



Unpaid Carers in the Armed Forces community

Executive summary

rbl.org.uk

Registered charity number: 219279





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About RBL and support for Carers



The Royal British Legion (RBL)

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

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

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

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

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

Admiral Nursing

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

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

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

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

Aims and background

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

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

The definition of carer used to determine the eligibility of individuals to participate in this research was as follows:

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



Research methodology

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

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

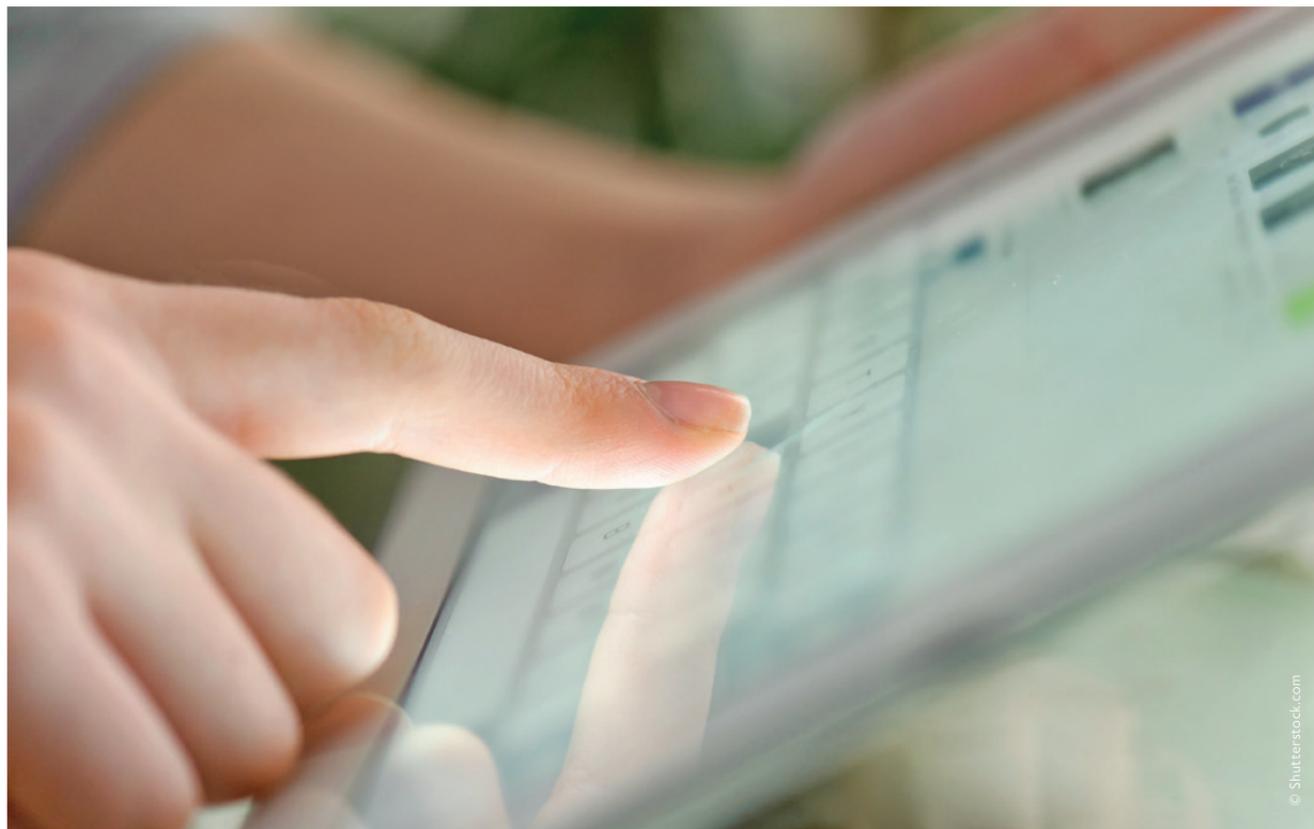
There is a lack of substantive UK based research into carers in the Armed Forces community, which is a barrier to understanding their needs and experiences. This report uses relevant insights from international literature. Policy literature is used to contextualise carers legislation and policy in the UK and investigate the number of carers in the UK Armed Forces community.

Additionally, policy literature on carers in the general population is used to draw comparisons with carers in the Armed Forces community.

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

The survey provided an anonymous method for carers to share their experiences, collecting both qualitative and quantitative insights without posing a high time requirement upon carers who participated.

Each nation of the UK was represented approximate to their proportion of the UK population, but due to lower numbers of respondents outside of England, recommendations specific to the Scottish, Welsh, and Northern Irish health and care contexts are not possible. Nevertheless, issues experienced by carers in the Armed Forces community are cross border.



