EARLY SUPPORT FOR MILITARY-CONNECTED FAMILIES

EVALUATION OF SERVICES AT NSPCC MILITARY SITES

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NSPCC

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Impact and Evidence series

This report is part of the NSPCC's Impact and Evidence series, which presents the findings of the Society's research into its services and interventions. Many of the reports are produced by the NSPCC's Evidence (formerly Evaluation) department, but some are written by other organisations commissioned by the Society to carry out research on its behalf. The aim of the series is to contribute to the evidence base of what works in preventing cruelty to children and in reducing the harm it causes when abuse does happen.

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DEFINITIONS

For brevity, parents and carers will be referred to as 'parents' within this document.

The term 'domestic abuse' will be used instead of 'intimate partner violence' or 'domestic violence'. The UK Government definition of domestic abuse can be found in Appendix 8.

ACKNOWLEDGEMENTS

EXECUTIVE SUMMARY

Background

While military-connected children and their families share many challenges in common with other families, they also face unique circumstances that can cause additional stress and anxiety. Even during peacetime, recurring features of military life, such as separations due to deployment and training, stressors associated with the deployment cycle, and frequent relocation create circumstances that potentially undermine parenting and child wellbeing. While there are no accurate records of the number of military-connected children within the UK (McCullouch & Hall, 2016), over 67,000 children in England and Wales aged 0 to 15 were recorded during the last census (ONS, 2014) as living in a household with a member of the armed forces.

The NSPCC has two long-established service centres located within or near to army garrisons: Tidworth in Wiltshire and Catterick in North Yorkshire. This evaluation focused on three 'early help' services delivered from one or both sites: drop-in services for parents and children under five years, school lunch clubs and a group intervention for children with anxiety and emotional problems. 'Early help' services are designed to provide support and prevent problems within families before they become more difficult to reverse (Brooks & Bowyer, 2016). While the drop-in services and group intervention are open to both military and civilian populations, the school lunch club is specifically for children from the military community. Service design and outcome measurement at the centres is informed by the Strengthening Families™ model, a theoretical framework designed to help services focus on increasing family strengths, enhancing child development and reducing the likelihood of child abuse and neglect (Figure 1).

Services aim to build five protective factors: parental resilience; social connections; knowledge of parenting and child development; support in times of need; and the social and emotional competence of children (Harper Browne, 2014).

This evaluation of the services aimed to:

1. Identify the extent to which the NSPCC services are meeting desired outcomes that improve safeguarding and early help for military-connected families.

2. Provide learning that will benefit others working with military-connected families.

Another intention was that the evaluation would also contribute to the further development of the services.

Figure 1: Protective factors within the Strengthening Families™ Model

Everyday Actions That Help Build Protective Factors

Everyday Actions

Parental Resilience
- Demonstrate in multiple ways that parents are valued
- Honor each family's race, language, culture, history and approach to parenting
- Encourage parents to manage stress effectively
- Support parents as decision-makers and help build decision-making and leadership skills
- Help parents understand how to buffer their child during stressful times

Social Connections
- Help families value, build, sustain and use social connections
- Create an inclusive environment
- Facilitate mutual support around parenting and other issues
- Promote engagement in the community and participation in community activities

Knowledge of Parenting and Child Development
- Model developmentally appropriate interactions with children
- Provide information and resources on parenting and child development
- Encourage exploration of parenting issues or concerns
- Provide opportunities to try out new parenting strategies
- Address parenting issues from a strength-based perspective

Concrete Support in Times of Need
- Respond immediately when families are in crisis
- Provide information and connections to other services in the community
- Help families to develop skills and tools they need to identify their needs and connect to supports

Social and Emotional Competence of Children
- Help parents foster their child's social emotional development
- Model nurturing support to children
- Include children's social and emotional development activities in programming
- Help children develop a positive cultural identity and interact in a diverse society
- Respond proactively when social or emotional development seems to need support

Protective Factors

Parental Resilience | Social Connections | Knowledge of Parenting and Child Development | Concrete Support in Times of Need | Social and Emotional Competence of Children

Results

Strengthened Families | Optimal Child Development | Reduced Likelihood of Child Abuse and Neglect

CHILDREN'S TRUST & PREVENTION FUNDS

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Method

The mixed method evaluation involved two phases. The first phase, which informed the design of the second phase, involved desk research of routinely collected data and a series of focus groups and interviews with children, parents, staff and external stakeholders. During the second phase, 137 parents and carers using the drop-in services completed an online survey, representing 87 per cent of the drop-in service users across both sites. Most respondents (84 per cent) were military-connected, stating that either they or their partner had served as a regular in the Armed Forces. Fifteen parents, who had recently started attending the drop-in, completed a follow-up survey approximately three months later.

Qualitative data was analysed using a Framework approach. This provided insights into the experiences and needs of military-connected families, whether and how early help services strengthen and support families, and the factors that influence the achievement of positive outcomes for children. Quantitative data was collated and analysed using Microsoft Excel and SPSS. This enabled analysis of descriptive statistics, analysis of subgroups (e.g. new and existing service users) and comparisons with external data.

Results

Military life creates additional challenges for families

We met many parents and children who appear to cope both admirably and resiliently with difficult challenges unique to military-connected families. Deployment of serving parents was frequent and often lengthy. Alongside these regular separations, family relocation for service reasons was commonplace, with nearly 60 per cent of the survey respondents having done so twice or more during the previous five years. Parents and professionals described how features of military life, including barriers to seeking help and an increased risk of social isolation and anxiety, can, without support, undermine parental wellbeing and child development. Parents reported greater happiness and life satisfaction but also higher levels of anxiety than the general and military-connected populations in the UK.

Evidence that drop-in services can provide early help

Attendance and satisfaction with the drop-in services were high. The number of parents reporting they had support at times of need was significantly higher if they had been attending the services for three months or more. Comparisons between the reports of existing and new users of the services from military-connected families revealed the following effects:

Increased sources of support and social connections

Parents who regularly used the drop-in services reported significantly greater social connections. Only 3 per cent reported low levels of social connections compared with 22 per cent of parents who had only recently started using the drop-in. Eighty per cent of existing users also reported that they received more support as a parent compared with when they first started attending. Similar improvements were reported by parents completing the follow-up survey.

Greater confidence in parenting abilities

Over three quarters of existing drop-in users reported increased confidence in their parenting compared with when they first started attending. A significantly higher percentage of existing users (77 per cent) reported increased confidence in their parenting than the parents who had only recently started using the drop-in (33 per cent). Two-thirds of the small sample of new parents completing the follow-up survey reported increased confidence.

Some improvements in wellbeing

Parents completing the follow-up survey reported less anxiety compared with when they first started attending the drop-in. Within the main survey, the difference between the percentage of existing parents (91 per cent) and new parents (68 per cent) reporting high scores for happiness was significant, but not for life satisfaction or anxiety.

School aged children valued opportunities to talk about their feelings

Children attending the school lunch club described how the club can provide opportunities to talk about how they feel and meet children who are going through the same experiences. For the group intervention, informal feedback from parents, children and teachers suggests that the children participating gain an increased understanding and awareness of their emotions, more confidence and greater resilience to deal with potentially stressful events.

Conclusion

Higher levels of anxiety than the general population and additional stressors associated with military life suggest that it is appropriate to target early help services specifically for military-connected families.

Overall, the strength of protective factors reported by drop-in users was very high. Despite this, the evaluation did provide evidence of increases in some protective factors for parents who attend the services. Reductions in anxiety and increases in parents' social connections, sources of support and knowledge and confidence in

parenting – all factors that support child development and reduce the risk of child abuse or neglect – suggest that early help services delivered by the military sites can be effective. Differences reported by new and existing drop-in users suggest that regular attendance over a period of months is needed for parents to develop the trusting relationships with practitioners and mutual support with their peers that make a difference.

For the services, use of a strengths-based theoretical framework can bring focus to planning and review by helping practitioners concentrate on the different ways that they can help build protective factors within families. How the services are delivered is significant; for example, positive encouragement is essential to achieving good outcomes for children and their families. Potential areas for development include developing strategies to increase access to services among parents who do not currently use the drop-in services and further building the social connections of parents from minority ethnic groups.

Larger samples would have provided more opportunities for the comparison of subgroups and greater statistical power for analysis. The study was undertaken at only two military bases and is therefore not representative of the needs of all UK military-connected families. It is possible that some results obtained from the survey may be affected by parents wanting to provide socially desirable answers. Our qualitative data posed questions about the circumstances of serving parents that require further exploration. Further evaluation of the services should involve pre-post surveys and comparator groups over a longer timescale.

Most of what is known about the needs of military-connected families or how we can help them stems from studies carried out in the United States (Nolan & Misca, 2018); there are very few studies located in a British context. We hope, therefore, that this UK-based study, although limited, can contribute to the learning in this area.

MAIN REPORT

Chapter 1: Introduction

The NSPCC has two long-established service centres located within or near to military[1] sites in England: Tidworth in Wiltshire and Catterick in North Yorkshire. Although other perinatal services are delivered from the two centres, this evaluation concerns the following early help services that have not previously been subject to formal evaluation:

For parents and children under five years:

- At Catterick, the *Almond Tree Drop-In* provides four drop-in services a week for parents and pre-school aged children.

- At Tidworth, *Time Together* is a weekly informal supported group for parents and pre-school aged children, while the weekly *Baby Group* is for parents with pre-mobile babies.

For school aged children:

- *Military Munch* clubs are informal school lunch clubs for children aged from 7 to 13 years from the military community in Tidworth.

- *ERIC* (Emotional Resilience in Children) is a group intervention for children aged 7 to 10 years with anxiety and emotional problems in Tidworth.

The evaluation aims to:

1. Provide learning that will benefit others working with military-connected families.

2. Identify the extent to which the NSPCC services are meeting desired outcomes that improve safeguarding and early help for military-connected families.

For the NSPCC, information from the evaluation will help determine how resources at the military sites can be used most effectively and inform whether there is a case for the scale-up of the services in other military bases, or work with non-military families. It should be noted that this evaluation was conducted at a time when the funding for the services was coming to an end. This limited the amount of time available for data collection and whether plans for further development could be fulfilled.

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1   It should be noted that while this report refers to 'military-connected' families, in line with other research in this area, the two NSPCC sites are in fact both army garrisons.

This chapter summarises the literature on the needs of military-connected families, provides further details on the early help services provided by the two sites and the theoretical framework that informs their design and delivery, and concludes by outlining the remaining chapters within the report.

1.1 The needs of military-connected families

Research relating to the wellbeing of children from military-connected families compared with the civilian population is hindered by a lack of data. Estimating precisely how many military-connected children are living within the UK is difficult because potential sources of data, such as the census and the Service Pupil Premium, have several limitations (McCullouch & Hall, 2016). During the last census, held in 2011, over 67,000 children in England and Wales aged 0–15 were recorded as living in a household where the household reference person was a member of the armed forces (ONS, 2014). Most of what is known about the needs of military-connected families with pre-school children stems from studies carried out in the United States (Nolan & Misca, 2018), and there are very few studies located in a British military context.

Research indicates many positive benefits of military life for families, including: additional resilience; a sense of identity and pride; stable employment; close-knit peer relationships and social networks; and military support infrastructures (Paley et al, 2013; Jain et al, 2016; Children's Commissioner, 2018). Generally, military-connected children are not found to have poorer wellbeing than civilian children, although those with deployed parents and older children are at greater risk of some adjustment difficulties, e.g. substance use and externalising behaviour (Williamson et al, 2018).

The research literature on military-connected families and safeguarding remains small but suggests that while military-connected children and their families are diverse and share many challenges in common with other families, they face unique and multiple challenges that can exert a toll on individuals and relationships within the family (Paley et al, 2013; Alfano et al, 2016).

Military life involves parental absences and frequent moves that can cause stress, anxiety and additional pressure for the whole family (Paley et al, 2013; Verey et al, 2016; Kritikos & DeVoe, 2018; Misca, 2018). These include:

- confusion and separation from caregiver for younger children;
- concern about parent, disruption of education and social networks for older children;

- the impact of deployment on the health and wellbeing of the serving parent;

- isolation, disruption of routines, pressure on relationship, increased caring responsibilities (either during or post deployment), for partners.

Alongside mobility and deployment are cultural pressures to conform, cope and not ask for help, and a widely held belief that admitting to not coping reflects badly and could potentially affect the career of the serving parent (Hunt et al, 2016; Lake & Rosan, 2017). As with the civilian population, for some families there are significant risks to children associated with parental mental health and domestic abuse (Paley et al, 2013; Sparrow et al, 2017). Despite a commitment to offer practical support to those experiencing domestic abuse, the Ministry of Defence (MoD) acknowledge that there are factors unique to military life that inhibit disclosure, including dependence on the serving partner for income, accommodation or immigration status, and isolation from wider family support and the wider community (Ministry of Defence, 2018). The impact of higher levels of excessive alcohol use among military personnel (Fear et al, 2007) upon their families also needs further research (Fossey, 2012). While child abuse and neglect within the military-connected populations is not higher than the civilian population, US research suggests that abuse appears to increase during the deployment cycle (Alfano et al, 2016) and so is potentially preventable with the right support.

1.2 Early help services

Early help or 'early intervention' is described as:

"An umbrella term for a range of services, programmes or interventions which share an underlying rationale: to provide support to tackle problems before they become more difficult to reverse, and thereby maximise the chances of happy, safe and fulfilling lives for families in the community."

(Brooks & Bowyer, 2016)

There is interest on both sides of the Atlantic to provide more focus on early intervention and primary prevention services to strengthen families, alleviate risks factors, and increase protective factors to prevent incidents of maltreatment, and reduce the need for child protection intervention, specialist therapeutic services, and the unnecessary separation of children from their families (see the Early Intervention Foundation in the UK and the Administration for Children and Families in the USA). In addition to services provided by the Army Welfare Service, and armed forces charitable

organisations, support services for military-connected families within the UK fall within the following categories: services for families experiencing specific problems; bespoke versions of existing services tailored for military-connected families; and preventative early help services, e.g. youth activities, volunteer support and support to parents (Appendix G).

Early intervention with parenting can include teaching the parent specific skills, changing their perceptions, beliefs or attitudes or increasing their capacity to meet their child's needs. Parents provide the context for child development in three domains: the child's attachment, behaviour and cognitive development, with learning taking place through interactions between parent and child (Asmussen et al, 2016). There is promising evidence that preventative interventions for military families with young children can promote resilience; help parents overcome stress, anxiety and depression; and encourage child centred and sensitive parenting (De Voe et al, 2016; Julian et al, 2018). For example, *Strong Families Strong Forces* and *Strong Military Families* are two manualised interventions that aim to support child and parent relationships. It is possible that group intervention within this military community increases social support and makes it easier for parents to understand and apply the material to challenges that they are having with their own children (Julian et al, 2018). However, as noted in Nolan and Misca's recent (2018) review of the coping strategies, parenting programmes and psychological therapies available to military parents with children under five, research in this field is mainly from the United States. Currently, there is a "yawning hole" within British literature about the challenges of being a parent of a pre-school child in a military-connected family, or any evaluation of preventative or early help services for them (Nolan & Misca, 2018).

1.3 NSPCC services for military-connected families

Early help services in Catterick were originally set up in 1998 in response to a disproportionate number of local military-connected children on the child protection register and/or not meeting their expected developmental milestones when they started school. The NSPCC service to families in Tidworth has existed since 1989. Provision of early help to families was intended to mitigate the challenges that military life places upon parents. Services are open to all families within the local community whether they are from a military or civilian background; however, the location of the services within or near to army garrisons means that most families using the services have some connection with the military.

1.3.1 Under Fives Drop-In services at Tidworth and Catterick

For 50 weeks of the year, the Almond Tree Drop-In service at Catterick provides four 1.5 hour open-access community-based preventive drop-in services for pre-school aged children and their parents. Families attending the drop-in can use a range of toys and materials and gain ideas about activities that they can try out at home. The drop-in provides opportunities for children to learn and socialise with other children, improving their behaviour, confidence and independence; and for parents to relax, make friends, and gain informal support from other parents, reducing isolation. Parents also have access to help and support from professional workers who provide advice and information on a wide range of topics or support the family to obtain additional help or services if needed. Parents can decide how often they attend, up to a maximum of twice a week (although exceptions are made if a family requires more support).

At Tidworth, there is a weekly Babies Group for parents with babies (until mobile). The 1.5 hours session seeks to: promote positive interaction between parent and baby; provide a safe and secure environment for mixing with other members of the community and seeking advice; teach about child development; use mindful/ active relaxation techniques with the aim of reducing parental stress and postnatal depression; and improve babies' social and emotional development and health. Parents and pre-school aged children can attend the weekly Time Together group: the two-hour sessions include a structured element (15–20 minutes) that covers areas like: benefits of play; positive parenting; and keeping children safe. Parents and children are then free to use the toys, equipment and materials to play and socialise within a welcoming environment.

Both military sites deliver more intensive perinatal interventions: *Pregnancy in Mind* (Tidworth only) and *BabySteps* (Tidworth and Catterick) that are subject to separate evaluation projects (Coster et al, 2015; Hogg et al, 2015). The drop-in services provide referral routes and post-intervention support for these services (See Figure 15 in Section 4.6).

1.3.2 Theoretical Framework for the Drop-in Services: Strengthening Families™

Following a review of literature on evidenced-based community child abuse prevention interventions, Catterick and, more recently, Tidworth implemented the Strengthening Families™ framework (Harper Browne, 2014) within their services. Strengthening Families is a research-informed approach designed to help services look at how they can increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on

engaging families, programme providers and communities in building five protective factors:

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children

1.3.3 Attendance at the drop-in services

The drop-in services at both sites are well attended. Table 1 presents the annual total attendance figures for the year from 1 April 2017 to 31 March 2018.

Table 1: Attendance at drop-in services from 1 April 2017 to 31 March 2018

Location	Total Yearly Attendance	No. of new users	New users as % of total attendances	% Armed Forces Community	% Civilian Community
Catterick	6,762	626	9%	76%	24%
Tidworth	1,681	267	16%	80%	20%

Source: Military Services Project Group, 2018, NSPCC

There were over 8,000 visits and nearly 900 new service users during this period. Over three-quarters of the service users from both sites were from military-connected families. This high level of attendance at the drop-in services is likely to continue or increase as the MoD plans that both areas will become 'super garrisons' where 50 per cent of all army families will be located, part of an ongoing strategy to resettle families living overseas back to the UK.

1.3.4 Military Munch

Lunch clubs led by two NSPCC practitioners are held at three local schools in Tidworth for children of military families aged between 7 and 13 years. The NSPCC have developed session plans for children in Key Stages 1, 2 and 3 that run for a half term (6 weeks). The programmes are rolling in nature, with a review and evaluation at the end of each half term to support further development of the group. Using activities that support emotional resilience, social and emotional development, and child safety, the groups cover issues specific to children who are from a military family – separation, transition, frequent moves, and friendships. Groups are open, with pupils within each age group having the opportunity to opt in and out of the group. Teachers and support staff within schools are provided with a schedule of the programme and weekly subject matter, which enables them to signpost children to specific sessions.

1.3.5 ERIC (Emotional Resilience in Children)

ERIC (Emotional Resilience in Children) is a six-week group intervention for children aged 7–10 years old with low-level anxiety, emotional and behavioural problems, e.g. problems with peer relationships or who require additional support to develop emotional resilience. The group programme, for a maximum of five young people, is accessible to children with additional needs, for example autistic spectrum disorder, attention deficit hyperactivity disorder, at risk of exclusion, subject to child protection planning, Child in Need plans or early help. Following referral, an assessment visit is completed with the young person and their parent(s). The purpose of this visit is to determine the needs of the young person, ensure compatibility with other members of the group and gain informed consent.

Sessions promote positive social interactions, support peer relationships and provide an opportunity for participants to develop and practice prosocial coping strategies. Children attending sessions learn to recognise and manage feelings, including through mindfulness techniques that are introduced and practiced in the sessions. Sessions include craft activities that encourage all children to take part and enable discussions. Practitioners have a 'tool kit' of resources that are accessible and adapted for each group (dependent on the needs and ability of those attending). Group members evaluate the session each week using "ERIC rockets"; this enables reflection on subject matter and guides future planning.

1.4 Research questions and logic model

We hypothesised that: (1) UK families attending the drop-in services located in predominantly military areas would experience additional challenges with parenting and family life associated with the military lifestyle; and that (2) by providing early help to the families via non-stigmatising drop-in services, protective factors within those families could increase. We therefore hypothesised that (3) when compared with parents who were new to the service, parents who were regularly attending the drop-in would report more protective factors, e.g. parental resilience, social connections, and concrete support.

Our logic model for the drop-in services, presented in Figure 2 below, uses US-based research on early help services and support to military families. It assumes that the intended short-term outcomes of the drop-in will ultimately lead to longer term outcomes where families are strengthened, and children are protected against potential risks that the additional challenges of military life can present. Further details of the Activities component of the model, specifically the content of Strengthening Families™ framework within the context of a drop-in service, are provided in Figure 1 and Appendix 1.

Figure 2: The NSPCC Military Families Drop-In Services Logic Model[2]

Inputs	Activities	Outputs	Short-term outcomes	Long-term outcomes
Welcoming, child–friendly space. Manager, practitioners, administrators cleaners. Friendly, knowledgable and non-judgemental workers. Location accessible to military-connected families. Organisational costs.	Drop-in services informed by the Strengthening Families Model™ Everyday actions that help build protective factors: Parental resilence Social connections Knowledge of parenting and child development Concrete support at times of need Social and emotional competence of children.	Between 2 to 4 drop-in sessions per week. Each session lasting 90 minutes. 8,000 visits per year. Attended by 900 service users per year.	Parents reporting increased protective factors. Parents reporting that they are more able to cope with the additional challenges of military life. Examples of potential problems prevented or alleviated.	Strengthened families. Optimal child development. Less need for specialist referrals or intervention. Reduced likelihood of child abuse and neglect.

