healthwatch Wiltshire

The health needs and experiences of military families in Wiltshire

From loneliness to connectedness

February 2025

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ABOUT HEALTHWATCH

Healthwatch is your local health and social care champion. We listen to the issues that really matter to people and learn from your experiences of using local health and social care services.

Healthwatch uses your feedback to better understand the challenges facing the NHS and other care providers and we make sure your experiences improve health and care for everyone — locally and nationally. We can also help you to get the information and advice you need to make the right decisions for you and to get the support you deserve.

ABOUT THIS REPORT

Purpose and research objectives

The purpose of this research is to understand the health needs and experiences of military families in Wiltshire. Our aim is to make practical recommendations that will achieve better health outcomes for this community.

We will focus on:

1. The impact on the health of families when they move to Wiltshire
2. How this move affects children, particularly those with special educational needs and disabilities (SEND)
3. The barriers and enablers of military families getting full access to health and social care services
4. Behaviours that military families demonstrate which affect their health

Commissioning and support

This research is commissioned and funded by Wiltshire Council, with the full support of local military leadership.

Kate Blackburn, Director of Public Health, Wiltshire Council, said: *My main concern, and that of our military colleagues, is that we simply don't know enough about the health of our military. This Healthwatch Wiltshire research is an invaluable opportunity to boost our intelligence, so we can continue to make evidence-based decisions and prioritise resources where they are needed most."*

Our senior military sponsor, Lieutenant Colonel Charlie Goldsmith said: *"This research is strongly endorsed by military leads. It is an excellent opportunity to get invaluable feedback and facilitate building the right healthcare for our people".*

Methodology

Our research took place between September and December 2024 and is summarised in this table:

Methodology

Research	Extra information	Number of respondents/engagements
Online survey	Takes approximately 6 minutes to complete	359 (as of 3/12/2024)
Military events	Existing events organised by the military, for example Welfare Officer conferences and spouse coffee mornings	6
Site visits	Talking to people in public buildings e.g. libraries, leisure centres	3
Interviews	1:1 conversations	35
Group discussions	Focus groups	3

Focus on lived experience

Healthwatch's role with this project is not to undertake a scientific analysis of healthcare outcomes or measure progress against performance metrics. We are asking respondents for their positive and negative experiences, and using this report to amplify their voices. Our role is to shine a light on their 'lived experience'.

Summary of findings

Military families in Wiltshire face significant barriers when accessing health and social care. A key driver of their difficulties is loneliness, which can damage physical and mental health, and reduce resilience. Our recommendations offer strategies to reduce loneliness, thereby improving health, productivity, retention and recruitment.

PART 1: INTRODUCTION

A focus on loneliness

Mental health concerns

Our respondents wanted to talk about their mental health. Usually, they only referred to their physical health when it was the result of poor mental health.

On average, 30% of respondents say that their anxiety and depression are significantly affecting their daily life.

Most of all, respondents talked about their sense of isolation. Frequent relocations, extended deployments, and separation from family life, all create a pervasive sense of loneliness. A midwife told us of her conversation with a heavily pregnant spouse, which went along these lines:

Spouse: I've got to hang on until my husband returns from duty.
Midwife: You know that he might not be back in time, so you . might need to plan for that
Spouse: He has to be back in time, otherwise who's going to look after my daughter whilst I'm giving birth?
Midwife: Don't you have anyone else who can do that?
Spouse: Not really, no.
Midwife: But even if he's back in time, and can look after your daughter, who's going to be with you in the delivery room?
Spouse: That's fine, I can do that on my own.

There is a strong body of research into the causes and effects of loneliness.

What is loneliness?

Definition

'A subjective, unwelcome feeling of lack or loss of companionship. It happens when there is a mismatch between the quantity and quality of the social relationships that we have, and those that we want'. This means that you can feel lonely, even if you are surrounded by people.
(Department for Digital, Culture, Media & Sport, 2018)

The Campaign to End Loneliness report the causes and effects of loneliness:

Causes of loneliness

- Social isolation, due to physical separation from friends, family and community
- Major life disruptions, such as the upheaval of moving home
- Mental health issues, like anxiety
- Replacement of face-to-face relationships with social media interactions
- Suffering loneliness alone, without asking for help, which makes you feel more lonely

Effects of loneliness

- Mental health impacts, such as depression, anxiety and stress, with an increase in vulnerability to mental health disorders
- Physical health impacts, such as increased risk of heart disease, high blood pressure, higher levels of inflammation, weakened immune function
- Decreased mental and physical productivity, lower job satisfaction and burnout
- Higher risk of substance use, particularly alcohol
- Decreased social engagement, which creates more loneliness
- For children, loneliness is associated social withdrawal, low self-esteem and poor academic performance, and can impact social skills and emotional development

There is a damaging, cyclical nature to loneliness. For example, if you have poor mental health, you can become lonely. And if you feel lonely, you can experience poor mental health.

A GP Practice Manager told us:

"Loneliness creates anxiety and illness, and reduces your resilience to manage. We see this more and more in consultations and phone calls."

How lonely are military families in Wiltshire?

In our survey, 22% of respondents said that loneliness significantly affected their daily lives'.

