

Armed Forces Family Carers Connected

Our experience of delivering information and support workshops to family carers in the UK armed forces community



In 2024 Suffolk Family Carers received funding from the **Armed Forces Covenant Fund Trust** to develop and deliver ‘**Armed Forces Family Carers Connected**’ in Suffolk.

Armed Forces Family Carers Connected will provide a series of information, advice and guidance workshops for adult family carers in the armed forces community, bringing them together to build networks and decrease isolation.

This idea was developed from our previous projects and work supporting this community and brought together the aspects of family carers needing to access information that would help them in their caring role along with the desire to connect with others in similar situations. – Offering a bespoke programme to the Armed Forces Community **reinforced a sense of camaraderie and belonging** for this group who felt that being part of the armed forces community was part of their identity.

The project also included providing a summary of our learning and experience in the hope that others might find it useful. We found many factors and experiences confirmed what we already knew, some posed us with new challenges and ways of thinking, and for others there is no clear-cut answer.

This was our experience •••

CONSULTATION AND PLANNING THE SESSIONS:

Our previous experiences gave us ideas of what we should include to make the sessions valuable and worthwhile, but we wanted to **gain feedback and further ideas by asking our intended beneficiaries**. Rather than hold our own consultation events, we reviewed existing events offered by our networks, across serving, reservist, ex- service, veterans and their families and decided to ask to attend these events, this gave greater coverage of ages, serving background and geographical locality. We are appreciative of those who hosted us enabling us to not only gain feedback but raise awareness of family carers in the armed forces community at the same time.

In addition to attending existing events, we also **distributed a survey to those family carers registered with us with a known UK armed forces connection**, we also asked our networks to circulate our survey too.

Due to the demographics of those registered with us, we **completed a data cleanse of over 5000 contacts**. Targeting those born before 1985, or caring for someone born before 1985 to try and highlight the national service group and any associated family carers or dependents. **Those who completed national service are a key group and often they or those that care for them do not consider themselves as ‘having served’ and could miss out on helpful information, resources and services.**





RECRUITMENT TO SESSIONS:

Although there **were high levels of need for information and support**, and feedback highlighting the positive effect of access to such support, **recruitment to sessions remained a challenge**.

OUR REFLECTIONS...

- Despite sending out routine updates, flyers and invites, the **best uptake was enabled by making individual contact with people**, making a connection and assuring them that this service was for them. This was resource intensive but this timely interaction allowed us to consider challenges to attending for the individual and how they might be overcome.
- Individuals may **see them themselves as a family carer**, (not always) **but not as a veteran or that they are caring for a veteran/ex-service**. This was especially true of the UK national service beneficiaries, which is where our targeted data update was especially helpful.
- Reaching/engaging those with an armed forces connection (themselves/Cared For/ other family member) including National Service **is time-consuming and complex** – throwing the net as widely as possible risks disengagement perversely, as some may unsubscribe if they receive mailings they think irrelevant and overwhelming.
- **Single unaccompanied individuals often don't see themselves as having a family carer role**. Even though they might be caring remotely, (they are based in Suffolk but undertaking support at arm's length for someone somewhere else). Examples of this, were those caring remotely for elderly parents with dementia and those with a spouse experiencing mental health difficulties. For some this is a complex issue and family dynamics might be part of why they joined the armed forces.
- Assumptions were often made about veterans being the person being cared for. However we found a fairly even split, with veterans often being the family carer.
- **Language differs in how people describe themselves**. Veteran, ex-service, having served, family carer, care giver, affected other, husband, wife etc. In this document we are tending to use 'veteran' and 'family carer'.
- **The armed forces community is a very diverse demographic** ranging from currently serving, reservists and/or their partner's or family members to ex-service/ veterans & those who undertook national service. Giving rise to very diverse needs and priorities, including:
 - Considering the timing of sessions to enable parent carers to attend or those that have time specific caring tasks to perform- e.g personal care and hygiene, attending to mealtimes etc.
 - **It is often assumed that family carers are fit and without illness or condition themselves**. There is a multitude of research that highlights the impact of the caring role upon one's own health and when you add into this dynamic the impact of age it was necessary to ensure that all venues were fully accessible, and that visual and hearing impairments were accommodated as well as seating and mobility needs addressed.

VENUES:

Our options for session delivery fell into two groupings. Those that had a connection to the armed forces and those that were routinely accessed by the public e.g community centres and libraries.