1.5 Structure of this report

The remainder of this report is structured as follows:

- Chapter 2 describes the methodology used to evaluate the services.

- Chapter 3 summarises our learning about military-connected families obtained through interviews, focus groups and an activity group and the online survey. Survey data from the general and military-connected populations within the UK data provides context and comparisons.

- Chapter 4 examines parents' satisfaction with the drop-in services, measures service outcomes and describes how the services help to build protective factors within families.

- Chapter 5 concludes with the main findings of the evaluation.

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2   A description of each protective factor and examples of how the factors are implemented within the drop-in are detailed in Appendix 1.

Chapter 2: Methodology

One of the requirements of the evaluation design was to be relatively 'light touch' and non-intrusive, recognising the importance of the agency and engagement of service users who are using early help services voluntarily. Unlike parents who are referred to a service or who are attending a particular intervention, drop-in service users might not return if they are asked to give a lot of time and information for evaluation purposes. The mixed method evaluation involved two phases. The first phase involved a series of focus groups and interviews with children, parents, staff and external stakeholders and desk research of routinely collected data. Parents participating in Phase 1 were asked for their views on the proposed methods used within Phase 2. During the second phase, parents and carers using the drop-in services were asked to complete an online survey, while parents of children attending the ERIC group during this period were asked to report on their child's social and emotional behaviour before and after their child completed the group.

2.1 Qualitative interviews and focus groups

All parents attending the drop-in services were provided with information about the evaluation and invited to participate in focus groups held at each centre. Practitioners and administrative staff at the two sites were also invited to participate in interviews or focus groups, as were their team managers, who were interviewed separately from staff groups. The team managers provided the evaluation team with the contact details of 12 local external stakeholders. Interviews were completed with six of the seven external stakeholders who had agreed to be interviewed in the time available.

Appendix B1 lists the respondents who participated in Phase 1 interviews and focus groups, while Appendix B2 and Appendix B3 provide example topic guides for the interviews and groups held with parents and staff. The focus groups and interviews with adults aimed to cover the following topics:

- Views on the needs of military-connected families living in their area
- Views on how or whether current service provision meets those needs
- Experience of the services provided by the NSPCC military teams
- What works well and what could be improved
- Barriers and facilitators to improving outcomes for families
- Views on potential methods of evaluating the drop-in

Interviews were recorded and transcribed, after which the interview data was collated and analysed using the Framework Method (Ritchie

& Lewis, 2003) with NVivo and Microsoft Excel. This involved summarising each interview transcript within a matrix of cases and themes. This process ensured that all evidence was included within the analysis that enabled themes and typologies to emerge.

2.2 Activity group for Military Munch

Children attending the lunch club were aged between 7 and 11 years. Given their age range, it was more appropriate to provide activities where children could give their opinions than to ask them to participate in a focus group. Following a communication to parents via the school prior to the session, two evaluators facilitated a 40-minute evaluation activity during one of the lunch club sessions. Workers who usually delivered the group were also present so that the children had familiar faces to welcome them, introduce the evaluators and provide activities for any child who chose not to take part. The instructions and script used by evaluators during the session is provided in Appendix B4.

The session activities were designed to find out how the children felt about the club and how they thought lunch clubs could help other military-connected children. The first part of the session was spent explaining what was going to happen and addressing ethical considerations. Once it was established that the children felt comfortable and consented to participate in the recorded session, the two evaluators turned on their Dictaphones and facilitated the session. During introductions, one evaluator led the discussion, while the other allocated differently coloured stickers to the children representing different age groups and genders. The children then participated in two activities. Some children placed their stickers on a wallchart to show how they feel about the different topics they had discussed during previous lunch clubs. While this was happening, other children chose two cards from multiple sets of 'feelings cards' that represented how they usually feel at the lunch club. Both activities were designed to protect anonymity: feelings cards were posted into a 'post box' and the stickers only indicated age bands and gender of the child. The children could move around the room at their own pace until they had completed both activities.

The final activity was an 'imaginary pupil' exercise where children drew life-sized pictures of an imaginary child whose mum or dad was in the military. Once the children had given their child a name, age and a favourite hobby, they were asked to talk about why their child might like to go to the lunch club, what sort of things they might be worried about and how the lunch club could help them. This exercise was designed to encourage the children to discuss the issues that military-connected children can face, without having to talk about their own personal experiences. The session closed with the evaluators providing feedback on the findings from the sticker exercise and

thanking the group. A Thank You letter and a child-friendly written summary of the session was sent to the school shortly after the session (Appendix F and Section 4.7).

2.3 Online survey

Two online surveys using closed questions were created for parents at each site. The main survey asked drop-in service users for their views about their local NSPCC service, their access to support as a parent, how they feel as a parent, and their wellbeing. Parents were also asked to provide demographic information, including whether they or their partner were serving in the armed forces. Survey routing allowed parents from a military-connected background to answer further questions about their recent experiences of relocation and deployment. Parents could also add further comments to an open question at the end of the survey. While the main survey (T1) was intended for all parents regardless of how long they had used the drop-in, a second shorter follow-up survey (T2) was designed to be completed just by parents who had recently started using the drop-in to see if they reported any change in their views.

2.3.1 Procedure

All parents using the drop-in services between February and June 2018 were invited to participate in the online survey. Parents using the service for the first time during 2018 were asked to complete the shorter follow-up survey between nine and 12 weeks after they started attending the service. Partners of parents attending the drop-in were also invited to participate in a brief version of the survey. While most parents completed the surveys using a tablet while attending the drop-in, others preferred to be provided with a link so that they could complete the survey at home. The survey was designed and hosted within Snap Surveys.

2.3.2 Response

Considering the mobility of the population for a drop-in service located in a garrison, response rates for the main survey at both sites were high, providing a good representation of the population of families using the drop-in service. The main survey was completed by 137 parents, 48 of whom also added further comments to an open question at the end of the survey. Table 2 presents the number of service users provided with information, consenting to participate and completing the survey at each site. The response to the survey suggests not only a good relationship with families attending the services but also commitment from staff teams to the evaluation and the survey recruitment process. A third of new drop-in users (15 parents) completed the follow-up (T2) survey.

Table 2: Response rates for online survey held in drop-in services, February to July 2018

Location	Existing Users January 2018	Provided with Information Feb-Jul			Consent Received			Completed Survey			Respondents as % of who consented
		Existing drop-in users	New drop-in users	All drop-in users	Existing drop-in users	New drop-in users	All drop-in users	Existing drop-in users	New drop-in users	All drop-in users	
Catterick	105	87	39	126	87	38	125	79	34	113	90%
Tidworth	23	23	26	49	19	14	33	12	12	24	73%
Both Sites	128	110	65	175	106	52	158	91	46	137	87%

Early Support for Military-Connected Families

Two-thirds of the survey participants, described in our analysis as 'existing drop-in users' had used the drop-in during 2017 or earlier; the remaining third of 'new service users' started using the drop-in during 2018 (Appendix C.1.3). A small number of parents were new to the drop-in but had used other services delivered from the centre, such as perinatal groups not subject to this evaluation.

2.3.3 Measures

The surveys included questions from the following questionnaires in order to measure protective factors within the Strengthening Families™ framework and compare results with those from a wider sample of military-connected parents:

- *Parents Assessment of Protective Factors Instrument (PAPF)* (Kiplinger & Harper Browne, 2014) was developed to assess the presence, strength and growth of parents' self-reported beliefs, feelings and behaviours that are regarded as indicators of protective factors. Ability to provide protective factors promotes optimal child development and reduces the likelihood of child abuse and neglect. The four subscales within the instrument (parental resilience; social connections; support at times of need; and social and emotional competence of children) appear to be highly reliable (Appendix C.4.1). Guided by feedback from parents and also what the team manager felt was a priority to measure at their site, parents from Catterick completed questions for each of the four subscales, while those from Tidworth completed the questions within the Social Connections subscale only.

- *Families Continuous Attitude Survey (FAMCAS)* (Ministry of Defence, 2017) is a Tri-Service annual survey of the spouses/civil partners of regular trained service personnel. FAMCAS includes questions from the Measuring National Wellbeing Report (ONS, 2018) plus questions about deployment and satisfaction with local services that were used to provide contextual and comparative data for our survey. Further information about the FAMCAS can be found in Appendix D.

2.3.4 Participants

Almost all survey participants were female (98 per cent) – only three were male (Appendix C.1.5). Nearly half of the participants were under 30 years old, and nearly three-quarters were under 35 years (Appendix C.1.4). Most participants reported their ethnicity as 'White British' (85 per cent), while 7 per cent were from Black and Minority Ethnic Groups (Appendix C.1.6). According to the centre workers, 96 per cent of participants were the parent of the child they brought to the drop-in. The remaining 4 per cent were childminders and a grandparent, some of whom had previously brought their own child to

the drop-in and/or had a partner in the military. Of the participants, 84 per cent said that either they or their partner had served as a regular in the Armed Forces. The remaining 16 per cent are assumed to be civilian but given the location may have some military connection. A third of the participants said they were currently employed, a fifth were employed but were on maternity, adoption or paternity leave, and the remaining participants (47 per cent) said they were not currently employed. Most participants had one or two children (84 per cent), while 16 per cent had three children or more (Appendix C.1.8). Ninety per cent of participants said that their youngest child was less than two years old; the gender split for the participants' youngest child was 52 per cent female and 48 per cent male. Most of the participants attended the Almond Tree drop-in service in Catterick (82 per cent) with the remaining participants from Tidworth evenly split between the Babies and Time Together groups (Appendix C.1.2).

Data was collated and analysed using Microsoft Excel and SPSS, which enabled analysis of descriptive statistics for all respondents, plus analysis of subgroups (e.g. military-connected families only) and comparison with external data from the FAMCAS survey and the Office for National Statistics (ONS).

2.4 Desk research

Reports derived from the case note management system provided demographic, referral and case closure data for the ERIC service (Appendix E). Data was obtained from all active cases between April 2017 and August 2018.

2.5 Ethics

The evaluation was approved by the NSPCC Research Ethics Committee, which is chaired by a researcher independent of the organisation and which follows the requirements of the UK Economic and Social Research Council and the UK Government Social Research Unit (R/17/108 and R/18/112).

2.6 Limitations

Our study is limited by the following factors.

2.6.1 Survey sample sizes

The evaluation took place at a time when the funding for the military sites was coming to an end. This restricted the time to carry out the evaluation, which affected sample sizes of the main and follow-up surveys. Larger samples would have provided more opportunities for the comparison of subgroups and greater statistical power for

analysis. Our priority of being guided by the preferences of parents and recommendations of workers at each site meant that parents at Tidworth, who wanted a shorter questionnaire, completed only the Social Connections subscale of the PAPF rather than the full survey.

2.6.2 Sample representativeness

Our understanding of the needs of military-connected families would have benefitted from more data from school aged children. This gap in knowledge is addressed by the recent English Children's Commissioner's report (Children's Commissioner, 2018). Although the study provides several interesting insights, it should be noted that it was undertaken at only two military bases and is therefore not representative of the needs of all UK military-connected families. Parents and children attending NSPCC services are a self-selecting group, with a narrower ethnicity than the UK military-connected population.

2.6.3 Bias and limitations with measures

We recognise that it may be difficult for parents to report difficulties with parenting in the context of a service delivered by the NSPCC, an organisation set up to prevent cruelty to children. Although steps were taken to encourage parents to complete the questionnaires honestly (e.g. evaluators consulting with parents during the first phase, provision of information leaflets, portable tablets that enabled parents to complete the survey without being overlooked), it is possible that some results obtained from the PAPF may be affected by parents wanting to provide socially desirable answers. The authors of the PAPF state that maximum scores for the protective factors subscales should be interpreted with caution (Kiplinger & Harper Browne, 2014).

Measures used within the drop-in service did not include a child outcome measure and there is no validated subscale available for the knowledge of parenting and child development component of the Strengthening Families model.

Other limitations of the evaluation design for the drop-ins are no comparator case data is available from military sites without drop-in services. Finally, the desk research was reliant upon routine data collected by the military services themselves and therefore cannot be subject to external verification.

Chapter 3: Learning about military-connected families

Military-connected families are varied and experience the same problems and issues faced by every other family. While it would be unhelpful to single out or stigmatise military-connected families, professionals working with them should recognise that there are additional factors within the military lifestyle that make life, in the words of one respondent, "*a little more complicated*".

This chapter aims to share our learning, gained from the survey and interviews, and increase understanding about the needs of military-connected families with young children. Demographic trends within our survey population and the effects of movement and deployment on family life, as described by service users and the professionals working with them, are explored. Issues considered include the impacts on child wellbeing and parental mental health, safeguarding and risk of abuse, and living within a military environment.

3.1 Demography and diversity

Ninety-nine per cent of our sample of drop-in parents had at least one child who was less than five years old. This differs from the military population as a whole where 41 per cent of spouses responding to FAMCAS had a child under five years old, 38 per cent had children over five years old and 22 per cent had no children (MoD, 2017). Further details and tables that compare our data with the FAMCAS survey can found in Appendix D. Questions within our survey were also used to explore whether parents' responses differed according to demographic characteristics or factors known to affect wellbeing, such as employment or age of youngest child. No differences were detected, apart from the impact of ethnicity on social connections, which will be further discussed later in this section.

3.1.1 Age of mothers and children

Mothers from military-connected families attending the drop-in tended to be from a narrower age band than UK mothers generally. Figure 3 shows that when this sample of military-connected families is compared with UK mothers nationally, there is a higher concentration of mothers in the 25–29 age range. While none of the drop-in users were under 20 years old, two respondents within the 45+ age ranges included a grandparent and a childminder bringing children to the drop-in. Ninety per cent of participants said that their youngest child was less than two years old.

Reasons why military-connected parents' age range might be narrower than the general population are unclear. Longitudinal US research suggests that military service may have a negative effect on fertility for both male and female recruits (Teachman et al, 2015). Anecdotes from our interviews suggest that a military lifestyle can support or inhibit starting a family. Married quarters provide serving personnel with access to a family home and an incentive to settle down earlier than their civilian peers; however, couples may choose not to start a family when they are located far from their extended family and support networks.

Figure 3: Age ranges of drop-in users from military-connected families compared with UK mothers in 2016

Drop-in survey participants military only   ONS live births by age of mother 2016
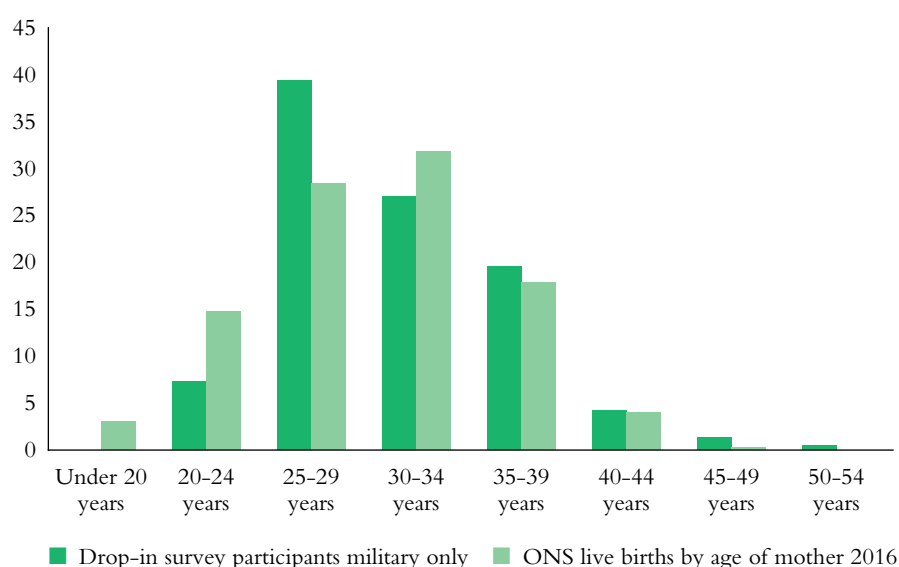
3.1.2 Employment, financial independence and childcare

The proportion of drop-in parents who said they were employed (34 per cent; Figure 4) was much lower than that for spouses completing the FAMCAS (74 per cent, but FAMCAS includes the one-fifth of military spouses who do not have children) and the 72 per cent of UK working age mothers in paid work. An estimated 60 per cent of UK mothers are working by the time their first child is five years old (Roantree & Vira, 2018).

Figure 4: Responses to question "Are you currently employed?" (n=137)

19%

47%

34%

■ No ■ Yes ■ Yes, but on maternity/adoption/paternity leave
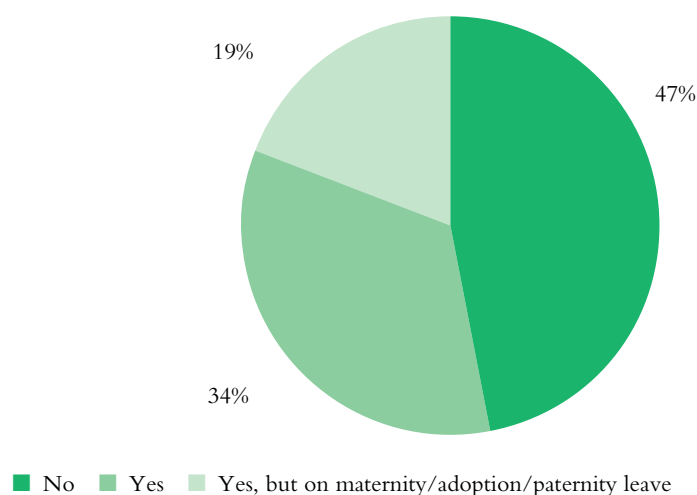
Interviewees identified several factors that make it more difficult for partners of serving military personnel to work, including:

- Regular moves disrupting existing employment and employment history

- Difficulties in setting up childcare arrangements for employment or further study if:
    - their or their partner's wage is insufficient to fund childcare
    - when no family is nearby to help, and/or
    - serving partner is regularly working away

- Limited transport and/or employment opportunities within rural garrison locations

- Employers wary of taking on an employee who is likely to move

- Prejudice against the military population among some potential employers

Parents described previous situations where they had worked but their circumstances meant that they could not continue. One parent described how, even before she had children, it was unusual to get a job in her area of specialism because she had moved so frequently. Those whose employment was transferrable to many different locations found it easiest to continue their careers. Another inhibiting factor is that serving personnel are often deployed away from home at very short notice. Even short deployments or training lasting a few days can disrupt a partner's ability to work, particularly when they do not have close friends or family nearby to help out or provide support when needed, as these mothers describe:

"[partner/husband] was going away for two weeks. The job I was doing I was relying on him for my childcare. So, I just couldn't do it. I did it for about a month, didn't I? And then I was like, 'I just can't do it.' That is just how it goes."

"I'm hoping to go back into education at some point, and it's going to come right at the time when my husband's away. So, I know the childcare and everything, I know how to do all that… But just to know that there would be someone there, I guess."

These findings are consistent with other research about the underemployment of the partners of service personnel (Harrell et al, 2004). The potential negative impact of underemployment on quality of life and psychological wellbeing, which in turn can affect the whole family, is recognised by the MoD, which supports initiatives to help partners gain employment (Caddick et al, 2018). Certainly, some themes emerging from the interviews that indicate an increased risk of social isolation among mothers (hidden poverty, dependence upon the serving partner for income and accommodation, not being able to drive or have access to a car) could be alleviated by greater access to employment.

Serving personnel who are also the primary carer for their child can also find it difficult to arrange childcare that will fit around their working hours, training and deployment. The extent of this problem is likely to vary according to rank, position and, therefore, income, with regular soldiers likely to have fewer options than officers. It can be a particular problem for single parents or when both parents are serving, as the army does not take childcare arrangements into account, as this comment describes:

"I had a friend who was serving, and her husband was serving, and obviously they met through work. They had a [child] who was about two. He got sent to [conflict area], and the army tried to send her on a five-week course in the UK. Who was left to look after their child? So, they had to find an au pair. They really struggled, I think they went through about three or four au pairs before they found somebody that fits with their family. I can't imagine having to invite a stranger in my home to look after my child. Because they couldn't afford a nanny, and you aren't allowed to bring out your parents, and the military doesn't give you a break. A lot of the women I know who were serving

mothers struggled with that. Mothers are still expected to be the primary caregiver, especially when both are in the military, you know, and the army doesn't make allowances for that."

Parent

Unfortunately, our survey only asked military-connected respondents questions about movement and deployment. With hindsight, it would have been helpful to ask military-connected respondents to state whether they were serving personnel themselves and whether they were the primary carer of their child. Balancing military demands with those of motherhood is an under-researched area in the UK (Barnes et al, 2016). As more roles become open to women within the UK military, US research suggests that enhanced support measures for serving mothers will be needed. Serving parents described the need for greater flexibility in family care plans when a mother or single parent is deployed. For example: recognising that the child's carer during deployment is not always the mother, so information or resources should be helpful for fathers or grandparents; providing leave to transport children to extended family carers, instead of requiring the serving parent to use their personal leave to do this; and allowing release to resolve any breakdown in childcare, e.g. when grandparent becomes ill (Goodman et al, 2013).

As with the civilian population, some military-connected families experience financial pressures, despite at least one parent being in secure work. Reasons given for this included:

- Relatively low pay at entry level

- Parents not recognising that they are eligible for Universal Credit

- Social pressure to spend money on appearances, such as smart clothes and cars

- Problems gaining access to bank accounts when the main earner is deployed.