Systemic loneliness

In Wiltshire's military families, the primary tool that is relied upon to manage loneliness is resilience. A Welfare Officer told us that the men he supports don't often ask for help because "they are expected to be resilient". Spouses described other spouses as "resilient – we just have to be". Children who repeatedly moved away from their friendship groups were described as "amazing, they're just so resilient". We didn't hear anyone challenge the status quo. Instead, loneliness appears to be an accepted part of military life; an inevitable hardship. It could be described as 'systemic loneliness'.

22% of respondents said that loneliness significantly affected their daily lives

The good news

The good news about loneliness is that its magnifying effects go both ways. More loneliness magnifies anxiety and depression. But less loneliness shrinks them and boosts wellbeing.

PART 2: ANXIETIES OF MOVING HOME

How difficult?

In our survey, 64% of respondents found their move into Wiltshire to be 'challenging but manageable'. A further 5% found it 'difficult' and 8% 'extremely difficult'. Military families move locations approximately every 2-3 years, sometimes more frequently. Our research indicates that this disruption causes significant anxiety.

How much anxiety?

38% of respondents said that anxiety significantly affected their daily lives

More than 1-in-3 of the adults in military families we spoke to reported being unable to function normally because of their anxiety. In total, 38% of respondents reported that their anxiety significantly affected their daily life. We heard about the areas of life where they felt most anxiety:

Uncertainty

This is the anxiety that military families feel when they don't know where or when they are moving. One Mum told us:

We were messed around. They told us we were moving in the summer, but then we didn't. We didn't know whether to sort out schooling, or even take the pictures down. In the end, we were given 2 weeks' notice! The whole moving scenario was a real mental health thing. I hated not being in control.

Family

Service members can be anxious about the risks and challenges of an upcoming deployment. But a primary concern for them is how their family will manage the associated move. One service member told us:

"My main emotional response was trepidation. How would my wife react because she's never left her hometown before? And how will she deal with the hot weather in Cyprus? And I was stressed out about leaving my 16-yr old back in the UK, with a grandparent, because he was mid-GSCE's."

Separation

This is the anxiety that military families feel when they miss the home they left behind. They are uprooted from familiar people, communities, places, routines and support networks. These are the anchors that give us stability and connection. We were told that:

"Some families come from busy, inner cities and are suddenly plonked into some rural place in the middle of nowhere".

"You can't pop round and see your mum and ask if she thinks your child's got the measles."

"It was always my husband who dealt with the car. Now it's me; me again".

Finances

Many military families are anxious about their finances all the time. But moving home exacerbates these concerns because they need to re-evaluate and rebalance their household budgets. According to our survey, 31% of respondents are finding that 'financial stress' is significantly affecting their daily life.

Moving into a new home

We were told that the service member is often expected to work immediately after arriving at their new base. This leaves the spouse to manage the unpacking alone – and also to fix the logistical problems that new homes usually bring. This is also the moment at which spouses feel least able to ask other families to help them.

Integration

This is the anxiety that some spouses feel when they try to insert themselves into their new community. At a coffee morning, one mum told us:

31% of respondents said that lack of confidence significantly affected their daily lives

"you've just got to pick up the confidence speak to new people and come to activities like this one. But if new people don't have that confidence - and some women get massively anxious about this - then they come here once or twice, and never again".

In our survey, 31% of respondents said that 'lack of confidence' significantly affects their daily lives.

Digital isolation

This is the anxiety military families feel about turning off their phone and meeting new people face-to-face. Military families rely heavily on social media to stay connected with friends and family they have left behind. However, living in this online world for too many hours keeps them from interacting with their new community.

Re-union

Spouses can miss their partners and feel alone. But they often adapt and find ways to manage as a single parent. So, when the partner returns from deployment, they can feel isolated in their own home. They feel shut out of the rhythms of home life.

Housing

Military families worry about the kind of house they will be allocated; whether there will damp or mould; how far it will be from their base; and whether it will be adapted for their particular needs, e.g. accessible for a wheelchair.

They also worry about how any problems with their new house will be fixed. They can be obliged to only use 'approved' building contractors – and sometimes they can't get approval for works that are needed. A spouse told us about the dog that kept entering their garden through a broken fence shared with their neighbour. The dog chased their children and pooed in their garden. They couldn't get authorisation to put up a new fence.

Health records

Will all our health records transfer in time, so our health care and prescriptions aren't disrupted?

Employment

Will I (the spouse) get a job? How can I build a career if I'm always moving?

Parenting

Will my child be happy in their new school? (see Part 3)

Loneliness

A GP Practice Manager told us:

Imagine a spouse being in bed at night, alone in the house, with her husband away on a communication blackout for two weeks. Suddenly there is a big bang downstairs. Without a partner, without a social network and without knowing the neighbours, this kind of event can cause extreme anxiety.*

*A communication blackout is a period when all forms of communication between the deployed personnel and their family are halted to maintain operational security.

PART 3: IMPACT ON CHILDREN

Impact of moving to Wiltshire?

In our survey, parents said that 41% of children found the move into Wiltshire to be difficult. Our findings are in line with research undertaken by the University of Strathclyde:

Frequent moves negatively impact pupils academically, socially and emotionally. They lead to transition-related education gaps and difficulties adapting to new environments and sustaining peer friendships. Losing a parent on deployment reduces their resilience to manage these stresses.
(University of Strathclyde, 2021)

Impact on education

A member of the welfare team told us:

"It's very difficult to move if your child is at a critical stage of their education. A key thing that would make moving easier is for moves to take into account the school terms. Disrupting children less would make a massive deal for the family."

