survey places levels of PTSD in the English adult population at around 4.4%.[51] A cohort study of serving and ex-Service personnel who have served in the UK Armed Forces after 2004 found that 6.2% had probable PTSD,[52] while a cohort study of serving and ex-serving personnel who served in Iraq and Afghanistan found that 12% of study participants had experienced probable PTSD.[53]

The impact of mental health conditions appeared to be challenging for some carers with one for instance noting that *"with PTSD it is very difficult knowing when to help"*. When asked how the needs of the person they provide care for could be better supported, some survey respondents suggested improved mental healthcare.

"mental health provisions not solely being based around those at crisis point"

"There needs to be more mental health support"

In relation to care for PTSD, a few carers perceived problems accessing treatment services for PTSD or did not appear to feel that mental health services were tailored to the needs of those with PTSD:

"as they have complex PTSD no one seems trained enough to do this"

"He kept being told his needs were too complex and he didn't fit the standard PTSD treatment pathway"

Some carers suggested that provision for PTSD was inconsistent, and that access to relevant provision had been negatively affected by the COVID-19 pandemic. Caring responsibilities may also have a negative impact on carers with PTSD. One carer, who is a veteran, noted that:

"the constant roller-coaster and lack of help makes my condition worse"

Carers suggested that the impact of PTSD on them, and the family beyond the veteran, should be recognised. A respondent who cared for a family member with PTSD, noted that:

"As a carer of a military veteran with complex PTSD there is no recognition of how this impacts on the daily life of me as the individual. Because it isn't as tangible as providing support for someone with a physical disability"

This is corroborated by academic research into the mental health needs of partners of UK veterans who had been diagnosed with PTSD. While not all partners of veterans with PTSD provide unpaid care, this literature provides a basis for areas to consider regarding impact on a carer's health due to the needs of the person they care for.

In a study of partners of veterans with PTSD, 39% met the criteria for depression and 17% had symptoms of probable PTSD themselves; higher than the prevalence of these conditions in the general UK population.[54] Common challenges faced by partners of veterans with PTSD include unequal relationships, a loss of congruence with their own identity, the negative effects of a volatile and unpredictable environment, and significant emotional distress exacerbated by isolation.[55]

"Focus on the wider family and not just the veteran with PTSD. No services or support offered for us. The impact on the family needs to be recognised"

There has been less focus on the secondary impact of trauma on the family or their involvement in treatment, but research conducted by Combat Stress and funded by RBL suggests that these challenges and the individual needs of caregiving partners living alongside veterans with complex mental health difficulties need to be practically addressed. The 'Together Programme' developed a structured support intervention for partners living alongside veterans with mental health difficulties. Evaluation indicated it to be effective in improving rates of depression, PTSD, anxiety, and relationship satisfaction, and suggested that such support could be delivered online to overcome practical barriers.[56] Partners who participated in the programme recommended that the programme be longer and include top up sessions, that more information and support was made available for parents in order to support their children living alongside a veteran parent, and for one-to-one conjoint sessions with their veteran partner to be incorporated into the programme.

"When someone is diagnosed with PTSD the partner should be contacted and offered support. This should be routine. Peer support is not sufficient it needs to be proper professional support"

Academic research in the United States highlights that veterans with PTSD may choose not to disclose relevant experiences to their carer, which may negatively affect their relationship or cause the carer distress.[57] US research also suggests that more severe PTSD can increase the level of 'burden' the carer feels (defined as their perception of negative life changes). A deep understanding of PTSD can help carers better comprehend how they can support a loved one with the condition.

Interviews with partners of veterans in Australia demonstrated that partners are crucial participants in supporting the recovery of veterans with PTSD. Partners of veterans strove to preserve their intimate relationships in the family unit, effectively managed day to day care, and encouraged their partners to have a quality of life with a sense of purpose. However, partners often felt invisible to health care providers and government, providing a barrier to supporting their partners' recovery. This research called for more formal recognition of the impact of PTSD on partners of veterans who support them, and better engagement on the part of health providers.[58]

In combination, the literature and our survey both suggest that the carer of a veteran diagnosed with complex mental health conditions including PTSD may experience a negative impact on their own health and wellbeing and be affected by the impact of a traumatic incident on the person that they care for and their associated behaviour. Carers of veterans with PTSD would benefit from greater access to specialist support that is aware of the needs of the Armed Forces community, and helps them understand and support the treatment of the person they care for. The individual needs of carers should be supported, rather than solely in relation to the veteran's mental health difficulties.

RECOMMENDATIONS:

•The NHS should invest in mental health and relationship support dedicated to carers of veterans with PTSD, using insight from the Together Programme.

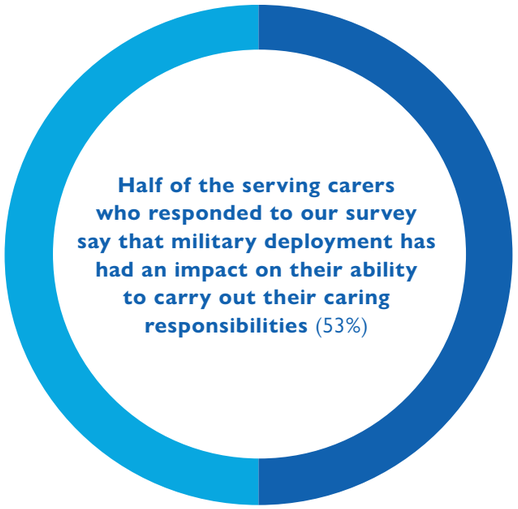
•NHS England should increase awareness of and access to the support offered to families by Op COURAGE (The Veterans Mental Health and Wellbeing Service), providing increased outreach support to carers of veterans with mental health conditions.

This section has explored the relationship between the carer and the person that they support. Those caring for a child feel their role is insufficiently recognised and supported and may benefit from further consultation. Similarly, the apparent complexities of caring for veterans with a mental health condition suggest that the needs of the carers should be recognised and supported in their own right.

Caring while serving

Deployment, postings, and caring responsibilities

13% of the carers who responded to our survey are currently serving, and 14% are a member of a serving family. Due to the limited sample of serving carers, further engagement with carers in the serving community would be beneficial to ascertain their needs. However, the responses are indicative of unique pressures that carers in the serving community may face.



Deployment was felt to have an even greater impact on carers who are family members of serving personnel. Just over two thirds (68%) of respondents from this group said that the deployment of their family member has had an impact on their ability to carry out their caring responsibilities. This may suggest that family members are required to take on increased caring responsibilities when the serving person in their family is on deployment.