Research participants - demographics

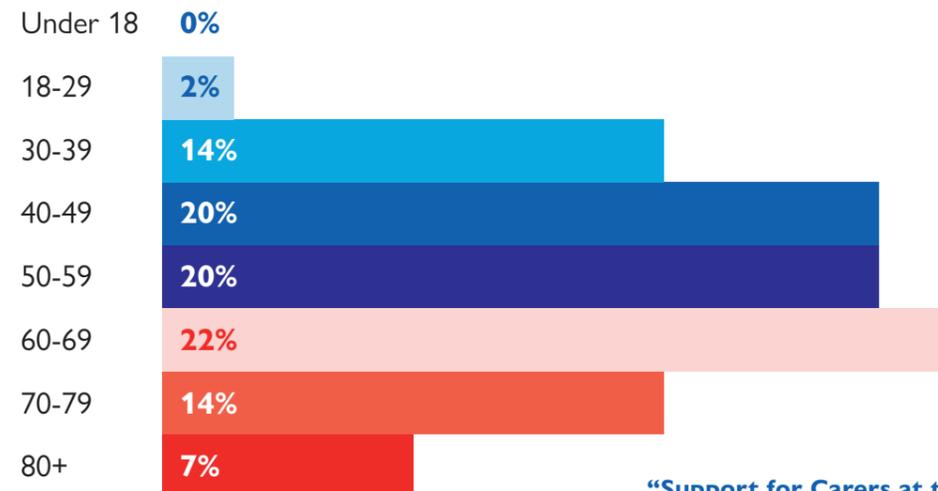
These survey respondents are not representative of all carers in the Armed Forces community, but the results give an indication of the demographics and needs of this group.

358 complete responses were received from across the UK serving and ex-Service community.

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

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

Age of survey respondents



Gender

- 50% male and 50% female (compared to the general population of England and Wales, in which around three-fifths of unpaid carers (58%) are female)
- Among serving carers, women were over-represented among those with caring responsibilities and appear, therefore, to be potentially more likely to provide care than their male counterparts. 11% of the UK Regular Armed Forces are female, yet 27% of serving carers in this research were female.²

Employment status

- 43% employed (39% of carers in the general population report being in paid work.³)
- Two in five carers (39%) report that caring responsibilities have had a negative impact on their ability to carry out paid employment in the past year. This group of respondents were subsequently twice as likely to be unemployed compared to respondents as a whole
- Pronounced among serving family carers - 69% feel a negative impact on employment.

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

Context

Carers in legislation

The UK Government has committed to putting the needs of unpaid carers at the centre of a green paper on social care reform in England,⁴ which has been delayed several times and at the time of writing has no set publication date. RBL believes that effective adult social care is vital to enable veterans and their dependents to maintain wellbeing and independence for as long as possible, and to support the most vulnerable to live with dignity. However, reform should not further shift responsibility onto unpaid carers, who are not a replacement for formal and specialised care support. Substantive reform of the social care system, which values the role of unpaid carers, is required.

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

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

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

Since then, RBL has successfully campaigned for the incorporation of a veteran identifier question in the 2021 Census for England and Wales (and 2022 Census in Scotland), which will enable information to be cross-referenced and provide insight into carers who are veterans or live with a veteran. Exploration of this data would improve the evidence base on carers in the Armed Forces community and enable more effective targeting of support.

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

The impact of COVID-19

Within the general population, it is estimated that a further 4.5 million individuals began providing unpaid care during the COVID-19 pandemic, but it is not known how many of these carers are in the Armed Forces community. The Veterans CHECK study, which explores the impact of the COVID-19 pandemic on a veteran cohort, found that 18% of veterans reported new or extra caring responsibilities because of the pandemic.⁵

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

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



Experiences of caring



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

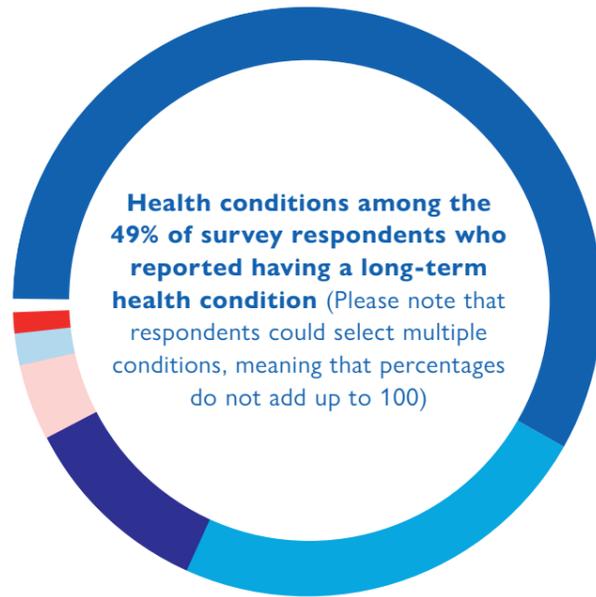
Not only does this evidence indicate that carers in the Armed Forces community are spending a high amount of time caring, there also appear to be long term commitments, with 1 in 5 respondents to our survey stating they have been

providing care for 15 years or more.