The view from Head Teachers

We spoke to Head Teachers of primary schools in Wiltshire, whose children are 75-85% from military families. They told us:

The movement of military children in and out of the school is constant. In one school, 90 children joined in 2023/24. 55 of them moved during term time and they often moved with minimal notice.

The constant moving is causing children social, emotional, and mental health issues, which in turn can create disruptive behaviour. It is a challenge for schools to afford enough extra staff to support these children.

Teachers are not given flexibility by the national curriculum, which means that some military children can repeat the same subject "again and again" in different schools – or miss topics altogether.

Some schools are taking a 'trauma informed approach' which means focusing on understanding the emotional context of 'bad behaviour' rather than using punishment.

One Head Teacher said she would welcome the opportunity to work more closely with the military to find opportunities to support families holistically.

Special Educational Needs and Disabilities (SEND)

We focussed much of our attention on children with SEND.

What is SEND?

A child or young person has special educational needs and disabilities (SEND) if they have a learning difficulty and/or a disability that means they need special health and education support.

(NHS England)

Waiting lists for SEND support

We heard that some children with SEND go from one waiting list to another. In their place of origin (e.g. Yeovil) a child can be on a 2 year and 9 month waiting list for a diagnosis of autism. If the family move in the meantime, to Wiltshire, they can end up at the back of the queue for diagnosis. According to the Armed Forces Covenant, this scenario, shouldn't happen.

What is the Armed Forces Covenant?

The Armed Forces Covenant is a statement of commitment, published in 2011, which promises that:

1. Those who serve in the Armed Forces…should face no disadvantage compared to other citizens in the provision of public and commercial services.

2. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.

(Armed Forces Covenant). For full text, see Appendix.

In the explanatory notes to the Armed Forced Covenant, the term 'disadvantage' is explained with an example:

Armed Forces Covenant, Example 12

Members of the Armed Forces community face disadvantage if they take longer to receive goods or services than a comparable group in the general population, due to Service life.

Example 12: The RAF re-locates a Service family to a new area. Healthcare professionals in the new location decide to conduct a reassessment of a family member's condition, and 'go back to square one'. This results in additional treatment delays, compared to the general population.

(Armed Forces Covenant, Covenant in Depth).

Unfortunately, variations of this scenario are taking place in Wiltshire – which was confirmed to us by a GP Practice Manger, Nursery Manager and Senior Clinical Leader.

Transfer of Shared Care Agreement

What is a Shared Care Agreement?

This is a formal arrangement between a specialist (e.g. psychologist) and a GP to collaboratively manage a child's treatment. For example, after a specialist authorises and stabilises a medication, the GP can take over the prescribing and monitoring responsibilities.

A Practice Manager shared an example of a child with ADHD who recently moved from Hampshire to Wiltshire. However, their Shared Care Agreement didn't transfer. As a result, the GP has to establish a new relationship with an ADHD

specialist. This process is handled through Child and Adolescent Mental Health Services (CAMHS), but there is currently a waiting list. In the meantime, the GP is acting under 'exceptional circumstances', without the oversight of a specialist, to continue providing the ADHD medication. A Senior Clinical Director explained that while the GP can prescribe the current dosage, they cannot adjust the dosage until a new specialist is involved.

What is an Education, Health and Care Plan (EHC Plan)?

An Education, Health and Care Plan (EHC Plan) is a legal document which describes a child's special educational needs, the support they need, and the outcomes they would like to achieve. The special educational provision described in an EHC plan must be provided by the child or young person's local authority. An EHC plan can only be issued after a child or young person has gone through the process of an Education, Health and Care needs assessment.
(Council for Disabled Children)

Delays

We heard that:

- Different local authorities use different systems for 'processing' children with SEND
- Parents don't know what the SEND systems are, before arriving in Wiltshire
- Although an EHC Plan is transferable, it isn't fully transferred until the family have their new address.
- Records from medical services, including CAMHS are often not transferred smoothly between authorities.

These delays and complications can affect the smooth transfer of schooling and educational support. A professional told us that: *"The longer it takes to start the process of integrating a child with special educational needs in Wiltshire, the more negative impact it has."*

Number of Children with SEND

Wiltshire Intelligence indicates that the number of children requiring SEND support has increased from 13.3% (2020/21) of pupils to 14.6% (May 2023). 4.8% of these pupils had an ECH Plan in 2023, compared with 4% in 2020/21. However, these statistics do not take into account the number of children on waiting lists

for assessment, and then subsequently on waiting lists for an EHC Plan. *(Wiltshire Intelligence, Children and Young People).*

Wiltshire Council acknowledge their waiting lists:

Wiltshire Council statement on its EHC Plan webpage

> In line with many other local authorities, Wiltshire is currently experiencing a very high number of requests for statutory assessment. The level of demand on services means that we may not always be able to follow processes within normal timescales. We are making progress, but we acknowledge there is still more work to be done. We are sorry for any delay you may experience.
>
> *(Wiltshire local offer, Waiting/Learning Well)*

Professionals and parents we spoke to reported that they felt the number of SEND children is increasing.

24 percent of military children moving into Wiltshire in the last year have SEND

For example, a Nursery Head (who takes both military and civilian children) said they now treat 40%-50% of their 56 children as having SEND. However, this might be because she is known in the community to do a good job supporting SEND children.