3.1.3 Diverse families

Professionals were interviewed about the diversity of families they worked with to find out if all families could access early support. Some thought that the military can be a supportive environment for parents in same-sex relationships. None of the parents that we spoke to mentioned their sexuality, so we cannot comment on whether this perception is shared by LGBT (lesbian, gay, bi and trans) parents

within the military. Parents in same-sex relationships attended the drop-ins and it has been commonplace for the midwifery service in Tidworth to care for mothers within civil partnerships, as this comment indicates:

> "When you talk to the girls, you [might] say, 'Well how did you decide who was going to have the baby?' And, quite often, it's 'Well, I was due promotion, so I thought, well, I'll take the promotion.'… So, they very practically work out who's going to actually have the baby."

In contrast, social work and health professionals had concerns about their lack of contact services had with families of serving personnel from Commonwealth countries. Nepalese, Ghanaian, and Fijian families live within the garrisons but rarely meet services unless there are serious concerns about the family. Parents from these communities in Tidworth rarely attend the drop-in service, usually preferring to attend groups and events organised through their local church. There was some contact with children via Military Munch and referrals to the ERIC service.

Figure 5: Bar chart illustrating 'White British' and 'All Other Ethnic Group' assessments of their social connections using the PAPF (n=133)

p=0.02

■ High social connections ■ Low or moderate social connections
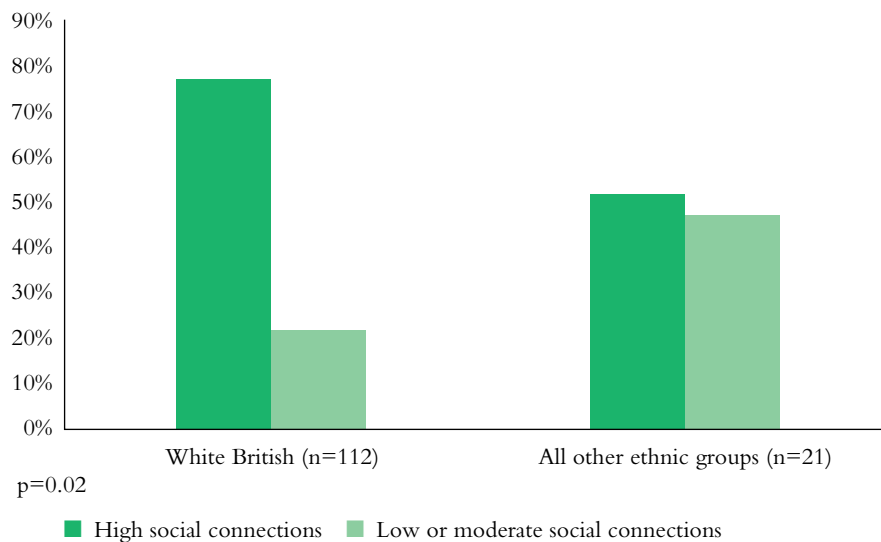
Our survey results suggest that some military-connected parents from Black and Minority Ethnic (BME) groups, including 'White Other' parents, could benefit from more support in building social connections when they move to a new area. Ethnicity was the only demographic characteristic where scores for social connections, a protective factor within the Strengthening Families framework,

significantly differed. Three quarters (78 per cent) of White British parents reported high social connections, compared with just over half (52 per cent) of parents from other ethnic groups (Figure 5). Professionals described difficulties with working across language barriers and entrenched cultural norms that conflicted with UK law and usual parenting practice. For example, how men within some communities should treat partners and children, as this quote illustrates:

> "The family that I'm working with where there's domestic abuse, they're from [Country]. He says, 'But it's all right in [Country] to hit my wife'. And they are told by the Army, 'You are in England and that is not allowed to happen', but sometimes it's difficult because you're trying to get through years of learned behaviour there."

Local professional

3.2 Relocation and deployment

Relocation and deployment can create additional pressures on families in multiple ways, which without intervention can cause disadvantage. Army Welfare Services (AWS) exist to promote the wellbeing of the whole family so that the serving parent can make a commitment to military life, despite its additional challenges, as this quote illustrates:

> "Lots of our families don't fit the definition of 'most in need' by the metrics that the local authority uses; but because we put our families in quite stressful circumstances or quite a unique culture and environment, our families can be disadvantaged. So, it's our job to remove the disadvantage and make people have access to what everybody else can have access to."

Professional within AWS

3.2.1 Frequency of relocation and deployment

Nearly half of the survey participants had moved in the past 12 months, most of whom were moving for service reasons (Appendix C.3.1). Fifty-nine per cent said they had moved at least twice in the last five years, with one third having moved three or more times (Figure 6).

Figure 6: Responses to the question "How many times have you moved for Service reasons over the last five years?" (n=112)
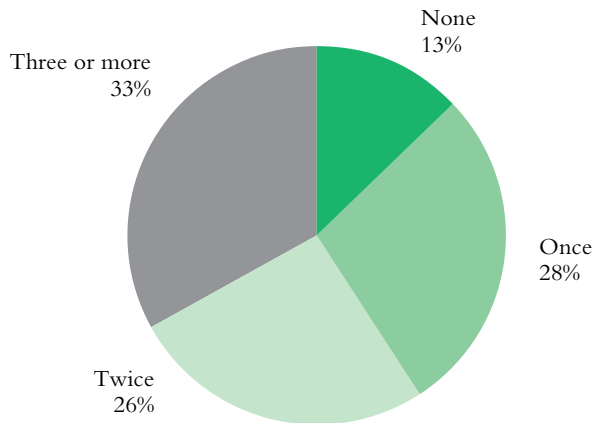
When the figures for frequency of movement were compared with those reported by Army and Tri-Service respondents within the FAMCAS (Appendix D.1.2 and D.1.3), frequency of movement within the past 12 months was lower, but slightly higher within the previous five years. Reasons for these differences are unclear but it may relate to the role of Catterick as a major training centre.

Forty-six per cent of participants said that their spouse or civil partner had spent up to six to 12 months away from home for service reasons during the past 12 months. Over three-quarters said their partner had spent more than three months away (Appendix D.1.4). The amount of time that serving partners spent away during the year appeared to be higher within the survey population than that reported by the Army and Tri-Service respondents within the FAMCAS (Figure 7).

Figure 7: Comparison of drop-in users' survey and FAMCAS survey respondents' responses to the survey question "In the past 12 months approximately how much time has your spouse/civil partner spent away from home for Service reasons?"
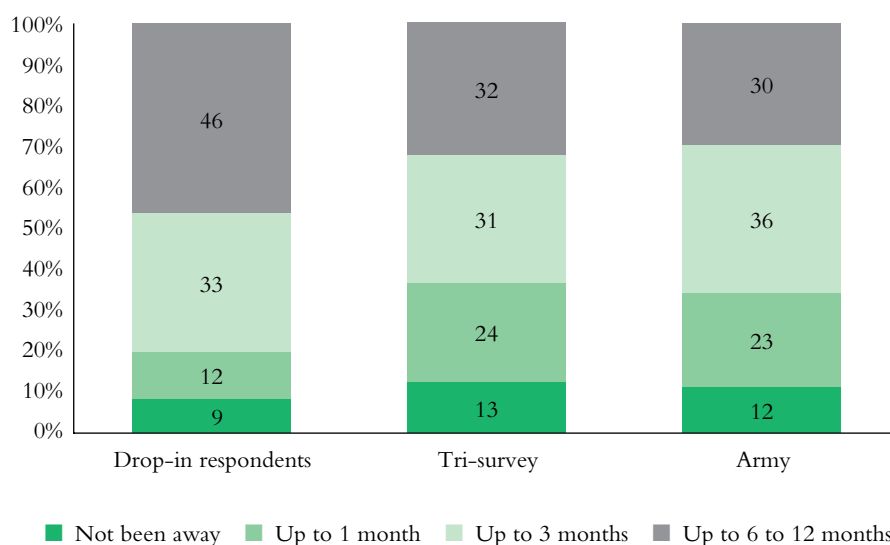
Subsequent sections in this chapter describe the potential impact of relocation and deployment and on family wellbeing.

3.3 Children's health and wellbeing

Children within military-connected families are often very proud and gain benefits from their serving parent's role (Jain et al, 2016; Children's Commissioner, 2018). However, our qualitative data revealed some of the negative consequences of relocation and deployment on children's health and wellbeing. Professionals talked about a prevailing and unfair expectation that military-connected children will cope and be resilient, which needed to be challenged:

"There's a bit of an ethos: 'You're a military child and you just get on with it'… And actually, we need to be having these conversations about, 'It's okay to not be alright with this situation, and it's okay to be scared when you move schools and it's okay to have that anxiety.' It's about how we work with them to channel that and to develop that resilience. It shouldn't be just accepted that that is just the way that military children are, because they're children first and then they're with the Army or military second. And I don't think that's necessarily recognised all of the time."

Worker

3.3.1 Access to specialist health care services

One negative aspect of relocation for children is the difficulties families experience in obtaining specialist health care. Workers described children who were on waiting lists for speech and language therapy or orthodontic work having to move before they ever reached the top of the list and then being required to start again on a list in a different location. There were also concerns that relocation meant that the needs of some children are overlooked if the family move to a different health visiting team or services being unaware of children who are born abroad. Difficulties accessing universal healthcare services is not unusual – over 30 per cent of FAMCAS respondents experienced difficulties or were unable to obtain dental services and 20 per cent said the same about GP services (MoD, 2017).

There were concerns about the impact of relocation for children with special educational needs and disabilities. In addition to problems accessing specialist services, changes in location and schools caused delays in information sharing and the completion of statements of Special Educational Need and Education, Health and Care (EHC) plans. There were also suspicions that families were being 'fobbed off'

and delays were partly caused by a desire to protect limited times and resources and the knowledge that the families were likely to move on again before a referral needed to be made.

3.3.2 Obtaining school places and changing schools

Uncertainty about the location and timing of relocations means that parents often find it more difficult to obtain nursery places for younger children, particularly with nurseries with long waiting lists. Parents said they envied those who had the luxury of choosing their child's school, as they usually had to take places in schools that were undersubscribed.

Changing schools is commonplace: 29 per cent of parents completing the FAMCAS survey reported that their children had changed school during the previous year – 17 per cent for service reasons (MoD, 2017). Children attending the lunch club talked about having attended two or three schools (one child had attended six different schools). Although most moves were prompted by relocation, military-connected children also have to move schools for the same reasons as other children, e.g. bullying. Some parents chose to send their children to boarding school to ensure consistency of schooling and encouraged by subsidised fees, but again this meant long periods of separation from family members.

Children attending schools with a high proportion of military-connected pupils can experience frequently changing friendship groups. While some find this difficult, it can build resilience and independence for others:

> "She built up her resilience and she built up her independence while being there. Because she made friends, and yes, they would come and they'd go, but she was able to make more friends. So, for her it was a positive."

Moving schools becomes more difficult for older children at secondary school, who may be preparing for examinations or have their learning interrupted by repeating or missing parts of the syllabus (Children's Commissioner, 2018).

3.3.3 Effect of deployment and parental mental health on children

Parents talked about young children being confused and upset by a parent coming and going. This affected children's ability to sleep, bedwetting or other behavioural problems. Older children also miss their parent and may have to take on additional responsibilities at home. Although many civilian children experience parents being

away from home with work for long periods of time, unique to the experience of older military-connected children is the additional worry of what might be happening during the deployment. Communications with their serving parent are not always possible. Children whose parents have separated may have even less contact when their serving parent is deployed.

Although the differences are relatively small, children with military fathers are more likely to demonstrate a higher frequency of emotional and behavioural problems than the UK general population (Fear et al, 2018). Contrasting with studies in the US, recent research in the UK found that children's emotional and behavioural problems are not associated with paternal deployment but are associated with paternal post-traumatic stress disorder (PTSD), numbing and avoidance symptoms. The authors suggest that emotional inaccessibility associated with mental health post-deployment and the interplay between maternal and paternal mental health can create barriers to communication and positive interaction, thus affecting the development and wellbeing of children (Fear et al, 2018). Children may also be affected by the reintegration of their serving parent into family routines after a long time away, which can be fraught in some families (Alfano et al, 2016), as this comment illustrates:

"The difficulties of Dad away for months and months so Mum and the children will develop their own routines, their own independence, Dad walks back in that door, thinks he's in charge and there are usually some teething problems at that point."

Professional

3.4 Parental mental health

One of the main risks to the wellbeing of the whole family identified by parents and professionals was the effect of both mobility and deployment on the mental health of parents. Longer deployment of serving personnel is associated with psychosocial problems for their partner/spouse, as is PTSD developed because of deployment (De Burgh et al, 2011).

3.4.1 Effect of combat on serving personnel

PTSD is estimated to affect 6 per cent of UK armed forces, with common mental disorders and PTSD increasing among ex-serving personnel, particularly among reservists and those in combat roles (Stevelink et al, 2018). Professionals who had worked with military-connected families for several years talked about the difference

deployments to war zones made to serving partners and their families. They were thankful that there were few recent war zone deployments for the UK military as this makes a huge difference to families when partners and parents come back changed, such as with injuries, amputations, or mental health problems. One professional referred to a mother on her caseload who had substantial 24-hour caring responsibilities for her partner when he returned from a war zone with PTSD:

> "She was the most loveliest mother, and he was a lovely guy before, but he came back from [combat area], had post-traumatic stress and she was on suicide watch with him."

Professional

3.4.2 Loneliness and isolation among partners

Mental health problems developing from isolation and loneliness can be a common issue among partners of serving personnel (Alfano et al, 2016). Factors that can combine to increase the likelihood of loneliness described by interviewees were:

- Living somewhere a long distance from family and friends
- Inability to drive or no access to a car
- Not coming from a military background
- Parents also serving in the military, but posted away
- Culture of your regiment, and whether you fit in
- Lacking confidence to go out and meet new people
- Unable to go out as there is no one else to look after the baby if your partner is away
- Living on a garrison surrounded by people you do not know
- Difficulties in making long-lasting meaningful friendships
- Class differences and lack of mixing between ranks

There were differing views on whether a military lifestyle helped or hindered the development of friendships. While some parents liked having the opportunity to regularly meet new people, others noted that although you meet many different people you may not have common interests. Some parents thought it was futile to develop close friendships when you knew that you were going to leave in a few months. Lifelong close friendships can be rare, as this comment from a worker describes:

"Normally, friendships are built up through constant contact, chatting continuously and having shared experiences. That's really hard for our families in the main, because lots of them move on 3–5-year postings. So, you can build a friendship, and that can be a really intense friendship, but then that friendship has to be broken eventually, possibly rekindled a few years later when you happen to find yourself in the same place again, but that's very different."

Professional

Over a quarter of drop-in parents completing the PAPF reported low to moderate social connections (Appendix C.4.3). Practitioners were aware that, even if some parents were experiencing mental health problems and/or lacked social connections, those who were attending the drop-ins were already taking steps to seek support, make connections and improve their situation. Of greater concern were those parents who were not accessing services. Certainly, parents attending the drop-ins were aware of others who were more isolated:

"I know they're there because I can see them out occasionally and they don't appear at any groups. Maybe they're coping fine. I went to another military wives' support group...and there were mums there that have been here eight months and they've not gone to one group, they've just struggled on their own. It's really sad that nobody has picked up on that."

Parent

3.4.3 Parental stress during deployment

Despite trying to be active during the day, parents talked about how they were particularly lonely when their serving partner was deployed away, as they spent long periods on their own, particularly in the evenings:

"A lot of the groups are in the morning, which is great, you can be fully out and about and busy and not thinking about home life until about 12. But then from 12, till you go to bed, you're on your own, unless you've got a friend to go and have a cup of coffee with. But that's not as easy when you've got babies and you've got different commitments. Those evenings seem very long when you're on your own."

Parent

Feelings of isolation are heightened during deployment periods as those who would normally help during crisis moments are far away:

"Also, building that trust, when you're in crisis and you need someone to look after your children, because you need to go to hospital. You'd normally ring your mum or your dad or your auntie or your uncle, but lots of the families don't have that luxury, it's hours [away] or potentially even a flight."

Worker

Some parents described spending much of their pregnancy without their partner or having to move for service reasons shortly after giving birth.

"I got here when I was [several] months pregnant and I was terrified, I didn't know anybody, and I didn't really know where to go or anything. It was quite a stressful time."

Parent

Deployment during pregnancy correlates with post-partum depression (DeBurgh et al, 2011). Serving partners also experience parental stress associated with separating and then reconnecting with their child post-deployment (Trautmann et al, 2015).

3.4.4 Parents' reported wellbeing

The survey included three survey questions, designed by the ONS to measure wellbeing within the UK:

(1) Overall, how satisfied are you with your life nowadays?

(2) Overall, how happy did you feel yesterday?

(3) Overall, how anxious did you feel yesterday?

(ONS, 2018)

Comparing results for these questions with the ONS survey revealed that drop-in service attendees reported greater happiness and life satisfaction but also higher levels of anxiety than the UK population (Figure 8).

Figure 8: Bar chart illustrating the comparison of mean scores for anxiety, happiness and life satisfaction within the UK population and drop-in service users.
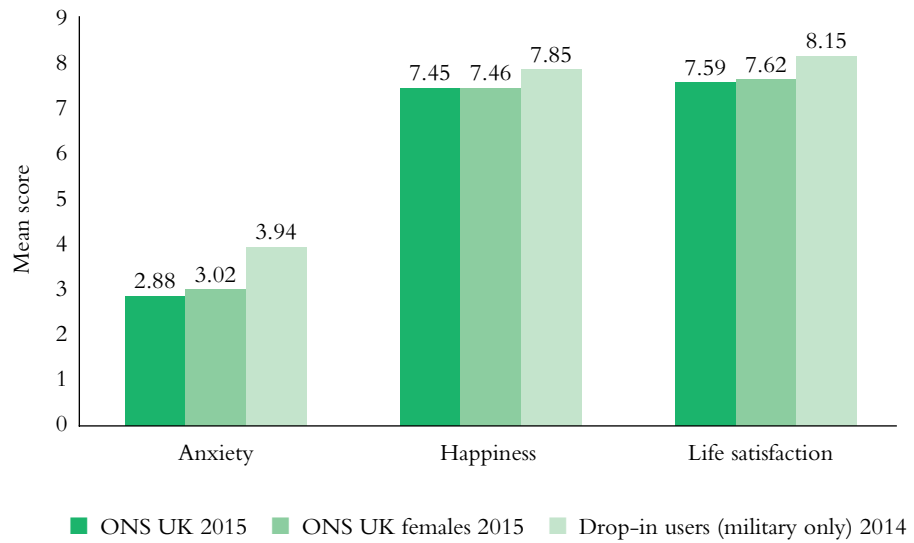
Figure 9 compares the percentage of respondents within the ONS and drop-in surveys reporting high and low levels of anxiety. While the percentage of drop-in users reporting very low anxiety was only 3 per cent lower than the UK female population, the percentage of drop-in users reporting high anxiety (40 per cent) was nearly twice the proportion reporting high anxiety within the UK female population (22 per cent).

Figure 9: Bar chart illustrating comparison of reported anxiety among drop-in users compared with UK populations.
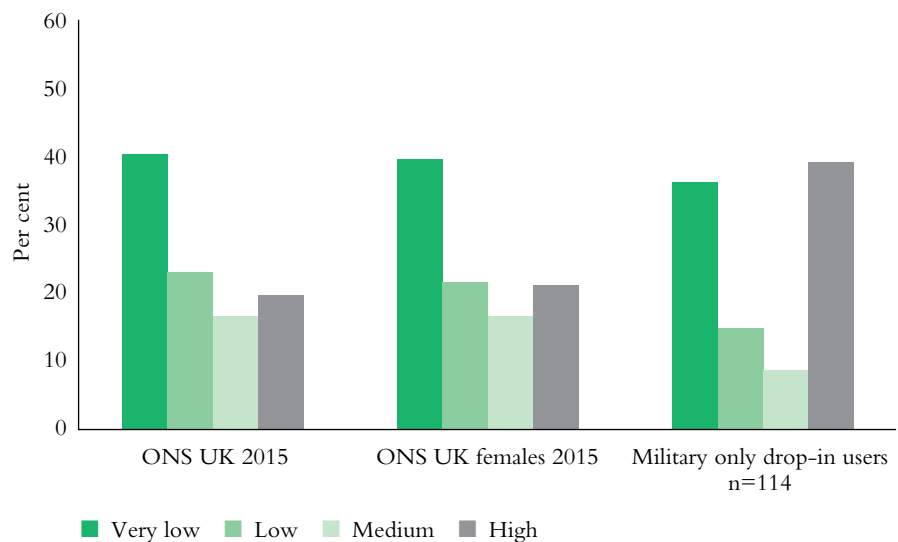
One possible reason why levels of anxiety among drop-in service attendees was higher than that of the UK population is because the scores reflect higher levels of anxiety within the military-connected population. Direct comparisons between the ONS study and the FAMCAS were not always possible, because the latter survey used different methods of reporting (see note in Appendix D). However, the general pattern of the FAMCAS data suggests that anxiety among military populations is higher than that of the UK population.

3.5 Safeguarding and risk of abuse

As would be found within the civilian population, professionals working with military-connected families described situations where they had worked with families where there was child abuse and domestic abuse. The military context presented the professionals with different dynamics to consider when working with these families.

3.5.1 Additional barriers to disclosing domestic abuse

A characteristic of domestic abuse, regardless of whatever community in which it occurs, is the difficulty that survivors have in recognising and disclosing the abuse. For the military community, professionals felt that the lack of local family support and the fact that accommodation is often linked to their partner's employment mean that partners of serving personnel are under greater financial pressure to stay within relationships. While we have no reason to believe that families attending the drop-in were at greater risk of experiencing domestic abuse, the underemployment within our sample is noteworthy (47 per cent were not working) because employment insecurity for women is associated with financial dependence and increased risks of domestic abuse from partners (Anderberg et al, 2016; Sharp-Jeffs, 2016).