"RAF did not recognise my welfare situation and that the impact of assigning me an out of area deployment would be detrimental to my family"

In the serving community, some carers felt that improving continuity of care between postings and ensuring that family members do not have to go on waiting lists for support each time they are posted would be beneficial to the person being cared for. Last minute deployments were described by one carer as 'a nightmare'.

"More notice and more choice on posting would be a huge benefit in order to be able to plan and assess the possibilities"

Research also suggests that postings may act as a barrier to carers in the serving community seeking support. In an evaluation of their 'Military Families Project', the charity Suffolk Family Carers found that some carers expressed that it is not worth engaging with a local organisation because they may be posted to a location where ongoing support is not available.[59]

Caring alongside a military career

1 in 4 of the serving carers who responded to our survey feel they are currently unable to balance their caring responsibilities with their military career (27%). Only 11% of respondents who identified as serving carers feel that they can balance these two requirements all the time.

"I have to maintain a balance of being able to do my job and caring responsibilities. I feel that my job/career would be impacted if I make too much noise about my caring role"

Several serving carers (including one Reservist) who took part in our research indicated feeling that Armed Forces culture is not inclusive of those with caring responsibilities, although some colleagues are supportive on an individual basis:

"the army reserve attitude is you are in or you're out no allowance made for care"

"Sometimes my chain of command are supportive but mostly they either do not care (they just want output) and are very unaware of my situation (due to lack of interest)"

"His unit have been amazing and are very supportive but I find the service as a whole don't take our children's conditions into account. They just don't consider it"

Serving carers who responded to our survey did not feel that their caring responsibilities were sufficiently recognised or supported by their workplace, with a common lack of understanding reported. While carers who are serving are also responsible for identifying themselves as carers, issues may still arise. One carer described the difficulty of repeatedly telling their story, which impacted their mental health, and another carer was concerned about their caring responsibilities being seen as an excuse by their workplace.

"I am supported by my unit to support my son, however I do feel it's only a matter of time before they start to think I use it as an excuse"

Over half of serving family carers who responded are not currently able to balance their caring responsibilities with their family member's military career (52%). This group were also significantly more likely to have childcare responsibilities in addition to their caring responsibilities.

"I think the military should be more sensitive and flexible to those who have child/spouse with caring needs as it often falls to the one person who is not serving and if that person has a job and children it's a lot for one person to manage"

A number of carers felt that the requirements of caring affected their or their partner's military career. Some family members of serving personnel were concerned that even minor adjustments would impact the serving person's career.

"My family's disabilities have halted my husband career. He's been offered promotion several times but has had to turn it down because we can't move away from our services or cope with the change"

When asked about how support could be improved, the serving community commonly focused on the need for recognition, understanding, and flexibility[ii] from the Chain of Command, enabling them to better balance their career with their caring responsibilities. Suggestions included shortened hours or time off when needed, being able to tailor a job role to enable the provision of care, and not being disciplined when the stress of caring very occasionally impacted their time management.

A 2018 guidance note for Defence Primary Healthcare (DPHC) aims to support DPHC facilities and personnel in identifying carers in the patient population and DPHC workforce.[60] The guidance highlights relevant support or resources for carers and states that new patients and staff should be asked "Do you look after someone" and a positive response coded on their electronic health record (known as a READ code) to support carer identification and awareness.

Nominated clinicians are responsible for running a monthly search on these READ codes and producing a list of carers registered at that practice (a Carers List / Carers Register). The guidance further states that DPHC facilities can proactively increase the number of carers identified by nominating a Practice lead for carers, as well as asking those with long term conditions to identify their carers. They can also run awareness-raising campaigns and display relevant information. If a member of DPHC staff identifies themselves as a carer, the guidance states they should be encouraged to discuss practical support with their line manager.

The Queen Elizabeth Memorial Health Centre, a DPHC Practice in Tidworth, is an example of a practice who has appointed a carers lead. The practice has collaborated with carers organisations across Wiltshire, improving their awareness of civilian carers services and vice versa. The practice has proactively raised awareness of support for carers, and as a result has seen an increase in the number of their patients registered as carers.

Identifying carers in DPHC and improving awareness among DPHC staff is a positive measure. However, the experiences previously described by our survey respondents suggest that identification does not always work for them in practice and that awareness of carers and their needs should be to be consistent across the whole of Defence - particularly in the Chain of Command.

[ii] The MoD's Flexible Service policy is discussed later in this section.

Caring alongside a military career continued

Holistic support for serving carers should go beyond health settings and the health of carers, and measures to support carers should be mandated rather than recommended. A review of the extent to which this guidance has been implemented by all DPHC facilities would determine whether greater prioritisation and resources may be needed to ensure this guidance works for carers in practice. Consistent with this, in 2020 the Forces Additional Needs and Disability Forum (FANDF) noted that it was unclear how widely this requirement to register serving carers has been implemented, and recommended the MoD review the Carers Register and promote registration.[61]

RECOMMENDATION: The Defence Medical Services should play a greater role in supporting carers in Service. This should include more consistent identification and signposting to support, a regular wellbeing check to keep up to date with their and/ or their family's caring responsibilities, and practices being required to report on measures in DPHC guidance (including whether they have a carers lead in place).

Through the MoD's Flexible Service policy, Regular personnel can ask to temporarily work part time and/or restrict their separation from their home base. This means that personnel cannot be separated from their permanent duty station, where they usually work and live, for more than 35 days a year.[62] Responses from serving carers strongly suggested that greater flexibility in their military career, such as being able to remain close to the person they care for in this way, may be beneficial, and was recommended by carers as a way to better support their needs.

"Flexible service to work part days would be extremely helpful and / or better signposting / availability to possible alternative provision for the afternoons would be extremely helpful"

"My line management should be more proactive in supporting me, offering more reasonable and flexible working arrangements"

However, Flexible Service is not guaranteed for those who ask, it is not permanent, and operational capability is prioritised. Current Flexible Service provision does not work for some of the serving carers who responded to our survey.

"I have requested Flexible Service and tried on multiple occasions to request alternatives but the RAF refuse to help... Their only advice is for me to leave service... I found this treatment devastating and it has significantly impacted my mental health"

Some felt they risk becoming a burden to the Armed Forces because they needed to ask for flexibility.

"I feel that I am disadvantaging the RN (Royal Navy) because I have to ask to stay in the area to provide this care and that I am seen as a 'welfare' case"

RECOMMENDATION: The MoD and Single Services should review and address any barriers to accessing Flexible Service for serving personnel with caring responsibilities and enable non-prescriptive solutions to be devised in partnership with carers.