24% of the parents who completed our survey and moved to Wiltshire in the last year, said that their child has SEND.

Masking SEND

A professional told us that the signs of SEND in military children can be less obvious compared with civilian children. He feels that this is because they are resilient. However, he is concern that their needs can "fester" and will be harder to manage when finally expressed.

PART 4: BARRIERS TO WELLBEING

Summary

Respondents felt that a number of barriers prevent them from being healthy and accessing good healthcare. These are:

1. Partial integration programme
2. Limited training and 'in-reach' of Welfare Officers
3. Underdeveloped support for domestic violence and abuse
4. Underdeveloped support for safeguarding
5. Stigma
6. Foreign language and culture
7. Barriers for spouses
8. Lack of access to healthcare specialists
9. Rural isolation
10. Barriers to support for mental health

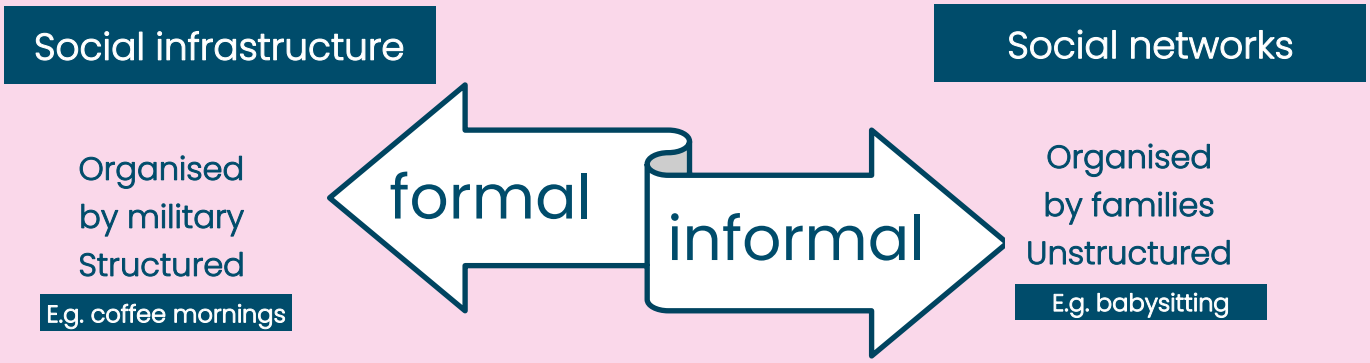
1. Formalised integration programme

The military puts resources into making it easier for families to integrate into their new community. For example, they provide welcome briefings, community centres, and coffee mornings. These centrally organised measures can be termed 'social infrastructure'.

The expectation is that families use this social infrastructure to build their own, informal social networks. For example, one spouse meets another at an organised coffee morning, and ends up babysitting her child, so her new friend can attend a job interview.

To successfully integrate into a new community, military families need both a strong social infrastructure and active social networks.

Social infrastructures and social networks



However, military families told us they felt that:

1. Although these blocks of social infrastructure are useful, what they really need is a comprehensive, integration programme.
2. Because families face the disadvantage of frequent mobility, they also need help with the informal social networking.

> *Welfare Officers do coffee mornings, but that's not enough. Your neighbour might welcome you to your house, and add you to a Facebook group, but it's all a bit haphazard. If the neighbour hadn't come round, you would have no idea about the Facebook group.*

> *When I moved into Wiltshire, I didn't know anyone. The military don't see it as their responsibility to build the social network. And military personnel who are already in Wiltshire, move on somewhere else too quickly to take on this job. We need a formalised, structured integration programme.*

2. Training and in-reach of Welfare Officers

Who are Welfare Officers?

They 'provide accessible, independent, confidential and professional specialist welfare services to Service Personnel and their families; and in doing so strengthen and enhance [their] resilience and resourcefulness. *(Ministry of Defence, The Army Welfare Service).*

In-reach

One of the challenges for a Welfare Officer is reaching the families they are responsible for. The families are not obliged to attend their events or seek their advice. A Welfare Officer told us that: "all we can do is clearly and regularly communicate what we offer, and the rest is up to them."

Gateway

Welfare Officers provide other professionals and organisations access to military families. They are 'gateways'. So, if you work for a charity that provides energy grants, you contact the welfare officer, who invites you to a coffee morning to meet the spouses. However, these visiting professionals are often disappointed to find so few families attending the event.

Welfare Officers: confidentiality

Many military families do not believe that Welfare Officers provide a 'safe, confidential space, outside the chain of command'.
(Ministry of Defence, The Army Welfare Service).

This is because Welfare Officers are obliged to report any health issues up the chain of command, if they are concerned about the service member's 'operational effectiveness'. Even if the chain of command is not involved, we were told by many respondents that Welfare Officers are not seen as discreet.

Training

There is a query as to whether Welfare Officers receive sufficient, specialist training. For example, one Welfare Officer told us that many parents are asking for support for children with SEND. *"There has been a big increase in demand,*

but we can't offer support in this area, because we are not qualified. All we can do is signpost or refer to a psychologist."

Officers' reluctance

Some Welfare Officers don't want to be Welfare Officers. They feel they were 'encouraged' to apply.

Inconsistencies in the approach to 'recces'

Welfare Officers are responsible for doing recces (reconnaissance) of the military family's destination. They look at schools, facilities, and housing – and then report their findings back to the family. This is a valued service, but we were told it wasn't standardised and depends heavily on the approach of individual welfare officers.