Professionals thought that it was particularly difficult for women from Commonwealth communities to divulge domestic abuse because of the potential impact it could have on their immigration status and their reputation within their wider family:

"You don't know how much is behind closed doors as well. Because there's such a huge impact on the family back home if a woman divulges any domestic abuse over here... It's, 'Oh, my god, if my family get to know then I'm going to be ostracised… And I shouldn't be saying that because my husband, his family,

will blacken my name and I won't be able to go [back]'. And, we've had a few girls that have felt that they couldn't even go back to their country having come here and divulged the abuse. Because they wouldn't be welcomed, and they would actually… you know, tortured and all sorts."

Professional

3.5.2 Involvement of the employer in family life

Military employment differs from most civilian employment when domestic abuse and/or safeguarding concerns are raised. As part of its responsibility to the families of serving personnel, the military will intervene, and try to provide families with extra support (MoD, 2018). The military also have much more control over the personal circumstances of serving personnel, as this comment illustrates:

"In fact, sometimes it's easier with the military families and they have a distinct advantage over civilians, in as much as the Army will remove the serving soldier from the home, put them into barracks, and then we know that the women and children are safe. Whereas, in Civvy Street you don't always have that."

Professional

The advantages of this involvement mean that the military can:

- Work to create a culture where domestic abuse is unacceptable
- Provide support to families via army welfare and family officers
- Liaise with other professionals who support victims of domestic abuse
- Remove the perpetrator from the family home

Disadvantages of the military's involvement as the employer were:

- Shame and lack of privacy for the family
- Fear that disclosure will jeopardise a serving perpetrator's career
- Perpetrators nominally cooperating with professionals to appease their employer

An example of a perpetrator paying lip service to what workers were trying to achieve rather than having a genuine desire to change is illustrated by this quote:

"I'm working with one at the moment, where there is domestic abuse and Dad's currently out of the family. It's so difficult because we've got him turning up to every appointment that we make, he turns up to every meeting along with Army welfare, [and] his line manager. But then he will breach the safety plan."

Local professional

The question of what family problems felt safe to share with the military as their employer also applied to other issues like mental health or alcohol problems (substance misuse was considered less prevalent because military personnel are subject to random drug testing). Admitting to mental health problems can affect careers:

"The army have tried to make strides about supporting their soldiers better, in terms of emotionally and mentally, but there is still an impact on your career. Because, say you're depressed, automatically you can't function a firearm. Then sometimes they have a suicide watch so you're potentially non-deployable."

Worker

While planned exits from the military are supported with redeployment and retraining, immediate discharge from the military is something parents want to avoid because of the impact on their income and housing. Male dominated military culture can also deter parents from seeking help. Although helpful for practical problems, some mothers said they were reluctant to approach the army about family issues, as this conversation illustrates:

Parent 1: "Welfare's made up of a lot of just military people, so just guys who are just posted into it. They're not necessarily people that you'd want to approach."

Parent 2: "Our welfare, like, shove every single soldier into one office. If I go and try and breastfeed in the welfare office they all get really freaked out."

3.6 Living in a military environment

Parents who participated in the evaluation were generally positive about the area where they lived. Having access to a car and being able to drive was important, as some parents felt there was little to do within walking distance. Despite this, as both sites are large garrisons, facilities and activities for small children compared favourably with previous postings and many enjoyed living in a rural location, despite the geographical isolation. Those who had lived in the area for a while observed that facilities and housing development had grown to accommodate army personnel and their families moving back from European bases. There were some concerns about how this strategy is putting pressure on local services – one parent noted that the nearest available dentist was over 40 minutes away. Living in a garrison environment was comforting for some, particularly if it was something that they were used to, but there was acknowledgement that others could find it stifling, as this comment illustrates:

"I know that's something a lot have said: they hate being in a garrison because everybody is military, and you can't escape it. Maybe because I grew up in a military family, I have never seen it as something to escape from, but more so something to just dive into. And the benefit of being in a garrison is there are so many other women in your position… even if you don't necessarily make close friends there, that sense of we are all in this together, and all facing the new challenges."

Parent

Those who were not used to living near a garrison said that living near the sound of regular gunfire could be unnerving. Most complaints were about the quality of some army accommodation. Parents described one particularly old run-down estate that everyone had issues with, with comments varying from "*it's bearable*" to "*it just needs to be knocked down*". Complaints about accommodation from just one focus group included a broken shower, no central heating, smelly curtains, mould, cupboard doors falling off, and a rusty oven. Alongside the poor quality of the accommodation, much of the stress and frustration parents described stemmed from their lack of choice or control over being able to do anything about it. Parents complained about having to:

- Live in accommodation they would not have chosen
- Regularly contact the maintenance company
- Clean dirty accommodation
- Feel they cannot complain because the housing is cheap

- Accept the dismissal of their complaints by army welfare

- Lower their expectations of what standards of living are acceptable

- Ask for permission to make changes to their home

Even when families were given permission to change something within the property, many were wary to do so because they could be charged if the army decided to rectify any changes when they moved.

3.7 Summary

Alongside the strengths that military life affords families, our data revealed the challenges experienced by parents of young children that were consistent with existing research (Harrell et al, 2004; Paley et al, 2013). It was notable that the parents attending the drop-in reported higher levels of anxiety than the general population in the UK. Within our sample, relocation and deployment of serving parents was frequent and periods spent away from home were often lengthy. The additional stressors associated with military life, combined with barriers to seeking help, increase the risk of social isolation and anxiety, which, without support, can undermine parental wellbeing and child development.

Chapter 4: Building families' strengths

This chapter begins by examining parents' satisfaction with the drop-in services. We then use data obtained through the evaluation to (1) measure service outcomes and (2) describe how the services help to build protective factors within the family according to the Strengthening Families™ model. Factors that act as barriers and facilitators to delivering the service are also discussed.

Appendix 1 presents the different components of the model: parental resilience; social connections; knowledge of parenting and child development; concrete support in times of need; and social and emotional competence of children. While the drop-in services aim to address all five protective factors, the Military Munch and ERIC services contribute to the social and emotional competence of children.

Workers were keen to convey that delivering an effective drop-in service that can build protective factors within families requiring early help is far more complex than people assume, as this quote illustrates:

"It is quite hard, you know people think, 'Oh it's dead easy that little trip to the drop-in, have a coffee', it's not like that at all. The staff are watching all the time that the children don't hit each other, they don't fall off the table, or choke on a toy, while teaching the parents how to play with the children, they are multi-tasking constantly for three and a half hours. And all the time 'Does that mean anything? Have I missed something? What did you mean by that?' The whole time you are wondering whether someone is imparting something that's suggesting they are struggling or if abuse has gone on, because that's why we are here. We are not here just to provide a cup of coffee; we are here to prevent abuse to children."

Worker

4.1 Satisfaction with drop-in services

A very high proportion of participants' reported satisfaction with their local drop-in service, with between 97 per cent and 99 per cent saying they were satisfied with access, quality, opening hours and staff working at the centre (Appendix C.2.1). Despite the different contexts to the questions, e.g. our respondents are a self-selecting group from two specific locations, it is still notable that the percentage of drop-in

respondents reporting that they were satisfied with each aspect of the provision was approximately 20 per cent higher than those responding to the FAMCAS survey.

Parents liked that the drop-in was regular and predictable, without being so structured that they felt that they were being told what to do. They knew that when they arrived the workers would be friendly, interested in their child and would encourage them to talk to other parents. They were also confident that there would be a variety of well-maintained equipment and toys that their child would not have access to at home. Despite being a mobile population, once families started attending the drop-in many continued to do so for several months, with 57 per cent reporting that they had been using the service for six months or more, and over a third attending for over a year (Appendix C.1.3).

There were some differences between the two sites in terms of population, facilities, room size, staffing levels and methods of service delivery. The potential reach of the service is limited by room capacity and the number of staff available to run the drop-in. For example, a maximum of 32 people can be in the room at Tidworth, which means that sessions are limited to 16 parents and their children. Parents and staff at each site valued the approach at their own site, so apart from attendance figures, it is difficult to assess which approach might be more effective or whether different approaches could be replicated at the other site. For example, Tidworth parents ring during the morning to book their place within a session, enabling the staff team to plan activities according to age and developmental stage of the children attending. Separate groups are run depending on the age or mobility of the child.

Meanwhile drop-ins held in Catterick do not require the parent to contact the service beforehand and target a wider age range of children, enabling parents to bring all of their children to the drop-in if they wanted. The flexibility to be able to attend two of four different sessions at Catterick enables families to fit attendance around other appointments. Most responses to questions about what the services could do differently were requests for improvements to buildings or more services for children and families, such as running the drop-ins on additional days, providing services for children over five years, or providing one-to-one work with children.

We will now look at short-term service outcomes and how the services set out to build each protective factor in turn.

4.2 Use of the Parents' Assessment of Protective Factors

Service outcomes for the drop-in services were measured using the PAPF, which enable parents to report on the strength of the following protective factors: parental resilience; social connections; concrete support at times of need; and social and emotional competence of children. We analysed the data in the following ways:

1) Results for whole sample.

2) Comparing new and existing military-connected drop-in users. Given the descriptions provided by parents about how movement, training and deployment can affect their lives, we wanted to find out if the drop-in services make a difference to the military community specifically. We therefore excluded the more settled civilian drop-in users from the analysis and compared the responses of existing and new drop-in users, i.e. distinguishing those who attended during 2017 or earlier from those who started attending in 2018.

3) Comparing the responses of new drop-in users when they start attending (T1) with their responses to the follow-up survey (T2).

Scores are presented according to whether the strength of the protective factors was low, moderate, high or at the maximum, according to the mean scores ranges within the PAPF manual (Kiplinger & Browne, 2014). Bar charts illustrate protective factors where there was a statistically significant difference between the groups compared; other comparisons are presented in Appendix C5.

4.3 Parental resilience

4.3.1 PAPF Parental Resilience

Over 90 per cent of drop-in users reported a parental resilience strength level that was high or at the maximum (Appendix C.4.5.). It is, therefore, unsurprising that there was no significant difference in the parental resilience reported by new or existing drop-in users or the responses of new service users who completed the main and follow-up surveys (Appendix C.5.).

4.3.2 Wellbeing

The ONS wellbeing questions were also used to examine parental resilience. As discussed in the previous chapter, drop-in service users reported greater happiness and life satisfaction, but also higher levels of anxiety than the UK population (Figure 8). When the responses to questions about wellbeing were compared, there was a significant

difference of over 20 percentage points between existing drop-in users (91 per cent) and new drop-in users (68 per cent) reporting high scores for how happy they felt the previous day (Figure 10).

Figure 10: Bar chart illustrating reports from new and existing drop-in users, to the question "Overall, how happy did you feel yesterday?" (n=110) (Military-connected families only)
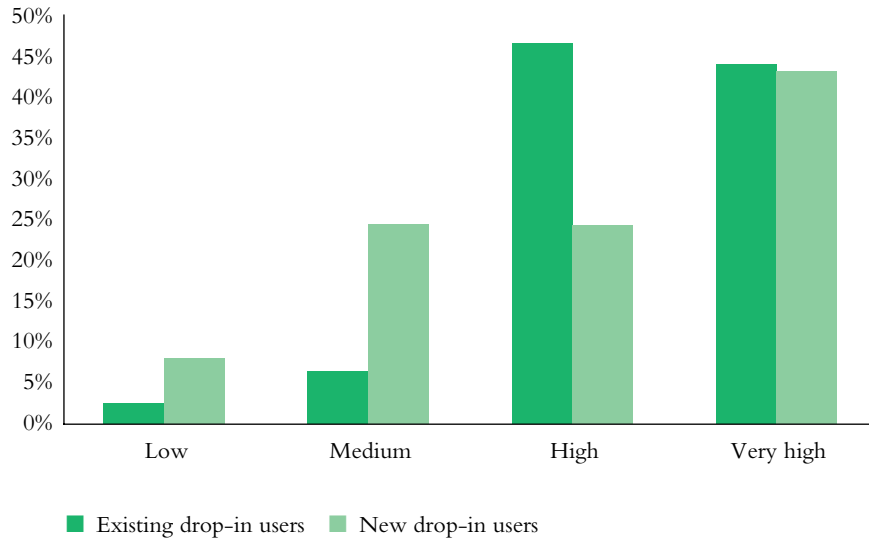
■ Existing drop-in users　■ New drop-in users

New drop-in users completing the follow-up survey showed a reduction in anxiety was statistically significant, despite only a very small sample of 15 parents (Figure 11). There was no significant difference between the reports of new and existing drop-in users about their life satisfaction or anxiety.

Figure 11: Bar chart illustrating mean scores reported by drop-in users completing the main and follow-up surveys to the question "Overall, how anxious did you feel yesterday?" (n=15)
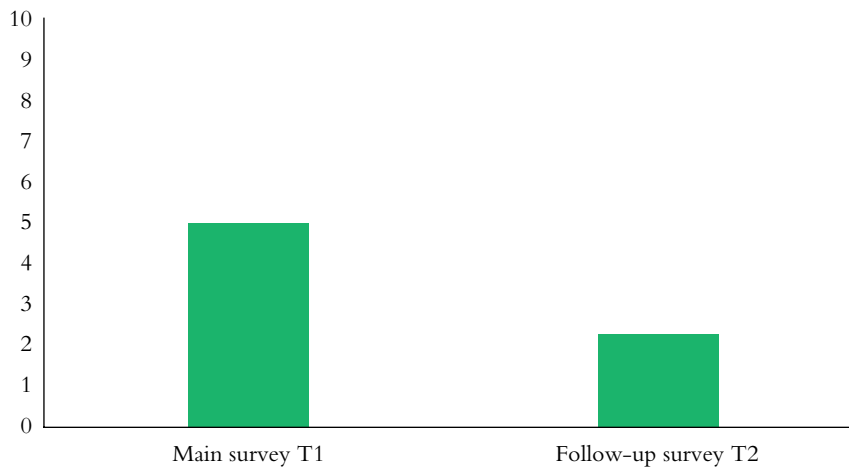
Factors that support and inhibit building parental resilience that emerged from the qualitative interviews are discussed in Sections 4.3.3. to 4.36.

4.3.3 Welcoming families from the outset

It can take a long time for a parent to get the confidence to attend the drop-in for the first time, as this comment illustrates:

"The mum I was talking to at the end, I was checking in with her. She took two months to come... She'd been in the area and hadn't been out of the house before, and it's taken her a long time to build up the courage to come."

Workers make a conscious effort to welcome and include nervous or anxious parents. The aim is to increase the likelihood that the parent will return, thus reducing their isolation and gaining opportunities to help their children. Workers recognise that for some parents, for practical or psychological reasons, it is daunting to attend the drop-in for the first time, so the greeting families receive when they first arrive is important. Workers make sure that they interact with the parent and child while they sign in and then walk with them to one of the drop-in workers who will look after them to begin with:

"The minute they walk through that front door. We don't know what it's took [sic] for them to get here. What I don't want is for them to open that door and then be ready to turn and think 'Uhh! Why have I come?' [To] get to the glass [and] no one even looks at them. That to me is my worst nightmare as an operations manager. So, there's an expectation that when that door opens, that staff, whoever is in the office, will be at that window and straight away saying 'Oh hi, can I help you?' That to me is absolutely key."

Worker

The warmth of this welcome is recognised by parents. One described how she felt the first time she attended after time away:

"It was amazing, the Christmas party was on and I was amazed how many families were there. And they were doing two [parties] that day. It was just lovely to walk in again, you feel like you've come home."

4.3.4 Listening to and valuing parents

One of the ways that workers build parents' resilience is to make them feel important, as this comment illustrates:

"They always came and asked me each week how I was feeling. As I don't have any friends in the area, just these conversations alone were a godsend!"

Parent's survey comment

Parents attributed increased confidence and motivation and a lessening of anxiety, depression and isolation to attending the drop-in. Workers listened when the parents needed a shoulder to cry on:

"I've had a couple of wobbles since my husband has been away, and having somebody who is a listening ear, a shoulder to cry on, kind of thing, that support."

Parent

Providing a listening ear and giving parents time to offload is often all some parents needed:

"It can be nice for them to have the opportunity to have a few moments to sit and refresh themselves a little bit. Some do say they feel that they can get that... And [to] have someone to talk to if they have had a particularly bad evening, because they can't necessarily contact their husband or partners because they could be uncontactable for lengths of time."

Worker

Workers also emphasised the importance of keeping the drop-in environment clean and well presented, demonstrating to families that they are respected and valued.

4.3.5 Skilled, focused and motivated staff

Ensuring staff are focused on building strengths contrasts with more informal drop-ins that often lack structure, do not have strategies to engage new parents, or can feel cliquey, as observed by one practitioner: "You go and they're run by parents but they're all parents that are friends with each other". Having confidence, good communications, awareness of safeguarding related issues, and a willingness to develop knowledge of the local area and services were all identified by the team managers as skills required by drop-in workers. The key skill is an ability to build relationships with parents

where they feel respected and not judged by the worker, as this type of relationship is likely to encourage the parent to accept help and advice, and change their behaviour if needed, as this quote describes:

"A lot of the parents said that we respected them. It wasn't that they were judged. They could come here and they could tell us anything and we wouldn't be shocked but just try and find a way forward or support them. I mean I've had parents that when they've first arrived here and come to drop-in, we've all had concerns… But it's amazing how, getting to know them, talking to them, and asking if they've tried a different way. Also, you can't underestimate how much modelling [behaviour] does, and you can tell with parents, because you've said something with the child and then you see them repeating it with them and dealing with it in a completely different way."

Worker

Low staff turnover was valued as families can regularly meet the same people who get to know their family over a long period of time. However, recruiting suitable workers to remote locations can be difficult.

4.3.6 Perceptions about the NSPCC

A potential barrier to families attending the drop-in is because it is delivered by the NSPCC. Local professionals said that some parents are initially wary of attending the drop-in because of the reputation and responsibility of the NSPCC as a child protection organisation.

"We usually have to spend some time explaining it to them. We're not wanting them to go there because we feel they're going to be cruel to their child and the NSPCC are going to watch over them. It's just explaining what the NSPCC is about. They more often than not are happy to go along: once they met the staff as well, they're happy to go along."

Local professional

Aware of the workers' responsibilities around safeguarding and recording, some parents are concerned about the information that they are asked to share during induction or having to explain any visible bruises on their child. Most eventually decide that the benefits of the drop-in outweigh their concerns about potential intrusion, as this quote illustrates:

"They'll go, 'I didn't really like that sort of questioning.' But then after having been to other things, they go, 'You know what… I like the activities that they do, and I am a good parent and I will come and access that service'."

Local professional

The longstanding popularity of the drop-in services with parents and local professionals demonstrates that the power of word of mouth recommendation can overcome potential concerns about attending a service delivered by the NSPCC for many parents. However, we do not know how many parents are deterred or attracted by the reputation of the NSPCC.

4.4 Social connections

4.4.1 PAPF Social Connections

Three-quarters (74 per cent) of drop-in users reported a social connections strength level that was high or at the maximum (Appendix C.4.3.). Analysis of the PAPF Social Connections subscale revealed a statistically significant difference between new and existing drop-in users. Although both groups had a similar percentage of parents reporting high levels of social connection, there was a much larger percentage of new drop-in users reporting low levels of social connection – 22 per cent compared with 3 per cent of existing users (Figure 12). While social connections reported by parents completing the follow-up survey increased, the difference was not statistically significant (Appendix C.5.).

Figure 12: Bar chart illustrating new and existing drop-in users' assessments of their social connections using the PAPF (n=110) (Military-connected families only)
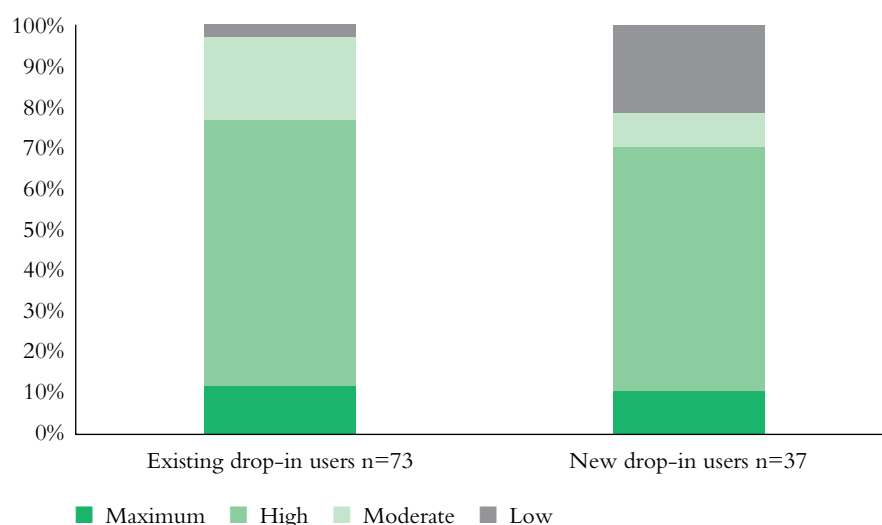
Factors that support and inhibit building social connections that emerged from the qualitative interviews are discussed in Sections 4.4.2. to 4.4.4.

4.4.2 Mixing different populations

Both parents and workers thought that the mix of military-connected and civilian families attending the drop-in was beneficial to both groups. Workers noted that within the setting of the drop-in, people from very different backgrounds can be very compatible:

"We had some families the other day: one of them, the mum's a [professional role] but very high up, and she was mixing with a mum that was [nationality] who had just come, and then another mum. You would never have put them together in everyday life. Some of their husbands were officers and some of them weren't but they all met up and exchanged phone numbers."

Drop-in Worker

A mixed universal drop-in is less stigmatising and increases opportunities for social connections and sources of knowledge. Local families can regularly meet new people from different areas and cultures. Military-connected families benefit from the support of their peers (who at some point were likely to share similar experiences of deployment and separation) and meet civilian parents unconnected with army culture whose presence dilutes potential reluctance to mingle across rank and regiments.