Carers wanted the military to recognise when serving personnel are primary care givers, and display a greater understanding of the unique pressures carers who Serve experience. This included clear identification of carers and policies being put in place to support them.

"The Armed Forces could use JPA [Joint Personnel Administration] to better effect. Allow people to identify themselves as carers and then provide, or signpost them to, support and conduct regular reviews on their wellbeing"

"the RAF needs to recognise carers correctly so that it's on my personnel file and act appropriately... (so) I don't have to constantly fight... to understand my situation. People don't understand, constantly having to re-tell my life story and provide evidence (because they won't take a SNCO's (Senior Non-Commissioned Officer) word) is degrading, hurtful and damaging"

Caring alongside a military career continued

Although the aforementioned DPHC guidance note is in place, none of the Tri-Services currently have a carers policy, and adequate consideration of carers is absent from relevant policies. The Tri-Service Regulations for Leave and Other Types of Absence (Joint Service Publication [JSP] 760)[63] makes no mention of leave that might be sought due to caring responsibilities. Service personnel are not entitled under law to the statutory provision of time off for dependants, but military leave regulations replicate such provision and support the principle of reasonable time off to deal with an emergency involving family or dependants. Leave entitlements that may bear relevance for serving carers include annual leave, authorised absence, unpaid leave, compassionate leave, or parental leave (which is up to 4 weeks per year per child and must be applied for at least 21 days in advance).

The Tri-Service Disability and Additional Needs Policy (JSP 820)[64] covers serving personnel and their families with a disability, while the Single Services provide appropriate career management for these personnel. The Army's General and Administrative Instructions Chapter 108 (AGAI 108) provides information on career management and assessment of supportability for serving personnel whose families have disabilities or additional needs.[65] An assessment of supportability looks at the provision of support in deployment areas against the needs of the individual with additional needs, to determine if the needs can be supported upon relocation. This assessment for supportability is also stated in the Tri-Service Welfare Policy, JSP 770.[66] While JSP 770 makes mention of respite for parents and carers "during periods of operational deployment or extended lone parenting",[67] the assessment for supportability could benefit from explicit consideration of how relocation may affect caring responsibilities.

These policies would benefit from consideration of the impact that providing unpaid care may have on a serving person or their family. A carers policy for each Service would benefit serving personnel and their families who provide unpaid care, by setting out support that is available and guidelines for the Chain of Command. It would also enable these carers to better balance their caring responsibilities with their or their family member's military career.

"I would like to see more work done to recognise carers within the armed forces, and policies put in place to meet their needs"

It is worth noting that the current situation is having a tangible impact on the decisions some personnel and their families take when it comes to staying in, or leaving, Service. Some carers who responded to our survey had ultimately made the decision to leave the Armed Forces due to the impact Service life had on their caring responsibilities and the lack of support currently in place.

"I left the service as a result of my caring responsibilities and the lack of policy in place to cater for this situation. I would have gladly carried on serving if it had been possible"

RECOMMENDATION: The MoD should urgently develop, publish, and implement a Tri-Service carers policy that directs serving personnel with caring responsibilities to suitable support and information, and provides clarity on how they are considered in relation to other Service policies, such as additional needs and leave policies. In line with the Tri Service policy, each Service should develop its own tailored guidance.

Service accommodation

The Tri-Service Regulations on Service Family Accommodation (JSP 464) state that 'Where medical opinion confirms that the nature and extent of a dependant's need or disability is such that an accompanied assignment is feasible, a suitable SFA [Service Family Accommodation] should be allocated (in regard to ANDA [Additional Needs and Disability Adaptations], a dependant is restricted to a spouse, civil partner or child)'.[68]

The Defence Infrastructure Organisation (DIO) has a duty of care to provide additional needs and disability adaptations (ANDA) in Service family accommodation, which can sometimes be dual funded with a local authority. Service personnel with a Service-attributable injury can request adaptations when they initially move into their home. However, the MoD does not adapt privately rented substitute Service family accommodation.

A problem raised by several carers in the serving community who participated in our research is a lack of accessible living quarters or community spaces on base, such as not being able to access ground floor military accommodation or not being able to use the shower provided. This can lead to negative financial consequences and isolation, carers having to miss events for families because the mess was not accessible, or carers feeling isolated while their partner was away.

"The largest issue is that we privately rent an adapted home as military cannot provide such accommodation. However in doing so, we pay a much higher rent and travel further to work than we would if we had an appropriate quarter on a base like everyone else. In addition this situation precludes the family from dependant access to a military base for welfare, friendship, and support. We have asked if we can be helped financially to bridge the gap between military base housing and private house rent but were turned down for such help. In addition, whilst living off base for years, I, as a spouse, have not been contacted once by any military welfare charity as to my well being. I am a military wife but due to housing situation, I am not afforded the same courtesy or inclusion as other military wives living on base"

These experiences indicate that the current process of adaptation for serving families with additional needs may not be suitable for all families who have caring responsibilities, as they may not have the same range of choices in accommodation options as families without caring responsibilities. Not being able to live in SFA when desired may be detrimental for carers who want to be more involved in military life and support on base.

RECOMMENDATION: The Defence Infrastructure Organisation should improve access to accessible quarters for families with caring responsibilities, working with Welfare Officers to identify and support these families.

Young carers in serving families

Young carers are children and young people under the age of 18 who provide care. No young carers responded to our survey. However, the needs of young carers in serving families has previously been referenced or explored in published literature and research included within our scoping study.

The Naval Children's Charity has recommended that further research is carried out to identify the needs of young carers in the military community.[69] Similarly, the Children's Society has called attention to a lack of data on the number of young carers in Armed Forces families, highlighting them as a particularly vulnerable group due to the impact military lifestyle factors can have. This includes increased mobility, which may be linked to educational and social challenges because of school moves, and limited support from wider extended families due to increased transience. The deployment of a parent may be disruptive, place a strain on family life and have an impact on the wellbeing of the young carer.[70]

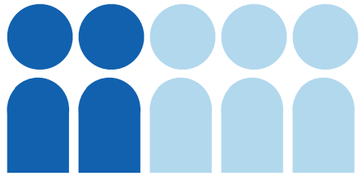
Consequently, the Children's Society recommends that a question about carers and young carers are incorporated into all three of the MoD's Tri-Service Continuous Attitudes Surveys, and that awareness of young carers in Armed Forces families is improved in the Chain of Command, among welfare staff, and in the education system. Welfare assessments should consider the needs of the whole family, including young carers.[71]

Similarly, engagement with Armed Forces Welfare Officers through the 'Selous Review' *(Living in our Shoes: Understanding the needs of UK Armed Forces families)* suggests that they are aware of young carers in Armed Forces families but that they may be a 'hidden' population, due to Service families not always disclosing the extent of problems being experienced at home.[72] The review, commissioned by the MoD in 2019, recommends that the Armed Forces and MoD should improve the identification of young carers within serving military families, ensure that appropriate information and support is available to them, and consider their support needs when the serving person is assigned to a different area. In response to the review, in 2021 the MoD noted that work to improve the identification of young carers was currently in development, including a tool-kit for Defence youth workers and greater research into the experiences of Service children.[73] This positively recognises that young carers in Armed Forces families should have their needs considered. However, while identification is important young carers in serving families would benefit from greater consideration about what form targeted support should take, due to the unique nature of military life.