Throughput of unit welfare officers

There is a regular churn of centrally based welfare officers (ASW) and those embedded in units. A unit welfare officer told us that their role revolves every 2-3 years. They used to be an army medic; now they are a unit welfare officer; and at the end of 2026, they will go back to being a medic again. This approach was reported as a 'waste' of their specialised welfare expertise, organisational memory and trusted relationships.

3. Support for domestic violence and abuse (DVA)

We were told from a variety of sources that there is a significant amount of domestic abuse in Wiltshire. Whilst we cannot validate this claim, it's certainly a widely held concern.

In our survey, 2.5% of respondents reported to have sought help in managing domestic abuse for themselves or others. An additional 44% feel that the support for domestic abuse could be improved. We were told that the following factors discouraged people from reporting domestic abuse:

Spouses: confidentiality

We were told that news of domestic abuse, whether true or not, travels fast around the spouse community. One respondent told us: "There's lots of gossiping amongst the women ".

Impact on deployment

Spouses know that reporting domestic abuse could lead to their partner's deployment being delayed or cancelled.

Home visit

Welfare Officers can come to the home of a spouse who has reported domestic abuse and ask "what can we do to help you with this?". Some spouses feel that this approach is intimidating.

Losing accommodation

If the service member is discharged, because of acts of domestic abuse, then the spouse will have to move out of their military accommodation.

Taboo topic

"Domestic abuse is still seen as a slightly taboo matter. It should be seen in the same light as carrying a knife and general violence. But I work with people still nervous about reporting it."

4. Support when there are safeguarding concerns

We asked respondents how the systems and support for managing safeguarding could be improved. They told us that:

- Person-to-person check in, not just on the phone.
- Sometimes more police presence.
- Earlier availability and easier pathways of support and clearer sign posting
- Introduce "Managing Safeguarding" as part of mandatory training via Defence Learning Environment (DLE).
- More resources so they can respond to more families and lower the threshold for intervention.

In our survey, 9% of respondents have asked for help with safeguarding, and of those, 50% said they felt that the support could be improved.

5. Stigma

It is clear that military families hold back from reporting welfare or mental health difficulties because of its associated stigma.

Who wants to be a 'welfare case'?

"There is definitely a stigma for people to approach the welfare teams. People hesitate because they don't want to be a "welfare case". They don't want to be seen as weak. It's like admitting to seeing a therapist."

Midwives and urine pots

Midwives have an innovative way of tackling this stigma. Each time they meet a mother they are working with, they ask her if she is suffering from abuse. One midwife told us that they aim to ask this question 15 times – in order to normalise the topic. The midwives leave urine sample pots in communal toilets, indicating that women should put a dot on the bottom of the cup to indicate they have concerns about domestic abuse.

Not in front of your superior

We spoke to a charity offering military families grants to help them heat their houses. He told us:

"I don't get immediate take up at public events, like conferences or stalls, because military people don't want to be seen to be asking for help in front of their superiors. They think this could bring the military into disrepute which could affect their career. They don't want to be seen to be coming cap in hand."

6. Foreign language and culture

Military families whose primary language isn't English, or who have a strong cultural heritage, can face additional barriers.

Midwife and Afghans

A midwife told us that:
"I'm concerned our team isn't able to properly engage with Afghan mothers. There are the obvious language barriers, but also it's their culture. They don't see the need to discuss their previous births. Why should they? One of the issues is time. We are allocated 30 minutes per visit. Really, we need 2hrs with them."

Language of NHS online

One interviewee told us that it's very hard to negotiate online NHS websites if you have poor English.

Fijian faith

One professional told us that "we are not sensitive at all" to the faith that Fijian families have. "Their faith is very, very important to them". She described a case where a Fijian spouse pressed charges against her husband, who was abusing her. The whole Fijian community ostracised the claimant because, in their view, such matters should be handled privately by the family or community.

Melting pot

We were told of a successful drop-in clinic, which included Fijians and Nepalese, as well as English families.

"It was about lower ranks coming together as a community. It challenged the segregation there often is between these various groups on the base. We have continuity of professional support, so we can build relationships, and people responded well and opened up to share their problems. It's often an issue of how well these groups are promoted."

7. Barriers for spouses

We were told that a number of barriers particularly affected spouses:

Cut out of the loop

Some information that is routinely given to the service member is not provided to the spouse. There is an assumption that the service member will pass whatever is relevant to the spouse; or that the spouse won't benefit from the briefing. The spouses we talked to wanted to be more included. We were given the example of the post-operational stress management briefing. This is directly relevant to the spouse, even if they are not on active service.

Interrupted career

Spouses told us that the frequency of their moves interrupted their careers. "How am I supposed to get on if I'm moving all the time?", said one of them. We were told this can have an effect on their skills, confidence, financial stress, work network and employability. This issue was given to us as one of the main reasons why service members leave the army.

Moving alone

The military have measures in place to make the logistical side of moving easier. For example, some families are given 'dual residency', for two weeks. This means they can stay in their outgoing home for 2 weeks whilst they move into their new home. However, we heard that the move still falls very much on the spouse. "My husband was working full time up till 2 days before our move", said one. Another told us that 2 months after moving in, she still hasn't unpacked properly. She isn't strong enough to move the boxes and doesn't feel comfortable asking anyone else.