One of the team managers described how, where possible, they try to encourage a mix of different parents to attend the drop-in: e.g. older and younger parents, military-connected and civilian parents. The idea being, by bringing in people who have different needs and are not all struggling with the same issues at the same time (e.g. all young parents or all with a partner deployed abroad), the group are more able to help, support and learn from each other.

4.4.3 Creating opportunities to build friendships and connections

Workers consciously made the effort to get to know parents so that they could introduce them to other parents that they knew would have similar interests, such as same aged children, living in the same area, or from the same country. This was part of a deliberate strategy to create opportunities for parents to build social connections and mutual support. There were several benefits to this approach:

- The environment is welcoming for everyone, including partners and grandparents
- Parents make new friends and contacts
- Parents begin to support each other
  - Sharing information about other activities and services
  - Modelling or sharing ideas about parenting
  - Checking up to see if someone OK if they were missing that week
  - Offering to babysit or run errands for each other
- Parents gain confidence and self-esteem by being able to help others

4.4.4 Information about services

Parents said that when they move into an area it was often hard to find out about local activities or support for children as leaflets and websites were not up to date. This can hamper their attempts to get out and meet people:

"Turning up, walking half an hour and finding the group is not on. Or it's just been cancelled. Or it costs money and you haven't brought your purse out. That sort of thing. That was a shame."

Parent

Reliable sources of current information were therefore valued, and this tended to happen more through social connections (such as talking to other parents or through social media) than through official sources. Parents and workers were conscious that the most isolated parents most in need of support were the least likely have access to information:

"I'm lucky in the fact that I will go out and find groups – but a lot of people will sit and be isolated. I don't know how you would target those people because they won't come out and find a service, they'll just suffer on their own."

Parent

4.5 Knowledge of parenting and child development

Workers aim to use strengths-based approaches to increase parents' knowledge of parenting and child development (discussed below). As the PAPF questionnaire does not include a subscale that reliably measures parents' knowledge of parenting and child development (Kiplinger & Browne, 2014), reported confidence in parenting was used as a proxy measure for this protective factor.

4.5.1 Confidence as a parent

Two thirds of drop-in users said their confidence in their parenting had increased compared with when they first started attending (Appendix C.6.2). There was a clear difference between new and existing drop-in users reporting increased confidence in their parenting compared with when they first started attending the drop-in, with approximately 40 per cent more existing drop-in users saying they were more confident as a parent (Figure 13). For parents who completed the follow-up survey, twice as many said they were "much more confident" at follow-up (Appendix C.6.4).

Figure 13: Bar chart illustrating reports from new and existing drop-in users on changes to the confidence they feel as a parent compared with when they first started attending the drop-in service (n=112) (Military-connected families only)

Legend:
- ■ I am much more confident
- ■ I am a little more confident
- ■ The amount of confidence that I have has not changed
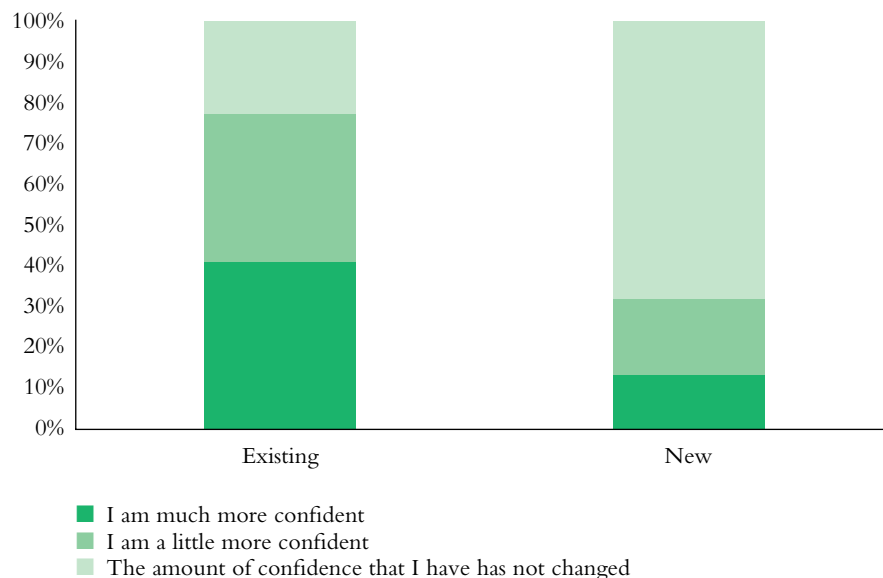
Parents appreciated being able to access informed advice at times when they needed it, as this quote illustrates:

"They are very well trained about child development. When I get a challenging behaviour that is new to me, like she started biting, and I don't know how to deal with my child biting. But they have seen that so many times before – [mimics] 'So here's the information, here's what works for us, try these tips', you know. And I found that really helpful, it's all about having that extra more experienced parent on hand. As you're away from your family, you're away from your friends, you need somebody to ask these things."

Parent

4.5.2 Using a strengths-based perspective

The drop-in aims to enable parents to 'relax into parenthood', providing ideas, support and answers to problems and 'putting people's minds at ease'. Longstanding drop-in users valued advice from workers who had known their children from birth. The drop-ins provide different ways to support parents' learning. Workers can give direct advice or model child-focused behaviour, such as how to play or give praise to children by describing what they are doing well to encourage more positive behaviour.

Equally important are the friends and new acquaintances that provide opportunities for parents to watch, talk and learn from their peers. This is a more empowering and natural form of learning than just listening to professionals, as these two quotes illustrate:

"Talking to other parents, you realise that the problems you are facing with the development of your child at that particular time is nothing new. For example, the tantrums, not sharing, etc. The staff are there to reassure on this as well and provide advice. And also praise when you do well."

Parent

"You can give them straight instruction, you can have groups that are formal. Or you can deliver it in the most natural way possible where people feel that they are in control of the information they are taking in... So, it's quite empowering in that sense... They regulate the dosage, not us. I quite like that idea of you giving them the power back right from the beginning."

Manager

4.6 Concrete support in times of need

4.6.1 PAPF Concrete Support

Seventy per cent of drop-in users reported a concrete support strength level that was high or at the maximum (Appendix C.4.7.). There was a difference of 30 percentage points between existing parents (89 per cent) and new parents (59 per cent) reporting that they benefitted from high levels of support in times of need (Figure 14). While support reported by parents completing the follow-up survey increased, the difference was not statistically significant (Appendix C.5.).

Figure 14: Bar chart illustrating new and existing drop-in users' assessments of their support in times of need using the PAPF (n=92) (Military-connected families only)
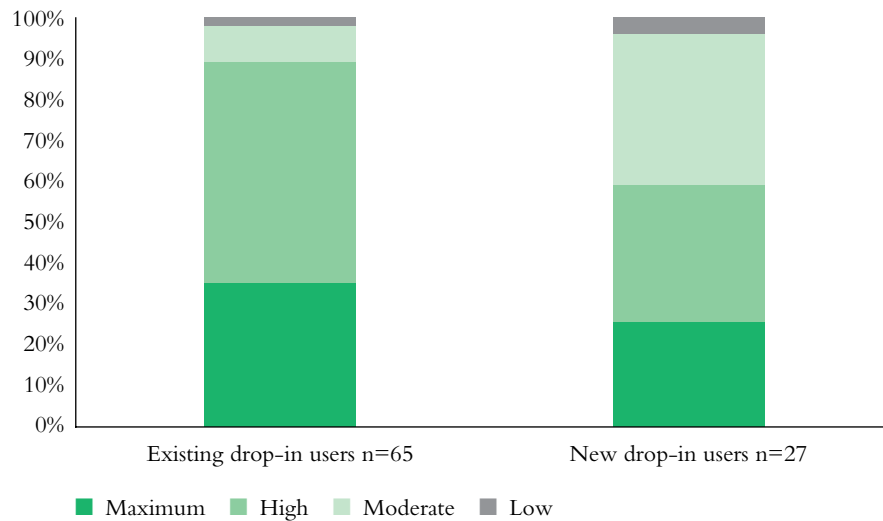
There was also a significant difference between new and existing users for two individual questions within the PAPF Concrete Support subscale, suggesting that these aspects were particularly influential for parents' assessments of whether they have tangible support:

- 94 per cent of existing drop-in users identified with the statement "I know where I can get helpful information about parenting and taking care of children", compared with 71 per cent of new users.

- 92 per cent of existing drop-in users identified with the statement "Asking for help for my child is easy for me to do" compared with 74 per cent of new users.

4.6.2 Parents' views on whether the drop-in makes a difference

Another measure of how the drop-in service supports families was whether parents reported that their support had increased, decreased or remained unchanged since they started attending the drop-in. Eighty per cent of existing drop-in users from military-connected families reported that they received more support as a parent compared with when they first started attending. The range of response options included two negative options (e.g. I have a little less support), but none of the military-connected parents chose those options. Approximately 20 per cent more existing users said they had more support as a parent since they first started attending than new users (Figure 15).

Figure 15: Bar chart illustrating reports from new and existing drop-in users on changes to the support they receive as a parent compared with when they first started attending the drop-in service (n=112) (Military-connected families only)

■ I have much more support
■ I have a little more support
■ The amount of support that I have has not changed
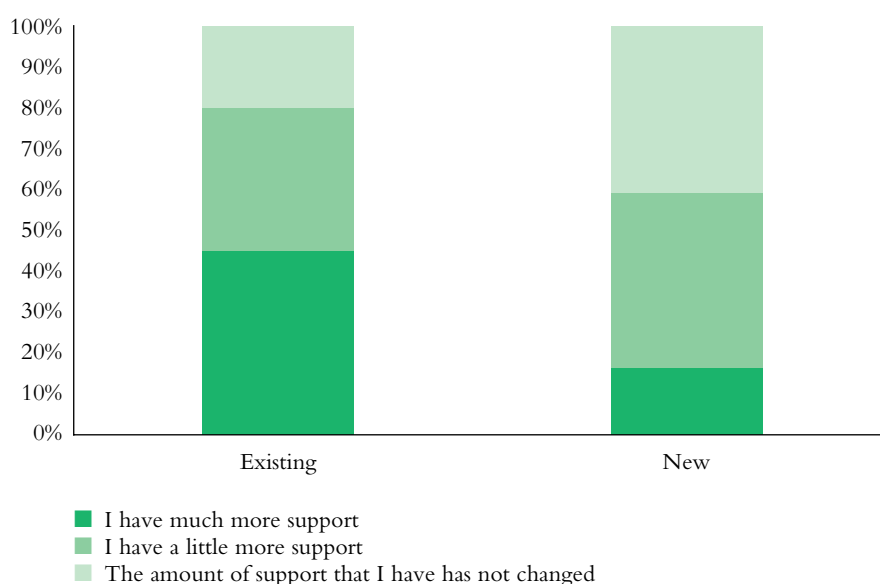
Factors that help to build support that is acceptable for parents that emerged from the qualitative interviews are discussed in Sections 4.6.3. to 4.6.5.

4.6.3 Trust and confidence

Workers were conscious of how they needed to behave with parents, so that the parents would be confident to seek help and confide in them at times of need:

"You have to present that you're happy, that you're calm, that you're in control and that nothing is going to be too much bother for you. You don't want to present as vulnerable and in [a] mood … because people will identify that, and they won't want to burden you."

Worker

One of the keys to protecting children is to build a relationship of trust so that parents allow you to help them. This will involve taking an interest and getting to know the parent over a period of time so that you can detect differences in their manner:

"People come in, you get to know them. So, you can see the difference in their look, how they present, you get to know them well. We make them cups of tea...and we talk to them, and you can ask them, 'You don't look yourself today.' They may not tell you, but I think it breaks a lot of the barriers down."

Worker

Some parents need additional support from workers to get access to the services that their child needs. Although an issue may be identified during a conversation at the drop-in, follow-up work will take place outside of it to make sure that the family gets access to services they need, such as registering with a GP:

"She hasn't registered to the doctor or done this or done that. Then we will ask 'Would you like us to come with you?' That isn't a standard drop-in requirement, but that [drop-in] service enables us to build a relationship and then try to sign post or refer to other services to make sure that child and parent's needs are met. Or any identified vulnerabilities are mitigated or lessened."

Worker

4.6.4 Non-stigmatising support

The drop-in environment provides parents who need additional support or supervision with an opportunity to do something normal and enjoyable with their child. Professionals described how attending a drop-in can normalise a child contact session: the child can play with their parent, while the attending family support worker blends into the background. Workers talked about the different ways that the drop-in can provide non-stigmatising support for families who need help but did not want to attend food banks or children's centres. Everyone who attends the drop-in at Catterick is encouraged to help

themselves to a twice-weekly food share arrangement with the local supermarket, which means that any family who may be struggling financially can help themselves to eggs, bakery goods, and vegetables without drawing attention. For families experiencing food poverty in Tidworth, workers will apply to the foodbank and collect for the family if needed.

Another support that both parents and workers mentioned was that the centre was open throughout the year. As many families struggle financially during the school holidays (Stewart et al, 2018), having a free activity that older siblings could attend alongside their youngest child was valued:

"And they run through half term as well, so you can bring older children. I can bring my little boy, he's [age]. So, they don't shut it down for them, they can still come, it's a bit hectic but we can still come."

Parent

Workers had to ensure that these sessions were carefully managed to ensure the safety of smaller children when there was a broader age range of children attending the centre:

"I think it would be unfortunate if it was ever rolled out anywhere not to consider, as long as the behaviour wasn't an issue, older siblings that could attend. Because then you're actually affecting those families from being able to go out somewhere."

Practitioner

4.6.5 Linking with other services

Another way that the teams can provide support to families was to establish good links with other services that can help. Factors that enabled this were:

1. Proximity to other relevant services:
   - the AWS described how they can walk parents over to the Catterick drop-in.
   - the local health visiting service is in the Tidworth building.
2. Participating in local networks and partnerships enabled workers to:
   - Obtain up-to-date information on local services and new projects.
   - Identify opportunities to collaborate and remove duplication.

3. Delivering or identifying additional services that parents can attend by:

   – Introducing parents attending perinatal interventions to the drop-in services

   – Inviting other organisations to introduce their service to parents

The drop-in services are clearly valued by other professionals who refer families to them:

"I think we'd be lost without the NSPCC on the garrison, it would be a real loss to the community, they're so well established and they do provide an alternative resource that we can't do anymore, so it's invaluable."

Professional

Workers delivering *BabySteps* found it very useful to be able to introduce new parents to the drop-in service as a source of support and advice once they had completed the programme. Figure 16 illustrates the movement of parents between the *BabySteps* programme and the drop-in service at Catterick.

Figure 16: Referrals between *BabySteps* and drop-in services at Catterick, April 2016 to December 2018
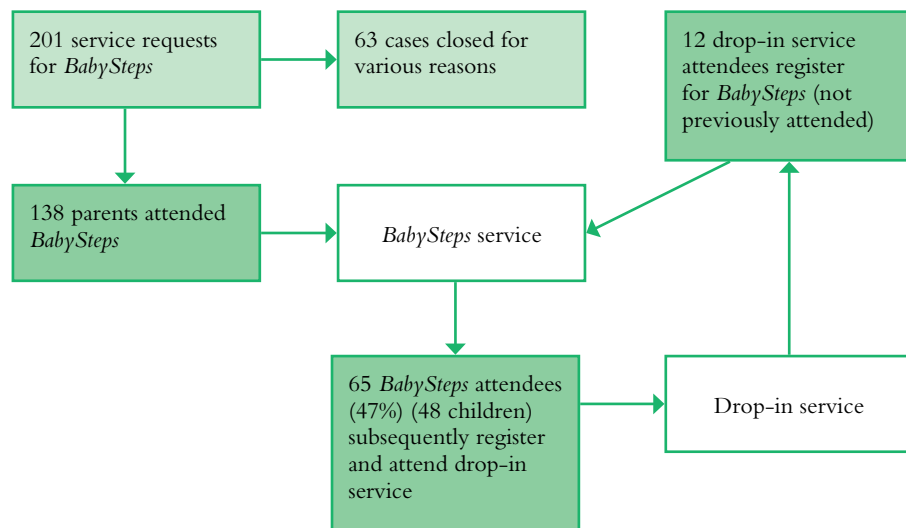
4.7 Social and emotional competence of children

The Strengthening Families™ Model requires services to plan activities and help parents to foster their child's social and emotional development and provide services that respond to children when they need support. Services are effective in achieving this if they can help children identify and express feelings in positive ways, help them

understand that other people have feelings and needs, teach ways
to resolve conflicts and encouraging friendships (Appendix 1). This
section looks at the ways in which this is done within the drop-in
services, the Military Munch and ERIC.

4.7.1 Drop-in services

Over 90 per cent of drop-in users reported a social and emotional
competence of child strength level that was high or at the maximum
(Appendix C.4.9). There were no significant differences reported by
new or existing drop-in users or the responses of new service users
who completed the main and follow-up surveys. Parents in the focus
groups talked about how their children enjoyed the sessions and can
play and take part in fun activities. Elements of the drop-in that were
particularly valued by parents were:

- the variety of things to do for children at different
  development stages

- the opportunities for their child to mix with other children, helping
  - make new friends
  - ease the transition to nursery
  - gain experience with slightly older or younger children
  - integrate children without siblings or limited contact with
    other children

- a regular routine that provides stimulation and subsequently
  encourages rest

- eating healthy snacks together, which encourages
  - sharing and table manners
  - trying different food

- singing songs that include hand motions and each child's name,
  helps with
  - language development
  - self-esteem
  - cognitive and motor development

Parents' comments described changes that they had observed in their
children's behaviour since they had attended the drop-in, including
increased confidence, or being cooperative with other people.

Each element of planning for the drop-in involves trying to create
an impact that is beneficial to children. Staff running the drop-in
described the different strategies employed, which included:

- the behaviour of staff towards children

- modelling child-focused communication and play
- the presentation and quality of the facilities
- promoting further play at home by providing materials to take away

An example of promoting further play was a photo board within the Catterick centre that inspires families to do more child-focused activities at home. Families are encouraged to take creative materials that they have used at the centre, have a go at home and then email a photograph of what they have done back to the centre:

"I know it sounds really silly [laughing] but actually they do want to get on there [the board] so it's the one way of getting them to take stuff home to do. Or adding to the ideas that we've done."

Practitioner

An example of modelling child-focused communication is praising children in a way that describes what they have done well:

"We praise children, not just for their tidying but their kindness and their gentleness. We use a lot of 'labelled' praise with the children but then you hear the parents using it, and then older siblings."

Practitioner

The workers can also advise on what is normal child development and behaviour so that they can help parents have realistic expectations:

"It's about their expectations, and we can hopefully skilfully advise that, actually the children are just being a normal child. Doing what, developmentally, they should be doing. I know sometimes the serving soldier may find things a bit more challenging if they've been used to people doing as they're told."

Worker

Workers also placed an emphasis on praising and encouraging parents for how they positively interact with their children whose behaviour might be challenging:

"We praise the parents by how they've managed something. Because we all know what it's like, if everyone's staring at you and thinks you're not doing it right."

Worker

What was essential was that any advice or intervention is done at the parent's pace so that the parent is happy to return with their child. Working at the parent's pace involves not having hard and fast rules about mobile phones or breastfeeding that might put some parents off and *encouraging* rather than telling a parent to play with their child. For some families, it may be more important at the beginning for the parent to settle in and make connections with workers and other parents. This will then provide the right environment for them to take the next step and play with their child, which they may not be confident to do within the drop-in setting.

4.7.2 Military Munch

Children attending the school lunch club described how the club can provide opportunities to talk about how they feel and meet children who are going through the same experiences. Fifteen children participated in the activity; the majority were girls in Years 3 to 4 who had attended three or more times (Appendix F). Age and gender of the children appeared to affect how some sessions were valued (Appendix F). The session most children remembered and valued was when they talked about how to manage feelings (Figure 17). They also enjoyed having access to toys, books and craft materials during their lunch break. The children talked about circumstances that might worry children from military-connected families, such as making friends, joining a new school, bullying, or when a family member is deployed. Appendix 7 is the summary report that was sent to children who participated in the activity group organised for the evaluation.

Figure 17: Children's views on different lunch club sessions (when they had an opinion) (n=15)

- ■ Really important or I like it a lot
- ■ It's okay
- ■ Not important or I think it is boring
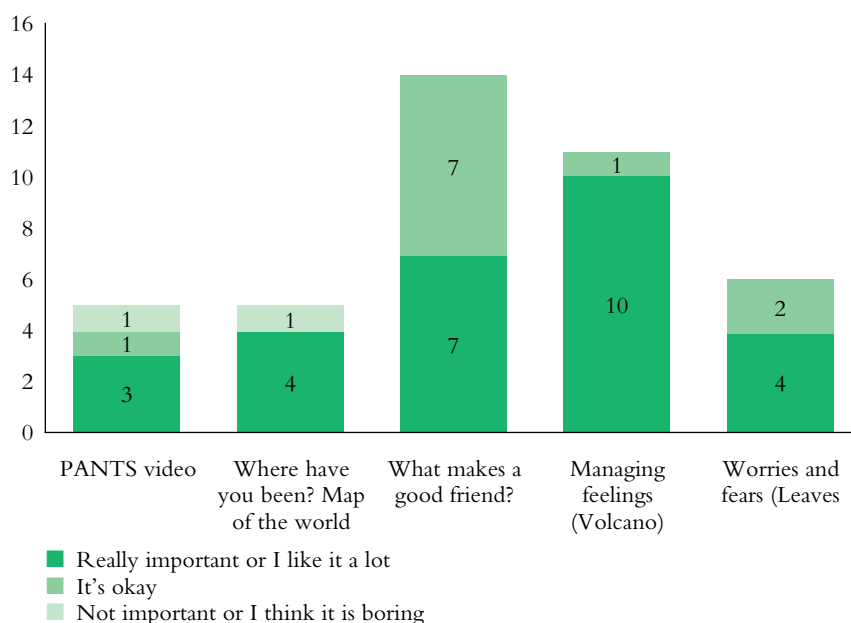
4.7.3 ERIC (Emotional Resilience in Children) Service

Unlike Military Munch, the ERIC group is open to all children living within the area and therefore has a mix of children from military-connected and civilian families using the service. Practitioners estimated that three-quarters of the children had some military connection, reflecting the local population. Even children who appeared to be from civilian families often had a parent who had previously served, or a birth parent within the military living elsewhere.