This section has explored the unique issues faced by serving carers. Few serving carers who responded to our survey are able to balance their caring responsibilities with their military career all of the time, and some may ultimately leave the Armed Forces as a result. Deployment and postings can have a detrimental impact on the continuity of care and the ability to carry out caring responsibilities for both serving carers and their families, including young carers in Armed Forces families. Serving carers seek a more consistent recognition of their caring role by their workplace. Explicit recognition of carers in MoD policy would better support these individuals and their families and address potential barriers they face, in areas including Flexible Service and more suitable Service accommodation.

Access to support

Support for carers may be practical, emotional, or financial. When asked about their access to support, 2 in 5 carers in the Armed Forces community who responded to our survey said they had not received any support in the last two years. Compared to UK carers in the general population, this is double the proportion of carers without support with caring (1 in 5).[74] Where the veteran was the person being cared for, there was even less support accessed, with almost half of all surveyed carers of veterans (48%) not receiving any support in the last two years.



2 in 5 carers in the Armed Forces community who responded to our survey said they had not received any support in the last two years.

Forms of support accessed by survey respondents

I have not received any support	40.8%	144
Informal support from family or friends	31.2%	110
Local council	21.5%	76
Voluntary organisations / charities	21.5%	76
NHS	17.6%	62
Other	6.5%	23
Private agencies	6%	21

Among respondents who had received support with their role as a carer in the last two years, this was most likely to be in the form of informal support from family and friends. However, support from family and friends will not be available to all carers and does not diminish the need for formal support. 1 in 3 respondents had received informal support from family and friends, 1 in 5 had received support from their local council, and 1 in 5 had received support from voluntary organisations or charities. 18% had received support from the NHS and 6% from private agencies. Some carers were unsure how to access support;

"I wouldn't know where to look for support as a carer"

Only 14% of respondents have ever received any support with their role as a carer from an Armed Forces charity. Carers had most commonly received support from SSAFA (the Soldiers, Sailors, Airmen and Families Association), RBL, and the Royal Air Force Benevolent Fund, which may reflect in part the distribution methods of the survey.

Responses from carers suggested that Armed Forces culture and mentality can act as a barrier to help-seeking. Responses from some carers suggest that veterans are reluctant to seek support or even that it was not in their nature.

"As proud veterans we find it hard to ask for help, but also wouldn't know who to ask for help"

"I think the focus on military veterans is positive however it is not in their nature to access support. Organisations should be more willing to work with carers"

This is consistent with research into help-seeking in the Armed Forces community. In previous RBL research, over half of the ex-Service community reported keeping concerns about their health to themselves so as not to 'make a fuss', and four in ten reported ignoring health problems on the assumption that they will get better without treatment.[75] In relation to mental health problems, common reasons given by ex-Service personnel for not seeking help include the belief that their emotional problem is not sufficiently serious to warrant support, wanting to deal with the problem themselves, and doubt over the quality of mental health services.[76] If a veteran with care needs is reluctant to access support for their needs, this is likely to impact on the carer being able to access support

with their role, or it may be the case that a veteran carer is reluctant to access support. One carer whose parent was a veteran noted:

"My Dad is reluctant to ask for help, he is very independent & it is difficult as his daughter for him to accept from me that he needs more help. He might respond better if it came from someone else"

Carers wanted the veterans they care for to be able to spend time with other veterans, to reminisce and share joint understanding of experiences in Service. The COVID-19 pandemic appears to have limited opportunities to do this.

"We belong to the RBL and the RNA (Royal Naval Association) and miss the company and friendship of like minded people. The pandemic has caused this"

Peer support was a suggestion from carers when asked how their needs could be better supported. Carers would like to meet with other carers to share experiences with someone who is not in their family. Carers suggested that these spaces should be safe, regular, and not only aimed at elderly carers. Peer groups consisting of carers who care for veterans was proposed. As aforementioned, carers in the Armed Forces community are more likely to experience some level of loneliness than the Armed Forces community is as a whole, which is borne out in the need for peer support.

"I needed someone to talk to - a hand to hold. The whole experience has been extremely lonely to go through without the support of friends and family"

Although provision is not consistent, some peer support is available to carers in the serving community such as through Carer Support Wiltshire's 'Courage to Care' service provided for carers living in military families in Wiltshire.[77]

RBL's Network for Carers is a new national network of social groups offering support to carers in the Armed Forces community. The programme aims to help Armed Forces carers feel less lonely and isolated, and social groups will be located across the UK in locations that are safe environments and connected to the Armed Forces community. The Network for Carers will connect carers in the Armed Forces community with their shared memories and experiences, supporting individuals to develop friendships, interests and engage more with their communities.

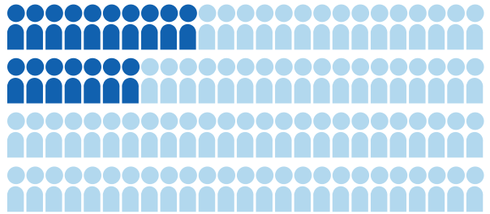
RECOMMENDATIONS:

•Armed Forces charities should improve access to peer support for carers of veterans by building relationships with local carers groups and carers forums, and further developing community outreach from care homes with a substantial veteran population.

•Armed Forces charities should work with the MoD to improve access to peer support networks for serving carers, including attending MoD networks such as the Armed Forces Chronic Conditions and Disability in Defence (CanDiD) network to improve awareness of peer support networks. with mental health conditions.

Carer's Assessment

Across the UK, unpaid carers have a legal right to a carer's assessment that assesses their support needs. Taking into account previously explored findings around identification and the lack of support seeking, our evidence indicates that carer respondents from the Armed Forces community may be less likely to have had a recent carer's assessment than UK carers are.