8. Access to health professionals

Dentist

Service members are given the benefit of accessing military dentists, who were reported as providing a good service. The spouse and their children don't have the same benefit and face the challenge of finding an NHS dentist each time they move locations. We heard that some NHS dentists will only take on military children if the parent pays privately for their own dentistry.

Health Visitors

Wiltshire also lacks Health Visitors. They have been described as providing a 'Cinderella service', with the capacity to only deal with serious cases. A GP Practice Manager told us that mothers are not getting enough follow-up after giving birth. The region is very rural, so mothers who don't drive find it hard to come to Health Visitors.

Joined up support

A professional told us about her previous job where there was strong co-ordination between GP, midwives and health visitors. "Data was shared; everyone was on the same page". Some of the health specialists we spoke said that they didn't have enough time to even think about joining up their work with other specialists.

9. Rural isolation

In some of the more remote areas of Wiltshire, there is limited availability of medical facilities, specialists and support services. Families may encounter long travel distances to access care, leisure services, friends and their new community. It's a recipe for loneliness.

10. Barriers to support for mental health

33% of our survey respondents said they faced barriers to accessing support for their mental health. In order of frequency raised, their concerns were:

Theme	Example quotes
Poor service from the GP	"Terrible response from the GP - just wanted me to continue on the medication - no practical help".
Lack of time, made worse by absence of spouse	"Time and being on my own with 2 children while partner is away".
Stigma	"I didn't want anyone to know".
Waiting times	"I wouldn't go to GP as not accessible due to waiting lists and lack of appointments".
Career implications	"How I believe the Army perceive mental health".
Lack of knowledge about support available	"Didn't know where to go and who to speak to or what to do".
Children with SEND	"Trying to get to appointments with no additional childcare is really difficult. Especially as I am unable to use wrap around childcare due to my children having additional needs".

PART 5: UNHEALTHY BEHAVIOURS

In our survey and conversations, we asked about the drinking and smoking habits of military families.

Alcohol

We were told that:

- Often, it's the partner of the person misusing alcohol who asks for help.
- By the time help is requested, damage has already been done. For example, a service member had already lost his driving licence due to drink-driving, by the time his partner asked for help.
- One Welfare Officer has given 36 people support around alcohol use in 12 months, 6 of whom he referred to specialist services.
- The causes of alcohol misuse are varied, but a particular stressor is having a new child
- Referring to drinking alcohol, a welfare officer told us: "It's an army cultural thing. What else are a group of young men supposed to do?"

What can help?

What would help most, we were told, was if alcohol misuse could be identified at an earlier stage. A Welfare Officer said:

"The treatment we provide is OK, but it must be accessed sooner. We don't see these issues coming up. We rely on the chain of command to spot it. But the chain of command, even if they do spot it, don't have the capacity to deal with this sort of stuff, above all of their normal duties."

Smoking

Concerns about smoking were not raised during our conversations with families and professionals. These were the statistics from our survey, which we have compared with rates in the general population.

23% of respondents are vaping

Smoking rates

	Rates in military families	Rates in general population	How does military % compare with general population %	Source of general population rates
Currently vaping	23%	9% (2023)	Significantly higher	ASH
Currently smoking tobacco	12%	12.9% (2022) 14% amongst men (2023)	Similar	Office for National Statistics ASH
Tried to stop smoking in last 6 months	50%	56% (2023)	Similar	Office for National Statistics
What tool helped to stop smoking?	64% used vaping	More than half of ex-smokers who quit in the last five years (up to 2024) say they used a vape in their last quit attempt (no exact % provided)	Unknown	ASH
Want to stop smoking now	45%	60% (2019)	Lower	Gov.UK, Health Matters

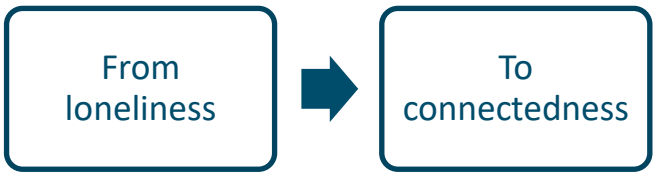
Some of the results are not directly comparable, because a higher percentage of the respondents in military families are younger men – compared with the general population. Men, and those aged 25-34, are more likely to smoke that other groups (ONS).

But the high rate of vaping and lower rate of people wishing to quit is still notable. This indicates that some education work (about the harms of both type of smoking) is required.

PART 6: RECOMMENDATIONS

Introduction

The common aim of our recommendations is to make military families feel less lonely and more connected.



What is connectedness?

Connectedness is defined as a feeling of belonging to, or having affinity with, a person or group. It is the opposite of loneliness. These are its characteristics and effects:

Tracking progress

How will we know if military families are feeling less lonely and more connected? A host of metrics will need to be set to measure the impact of any interventions. However, to focus minds, we recommend asking a small sample of families this question from our survey, every 6 months:

In the last 6 months, have any of the following significantly affected your daily life? Choose all options that apply:

Anxiety	37%
Loneliness	23%
Depression	24%
Lack of confidence	31%
Financial stress	31%

The percentages above are the results from our survey, which indicate how respondents are feeling now. If these percentages fall, then we know we are going in the right direction.

To track progress every 3 months, we recommended dividing the sample into 2 groups, and staggering the timing of when each group is surveyed. For example, Group A is asked in January and June; and Group B is asked in March and September.