Analysis of data from the case management system showed that there were 26 children referred to the ERIC service between April 2017 and April 2018 (Appendix 6 details demographic information and needs of children referred). Most children (85 per cent) were referred by their school, but there were also three children who were self-referred by parents and one child was referred by the local Army Welfare Service.

Even within the small group attending ERIC during the evaluation, the reasons for referral to ERIC were varied. Some of the children had difficulties in recognising and controlling their emotions that led to behavioural problems, such as regular tantrums or actions that led to them being frequently excluded or physically restrained within school. Other children were described as shy or lacking in confidence or feeling uncomfortable with themselves and their identity. Some children had emotional problems associated with having experienced problems within their family, such as parental separation.

The core elements of ERIC address how the children could deal with anxiety, worrying and anger. Practitioners vary the order of activities within sessions according the needs of children within the group. While most groups tend to begin with a mindfulness activity, some children with behavioural problems settle better into this activity after they have a midway break and a chance to run around. Practitioners felt that it is important to keep the numbers of children within the group relatively small. First, because some children were likely to have behavioural problems, running a smaller group enables the two workers to provide 1-to-1 support to children who would otherwise find it difficult to focus on the content of the programme. It also allows time to provide additional activities for more able children who completed them very quickly.

Second, having a small group enables practitioners to tailor the content of sessions for each group. They described how they have included discussions and activities that were relevant to the problems experienced by particular group members in a way that was sensitive to the individual but relevant to the whole group, such as it is OK to

be different or shy and that it is important to talk about anything that is worrying you.

4.7.4 Outcomes for children attending ERIC

As very few children attended the ERIC service during the evaluation, it was only possible to use descriptive statistics to evaluate the Strengths and Difficulties Questionnaire (SDQ) scores (Goodman, 1997).

Apart from the average score for behavioural difficulties, the children's average scores for overall stress and each of the SDQ subscales improved post-intervention. However, with such a small sample it is not possible to be confident about this finding or protect the confidentiality of the children involved. It is therefore recommended that practitioners continue to use pre–post intervention measures for children referred in future so that more rigorous testing can occur at a later date. Alongside collecting data using the SDQ, practitioners also asked for informal feedback from parents, children and teachers about the outcomes for the children once they had completed the group. They received descriptions of children with:

- increased understanding and awareness of their emotions

- the ability to recognise when they were getting angry or upset

- the ability to use strategies to cope when they were upset, such as using mindfulness or breathing exercises, or asking if they can leave the room

- increased confidence about themselves, their situation and their identity

- no incidents of restraint or exclusions from the classroom during the six weeks of the group

- increased resilience to deal with potentially stressful events

Another outcome of ERIC is that children occasionally shared information that prompted the team to make referrals for specialist support, as this quote describes:

"Children have opened up and shared things with us that have been quite serious concerns. They haven't had the opportunity to do that before. And that meant we could make referrals back to the local authority and the family got more specialist, targeted support."

It is unclear whether children's participation within ERIC can lead to sustained change. Further evaluation of outcomes should involve a follow-up process at least six months after the child has completed the group.

4.8 Summary

Overall, most parents attending the drop-in reported high levels of protective factors. Parents from military-connected families who regularly used the drop-in services reported statistically significant higher social connections, support and confidence in their parenting than parents who had only recently started using the drop-in. New drop-in users completing the follow-up survey showed a reduction in anxiety was statistically significant. There were no statistically significant differences detected between new and existing users for the parental resilience and the social and emotional competence of children subscales of the PAPF. Over 90 per cent of drop-in users reported high scores for these protective factors.

While the Strengthening Families model provides a very useful framework for planning and reviewing early help services, it is the way services are delivered and the environment that is created that encourages families to keep coming back. Parents talked about how the drop-ins felt different. Greeting families from the moment they set through the door, providing a variety of high-quality child-focused activities, listening to, valuing and not judging parents were all ways that the workers within the drop-in were able to gain parents trust to provide further help and support if and when needed.

Mixing different populations and creating opportunities to build friendships and support helped to build social connections. Modelling behaviour, encouraging parents to learn from each other and providing support at the parent's pace helps to increase parents' knowledge in a way that is acceptable to them and ultimately enables workers to achieve positive outcomes for children.

Chapter 5: Conclusion

There are many positive benefits of military life for families, including: additional resilience; a sense of identity and pride; stable employment; close-knit peer relationships and social networks; and military support infrastructures. However, military life also involves unique challenges that can cause stress, anxiety and additional pressure for the whole family (Alfano et al, 2016). There is promising evidence that preventative services for military-connected families can help buffer some of the additional pressures that military families face. Most of what is known about the needs of military-connected families or how we can help them stems from studies carried out in the US (Nolan & Misca, 2018); there are very few studies located in a British context. We hope, therefore, that this UK-based study, although limited, can contribute to the learning in this area.

5.1 Findings

Returning to our first hypothesis, that:

(1) UK families attending the drop-in services located in predominantly military areas would experience additional challenges with parenting and family life associated with the military lifestyle.

We found that parents attending the drop-in services reported higher levels of anxiety than the general population in the UK. Relocation and deployment of serving parents was frequent and periods spent away from home were often lengthy. Consistent with other research, parents and professionals identified additional stressors associated with military life that, combined with barriers to seeking help, can increase the risk of social isolation and anxiety, which, without support, can undermine parental wellbeing and child development. Parents from BME groups reported significantly fewer social connections than White British parents. Higher levels of anxiety and additional stressors associated with regular relocation and deployment found within our population of military-connected parents suggest that it is appropriate to target early help services specifically for military-connected families.

Our second hypothesis was:

(2) By providing early help to the families via non-stigmatising drop-in services, protective factors within those families could increase.

Evidence for this was provided by measuring wellbeing, satisfaction, and by comparing parents' responses to the PAPF questionnaire. Overall, the parents' reporting of the strength of protective factors was very high. Despite this, the evaluation did provide evidence of increases in parents' protective factors. Reductions in anxiety, increases

in parents' social connections, sources of support and knowledge and confidence in parenting – all factors that support child development and reduce the risk of child abuse or neglect – suggest that early help services delivered by the military sites can be effective. Variation in results between new and existing users of the drop-in suggests that regular attendance over a period of months is needed for parents to develop the trusting relationships with practitioners and mutual support with their peers that make a difference. Given the many barriers to seeking support experienced by military-connected families identified during the evaluation, it is a positive to find that the drop-in services enable parents to feel more confident about asking for help and knowing where to get information and advice about parenting.

Use of a strengths-based theoretical framework can bring focus to the planning and review of early help services by helping practitioners to focus on the different ways that they can help build protective factors within families. The evaluation provided examples of practical ways in which the drop-in services can build family strengths and enhance child development. This information can provide learning not only for other services aimed at military-connected populations but also other services working with parents and children under five years from non-military communities. Aspects of the services considered particularly effective in building family strengths were: not stigmatising; offering a universal service to both military-connected and civilian families; workers able to gain parents' trust; and providing opportunities for families to learn and be supported by the service and their peers. As a result, the drop-in services are well attended and highly regarded by local professionals and the families that use them. These findings mirror a recent US review of promising and successful primary prevention programs (Administration for Children and Families, 2018), which identified the following common components:

- Services and resources are offered on a **voluntary basis**;

- Services and resources are commonly place-based and centrally located within the communities where families live, ensuring **easy accessibility**;

- Services and resources **align with community values, norms, and culture**;

- Services and resources are commonly offered by a public, non-profit, faith-based or private provider that may receive funding from the state or county child protection agency, but **operates independently of government**;

- Services and resources are **available to anyone that lives in the community**, not just to families deemed to be at risk and are offered in normalised, non-stigmatising ways;

- Services and resources focus on **enhancing parental protective factors**;

- Services and resources **include concrete supports** (limited financial assistance, food assistance, housing assistance, legal services, respite or childcare), clinical services, and peer mentoring or support services and activities.

Although the arrangement of services to families within the UK and the US is very different, it is interesting that each of these components can be found either within the drop-in service or services that they can refer families to.

Our more limited evaluation of the services that provide social and emotional support to school aged children suggests the children valued opportunities to talk about how they feel and meet children who are going through the same experiences.

Areas for development that the services may want to focus on are:

1. Further building parental resilience by thinking of additional ways to help parents recognise and prevent stress to alleviate the higher levels of anxiety found among populations of military-connected parents.

2. Developing strategies to increase access to services among parents who do not currently use the drop-in services, such as families of serving personnel from Commonwealth countries.

3. Develop strategies to increase the social connections of parents from minority ethnic groups who do attend the services.

4. Continue to use pre-post intervention measures for children referred to the ERIC service so that more rigorous evaluation can occur later.

5. Continue to ensure that Military Munch activities are appropriate for the age, priorities and developmental needs of the children attending.

5.2 Limitations

Our priority of being guided by the preferences of parents, plus the restricted time to carry out the evaluation, affected the sample sizes of the main and follow-up surveys. Larger samples would have provided more opportunities for the comparison of subgroups and greater statistical power for analysis. The study was undertaken at only two military bases and is therefore not representative of the needs of all UK military-connected families. Parents and children attending NSPCC

services are a self-selecting group, with a narrower range of ethnicities than the UK military-connected population.

We recognise that it may be difficult for parents to report difficulties with parenting in the context of a service delivered by the NSPCC, an organisation set up to prevent cruelty to children. It is possible that some results obtained from the PAPF may be affected by parents wanting to provide socially desirable answers. Other limitations include no outcome measure used with the young children attending the drop-in and no comparator case data available from military sites without drop-in services.

5.3 Further research

Our qualitative data posed questions about the circumstances of serving parents that require further exploration. Instead of only establishing whether the respondent is from a military-connected family, future surveys with the drop-in users should ask whether it is they or their partner who is serving personnel (or both) and whether their partner is currently deployed. Further evaluation of all the services should involve pre-post surveys and comparator groups over a longer timescale.

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GLOSSARY

Barracks	Building(s) used to house soldiers.
Deployment	The movement of troops or equipment to a place or position for either routine or combat related military operations.
Deployment cycle	Refers to the three phases of deployment: pre-deployment (preparation), deployment (serving personnel leaves home and enters region of military operations), and re-integration or post-deployment (when serving personnel returns home and transitions back into former life).
Early help	Services designed to provide support and prevent problems within families before they become more difficult to reverse.
EHC plan	An education, health and care (EHC) plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. EHC plans identify educational, health and social needs and set out the additional support to meet those needs.
FAMCAS	Families Continuous Attitude Survey
Married quarters	Housing provided on a military base for married serving personnel.
MoD	Ministry of Defence, UK government department responsible for defence.
NSPCC	National Society for the Prevention of Cruelty to Children
Primary prevention	Acting to reduce the incidence of problems within the population, either through universal measures that reduce risks or by targeting high-risk groups.
Protective factors	Conditions or attributes in individuals, families and communities that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.
Rank	A position in the hierarchy of the armed forces.
Regiment	A permanent unit of an army and divided into several companies, squadrons, or batteries and often into two battalions.
Serving parent	Parent who is employed as a member of the armed forces.

APPENDICES

Appendix A: Strengthening Families™ Framework – Military Sites

The **five protective factors** that form the foundation of Strengthening Families™ are outlined below:

1. Parental Resilience: Parents need to be strong and flexible.

What it is: Having problem-solving skills; being able to rebound; being flexible; experiencing emotional wellbeing. No one can eliminate stress from parenting, but a parent's capacity for resilience can affect how they deal with stress.

Ways in which the drop-in builds it: Being welcoming and supportive; building relationships with families; meeting one-on-one with families; working with families to develop ways to solve problems and identify resources; involving families in decisions about their children and the programme; facilitating opportunities for parents to play with their child(ren); providing information on how stress happens, including the "little things" that add up, ways to recognise stress and its triggers and how stress can effect health and coping, parenting, marriage, and family life; providing information on how to prevent stress by planning ahead, anticipating difficulties, and having resources in place including how to access resources and support from family, friends, and other community resources, such as such as mental health and counselling services, substance abuse treatment, domestic violence programmes, and self-help support groups, especially in times of crisis.

2. Social Connections: Parents need friends, family members, neighbours and community members for emotional support and help with solving problems.

What it is: Having a positive peer network, mutual support systems and community connections.

Ways in which the drop-in builds it: Making space available for families to meet informally – friends, family members, neighbours and community members provide emotional support and can help solve problems; supporting parents in planning events for parents and children; arranging family field trips and family activities outside the Project; providing volunteer opportunities; offering parenting advice and giving concrete assistance to parents; providing opportunities for parents to 'give back' by helping others – an important part of self-esteem as well as a benefit for the community; recognising that isolated families may need extra help in reaching out to build positive relationships; providing support in times of crisis.

3. Concrete Support in Times of Need: We all need help sometimes.

What it is: Being able to meet basic needs; having access to programme services, informal support, and resources to deal with a crisis.

Ways in which the drop-in builds it: Building relationships with families so they feel comfortable sharing the challenges they face; making space available for staff to meet privately with families; responding to signs of parent and family distress; being connected to and familiar with community services and organisations for when families encounter a crisis, such as domestic violence, mental illness or substance abuse.

4. Knowledge of Parenting and Child Development: Being a great parent is part natural and part learned.

What it is: Understanding what children are learning – and what they are capable of learning – at different ages and stages; having appropriate approaches to teaching and guiding children; how to connect with their children, listen to them, and become more involved in their lives.

Ways in which the drop-in builds it: Providing information on the importance of an early secure attachment between parents and young children and on shaken baby syndrome and sudden infant death syndrome; providing information on infant care and strategies that promote bonding and attachment (such as breastfeeding, rocking, responding to crying) and on infant and toddler development, including brain development; providing accurate information about child development and appropriate expectations for children's behaviour at every age; addressing developmental challenges, such as inconsolable crying, bedwetting, eating or sleeping problems; providing information on how to keep children safe including childproofing strategies, appropriate childcare, and safety in the

community; recognising and responding to parents who have experienced harsh discipline or other negative childhood experiences and may need extra help to change the parenting patterns they learned as children; sharing playroom observations with parents; telling parents something positive about what their children did during the session; offering parenting classes; providing lending libraries (toys and books) for children/parents; providing information on child abuse and what action to take if they suspect a child is being abused; providing information on NSPCC campaigns, such as PANTS and NSPCC Helpline and Childline.

5. Social and Emotional Competence of Children: Parents need to help their children communicate.

What it is: Helping children identify and express feelings in positive ways and helping them understand that other people have feelings and needs; teaching ways to resolve conflicts; encouraging friendships.

Ways in which the drop-in builds it: Providing a wide range of play activities that promote social and emotional competence in children; offering parenting education opportunities; providing individualised support to parents; helping families understand age-appropriate social and emotional skills and behaviours; recognising challenging behaviours or delayed development in children and providing assistance and support to parents; encouraging children to express their feelings through a range of different mediums, such as words, art and expressive play; providing activities that facilitate parent–child interaction; providing both structured activities and informal interaction to teach children to share, be respectful of others, and express themselves through language; facilitating discussions about the importance of feelings for children and parents; displaying charts that describe the intended outcome of each activity provided; encouraging and providing opportunities for parents to share resources with each other and exchange ideas about how they promote their children's social and emotional development; providing information for parents to take home to encourage learning in the home; providing opportunities for children to engage with other children; establishing routines for children, such as snack time, singing time and home time.

Everyday Actions That Help Build Protective Factors

Everyday Actions

Parental Resilience
- Demonstrate in multiple ways that parents are valued
- Honor each family's race, language, culture, history and approach to parenting
- Encourage parents to manage stress effectively
- Support parents as decision-makers and help build decision-making and leadership skills
- Help parents understand how to buffer their child during stressful times

Social Connections
- Help families value, build, sustain and use social connections
- Create an inclusive environment
- Facilitate mutual support around parenting and other issues
- Promote engagement in the community and participation in community activities

Knowledge of Parenting and Child Development
- Model developmentally appropriate interactions with children
- Provide information and resources on parenting and child development
- Encourage exploration of parenting issues or concerns
- Provide opportunities to try out new parenting strategies
- Address parenting issues from a strength-based perspective

Concrete Support in Times of Need
- Respond immediately when families are in crisis
- Provide information and connections to other services in the community
- Help families to develop skills and tools they need to identify their needs and connect to supports

Social and Emotional Competence of Children
- Help parents foster their child's social emotional development
- Model nurturing support to children
- Include children's social and emotional development activities in programming
- Help children develop a positive cultural identity and interact in a diverse society
- Respond proactively when social or emotional development seems to need support

Protective Factors
- Parental Resilience
- Social Connections
- Knowledge of Parenting and Child Development
- Concrete Support in Times of Need
- Social and Emotional Competence of Children

Results
- Strengthened Families
- Optimal Child Development
- Reduced Likelihood of Child Abuse and Neglect

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Appendix B: Qualitative Interview Participants and Topic Guides

B1: Focus groups and interviews held during the first phase of the evaluation

	Interview Type	Participants	Location
1.	Activity Group	Military Munch attendees	Tidworth
2.	Face-to-face interview	Team Manager	Tidworth
3.	Face-to-face interview	Team Manager	Catterick
4.	Focus group interview	Staff team	Tidworth
5.	Focus group interview	Staff team	Tidworth
6.	Focus group interview	Staff team	Catterick
7.	Focus group interview	Parents and carers using Almond Tree Drop-In	Catterick
8.	Focus group interview	Parents and carers using Baby Group	Tidworth
9.	Focus group interview	Parents and carers using Time Together Group	Tidworth
10.	Telephone interview	Unit Welfare Clerk	Tidworth
11.	Telephone interview	Army Welfare Service	Catterick
12.	Telephone interview	Area Prevention Manager	Catterick
13	Telephone interview	Manager of Children's Centre	Catterick
14	Telephone interview	Family Support Worker, Children and Family Service	Catterick
15.	Telephone interview	Community Midwife	Tidworth

B2: Focus group topic guide for parents attending drop-in services

Objectives of the focus group

The aim of the focus group is to explore with parents, who are in the military or is the partner of someone within the military, perceptions of the needs of military-connected families and the current NSPCC services for military-connected families. The interview will cover:

- Views on the needs of military-connected families living in their area.

- Views on how or whether current service provision meets those needs.

- Experience of the services provided by the NSPCC military teams.

- What works well and what could be improved.

- Barriers and facilitators to improving outcomes for families.

- Establishing parent views on potential methods of evaluating the drop-in.

Equipment and preparation needed

- Refreshments

- Ensure that there is a relatively quiet comfortable and tidy space with seating for everyone to participate.

- Quiet play equipment and materials for young children, such as crayons, paper, stickers.

- Speak to NSPCC team in advance about potential participants who have given consent

  - Age-appropriate play equipment suitable for their children

  - Confirm that they are from military-connected rather than civilian families

  - Identify regular attendees, irregular attendees, very occasional attendees or new to the drop-in

Scene setting

- Thank the participants for their time. Inform them that the focus group will last approximately 1 hour.

- Introduce self and role.

- Explain the purpose of the evaluation and the aims of this focus group and how the information will be used.

- Check that they have had a chance to look at the information sheet or go through the main points if they have not.

- Ground rules:
  - You do not need to wait for me to ask you to talk but please do not cut over each other
  - Group discussion – side conversations unhelpful
  - Respectful of other participants
  - Listen to what others say
  - OK to have different views
  - Leave at any time
  - Do not have to answer any question that you do not want to and do not have to explain why
- Remind them of confidentiality (and its limits):
  - Discussion during the focus group will not be fed back to the teams – ask the participants to not do this either. Will only report general themes, quotes or examples chosen to illustrate points and will not make the interviewee identifiable. Acknowledge that this will be carefully done as only two communities are involved in the evaluation. Remind them that they can also have a telephone interview if there are issues that they would like to discuss outside of a group.
  - Only time we would need to break confidentiality would be if they tell us something that makes us think a child is at risk of serious harm, in which case we will follow the NSPCC safeguarding procedure.
- Check that it is OK to record the group. Data will be held securely and will only be accessed by the research team (if yes, turn the recorder on now).
- Ask if they have any questions.
- Remind them that they can leave the group at any time and do not have to answer all the questions if you do not wish to.
- Can you confirm for the recording that you have received enough information about the evaluation to help you make an informed decision about taking part, and that you are happy to proceed?

Individual Introductions

Get respondents talking and provide contextual information about their experiences.

- Name
- Children, number and ages
- Nature of involvement in military
- Previous moves

Highlight differences within the group – useful for contrasting experiences and views. But also, similarities and shared knowledge that might not be clear to me or others.

Life in Military area

- Length of time in the area
- First impressions
- How does it compare with other places?
- What support do families moving to the area receive?

Needs of military-connected families

- Views on additional needs of military-connected families compared with civilian community
  - Military-connected families generally
  - Local military-connected population
- Work and caring responsibilities
- Difference and diversity within military-connected population
- Evidence of additional stressors within research
  - Movement
  - Isolation
  - Conflict
  - Housing
  - Mental health and use of alcohol
- What would help

NSPCC Military sites

- Experience of services provided by NSPCC military service
  - Which services
  - Frequency
- What works well?
- What could be improved?
- Examples of how the service has helped them or people they know
- Barriers and facilitators to improving outcomes
- Considerations for the future
- Anything that the NSPCC/other organisations can learn about supporting military-connected families elsewhere.