Only 17% of respondents have had a carer's assessment, or a review of their carer's assessment, in the past two years.

Across UK carers generally this was higher; as of 2019, 27% of carers in England and 28% of carers in Wales reported that they had an assessment or a review of their assessment, in the last 12 months.[78] Among survey respondents, only 13% of carers in Wales have had has an assessment or review in the last two years.

"I have had only 2 carer assessments in 25 years"

Awareness of the Armed Forces

Only 11% of carers in the Armed Forces community who were surveyed had been asked by services whether they, a member of their family, or the person they care for have served in the UK Armed Forces. A small number of carers had been asked by the NHS or local authorities, while others had been asked by Armed Forces charities. Linked to this, some carers perceived a lack of interest in veteran status and the Armed Forces Covenant from health and education professionals.

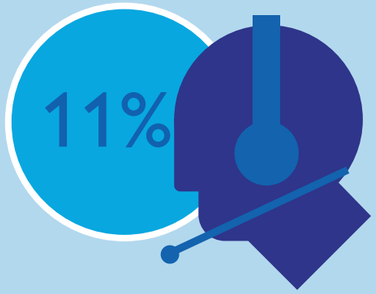
"Whenever I have mentioned to my GPs/ or hospital that both my partner and I are ex forces, there seems to be a lack of interest, and whenever we mention the Armed Forces Covenant neither GPs/hospitals/other service providers there again appears to be a severe lack of awareness/interest of the covenant"

"I would just like to have my concerns listened to, processes be followed and to not have local authorities and headteachers make me feel that the Armed Forces Covenant is my way of trying to request "special treatment"

To improve identification of members of the Armed Forces community, RBL has long called for public bodies to ask a standardised question about Armed Forces status.[79] The delivery of appropriate, targeted, and holistic support is predicated on all statutory organisations that are accessed by members of the Armed Forces community being aware of any Armed Forces or veteran status and associated needs. This requires all statutory bodies and those delivering statutory services to ask all individuals whether they or a member of their family have served in the UK Armed Forces. Asking this question opens conversations about the link between military experience and health and care needs, helping members of the ex-Service community and their families feel better understood and more aware of their entitlements. Consistently asking the question "Have you or a family member served in the UK Armed Forces?" and recording a positive response also enables front line health or local authority staff to access bespoke charitable and statutory support provided for the community.

"Military think and operate by precision, so experience of that is crucial in understanding their needs"

RECOMMENDATION: All statutory bodies and those delivering statutory services should routinely ask and record whether all patients and clients are a member of the Armed Forces community and if they have caring responsibilities.



Only 11% of carers in the Armed Forces community who were surveyed had been asked by services whether they, a member of their family, or the person they care for have served in the UK Armed Forces.

NHS England and Armed Forces carers

In March 2021, NHS England and NHS Improvement published a 'forward view' outlining its current and future commitments to improve the health and wellbeing of the Armed Forces community and highlighting considerations for Integrated Care Systems (ICSs) in the new English health landscape of mandatory ICSs.[80] The forward view contains some consideration of Armed Forces carers. While no time-frame is defined for any of the actions in the forward view, raising awareness of carers in the Armed Forces community is clearly recognised. A key consideration highlighted for ICSs is for them to consider how carers from the Armed Forces community can be supported in local carers' strategies. Linked to this, local authorities should be aware of the findings in this research that carers in the Armed Forces community are less likely to access support than carers in the general population are, and appear to be less likely to have had a recent carer's assessment, and may consider the requirement for targeted support in their carers strategy as a result.

RECOMMENDATION: Local Authorities in England should urgently act upon NHS England's recommendation to consider how carers from the Armed Forces community can be supported in local carers' strategies, including how they can be encouraged to access support and take up a carer's assessment.

The NHSE forward view commits to encouraging the adoption of Care Quality Commission (CQC) quality marks for carer-friendly GP practices in the Royal College of General Practitioners (RCGP) veteran friendly GP practice accreditation scheme.[81] Making veteran friendly GP practices carer friendly may improve awareness and identification of the needs of Armed Forces carers amongst GP practices. However, GPs should not be the only health professionals encouraged to improve their understanding of carers in the Armed Forces community. Other health and care professionals should also ask about Armed Forces status and caring status and be aware of associated needs. The health needs of serving and ex-Service personnel are now part of the national curriculum for GPs across the UK but could be expanded into other curricula through collaboration with other Royal Colleges, including the Royal College of Nursing. This would improve awareness among a wider spectrum of professionals working together in ICSs.

RECOMMENDATIONS:
• NHS England should review its veteran GP accreditation scheme to reflect the needs of those who care for veterans, ensuring they are covered and understood by GPs.

• Greater awareness of the support needs of carers in the Armed Forces community should be incorporated into Health Education England's online module, 'NHS Healthcare for the Armed Forces', which should be updated and made mandatory for all partners in Integrated Care Systems.

Recognition of carers

Carers who responded to our survey appear to feel less valued than carers in the general population do. Only a quarter of carers in the UK Armed Forces community who responded to our survey feel that health and welfare services they come into contact with recognise and value the support they provide as carers (27%), whereas 39% of carers in England said they had generally felt valued and involved by services supporting the cared for person.[82]

Carers who responded to our survey feel that their caring role is not recognised, is overlooked, or is ignored. Several carers reported feeling 'invisible', 'anonymous' or that they are simply a 'statistic'. Some carers feel services do not understand the extent of care they provide or are not interested in the impact upon them. A number of carers feel they are seen as secondary to the person they provide care for, and not seen as needing help or support themselves, with their wellbeing not being considered by professionals.

"They don't involve me or include me. They are Carer blind"

Carers report feeling taken for granted; that services automatically assume they will be able to provide support to a spouse or family member despite other requirements in their lives and the impact of caring on their own health or finances. Some carers feel that services were not concerned about the impact military life has on the family.

"They appear to take it for granted that I am available 24/7 and have chosen to give up a career, income and pension to do this"

"It's seen as something you should just do, which although is true to an extent, doesn't reflect how draining - and expensive - it can be to provide care to someone around your other family responsibilities, paid employment, and own mental health needs"

Some carers in the Armed Forces community described a lack of practical support from services, particularly if their need was not at crisis point.