Recommendations

Here is a summary of our recommendations:

Summary of Recommendations

No.	Title	Description	How does this recommendation increase connectedness?
1	Equipping the community	Give the local community and its professionals the skills, knowledge and motivation to build meaningful relationships with military families, and effectively respond to their needs.	Families will feel understood and valued, fostering a sense of belonging with their new community.
2	Formalising integration programme	Establish a formal, comprehensive programme to address the practical and emotional needs of families, ensuring smoother integration.	Families will experience less stress, and have the time and 'head space' to build connections with their new environment.

3	Centralising information	Create a single, trusted, online platform of information for military families, making integration more efficient.	Families will have the information they need to build those connections.
4	Managing sensitive cases	Enhance the training and supervision of Welfare Officers to improve their ability to manage sensitive cases, and build trust amongst military families.	Families will feel a sense of emotional security, knowing that they don't have to manage their difficulties alone.
5	Strengthening mental health support	Reduce the stigma and increase the accessibility of accessing mental health support, empowering families to manage their mental health.	Families will have greater emotional wellbeing, with the strength to adapt to their new circumstances.
6	Protecting children	Prioritise the assessment of children with SEND and implement effective measures to minimise the impact of mid-term relocations on children's education and wellbeing.	Children will feel secure and supported, which will give parents greater wellbeing and happiness in their new home.

Recommendation 1
Equipping the Community

Summary

Give the local community and its professionals the skills, knowledge and motivation to build meaningful relationships with military families, and effectively respond to their needs.

Areas of focus

- Specialist training programme on unique needs of miliary families for GPs, educators, pharmacists, social workers and other professionals.
- Sign up businesses to a set of commitments that are related to the Armed Forces Covenant, in order to become a 'Forces Friendly business'.
- Establish community engagement programme to bring civilian and military communities closer together, e.g. communal events and military awareness education in schools.

Useful sources	See Reference section for weblinks
Forces Children's Education. Association of Directors of Education in Scotland (ADES)	'These pages have been put together to help professional educators in nurseries, schools and colleges across Scotland recognise and respond to the challenges that Forces children face.'
Little Troopers	'Little Troopers at School project aims to educate schools about the unique needs, through circumstance, of military children.'
Military Child Education Coalition (MCEC) - American	'Resources and training for educational professionals. 'The truth is that military-connected kids have complex needs. And it's our goal to make educators more aware, more competent, and more capable when it comes to these children.'

HCR Law	Example of a local business signing Armed Forces Covenant 'The Defence Employer Recognition Scheme (ERS) Encourages employers to support the armed forces community and inspire other organisations to do the same. Employers can apply for bronze, silver and gold awards which required them to demonstrate their specific commitments to the Armed Forces Covenant.'
Healthcare for the Armed Forces e-learning programme (NHS)	The armed forces e-learning programme is for all health and social care professionals who may come in contact with serving personnel, veterans and / or their families, to help enable them to provide the best possible care.
NHS e-learning training The Armed Forces Covenant and the Needs of Service Families	'This session will provide an understanding of the unique issues experienced by Service families arising from the Armed Forces lifestyle, their needs and the issues that impact on their access to health and social care provision.'
US Department of Veterans Affairs	Training for professionals in PTSD
Living in our Shoes research report Recommendation 66	The Royal Colleges to require medical and healthcare professionals across the UK to undertake an accredited programme of training to increase awareness and understanding of the health needs of military families.

Next steps

- Conduct a training needs assessment
- Compile existing resources

Recommendation 2
Formalising integration programme

Summary

Establish a formal, comprehensive integration programme to address practical and emotional needs, ensuring a smoother transition.

Areas of focus

- Policy document explaining Military's commitment to supporting integration, key performance indicators (KPIs) and accountabilities of all stakeholders.
- Appointment and training of dedicated 'relocation specialist', who conducts formal assessment of each family's needs, and provides assistance with housing, school placement, transfer of health records, transport and logistics

Relocation programme

- Pre-move orientation day, featuring families from Wiltshire
- Mandatory 'moving home' training, focusing on navigating change, wellbeing, mitigating impact on children, budgeting and cultural orientation
- Allocation of 'buddy families'
- For spouse: career counselling, job training, access to placements, social networking with other spouses
- Access to single, trusted, online platform of information (see recommendation 3) including 'official' social media forums
- Formal welcome to new base - e.g. welcome ceremony, family picnic and tours
- Education and SEND briefing from Head Teacher and SEND specialist
- Youth integration programme, including youth clubs, buddies, access to counsellors
- Appointment of liaison officer to support integration into local community, including joint military-community events (e.g. summer fete), civic engagement (e.g. park clean ups), education (school visits)
- Mandatory 'check-ins' post move
- Evaluation survey, with publication of performance against KPIs

Useful sources

Review integration programmes from other sectors, including diplomatic services and corporate relocation.

Next steps

- Compile existing programmes and best practice
- Study the journeys of 5 families who are moving into Wiltshire

Recommendation 3
Centralising information

Summary

Create a single, trusted, updated, online hub of information for military families, making integration and communication more efficient.