When compared to UK carers generally this research sample were more likely to have childcare responsibilities that they carry out in addition to their caring responsibilities. 36% of respondents reported having additional childcare responsibilities, compared to 20% of UK carers having childcare responsibilities for a non-disabled child under 18.⁶ Childcare responsibilities were considerably higher in the serving population, at 71% for serving carers and 86% for serving family carers.

Carer health and wellbeing

Among carers in the Armed Forces community surveyed for this research, half (49%) reported having a long-term health condition.



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

The carers we heard from in our research were considerably more likely to feel that their caring responsibilities have had a negative impact on their health and wellbeing than a positive one. 50% of respondents said that their caring responsibilities have had a negative impact on their physical health in the last year, with 71% saying they had negatively impacted their mental health in the last year. The perceived mental health impact was highest among serving family carers, at 88%. Carers felt that their mental health could be supported more effectively.

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

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

A lack of breaks from caring

A common theme among respondents was not being able to have a break from their caring responsibilities. Less than one in ten carers in the Armed Forces community who responded to our survey have been able to take a break from caring in the last year (9%), which was even lower if the carer was caring for a veteran (4%).

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

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

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

Loneliness

Members of the Armed Forces community are exposed to events and challenges that make them more vulnerable to loneliness and isolation, with previous RBL research showing that carers in the Armed Forces can be vulnerable to loneliness as they adapt to their caring role, particularly if the transition is sudden.⁷

Carer respondents in our research were more likely to report experiencing some degree of loneliness than the Armed Forces community as a whole.

Impact of caring for complex health needs

Carers who took part in our research are more likely to be caring for a spouse or partner than carers in the general population.

A number of respondents who care for their child feel that their caring responsibilities are taken less seriously by others as they are seen as simply parental responsibilities.

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

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



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

Health conditions among the person being cared for by survey respondents

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

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

Caring for veterans with mental health conditions

The majority of individuals in the Armed Forces community do not experience mental health problems, but those that do can experience them in an acute way. The impact of mental health conditions appeared to be challenging for some carers, with some noting problems accessing provision for Post-Traumatic Stress Disorder (PTSD).

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

In combination, the literature and our survey both suggest that the carer of a veteran diagnosed with complex mental health conditions including PTSD may experience a negative impact on their own health and wellbeing and be affected by the impact of a traumatic incident on the person that they care for and their associated behaviour. Carers of veterans with PTSD would benefit from greater access to specialist support that is aware of the needs of the Armed Forces

community, and helps them understand and support the treatment of the person they care for. The individual needs of carers should be supported in their own right, rather than solely in relation to the veteran’s mental health difficulties.

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

RECOMMENDATIONS:

- The NHS should invest in mental health and relationship support dedicated to carers of veterans with PTSD, using insight from the Together Programme.
- NHS England should increase awareness of and access to the support offered to families by Op COURAGE (The Veterans Mental Health and Wellbeing Service), providing increased outreach support to carers of veterans with mental health conditions.



Caring while serving

Serving carers face unique issues. Half of the serving carers who responded to our survey say that military deployment has had an impact on their ability to carry out their caring responsibilities. Deployment and postings can have a detrimental impact on the continuity of care and the ability to carry out caring responsibilities for both Serving carers and their families, including young carers in Armed Forces families.

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

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

1 in 4 of the serving carers who responded to our survey feel they are currently unable to balance their caring responsibilities with their military career. Only 11% of respondents who identified as serving carers feel that they can balance these two requirements all the time, and some may ultimately leave the Armed Forces as a result.

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

Serving carers seek a more consistent recognition of their caring role by their workplace. These carers wanted better recognition, understanding, and flexibility from the Chain of Command, enabling them to better balance their career with their caring responsibilities.

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

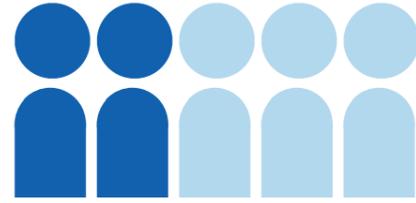
Explicit recognition of carers in MoD policy would better support these individuals and their families and address the barriers they face.