"I find that there is very little in the way of help or support unless the need is very urgent. If you are struggling but managing you are not a priority"

"it has only been at crisis point that we actually got some support"

Among the carers who felt recognised and valued, a common theme was statutory services communicating with them and being able to provide input into the care of the person they care for. Making veterans care more inclusive of carers has been an area of focus internationally. In the US, the Veterans Health Administration's Campaign for Inclusive Care seeks to improve both recognition of the role of carers in providing care, and provider practices for including carers in treatment, care planning, and decision-making.[83]

Recognition of carers continued

Recommended improvements include; a clear definition of the carer role; explicit involvement and inclusion of the carer; ongoing assessment of the carer's capacity, beyond the Zarit Burden Interview (a commonly used tool to assess the level of burden felt by the carer); and mutual communication between carers and health providers.

As well as including carers in the care of the person they support, there may be scope to improve the involvement of carers in the UK Armed Forces community in policy making for the Armed Forces community. Forums which include representation from carers in the UK Armed Forces community and contribute to the improvement of services include the Armed Forces Chronic Conditions and Disability in Defence (CanDiD) network, NHS England's Armed Forces Patient and Public Voice Group (AFPPV Group), and the Forces Additional Needs and Disability Forum (FANDF).

CanDiD was established in 2018 to connect and support serving personnel, their dependants, and veterans diagnosed with, or caring for individuals diagnosed with a life-changing or life-limiting condition, impairment or disability. CanDiD aims to influence Defence policy, educate Defence leaders, and empower the people it supports. There are CanDiD advocates in each of the Single Services, who also feed into the Armed Forces Disability Champion. NHS England's AFPPV Group is a sub-group of the Armed Forces Clinical Reference Group, and its mechanism for patient participation as part of Armed Forces commissioning.[84] One of the aims of the AFPPV Group is for users of Armed Forces health services, communities, families and carers to provide guidance and contribute to the improvement of services for the Armed Forces community.

FANDF is an MoD group facilitated by the charity SSAFA and provides an opportunity for carers in the serving community to contribute their views on service improvement. Its committee represents the wider view of members, who are serving families who have a family member with an additional need or disability. To better support carers in Serving families, in 2020 FANDF recommended that an in-depth investigation of the impact on carers within the military community be conducted.[85]

RECOMMENDATION: The MoD should engage the Armed Forces Chronic Conditions and Disability in Defence (CanDiD) network, NHS England's Armed Forces Patient and Public Voice Group (AFPPV Group), and the Forces Additional Needs and Disability Forum (FANDF) in the development of a robust carers policy, as well as in measures to reflect carer needs in accommodation and childcare policy.

Service welfare

Previous RBL research into loneliness has suggested some distrust of In-Service welfare services among some members of the Armed Forces community.[86] This may be due to existing social relationships resulting in a reluctance to confide personal issues and a fear that engaging with welfare services may reflect negatively on those who access them.[87] Respondents to our survey that mentioned Service welfare gave the impression that it did not adequately support them in their caring role. Themes these carers raised were a desire for more contact and support, as well as improved understanding from Service welfare services.

"Most of the welfare departments seem only to want to know what the problem is to allow them to treat it as school-yard gossip"

"Welfare could actually show an inch of compassion instead of making you feel you are a pain to even contact you"

A few carers had lost faith in the ability of in-Service welfare services to provide support. This appears to contribute to a sense of isolation for some carers, with a carer living off base noting they had heard nothing from their partner's camp while their partner was away.

"The Army welfare side do not care as "I'm a soldier first"

While the above quotations and comments are not representative of the experience of all serving carers, they indicate that some serving carers feel insufficiently supported by Service welfare services and that some welfare staff could be more sensitive to caring responsibilities.

It was suggested by one carer that welfare staff should be trained in how to better support carers welfare and mental health problems more generally. Ensuring that welfare officers are consistently aware of carers and what being a carer means would lead to an improved understanding of the needs of carers in the serving community, as opposed to relying on the carer to educate others.

RECOMMENDATION: All three Services should provide training for welfare staff (including in their induction process) on the impact of caring responsibilities and the requirements of unpaid carers in the serving community.

Transition support

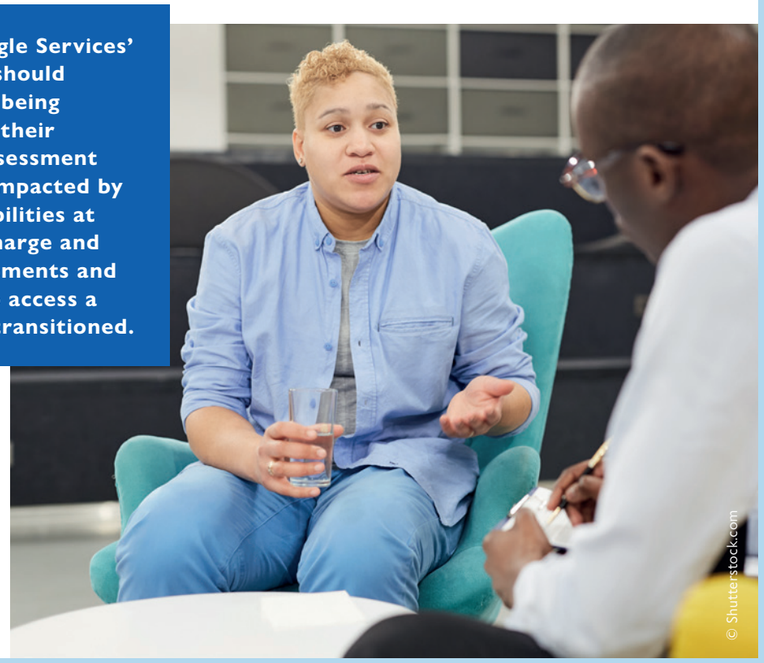
Transition out of the UK Armed Forces into civilian life can be a difficult period of adjustment. Some personnel may struggle with a loss of identity and structure provided by Service life.[88] This may be even more so for those who have been medically discharged, which research suggests can be associated with veteran unemployment and mental ill-health.[89] Their families will often have to come to terms with significant life changes and contend with a loss of community.[90] Sufficient engagement with the partners, spouses, and families of those who leave Service with a health condition from Defence Medical Services and Service welfare would improve awareness of those who will require care and support signposting to those taking on a caring role.