We were aware that venue would influence attendance not only in terms of geography and accessibility but whether people felt comfortable and what memories might be evoked.

Whilst some respondents said they would rather not return to armed forces sites, for the majority this was not an issue and for some there was excitement and reminiscence about 'returning to the base'. This influenced our decision to hold our sessions at the three bases in Suffolk.

OUR REFLECTIONS...

- If you are fortunate to be offered space at armed forces facilities, you may need to factor in more planning time, for 'command structure' to agree use of military venues.
- The bases in Suffolk are not easily accessible by public transport, so provision of transport for those that require it, will remove barriers to attending.
- Holding sessions at locations where there are predominantly single unaccompanied personnel is less likely to attract the serving population. Attendance might be increased if sessions are preceded by awareness raising about the family carer role.



SUPPORTING ATTENDANCE:

Removing as many potential barriers as possible increased attendance for beneficiaries. The two key barriers for those wishing to attend were **access to replacement care and provision of transport**.

Many family carers had roles that necessitated someone being able to provide replacement care in their absence. When planning resources for the project, we had anticipated this eventuality, and this was a significant factor in enabling attendance. Likewise, the provision of transport. For many family carers, traveling to a rural location is not an option due to the time involved and being away from the person being cared for. Provision of transport again removed this barrier to attendance, and in some cases accessible transport was required to suit the family carers own physical needs.

OUR REFLECTIONS...

- Often responses and adjustments needed to be dynamic as situations and events presented themselves unexpectedly, in retrospect a more rigorous surveying of needs at registration/ booking point would be helpful, but this does need to be done in an inclusive and solution focussed way.
- Creative solutions can accommodate particular needs, such as transporting a suitable chair to a venue, (one with high arms) or the provision of large print information.




Thank you for taking my own personal needs into account so that I could attend the sessions.

SESSION CONTENT:

Core content was used regarding family carers needs, issues raised during consultation and specific information for armed forces family carers such as information about the armed forces covenant. Including:

- Information about the impact of stress on the caring role, identification and selection of strategies to build resilience.
- Exploration of self-help resources to improve physical and mental health
- Information about Family Carer rights and sources of support and resources
- Exploration of ways to connect with community resources and support



I have caught myself making time to relax and reflect before rushing onto the next thing

ONLINE DELIVERY:

In response to feedback given during the consultation process and to ensure that family carers were given a choice in how they might attend a session, we also offered access to online sessions. Interest in the sessions was lower than anticipated and did pose challenges in terms of building a 'group' online. There were also some issues with a cared for person also wanting to attend the group which does impact the dynamics as family carers do not feel able to talk openly.



MONITORING:

Use of the 'Impact Hub' required careful consideration and planning in terms of obtaining consent from our beneficiaries and enabling those who wished to remain anonymous to do so.

Our participants wanted anonymity, and we needed to identify any differences in before and after responses demonstrating impact of our offer. Responses to questionnaires may be influenced by participants' general circumstances at the time of submission, and not exclusively the impact our offer.

One participant reiterated: ***"I feel bad because my scores are worse now than at the beginning. But that's nothing to do with what's happened here – it's just I'm in a lot of pain and I've so much going on outside of here"***



OUTCOMES ACHIEVED:

Having accessed Armed Forces Family Carers Connected; family carers reported the following outcomes:

- They felt recognised, (there was a particular cohort of family carers, caring for someone who had completed national service that had not previously identified as a family carer/veteran) and had access to information, advice and guidance related to their caring role.
- They felt more informed and connected to other networks, therefore feeling less isolated.
- They had the opportunity to plan for the future and explore emergency planning.
- They felt more able to consider their own health needs and to plan to meet them.
- They felt better able to cope

OUTCOMES ACHIEVED:

The project has been a great success and has not only enabled family carers from the armed forces community to find out about information and support available to them. But for many has provided them with the tools to consider their own wellbeing within the caring role. Whilst it cannot be guaranteed, and some groups took a little longer to 'gel', as anticipated new friendships and networks were formed that last beyond the duration of the sessions.

It looks as if ---, ---, --- and I will be meeting up in a few weeks. In the spirit of not letting, it drift and 'intending to meet' we already have a date and place booked in for April.

This family carer was new to Suffolk and attending the sessions has allowed them to create a network of support.

We are grateful to the Armed Forces Covenant Funding Trust for the funding received and to our colleagues at the bases in Suffolk for hosting us. We would also like to thank our fantastic volunteers who attended the sessions and helped us to provide a supportive environment for those attending.