RECOMMENDATIONS:

- The MoD should urgently develop, publish, and implement a Tri-Service carers policy that directs serving personnel with caring responsibilities to suitable support and information, and provides clarity on how they are considered in relation to other Service policies, such as additional needs and leave policies. In line with the Tri Service policy, each Service should develop its own tailored guidance.
- The Defence Medical Services should play a greater role in supporting carers in Service. This should include more consistent identification and signposting to support, a regular wellbeing check to keep up to date with their and/or their family’s caring responsibilities, and practices being required to report on measures in DPHC guidance (including whether they have a carers lead in place).
- The MoD and Single Services should review and address any barriers to accessing Flexible Service for serving personnel with caring responsibilities and enable non-prescriptive solutions to be devised in partnership with carers.
- The Defence Infrastructure Organisation should improve access to accessible quarters for families with caring responsibilities, working with Welfare Officers to identify and support these families.

Access to support

Carers who participated in this research feel insufficiently supported by relevant services. 2 in 5 carers in the Armed Forces community who responded to our survey said they had not received any support in the last two years, which is double the proportion of carers in the general population without support with caring (1 in 5).⁸ Those caring for a veteran were even less likely to have received support in the last two years.



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

Forms of support accessed by survey respondents

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

Our evidence also indicates that carer respondents from the Armed Forces community may be less likely to have had a recent carer's assessment than UK carers are.

Carers who responded to our survey appear to feel less valued than carers in the general population do. Only a quarter of carers in the UK Armed Forces community who responded to our survey feel that health and welfare services they come into contact with recognise and value the support they provide as carers (27%). Few carers have been asked about Armed Forces status, which would enable greater identification and signposting.

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

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

Peer support was a common suggestion from carers when asked how their needs could be better supported. As aforementioned, carers in the Armed Forces community

are more likely to experience some level of loneliness than the Armed Forces community is as a whole, which is borne out in the need for peer support.

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

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

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

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

RECOMMENDATIONS:

- Armed Forces charities should improve access to peer support for carers of veterans by building relationships with local carers groups and carers forums, and further developing community outreach from care homes with a substantial veteran population.
- Armed Forces charities should work with the MoD to improve access to peer support networks for serving carers including attending MoD networks such as the Armed Forces Chronic Conditions and Disability in Defence (CanDiD) network to improve awareness of peer support networks.
- All statutory bodies and those delivering statutory services should routinely ask and record whether all patients and clients are a member of the Armed Forces community and if they have caring responsibilities.
- Local Authorities in England should urgently act upon NHS England's recommendation to consider how carers from the Armed Forces community can be supported in local carers' strategies, including how they can be encouraged to access support and take up a carer's assessment.
- NHS England should review its veteran GP accreditation scheme to reflect the needs of those who care for veterans, ensuring they are covered and understood by GPs.
- Greater awareness of the support needs of carers in the Armed Forces community should be incorporated into Health Education England's online module, 'NHS Healthcare for the Armed Forces', which should be updated and made mandatory for all partners in Integrated Care Systems.
- The MoD should engage CanDiD, AFPPV, and FANDF in the development of a robust carers policy, as well as in measures to reflect carer needs in accommodation and childcare policy.
- All three Services should provide training for welfare staff (including in their induction process) on the impact of caring responsibilities and the requirements of unpaid carers in the serving community.
- Single Services' medical discharge policy should ensure that all personnel being medically discharged and their families are offered an assessment of whether they may be impacted by potential caring responsibilities at the point of medical discharge and are aware of carer entitlements and support, including how to access a carer's assessment once transitioned.

Access to benefits and compensation

There is a clear need for improved awareness of entitlement to Carers Allowance and military compensation among carers in the Armed Forces community. Only 38% of carer respondents to our survey have ever received or applied for Carers Allowance. Research participants also perceived a gap in the awarding of military compensation, with a substantially larger proportion of participants believing military service was the cause of a health condition than those who claimed any benefits or compensation because of a health condition related to their military service.

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

Research indicates that veterans can find the social security system complex and difficult to navigate,⁹ particularly when it interacts with the military compensation system

for injuries or illness caused by Service.¹⁰ Given the prevalence of unpaid caring responsibilities, information about Carers Allowance and other benefits linked to care needs should be provided in the resettlement support process.

RECOMMENDATIONS:

- The MoD should provide information about and increase awareness of the social security system, including Carers Allowance, in the resettlement support process for people leaving the Armed Forces.
- Veterans UK should improve awareness of the military compensation process and available support to carers of veterans, linking into opportunities for signposting such as carer’s assessments and identification of carers in NHS England.





Registered address: Royal British Legion, Haig House, 199 Borough High St, London SE1 1AA
Registered charity number: 219279