- Access to other services and support that can benefit military-connected families:
  - Dealing with stress/wellbeing
  - Social connections
  - Support with parenting
  - Knowledge of available services
  - Support specifically for children

Evaluating the service

Explain that services need to provide evidence that they are improving the lives of families and children.

How can this be done at this site?

Show possible options – how would you feel about completing them?

Closing

- Check whether there is anything that they would like to add.

- Anything else that the NSPCC teams should consider?

- Explain what to do if there is anything that they want to add further comments about, withdraw their interview or if they have any questions.

- Thank the interviewees for their time.

B3: Focus group topic guide for staff in military families sites

Objectives of the focus group

The aim of this interview is to explore key stakeholders' perceptions of NSPCC services for military-connected families. The interview will cover:

- Their role, knowledge and experience of working with military-connected families.

- Views on the needs of military-connected families living in their area and the outcomes they would like to see for them.

- Theory of change for services provided by the NSPCC military teams.

- Views on how/whether current service provision meets needs.

- What works well and what could be improved.

- Barriers and facilitators to improving outcomes for families.

Equipment and preparation needed

- Identify time convenient for the whole team.

- Refreshments.

- Ensure that there is a relatively quiet comfortable and tidy space with seating for everyone to participate.

Scene setting

- Thank the participants for their time. Inform them that the focus group will last approximately 1 hour.

- Introduce self and role.

- Explain the purpose of the evaluation and the aims of this focus group and how the information will be used.

- Check that they have had a chance to look at the information sheet or go through the main points if they have not.

- Ground rules

  - You do not need to wait for me to ask you to talk but please do not cut over each other

  - Group discussion – side conversations unhelpful

  - Respectful of other participants

  - Listen to what others say

  - OK to have different views

  - Can leave at any time

  - Do not have to answer any question that you do not want to and do not have to explain why

- Remind them of confidentiality (and its limits):

  - Discussion during the focus group will not be fed back to the managers – ask the participants not to do this either. Will only report general themes, quotes or examples chosen to illustrate points and will not make the interviewee identifiable. Acknowledge that this will be carefully done as only two communities are involved in the evaluation. Remind them that they can also have a telephone interview if there are issues that they would like to discuss outside of a group.

  - Only time we would need to break confidentiality would be if they tell us something that makes us think a child is at risk of serious harm, in which case we will follow the NSPCC safeguarding procedure.

- Check that it is OK to record the group. Data will be held securely and will only be accessed by the research team (if yes, turn the recorder on now).

- Ask if they have any questions.

- Can you confirm for the recording that you have received enough information about the evaluation to help you make an informed decision about taking part, and that you are happy to proceed?

Individual Introductions

Get the respondent talking and provide contextual information about their experience of working with military-connected families.

- Current role and involvement in working with military-connected families?

- Previous relevant experience?

- What they enjoy about their current role in relation to military-connected families?

Needs of military-connected families

Gain understanding of the needs of military-connected families and desired outcomes

- Views on additional needs of military-connected families compared with the civilian community:
  - Military-connected families generally
  - Local military-connected population
- Diversity within the military-connected population
- Evidence of additional stressors:
  - Movement
  - Isolation
  - Conflict
  - Housing
  - Mental health and use of alcohol
- Desired outcomes/evidence of positive change

NSPCC Military sites

- What works well?
- What could be improved?
- Examples of outcomes for families they know
- Current theory of change
  - Reflects current service?
  - Evidence for Theory of Change
  - What does not match or needs to be amended
- Implementation of the Strengthening Families™ Approach
  - Dealing with stress/wellbeing
  - Social connections
  - Support with parenting
  - Knowledge of available services
  - Support specifically for children
- Barriers and facilitators to improving outcomes
- Skillset of staff required
- Relationships with military and other agencies
- Future plans or developments

Closing

- Check whether there is anything that they would like to add to the interview?
  - Anything else that the NSPCC teams should consider?
  - Anything that the NSPCC/other organisations can learn about supporting military-connected families?
- Explain what to do if there is anything that they want to add further comments about, withdraw their interview or if they have any questions.
- Thank the interviewee for their time.

B4: Structure of 40-minute activity group held at Military Munch

Time	Instructions and script	Equipment
10 mins 12.15 – 12.25	**Introductions and Ethics considerations** Researchers introduce themselves, write their names on labels and wear them. "Thank you so much for giving us time in your lunch club. In a few minutes, we are going to do some activities to find out how you feel about the club and also how you think this type of club could help other children whose parents are in the military. But there are few things I need to check with you first." **Ethics considerations** (*Taken from the NSPCC SOSS school meetings*) *Dictaphone and confidentiality*: "To help me remember the things you tell me today, I'll be recording our chat on this little recorder [hold up Dictaphone]. Only me, ★Other Researcher★ and some of the other adults that I work with in the NSPCC will be able to listen to this though. Nobody else will be allowed to listen, which means that no one that you know will be able to hear what you say. It is important that I can help to keep you all safe though so if you tell me something that makes me feel worried about you or another child then I will have to talk to a teacher about it. Shall we make sure the recorder works? Let's all say 'Tidworth' into the recorder after three…. [Record and play back to children]." *Check understanding: [start recording from here]* "So, who thinks they know why I am here today [hands–up]? What do you think I am going to be asking you about? Who will be able to listen back to the things you tell me? When might I need to talk to someone about something you have told me? Does anybody have any questions?" *Working agreement*: "It is important that we can agree on some things before we start our activities today to try and make sure that everybody has a nice time and is able to say what they think. I brought this poster with me to help us remember our agreement [show poster and stick it on wall]. Shall we have a look at this now [talk through the agreement poster]: 1) You do not have to answer a question or take part in an activity if you do not want to. We have given Stop/Go cards that you can hold up to tell me you do not want to do something. Or you can just say 'pass'. 2) If you need to, take the time to have a think before you answer a question. 3) It is OK if you do not understand the question, just tell me you do not understand and I will try and ask you in a better way. 4) There are no right or wrong answers – every answer is a good answer, and this is not a test. 5) Take turns to answer questions as the recorder cannot hear what you are saying if lots of people speak at once. 6) Listen to each other. 7) It is OK if you do not agree with someone's answer. But do not tease or make fun of other people's answers. Does anybody have any questions?"	• Sticky name labels • Coloured pens • Stop/Go cards • Coloured stickers • Dictaphone • SOSS Working Agreement Poster • Flipchart (or white board and camera)

Use the Stop/Go cards

The first thing I would like you to do is to use the Stop/Go cards to show me whether you would like to stay in this group to talk about the lunch club. If you do not want to stay, you can go back to your class instead – that is fine and you will not get in trouble if you do not want to stay here.

Can you all put your cards in front of you? If you would like to stay in this group to talk about the lunch club, turn your card so that you can see the green/thumbs up/tick side.

If you would like to go back to your class instead of staying in this group, turn your card so that you can see the red/thumbs down/cross side.

Can you all do this now please? It is OK if you do not want to stay here to take part in this group. You will not get into trouble if you would like to go back to your class."

[★Other researcher to take any non-consenting children back to class or NSPCC workers★]

From now on, if you do not want to answer any of the questions I ask you, or if you do not want to do some of the activities, you can turn your card over to show me the red side and I will move on to ask someone else. Or you can just say 'pass'.

If anything makes you feel sad or upset when you are in this group then you can talk to [★NSPCC worker★] or you can talk to me if you would like to.

Does anybody have any questions?"

Introductions

"It would really help us if we can go around the group so that I can learn your names, and also what year you are in, and how many times you have been to the lunch club. That might be once or twice, three or four times, or more times than you can remember". [Researcher is going to write all this down in a chart.]

One researcher facilitates the discussion, the other writes names and fills in a table about gender, year groups and frequency of attendance, and hands out stickers according to gender (red = boys, yellow = girls) and year group (stars = Years 3 and 4, circles = Years 5 and 6).

10 mins 12.25 – 12.35	**Sticker exercise and Feelings card exercise** Split into two groups. Explain that everyone will have a chance at both activities.	• Sticker exercise sheet • Stickers
	Sticker exercise Ask everyone in the group to use their five stickers to show how they feel about different features of the lunch club [areas to measure to be agreed with Tidworth team].	
	Feelings cards exercise Ask the children to go one at a time to the tables/trays [at least two sets] where the feeling cards are laid out [with multiple versions of each feeling]. Ask the children to choose one or two cards that represent how they feel about the lunch club. If they want, they can write on the back why they chose the cards. They can then post them in the post box.	• Feelings cards • Post it notes

10 mins
12.35 –
12.45
	Imaginary Pupil exercise
	In small groups, the children will be asked to look at a worksheet with a picture of a child. We will ask the children to create an imaginary child whose mum or dad is in the military/armed forces:
	1. Give your school pupil a name.
	2. How old are they?
	3. What sort of things do they enjoy doing?
	4. Think about the following questions
	   – Why might they like to go to a lunch club for military children?
	   – What sort of things might they be worried about?
	   – How can a lunch club help them?
	
	They will return to the main group to discuss the questions together.
		• Imaginary Pupil sheets
		• Coloured pens
		• Instruction sheet

2 mins 12.45 –12.47	**Feedback of Sticker exercise** Comment on the following: What people like most? Do we know who likes what? E.g. boys and girls, age of children, people who attend regularly Do we know why people like things or not?	
12.47 – 12.50	**Closing** "Thank you all so much for talking to us today. You have given us so much useful information. I am going switch the recorder off now. If you would like to talk to us about anything we have talked about today then we will be around for a little while. And of course, if there is anything that you are worried about you can talk to [★NSPCC workers★] or someone you trust like a teacher or someone at home."	

Appendix C: Survey Tables

C1: Background and demographic information

Table C.1.1: Existing and new service users (n=137)

	Freq.	%
Existing service user	91	66%
New service user	44	32%
Not known	2	2%
TOTAL	137	100%

Table C.1.2: Which of the following services have you or your partner attended? (n=137)

	Freq.	%
Almond Tree drop-in or other Catterick service	112	82%
Tidworth Babies in Mind drop-in (Fridays)	11	8%
Tidworth Time Together drop-in (Tuesdays)	13	10%
TOTAL	137	100%

Table C.1.3: For how long have you been using services at this centre? (n=136)

	Freq.	%
Less than 2 weeks	14	10%
2 to 4 weeks	14	10%
5 to 8 weeks	7	5%
9 to 12 weeks	4	3%
Between 3 and 6 months	19	14%
Between 6 months to 1 year	29	21%
Between 1 to 2 years	25	18%
Over 2 years	24	18%
TOTAL	136	100%

Table C.1.4: How old are you? (n=137)

	Freq.	%
20–24 years	10	7%
25–29 years	54	39%
30–34 years	37	27%
35–39 years	27	20%
40–44 years	6	4%
45+ years	3	2%
TOTAL	137	100%

Table C.1.5: Are you male or female? (n=136)

	Freq.	%
Female	133	98%
Male	3	2%
TOTAL	136	100%

Table C.1.6: What is your ethnicity? (n=137)

	Freq.	%
Black and Minority Ethnic Groups★	10	7%
White – British	116	85%
White – Other	11	8%
TOTAL	137	100%

★Black and Minority Ethnic Group includes: Any other ethnic group, Asian/Asian British – Chinese, Asian/Asian British – Indian, Asian/Asian British – Other, Black/African/Caribbean/Black British – Caribbean, Black/African/Caribbean/Black British – Other, and Mixed/Multiple ethnic group – White and Asian

Table C.1.7: Are you currently employed? (n=137)

	Freq.	%
No	64	47%
Yes	47	34%
Yes, but on maternity/adoption/paternity leave	26	19%
TOTAL	137	100%

Table C.1.8: How many children do you have? (n=136)

	Freq.	%
1 child	58	43%
2 children	56	41%
3 children	14	10%
4 or more children	8	6%
TOTAL	136	100%

Table C.1.9: What is the age of the youngest child in your care? (n=136)

	Freq.	%
Birth to 2 years old	135	90%
3+ years old	14	10%
TOTAL	136	100%

Table C.1.10: What is the gender of the youngest child in your care? (n=134)

	Freq.	%
Female	69	51%
Male	64	48%
Rather not say	1	1%
TOTAL	134	100%

Table C.1.11: Have you or your partner (or ex-partner) ever served as a regular in the Armed Forces? (n=136)

	Freq.	%
Yes	114	84%
No	22	16%
TOTAL	136	100%

C2: Satisfaction with services

Table C.2.1: Are you satisfied or dissatisfied with the following aspects of the service?

	Very satisfied		Satisfied		Neither satisfied nor dissatisfied		Dissatisfied		Very dissatisfied	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Access	119	88%	15	11%	1	1%	–	–	1	1%
Quality	118	87%	16	12%	1	1%	–	–	1	1%
Opening hours	111	82%	21	15%	3	2%	–	–	1	1%
Staff at the centre	126	92%	7	5%	2	2%	–	–	1	1%

C3: Military-connected parents – movement and time away from home

Table C.3.1: Have you moved in the last 12 months? (n=111)

	Freq.	%
Yes, for Service reasons	45	41%
Yes, for other reasons	7	6%
No	59	53%
TOTAL	111	100%

Table C.3.2: How many times have you moved for Service reasons over the last five years? (n=112)

	Freq.	%
None	15	13%
Once	31	28%
Twice	29	26%
Three or more	37	33%
TOTAL	112	100%

Table C.3.3: In the past 12 months, approximately how much time has your spouse/civil partner spent away from home for Service reasons? (n=111)

	Freq.	%
Not been away	10	9%
Up to 1 month	13	12%
Up to 3 months	37	33%
Up to 6 months	29	26%
Up to 9 months	16	14%
Up to 12 months	6	5%
TOTAL	111	100%

C4: Parental Assessment of Protective Factors (PAPF)

The four subscales within the PAPF appear to be highly reliable, with all internal consistency (α) coefficients greater than 0.85 when tested by the authors, and greater than 0.90 when used with the sample of drop-in users surveyed during this evaluation.

Table C.4.1: Reliability statistics for the Protective Factors subscales

	Kiplinger & Harper Browne, 2014	Drop-In Participants
Subscale	α	α
Parental Resilience	0.88	0.95
Social Connections	0.93	0.95
Concrete Support in Times of Need	0.87	0.92
Social & Emotional Competence of Children	0.88	0.93

Table C.4.2: Social Connections subscale, All Respondents

	This is NOT AT ALL LIKE me or what I believe	This is NOT MUCH LIKE me or what I believe	This is A LITTLE LIKE me or what I believe	This is LIKE me or what I believe	This is VERY MUCH LIKE me or what I believe	TOTAL
I have someone who will help me get through tough times.	5 4%	7 5%	24 18%	39 29%	59 44%	134
I have someone who helps me calm down when I get upset.	6 5%	9 7%	18 14%	48 36%	52 39%	133
I have someone who can help me calm down if I get frustrated with my child.	9 7%	6 5%	15 11%	52 39%	51 38%	133
I have someone who will encourage me when I need it.	3 2%	4 3%	19 14%	51 38%	56 42%	133
I have someone I can ask for help when I need it.	3 2%	7 5%	21 16%	43 33%	58 44%	132
I have someone who will tell me in a caring way if I need to be a better parent/caregiver.	6 5%	12 9%	16 12%	50 38%	49 37%	133
I have someone who helps me feel good about myself.	6 5%	5 4%	12 9%	53 40%	57 43%	133
I am willing to ask for help from my family.	2 2%	5 4%	20 15%	41 31%	65 49%	133
I have someone to talk to about important things.	1 1%	3 2%	15 11%	42 32%	72 54%	133

Table C.4.3: Social Connections Strength Level, All respondents (n=133)

	Freq.	%
Maximum	17	13%
High	81	61%
Moderate	22	17%
Low	13	9%
TOTAL	133	100%

Table C.4.4: Parental Resilience subscale, Catterick respondents only

	This is NOT AT ALL LIKE me or what I believe	This is NOT MUCH LIKE me or what I believe	This is A LITTLE LIKE me or what I believe	This is LIKE me or what I believe	This is VERY MUCH LIKE me or what I believe	TOTAL
I feel positive about being a parent/ caregiver.	– 0%	1 1%	3 3%	33 28%	74 67%	111
I take good care of my child even when I am sad.	– 0%	1 1%	1 1%	22 20%	87 78%	111
I find ways to handle problems related to my child.	– 0%	– 0%	3 3%	26 23%	82 74%	111
I take good care of my child even when I have personal problems.	– 0%	– 0%	3 3%	23 21%	85 77%	111
I manage the daily responsibilities of being a parent/ caregiver.	– 0%	– 0%	2 2%	28 25%	81 73%	111
I have the strength within myself to solve problems that happen in my life.	1 1%	– 0%	6 5%	31 28%	73 66%	111
I am confident I can achieve my goals.	1 1%	– 0%	9 8%	37 33%	64 58%	111
I take care of my daily responsibilities even if problems make me sad.	– 0%	– 0%	2 2%	33 30%	76 69%	111
I believe that my life will get better even when bad things happen.	1 1%	– 0%	9 8%	31 28%	70 63%	111

Table C.4.5: Parental Resilience Strength Level, Catterick respondents only (n=111)

	Freq.	%
Maximum	51	46%
High	50	45%
Moderate	10	9%
Low	–	–
TOTAL	111	100%

Table C.4.6: Concrete Support subscale, Catterick only

	This is NOT AT ALL LIKE me or what I believe	This is NOT MUCH LIKE me or what I believe	This is A LITTLE LIKE me or what I believe	This is LIKE me or what I believe	This is VERY MUCH LIKE me or what I believe	TOTAL
I don't give up when I run into problems trying to get the services I need.	1 1%	1 1%	8 7%	39 36%	59 55%	108
I make an effort to learn about the resources in my community that might be helpful for me.	– 0%	1 1%	16 15%	30 28%	61 57%	108
When I cannot get help right away, I don't give up until I get the help I need.	1 1%	2 2%	13 12%	37 35%	54 51%	107
I know where to go if my child needs help.	– 0%	2 2%	5 5%	27 25%	74 69%	108
I am willing to ask for help from community programmes or agencies.	2 2%	4 4%	13 12%	29 27%	59 55%	107
I know where I can get helpful information about parenting and taking care of children.	2 2%	2 2%	10 9%	26 24%	68 63%	108
Asking for help for my child is easy for me to do.	1 1%	3 3%	11 10%	29 27%	63 59%	107
I know where to get help if I have trouble taking care of emergencies.	1 1%	3 3%	8 7%	30 28%	66 61%	108
I try to get help for myself when I need it.	2 2%	5 5%	13 12%	33 31%	54 51%	107

Table C.4.7: Concrete Support Strength Level, Catterick only (n=107)

	Freq.	%
Maximum	33	31%
High	52	49%
Moderate	19	18%
Low	3	3%
TOTAL	107	100%

Table C.4.8: Social and Emotional Competence of Children subscale, Catterick only

	This is NOT AT ALL LIKE me or what I believe	This is NOT MUCH LIKE me or what I believe	This is A LITTLE LIKE me or what I believe	This is LIKE me or what I believe	This is VERY MUCH LIKE me or what I believe	TOTAL
I maintain self-control when my child misbehaves.	– 0%	1 1%	6 6%	40 37%	60 56%	107
I help my child learn to manage frustration.	– 0%	– 0%	6 6%	37 35%	64 60%	107
I stay patient when my child cries.	– 0%	1 1%	3 3%	44 40%	59 55%	107
I play with my child when we are together.	– 0%	– 0%	2 2%	34 32%	71 66%	107
I can control myself when I get angry with my child.	1 1%	1 1%	2 2%	35 33%	68 64%	107
I make sure my child gets the attention he or she needs even when my life is stressful.	– 0%	1 1%	1 1%	36 34%	69 65%	107
I stay calm when my child misbehaves.	– 0%	3 3%	10 9%	40 37%	54 51%	107
I can help my child calm down when he or she is upset.	– 0%	– 0%	4 4%	34 32%	69 65%	107
I am happy when I am with my child.	– 0%	– 0%	1 1%	20 19%	86 80%	107

Table C.4.9: Social and Emotional Competence of Child Strength Level (n=107)

	Freq.	%
Maximum	36	34%
High	61	57%
Moderate	9	8%
Low	1	1%
TOTAL	107	100%

C5: PAPF comparisons

Table C.5.1: PAPF subscales for parents who completed the main and follow-up surveys

		N	Maximum		High		Moderate		Low	
			No.	%	No.	%	No.	%	No.	%
Social Connections	T1	15	2	13%	8	53%	2	13%	3	20%
	T2	15	5	33%	7	47%	1	7%	2	13%
Concrete Support	T1	11	1	9%	5	45%	4	36%	1	9%
	T2	11	3	27%	4	36%	2	18%	2	18%
Parental Resilience	T1	11	4	36%	6	55%	1	9%	0	0%
	T2	11	3	27%	7	64%	1	9%	0	0%
Social & Emotional Competence of Children	T1	11	4	36%	6	55%	1	9%	0	0%
	T2	11	3	27%	7	64%	1	9%	0	0%

C6: Support and Wellbeing

Table C.6.1: Support you receive as a parent compared to when you first started attending (n=134)

	Freq.	%
I have much more support	51	38%
I have a little more support	45	34%
The amount of support that I have has not changed	37	28%
I have a little less support	1	1%
I have much less support	–	0%
TOTAL	134	100%

Table C.6.2: Confidence you feel as a parent compared to when you first started attending (n=134)

	Freq.	%
I am much more confident	49	37%
I am a little more confident	40	30%
The amount of confidence that I have has not changed	45	34%
I am a little less confident	–	0%
I am much less confident	–	0%
TOTAL	134	100%

Table C.6.3: Satisfaction with life, anxiety and happiness, rated out of 10

	0 Not at all	1	2	3	4	5	6	7	8	9	10 Com-pletely	Total
Overall, how satisfied are you with life nowadays?	0 0%	0 0%	0 0%	2 2%	0 0%	10 8%	7 5%	20 15%	29 22%	22 16%	44 33%	134
Overall, how anxious did you feel yesterday?	38 28%	12 9%	12 9%	6 5%	4 3%	9 7%	12 9%	14 10%	14 10%	6 5%	7 5%	134
Overall, how happy did you feel yesterday?	3 2%	0 0%	0 0%	2 2%	1 1%	10 8%	5 4%	29 22%	22 17%	20 15%	40 30%	132

Table C.6.4: Support and confidence as a parent reported by parents who completed the main and follow-up surveys

		N	Much More		Little More		Unchanged		Less	
			No.	%	No.	%	No.	%	No.	%
Support as a parent compared to when you first started attending	T1	15	4	27%	7	47%	4	27%	0	0%
	T2	15	7	47%	2	13%	6	40%	0	0%
Confidence as a parent compared to when you first started attending	T1	15	4	27%	4	27%	7	47%	0	0%
	T2	15	9	60%	1	7%	5	33%	0	0%

Appendix D: Comparisons with the FAMCAS Tri-Service Survey

The FAMCAS (Families Continuous Attitude Survey) is the largest regular survey of UK Armed Forces personnel spouses/civil partners. There were over 7,000 valid responses in 2017, a response rate of 25% (MoD, 2017). The survey is one of the main ways that the Ministry of Defence (MoD) gathers information on the attitudes and experiences of Service families. Statistics from FAMCAS are used by both internal Ministry of Defence (MOD) teams and external bodies to inform the development of policy and measure the impact of decisions affecting personnel, including major programmes, such as the Armed Forces Covenant and Armed Forces People Programme.