Areas of focus

Easy access to 'approved' sources of information on:

- Housing, healthcare and education
- Childcare
- Local tourism
- Youth programmes
- Financial assistance
- Job opportunities
- Searchable Q&As
- Local facilities, community organisations
- Mental health resources
- Integration programme and checklists (see recommendation 2)
- All forms
- Secure, virtual forums (acting like community Facebook groups)
- Tools for organising local events
- Support contact details – e.g. for domestic abuse, legal support

Useful Sources	See reference section for weblinks
All Together - Wiltshire Together	

Military OneSource (US Defence Department)	
Army's Family's Federation (AFF)	National information on housing, employment etc
Forces Families Jobs	National portal for employment and training opportunities for military spouses and family members
Military Family (USA)	"thousands of honest reviews from fellow military families and comprehensive area guides to give you the insights you need to make those big decisions."
MCEC	The Military Child Wellbeing toolkit

Next steps

- Run 2 workshops with cross section of families to identity what information would be most useful to have on a one-stop hub.

Recommendation 4
Managing sensitive cases

Summary

Enhance the training and supervision of Welfare Officers, improving their ability to manage sensitive cases, and build trust amongst military families.

Areas of focus

Enhance effectiveness of welfare officers by:

- Reviewing how sensitive cases are managed – particularly their confidentiality
- Conducting training needs assessment to identify skill gaps
- Embedding evaluation processes, and reinforcing supervision support
- Providing specialist training and accreditation
- Implementing ongoing professional development programme
- Reviewing their job descriptions and specifications

Useful sources	See References section for weblinks
Pearson	Case study for Welfare Officer Training
Defence Medical Welfare Services	Job description for Welfare Officer
BMC Health Services Research	The experience of health and welfare workers in identifying and responding to domestic abuse among military personnel in the UK

Next steps

- Measure inreach of welfare officers (how many & quality of touch points)
- Analyse some of the sensitive conversations

Recommendation 5
Strengthen mental health support

Summary

Reduce the stigma and increase the accessibility of accessing mental health support, empowering families to manage their mental health.

Areas of focus

- Agree a mental health strategy, identifying gaps and accountabilities
- Run mandatory mental health training for all military families and professionals
- Provide virtual mental health therapy that can be accessed privately and confidentially
- Strengthen mental health support for children
- Enable setting up of peer support groups, e.g. for grief
- Run mental health education campaigns, e.g. on stress, including military leaders talking about their mental health
- Run Military Family Wellbeing Forum, introducing ideas and organisations that can support mental health
- Develop culturally sensitive and multi-lingual resources

Next steps

- Audit existing military mental health resources
- Compile best practice, with recommendations from military support charities (e.g. SSAFA and Royal British legion)

Recommendation 6
Protect children

Summary

Prioritise the assessment of children with SEND and implement effective measures to minimise the impact of relocations on children's education and wellbeing.

Areas of focus

- Make a public commitment to prioritise the assessment of children with SEND, within a defined timeframe
- Appoint a local 'children's champion' whose role is to advocate for the wellbeing of military children and provide biannual monitoring reports.
- Work with charities to establish/advertise a 'hotline' for parents to get advice on their children.
- Review what can be done to minimise movement of children during term time or mitigate its impact.
- Review how teachers can adapt the curriculum for children who move mid term.
- Run workshop to agree actions to protect children with stakeholders, including military families, Head Teacher, psychologist, Council children's and SEND services, social workers and welfare officers.
- Fund mental health support for children in school.

Next steps

- Gather data on the speed of assessment of SEND children moving into Wiltshire
- Convene workshop of professionals and families to set action plan for protecting children.

PART 7: SUMMARY AND WHY NOW?

Summary

Many military families are lonely. This is a key driver of poor health, and it magnifies other mental health conditions such as anxiety and depression. The purpose of our recommendations is to reduce this loneliness and increase the sense of connectedness families feel with their new community. More connectedness will lead to better health.

Who with?

Many of the professionals we met during this research, in the military, Council and community organisations, are deeply committed to improving the health of military families. If there is a co-ordinated call for action, help will be forthcoming.

Why now?

Council and military leaders face many demands – and many reports! Why should they prioritise our recommendations?

The armed forces have shrunk over the last decade. To a large extent, this is explained by problems with recruitment and retention. In one year (2023-2024), the full-time trained strength of the UK Regular Forces dropped by 3%. This haemorrhaging puts immense pressure on existing staff, losing institutional knowledge, reducing operational capability, and risking national security. *(Ministry of Defence, 2024)*

If immediate action isn't taken to reduce the loneliness and increase the connectedness of military families in Wiltshire, we believe the attrition of personnel will escalate. This risk creates the burning platform for change.

APPENDIX: ARMED FORCES COVENANT

The Armed Forces Covenant

An Enduring Covenant
Between The People of the United Kingdom
Her Majesty's Government
– and –
All those who serve or have served in the Armed Forces of the Crown
And their Families

The first duty of Government is the defence of the realm. Our Armed Forces fulfil that responsibility on behalf of the Government, sacrificing some civilian freedoms, facing danger and, sometimes, suffering serious injury or death as a result of their duty. Families also play a vital role in supporting the operational effectiveness of our Armed Forces. In return, the whole nation has a moral obligation to the members of the Naval Service, the Army and the Royal Air Force, together with their families. They deserve our respect and support, and fair treatment.

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.

This obligation involves the whole of society: it includes voluntary and charitable bodies, private organisations, and the actions of individuals in supporting the Armed Forces. Recognising those who have performed military duty unites the country and demonstrates the value of their contribution. This has no greater expression than in upholding this Covenant.

(Ministry of Defence, Armed Forces Covenant)

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