In Canada, spouses of newly released Canadian Armed Forces veterans are surveyed to assess their experiences of transition, engagement in caring, and their wellbeing. The 2017 Canadian Armed Forces Transition and Well-Being Survey (CAFTWS) included spouses of personnel released from the Canadian military in 2016, including for medical reasons. Around one fifth of spouses reported frequently helping their partner with caregiving activities. Those who engaged in caregiving more frequently reported higher levels of daily stress and distress.[91]

Overall, carers who participated in this research feel insufficiently supported by relevant services and appear to be less likely to have accessed any support (particularly formal support) with their caring role than carers in the general UK population. Carers have seen a reduction in the availability of services and support over the course of the COVID-19 pandemic. There is evidence of barriers to help seeking in the ex-Service population, and a poor awareness of Armed Forces status among statutory services may contribute to this. Few carers have been asked about Armed Forces status, which would enable greater identification and signposting.

While positive commitments have been made to improve identification of carers in the Armed Forces community among GPs in England, a truly holistic approach will require awareness among all statutory health professionals in and out of military settings. A greater recognition of carers and their needs in their own right at a preventative rather than crisis stage, as well as ensuring they are involved in decision-making, will enable earlier identification and awareness of available provision.

RECOMMENDATION: Single Services' medical discharge policy should ensure that all personnel being medically discharged and their families are offered an assessment of whether they may be impacted by potential caring responsibilities at the point of medical discharge and are aware of carer entitlements and support, including how to access a carer's assessment once transitioned.



Access to benefits and compensation

This section calls for improved awareness of entitlement to Carer's Allowance and military compensation.

Carer's Allowance

Carer's Allowance is the only benefit specific to unpaid carers. Unpaid carers across the UK can receive £67.25 a week if they care for someone for at least 35 hours a week who receives certain benefits.[92] Carer's Allowance is not equitable across the UK as carers in Scotland currently receive an additional Carer Allowance Supplement of £230.10 every six months, effectively raising Carer's Allowance to £76.10 per week.[93] The rest of the UK has not provided any additional financial support directly to carers during the COVID-19 pandemic.

Only 38% of carer respondents to our survey have ever received or applied for Carer's Allowance. When compared to the other nations of the UK, carer respondents in Wales were less likely to have ever received or applied for Carer's Allowance (13%).

Carer's Allowance has an earnings limit; the carer must not earn over £128 per week, the equivalent of 15 hours a week of paid employment earning the National Living Wage, and the carer cannot be studying for 21 hours a week or more. Survey respondents who are unemployed are more likely to have applied for or received Carer's Allowance. Serving carers will exceed the earnings limit for Carer's Allowance.

Increases in the cost of caring (such as household bills or equipment to adapt the home) taken alongside the fact that Carer's Allowance is the lowest benefit of its kind (an income replacement benefit) and has an earnings limit, has led charities representing carers to argue that it does not prevent financial hardship and should be increased.[94] Carers in the Armed Forces community do not feel that Carer's Allowance is a suitable work-replacement benefit for those not in employment as it is not high enough.

"I have claimed Carers Allowance before however, when you work out the hourly rate it comes nowhere near a living wage. Therefore, I have to work"

"Carers Allowance is pitiful, considering it is supposed to be a work replacement benefit. If 'the State' had to pay for the care provided by family carers, it would be horrendously expensive"

Carers Allowance cannot be claimed alongside a state pension so many older carers are not eligible for this financial support. For some, a military pension prevented them accessing financial support for carers.

"When reaching 65 and received my state pension, the carers allowance I was getting was withdrawn with no proper explanation or advice on any alternative help that may be available, although I still care for my wife"

Research indicates that veterans can find the social security system complex and difficult to navigate,[95] particularly when it interacts with the military compensation system for injuries or illness caused by Service.[96] Research by Salford University has recommended that the MoD and DWP should work collaboratively to ensure that alongside a focus on employment, guidance on the UK social security system is consistently included as a routine part of the resettlement support received by individuals leaving the UK Armed Forces.[97] Veterans noted that information about the social security system and their eligibility for benefits was largely absent from the information provided.[98]

Given the prevalence of unpaid caring responsibilities, information about Carer's Allowance and other benefits linked to care needs should be provided in the resettlement support process. This could support veterans and their dependents if they have a care need or become carers in the future.

RECOMMENDATION: The MoD should provide information about and increase awareness of the social security system, including Carer's Allowance, in the resettlement support process for people leaving the Armed Forces.

The compensation gap

A common theme among the veteran community who responded to our survey was a perceived gap in the awarding of military compensation.

Among serving carers who have a health condition (38%), 76% think their military Service was a cause of their health condition. However, only 2% of serving carers who responded to our survey claim any benefits or compensation because of a health condition related to their military service.

Among veteran carers who have a health condition (70%), 59% think their military Service was a cause of their health condition but only 22% claim any benefits or compensation for a Service-related health condition.

However, amongst injured or disabled veterans who required the support of a carer, the gap was reduced. 65% of carers of injured or disabled veterans believed that the health condition of the person they provide care for was caused, partially or entirely, by their military service, with 44% of those claiming any benefits or compensation because of a health condition related to their military service. Given that the health condition of the veteran has resulted in them requiring unpaid caring support, indicated by the presence of their carer, it could be possible that their health condition(s) is at a higher level of severity, which may partly account for the difference.

The only group of respondents that did not report a perceived gap was among a smaller group of carers in which both the carer and cared for person had served. It is possible that when a veteran is the carer of another veteran, the carer has a greater awareness of military compensation due to having served themselves. This could suggest that carers who have not served could benefit from up-skilling in the availability of military compensation, particularly as written comments suggested that mainstream health professionals had a limited awareness:

"He receives a war pension and disability pension and neither have ever been reviewed and the GP service don't appear to do this or understand how to get it reviewed. It has been 23 years... Why does no one ever ask to re-assess medically or offer this review"

Overall, our research suggests the existence of a compensation gap across various caring groups in the Armed Forces community. RBL urges Veterans UK to be aware of this gap and take steps to address it.

RECOMMENDATION: Veterans UK should improve awareness of the military compensation process and available support to carers of veterans, linking into opportunities for signposting such as carer's assessments and identification of carers in NHS England.

Conclusion

This report has explored the needs and experiences of members of the UK Armed Forces community who have unpaid caring responsibilities, which is an underexplored area in academic and policy literature. The unpaid carers who took part in our research feel under-supported and that their contribution is unappreciated by the services they come into contact with. The carers we heard from in our research were considerably more likely to feel that their caring responsibilities have had a negative impact on their health and wellbeing than a positive one. The impact of caring responsibilities on mental health, finances, employment and loneliness was pronounced among serving family carers.

When compared to carers in the general population, the carers who participated in our research were less likely to access support, less likely to have had a recent carer's assessment, and less likely to feel their role is valued by services. The stark finding that 2 in 5 had not received any support in the last two years may be linked to barriers to help seeking and a lack of awareness of Armed Forces culture.