The FAMCAS population is a useful comparator for our survey in that it provides results for the Tri-Service population (Army, Navy and Royal Air Force) and Army-only respondents surveyed during the previous year. There are some differences between the two populations. For example, while 99 per cent of our sample of drop-in parents had at least one child who was less than five years old, 41 per cent of FAMCAS parents had a child under five years, 38 per cent had children over five years old and 22 per cent had no children. Only the FAMCAS parents with children under five years were asked to comment on their local early years provision.

Wellbeing

The ONS Wellbeing questions are also used within the FAMCAS, although the banding and presentation of some scores were arranged differently, preventing direct comparison of anxiety and mean scores. Without access to raw scores it is not possible to compare all of the questions within the FAMCAS with our survey and the ONS figures because the FAMCAS has used a different banding system to the ONS for reporting, grouping together 'Very low', 'Low', and what would be part of the 'Medium' within the ONS figures. The general pattern of the data suggests that anxiety among military-connected populations is higher than the UK population (MoD, 2017).

Table D.1.1: Drop-in service users' means scores for life satisfaction, happiness and anxiety compared with those from the FAMCAS and ONS Surveys

	Mean Scores		
Populations	Life satisfaction	Happiness	Anxiety
ONS UK 2015	7.59	7.45	2.88
ONS UK Females 2015	7.62	7.46	3.02
Tri-Service 2017	Between 6.5 and 7	Between 6.5 and 7	Not available
All Drop-in Users (n=134)	8.27	7.95	3.89
Military Drop-in Users	8.15	7.85	3.94

Figure D.1.1: Bar chart illustrating comparison with life satisfaction percentages from FAMCAS and ONS Surveys
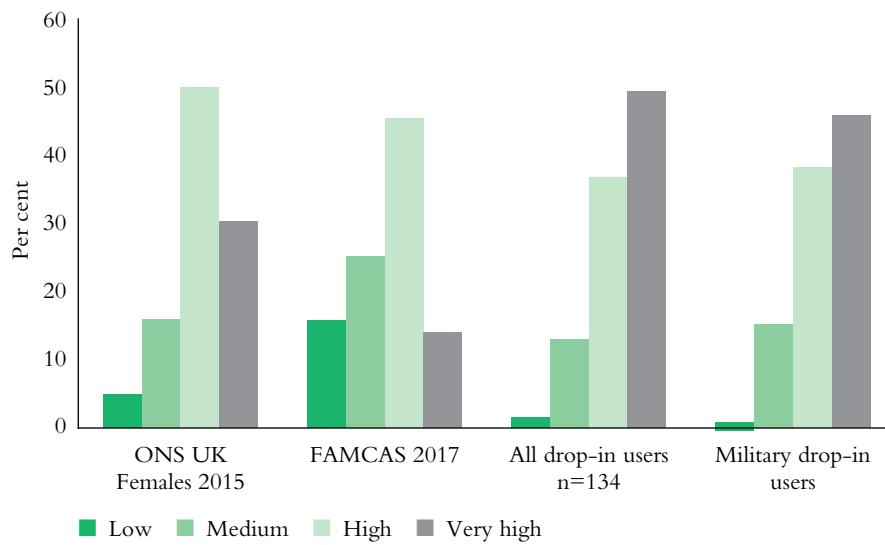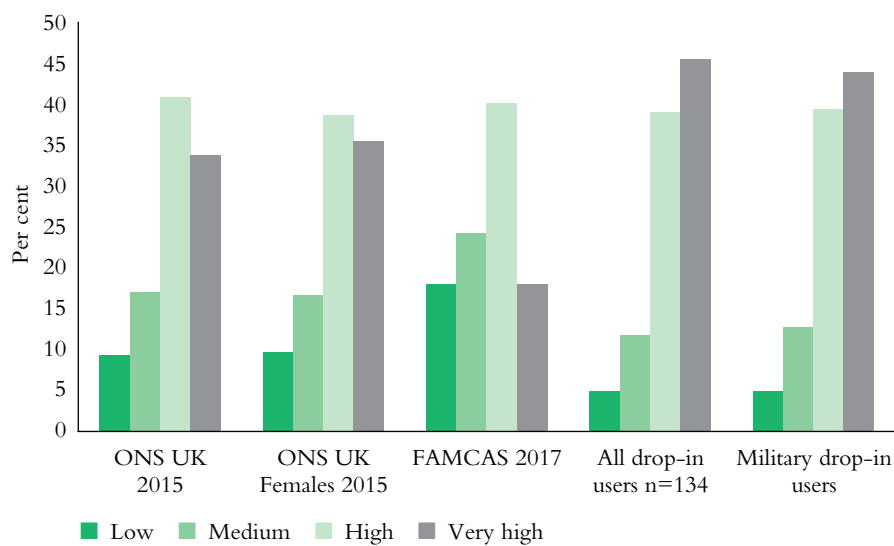

Figure D.1.2: Bar chart illustrating comparison with happiness percentages from FAMCAS and ONS surveys

Number of moves

Table D.1.2: Comparison of military-connected drop-in users with Army FAMCAS respondents' responses to the question "Have you moved in the last 12 months?"

	Military-connected drop-in users (n=111)	FAMCAS Army respondents (n=2,901)
No	53%	26%
Yes, for other reasons	6%	8%
Yes, for Service reasons	41%	66%
Total	100%	100%

Table D.1.3: Comparison of military-connected drop-in users with Army FAMCAS respondents' responses to the question "How many times have you moved for Service reasons over the last five years?"

	Military-connected drop-in users (n=112)	FAMCAS Army respondents (n=2,909)
None	13%	24%
Once	28%	22%
Twice	26%	27%
Three or more	33%	27%
Total	100%	100%

Table D.1.4: Comparison of "In the past 12 months, approximately how much time has your spouse/civil partner spent away from home for Service reasons?" with FAMCAS Survey

	Frequency	Valid Percent	Tri-Survey	Army
Not been away	10	9	13	12
Up to 1 month	13	11.7	24	23
Up to 3 months	37	33.3	31	36
Up to 6 months	29	26.1	20	19
Up to 9 months	16	14.4	9	9
Up to 12 months	6	5.4	3	2
Total	111	100	100	101

Appendix E: ERIC Service

E1: Profile of children referred to the ERIC Service

There were slightly more boys (54 per cent) referred than girls (42 per cent). Ethnicity for 22 of the 26 children was recorded as White British – the remaining four children were recorded as 'Other Asian', 'Mixed: White and Asian' and 'Any other ethnic group'. Over a third of the children had a recorded disability, the most prevalent described as a 'behavioural, emotional, social disability' (eight children) and 'autistic spectrum condition disorder (three children). Other recorded disabilities were: visual impairment, speech language communication disability, mild to moderate learning difficulties and physical health needs. Discussion with practitioners suggests that the prevalence of disability is underreported within the data as it appeared to be based on information known at time of referral. Further information about diagnoses of autism and ADHD were obtained during the assessment of children recorded on the system as having no disability. Appropriate work was completed with all but two of the children referred during this period. For one child, the service was not considered appropriate, while the other child attended an alternative service.

Table E.1.1: Age of children referred to ERIC between April 2017 and April 2018

Age of children at time of referral	Freq.	%
7 years	4	15%
8 years	9	35%
9 years	8	31%
10 years	4	15%
11 years	1	4%
TOTAL	26	100%

Table E.1.2: Source of referral to ERIC between April 2017 and April 2018

Source of referral	Freq.	%
Infant School A	7	27%
Academy Primary School B	10	38%
Primary School C	4	15%
Academy School D	1	4%
Army Welfare Service	1	4%
Self-referral	3	12%
Total	26	100%

Table E.1.3: Gender of children referred to ERIC between April 2017 and April 2018

Gender	Freq.	%
Male	14	54%
Female	11	42%

Table E.1.4: Ethnicity of children referred to ERIC between April 2017 and April 2018

Ethnicity	Freq.	%
Any other ethnic group	1	4%
Asian/Asian British: Other Asian	2	8%
Mixed/multiple ethnic group: White and Asian	1	4%
White British	22	85%

Table E.1.5: Prevalence of disability among children referred to ERIC between April 2017 and April 2018

Disability	Freq.	%
Yes	10	38%
No	16	62%

Table E.1.6: Type of disability among children referred to ERIC between April 2017 and April 2018

Type of disability	Freq.
Visual Impairment	1
Speech Language Communication Disability	1
Behavioural Emotional Social Disability	8
Physical Impairment	0
Mental Health Needs	0
Learning Difficulties Severe Profound	0
Learning Difficulties Mild Moderate	1
Learning Difficulties Other	0
Health Needs Physical	1
Deafness	0
Autistic Spectrum Condition Disorder	3
Other Disability	0

E2: Outcome measurement for ERIC

Parents and carers of children attending the service between February and June 2018 were asked to complete a questionnaire during assessment to measure the extent of their children's emotional and behavioural problems. The questionnaire was completed again at the end of the intervention to establish whether there was any change in their children's behaviour post-intervention. A telephone discussion with practitioners was held after the completion of the two groups to discuss their assessment of each child's progress.

The evaluation aimed to include all parents and carers of all children assessed as suitable for the ERIC service between February and June 2018. Workers delivering ERIC introduced the evaluation to parents and carers at the first meeting and left them with an information sheet and an unsigned consent form to consider. To ensure that the parents had sufficient time to consider whether they were willing to participate in the evaluation, the practitioners did not ask for the parents' written consent until the next assessment visit. If this was not possible, the practitioner was asked to telephone the parent one week later after they had left them with the information sheet to ask for their verbal consent and to arrange to obtain the signed consent form at another time. The information sheet encouraged parents to discuss their participation in the survey with their child before they gave their consent. The practitioners asked the children attending the group to give verbal consent for their parents to provide information about them, having explained the purpose of the questionnaire and why it helps with finding out more about the child's needs.

Measure

- *Strengths and Difficulties Questionnaire* (Goodman, 1997), a 25-item questionnaire with good reliability and validity (Goodman, 2001) with one subscale that measures prosocial behaviour and four that measure a child's emotional and behavioural problems.

Participants

Five children aged between seven and 10 completed the ERIC group during the five-month period. One child started but was unable to complete as his parent was unable to bring him to the group.

# Appendix F: Military Munch Club evaluation results

On Monday 27 November 2017, Tove Andersson and Nicola McConnell from the NSPCC visited the Military Munch Club at Zouch Academy to talk about what the children think about the lunch club. These results describe who took part and what they said.
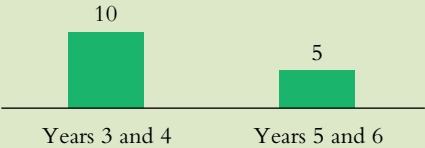
1. Who took part?

We collected information on who took part. The three charts below show:

1) the children's gender (girl, boy),
2) their year group, and
3) how many times they had previously gone to the lunch club.

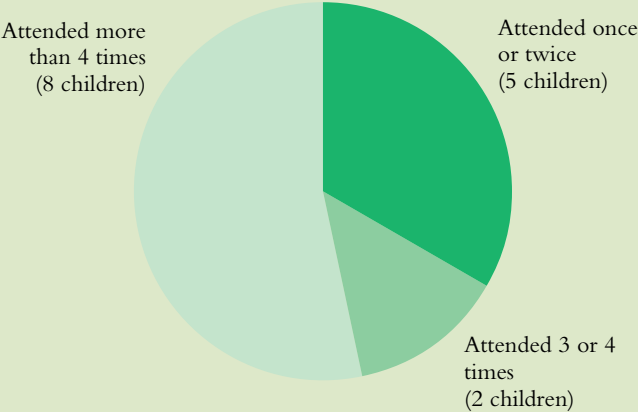### 1. What gender were the children?

Boy 21%

Girl 79%
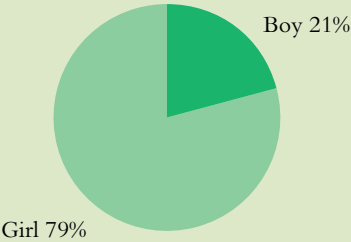
2. Which year groups were the children?

10

5

Years 3 and 4   Years 5 and 6

3. How many times had the children attended the lunch club?

Attended more than 4 times (8 children)

Attended once or twice (5 children)

Attended 3 or 4 times (2 children)

2. Which lunch club topics did they prefer?

First, the children used coloured stickers to show what they thought about the different topics they had talked about at the lunch club. We gave the children different coloured stickers so that we knew whether the person was a boy or a girl and whether they were in Years 3 and 4 or Years 5 and 6. This helped us to find out if boys and girls and older and younger children liked different topics. They put their stickers on a table to show:

1) if they thought the topic was 'really important' or they 'liked it a lot'
2) if they thought it was 'OK'
3) if they thought it was 'not important' or 'boring'

For some topics, children said they 'don't know', especially if they had not gone to the lunch club that week. This table below is an example of how it works:

Lunch club activities and topics	Really important or I like it a lot	It's OK	Not important or I think it's boring	Don't know I was not there or have not tried it
1. PANTS	🔴 🔴		🟢	
2. Where have you been?		🔴 🟢	🔴	
3. What makes a good friend?	🔴	🔴		🟢
4. Managing feelings (Volcano)	🔴 🟢	🔴		
5. Worries and Fears (Leaves)	🔴	🟢	🔴	

The next chart shows what the children thought about each topic. The two sessions that most of the children remembered were 'What makes a good friend' and 'Managing Feelings'.

Children's views on different lunch club sessions (when they had an opinion)

Legend: ■ Really important or I like it a lot ■ It's okay ■ Not important or I think it is boring
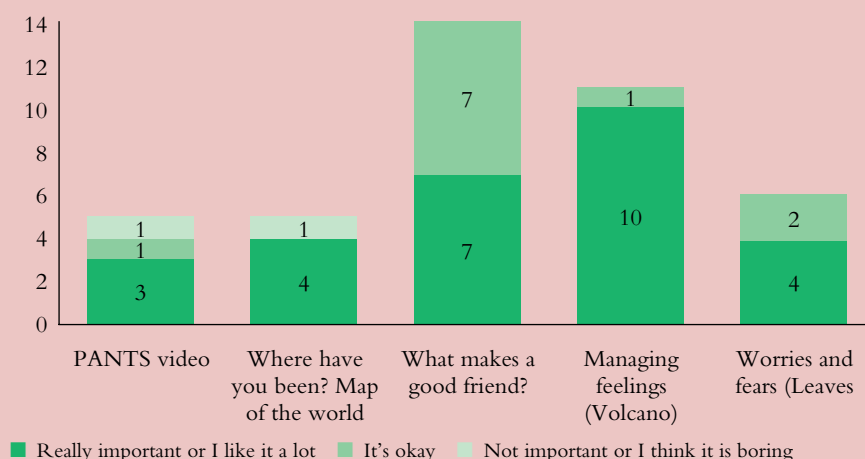
Who preferred what?

PANTS

Half of the children said they did not know how they felt or did not go to the lunch club when they talked about 'PANTS'. Boys and younger children were more likely to enjoy the PANTS topic.

Where have you been? (Looking at a map of the world)

Lots of children said 'don't know' to the map of the world topic. If they did give an answer, four out of five children (80 per cent) liked the session or felt it was important.

What makes a good friend?

Most children (88 per cent) remembered or had an opinion about the session when they discussed what makes a good friend. Half the children who gave their opinion said they liked it a lot/thought it was important, and the other half said they thought it was OK. Boys and younger children were more likely to give it a higher score. Nobody said it was not important or boring.

Managing Feelings

Most of the children (85 per cent) had an opinion on the Managing Feelings session. Nearly all of them (91 per cent) said they thought it was important and/or liked it a lot. Nobody said it was not important or boring.

Worries and Fears

Lots of children said 'don't know' to the worries and fears session. If they did give an answer, two-thirds said they thought it was important or they liked it a lot. Boys and younger children were more likely to enjoy the topic.
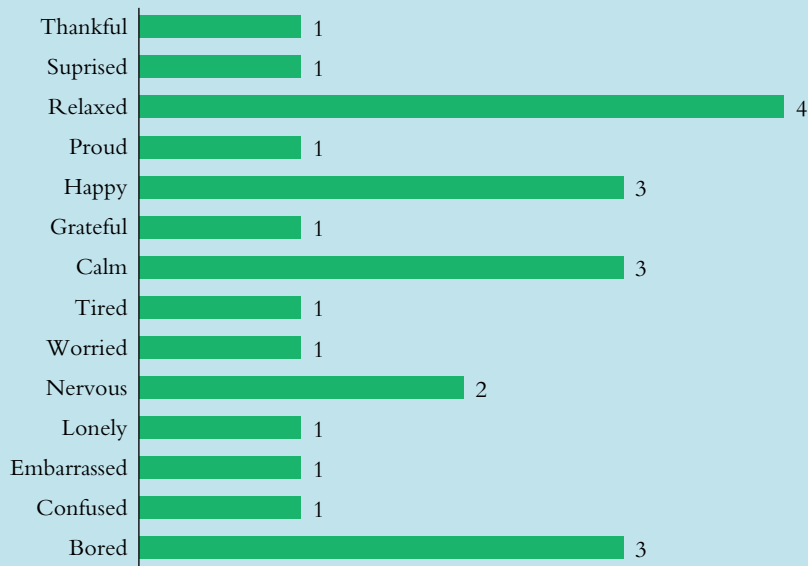
3. Feelings about the lunch club

Next, the children were asked to look at cards that described different emotions or feelings.

The children were asked to choose one or two cards that represent how they feel at the lunch club. They could also write their own feelings cards if they wanted to. Once they had made their choices, the children posted the cards into a sealed box. This meant that they did not have to tell other members of the group what they felt. Nobody chose unhappy, frustrated, angry, scared, hurt, irritated, jealous, sad, or stuck.

Feelings cards posted during the session

Feeling	Count
Thankful	1
Suprised	1
Relaxed	4
Proud	1
Happy	3
Grateful	1
Calm	3
Tired	1
Worried	1
Nervous	2
Lonely	1
Embarrassed	1
Confused	1
Bored	3

4. Imaginary Child exercise

In small groups, the children were asked to use large rolls of paper to create an imaginary child whose mum or dad is in the military/ armed forces. The children were asked to give their pupil a name and age and tell the evaluators what things their imaginary child enjoyed doing, why might they like to go to a lunch club for military children, what sort of things they might be worried about and how the lunch club might help them.

Listed below are some of things that the children said:

Things that the children like about the lunch club:

- Making things
- Games, clothes, toys and books
- More time to do things

Things they would tell a child thinking about attending the lunch club:

- Remind your teacher if they forget that Monday is lunch club day
- "It might be fantastic"

Things that children might be worried about:

- Making friends
- Being worried about being bullied if they are different in some way, for example being transgender
- Anger issues
- Family in the military and family member gets posted
- Being bullied online
- Joining a new school

How the lunch club can help children:

- Talk about how they feel
- Meet other children who are going through the same thing – they will know what you are feeling
- A lot better than just him kicking around feeling really frustrated
- Don't keep your worries inside, tell an adult who can help
- Celebrate a victory

Nicola McConnell
NSPCC Evidence Team
December 2017

Appendix G: Support services for military-connected families

Externally provided support services for military-connected families within the UK fall within the following categories:

- Services for families experiencing problems:
  - Therapeutic support for families of veterans finding it hard to adjust in the community (Barnardo's)
  - Support and advice to families of military detainees (Barnardo's)
  - Young carers from Armed Forces Families (Children's Society)
  - Refuge for women and their children to stay when a relationship with someone in the Forces breaks down (SSAFA)

- Existing services tailored for military-connected families:
  - Bereavement services (Cruse)
  - Home Start provide volunteers for families struggling with post-natal depression, isolation, physical health problems, bereavement and many other issues. The volunteer will spend around two hours a week in a family's home supporting them in the ways they need.

- Preventative early help services:
  - Airplay is a service for RAF families that aims to stimulate and nurture children's aspiration, ambition and resilience and provide support and reassurance through youth activities (Action for Children)
  - Volunteer support to military families (SSAFA)
  - Parenting skills and reducing isolation (Family Friends)

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