A common theme in the report and its recommendations is focused on improving awareness of unpaid carers in the Armed Forces community among professionals at every stage of military and post-service life. A more consistent awareness of the needs of these carers and the ability to signpost them to suitable support can be promoted by the Chain of Command, Service welfare staff, Defence Medical Services, Defence Transition Services, all statutory healthcare professionals in Integrated Care Systems, and Veterans UK. A greater recognition of carers and their needs in their own right at a preventative rather than crisis stage, as well as ensuring they are involved in decision-making, will enable earlier identification and awareness of available provision. Improved awareness of entitlement to Carer's Allowance and military compensation could partially alleviate some of the financial pressures faced by unpaid carers in the Armed Forces community.

The COVID-19 pandemic has impacted carers, negatively affecting their ability to access support and their social connections. However, the problems experienced by unpaid carers are not only a result of COVID-19 and there is a clear need for substantive social care reform that values the role of unpaid carers and alleviates the increased pressure placed on upon them.

This research report has found clear areas where unpaid carers in the Armed Forces community would benefit from improved access to holistic provision:

- **Access to suitable statutory respite provision for the person they care for, as the carers who responded to survey were unable to take a break from their caring responsibilities.**
- **Carers of veterans with PTSD and other mental health conditions would benefit from access to mental health and relationship support.**
- **Local authorities can better support carers in the Armed Forces community by encouraging them to access support and take up a carer's assessment.**
- **Armed Forces charities can support improved access to carers peer support networks.**

The MoD has taken steps that may benefit unpaid carers in the serving community, but their needs should be explicitly and more consistently recognised in MoD policy. Military deployment evidently impacts on the ability to carry out caring responsibilities and moving due to Service reasons negatively impacts on continuity of care for those with care needs. This is contrary the principle of no disadvantage as set out in the Armed Forces Covenant. Only a small minority of serving carers feel they can consistently balance their caring responsibilities with their military career. Serving carers seek recognition of their caring role by their workplace, and a culture they feel is more inclusive of caring responsibilities.

Recommendations

IMPROVING DATA AND EVIDENCE

- The OVA should support the Office of National Statistics in carrying out a bespoke data linkage analysis of census data on caring, veteran and dependent status from the 2021 Census in England and Wales.
- The NHS and MoD should conduct research into the impact of caring responsibilities on the mental wellbeing of the Armed Forces community, to inform the design and delivery of future services to support carers' mental health.

IMPROVING PROVISION FOR CARERS

- The UK Government and devolved administrations should bring forward proposals for reform of social care at the earliest possible opportunity, with specific recognition of the needs of the Armed Forces community within the proposals.
- The OVA, MoD and DHSC should work in partnership to improve access to statutory-funded respite provision for the Armed Forces community.

MOD POLICY – SERVING CARERS

- The MoD should urgently develop, publish, and implement a Tri-Service carers policy that directs serving personnel with caring responsibilities to suitable support and information, and provides clarity on how they are considered in relation to other Service policies, such as additional needs and leave policies. In line with the Tri Service policy, each Service should develop its own tailored guidance.
- The MoD should engage the Armed Forces Chronic Conditions and Disability in Defence (CanDiD) network, NHS England's Armed Forces Patient and Public Voice Group (AFPPV Group), and the Forces Additional Needs and Disability Forum (FANDF) in the development of a robust carers policy, as well as in measures to reflect carer needs in accommodation and childcare policy.
- The Defence Medical Services should play a greater role in supporting carers in Service. This should include more consistent identification and signposting to support, a regular wellbeing check to keep up to date with their and/or their family's caring responsibilities, and practices being required to report on measures in DPHC guidance (including whether they have a carers lead in place).
- Any childcare support solution to flow from the MoD's wraparound childcare pilot should involve consultation with carers in the serving community, to ensure that it suits their needs.
- The MoD and Single Services should review and address any barriers to accessing Flexible Service for serving personnel with caring responsibilities and enable non-prescriptive solutions to be devised in partnership with carers.
- The Defence Infrastructure Organisation should improve access to accessible quarters for families with caring responsibilities, working with Welfare Officers to identify and support these families.
- All three Services should provide training for welfare staff (including in their induction process) on the impact of caring responsibilities and the requirements of unpaid carers in the serving community.

MOD POLICY – TRANSITION

- Single Services' medical discharge policy should ensure that all personnel being medically discharged and their families are offered an assessment of whether they may be impacted by potential caring responsibilities at the point of medical discharge and are aware of carer entitlements and support, including how to access a carer's assessment once transitioned.
- The MoD should provide information about and increase awareness of the social security system, including Carer's Allowance, in the resettlement support process for people leaving the Armed Forces.

VETERANS UK

- Veterans UK should improve awareness of the military compensation process and available support to carers of veterans, linking into opportunities for signposting such as carer's assessments and identification of carers in NHS England.

AWARENESS OF CARERS

- All statutory bodies and those delivering statutory services should routinely ask and record whether all patients and clients are a member of the Armed Forces community and if they have caring responsibilities.

PEER SUPPORT FOR CARERS

- Armed Forces charities should improve access to peer support for carers of veterans by building relationships with local carers groups and carers forums, and further developing community outreach from care homes with a substantial veteran population.
- Armed Forces charities should work with the MoD to improve access to peer support networks for serving carers including attending MoD networks such as the Armed Forces Chronic Conditions and Disability in Defence (CanDiD) network to improve awareness of peer support networks.

INTEGRATED CARE SYSTEMS

- The NHS should invest in mental health and relationship support dedicated to carers of veterans with PTSD, using insight from the Together Programme.
- NHS England should increase awareness of and access to the support offered to families by Op COURAGE (The Veterans Mental Health and Wellbeing Service), providing increased outreach support to carers of veterans with mental health conditions.
- NHS England should review its veteran GP accreditation scheme to reflect the needs of those who care for veterans, ensuring they are covered and understood by GPs.
- Greater awareness of the support needs of carers in the Armed Forces community should be incorporated into Health Education England's online module, 'NHS Healthcare for the Armed Forces', which should be updated and made mandatory for all partners in Integrated Care Systems.
- Local Authorities in England should urgently act upon NHS England's recommendation to consider how carers from the Armed Forces community can be supported in local carers' strategies, including how they can be encouraged to access support and take up a carer's assessment.

Acknowledgements

We would like to thank all those both within RBL and externally who generously lent their time and expertise during the writing of this report, including colleagues from the Army Family Federation, RAF Family Federation, Navy Family Federation, and King's College London.

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Notes

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