Supporting ALL to Thrive

SUPPORTING ALL TO THRIVE:

Understanding the educational opportunities, experiences and outcomes of children with additional educational needs from UK Armed Forces Families.

Full Report

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Ministry of Defence

Supporting All to Thrive: Foreword

I am honoured to write this Foreword following the untimely death of Professor Nicola Fear CBE. We remember Nicola with gratitude for her wisdom and her commitment to Armed Forces families.

This study sought to understand the complex, nuanced challenges faced by Armed Forces families caring for a child with additional needs within the context of UK-wide concerns about the growing number of children from all backgrounds experiencing serious shortfalls in support. This report vividly highlights the struggles all parents face and documents the unique interplay of additional difficulties experienced by Armed Forces families as they seek the best possible support.

Concerns about Service children with additional needs are not new. For over twenty years attention has been drawn to the disadvantages they experience, especially as a result of disruptions in their education. Importantly, this study looked beyond educational outcomes to determine the multiple factors that enable or hinder the ability of Service children with additional needs to thrive. The findings are both heartening and harrowing.

The innovative collection and analyses of high-level educational data, in-depth surveys and art-based activities not only reinforce previous research findings, but also provide a much deeper understanding of a complex web of policies and practices impacting military families. The tensions for these families are real, often poorly understood, and not easily resolved: while mobility, deployments and uncertainty characterise military life, stability, consistency and predictability are critical for the wellbeing of children with additional needs. Understanding and mitigating these tensions at all levels in Defence is vital.

The learning from this study requires Defence, UK governments and the third sector to work in partnership, to appreciate the specific challenges for children with additional needs, and to ensure that they and their parents receive appropriate and consistent emotional, practical and compassionate support.

At a time of increasing geo-political uncertainty and high operational demands, the 49 recommendations should be taken seriously. They offer a significant opportunity to embed a ‘think family’ approach across Defence to ensure that Serving personnel and their families are at the heart of joined-up decision-making and service delivery.

More research is always needed, including hearing directly from children with additional needs and their siblings about how they can be supported and proud to grow up in a military family.

This report should be essential reading for all those striving to support everyone in the Armed Forces to thrive while promoting war-readiness operational capability.

Emeritus Professor Janet Walker OBE

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Front cover drawing: Part of an image created by a Service parent who participated in Strand 3 of the research project

Acknowledgements

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Steering Group members

Chair: Professor Nicola Fear, CBE

Lorna Beard, National Association for Special Educational Needs

Matt Blyton, Garrison Assist Project

Philip Dent, SCiP Alliance

Ed Harris, Armed Forces Families Safeguarding Team

Rebecca Lovell, Naval Families Federation

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Karen Ross, Army Families Federation

Alexandra Stokes, RAF Families Federation

Jenny Ward, Naval Families Federation

Ethics and Clearance

The analysis of Strand 1 was undertaken in the Office for National Statistics (ONS) Secure Research Service using SPSS (DSAP 2003865). We have been given clearance to share the contents of this report by the Secure Research Service and the Department for Education. Note: This work used data from the ONS and other owners and does not imply the endorsement of the ONS or other data owners. This work uses research datasets[1] which may not exactly reproduce National Statistics aggregates.

The Supporting All to Thrive study received full ethical approval from the Ministry of Defence Research Ethics Committee (Protocol 2316/MODREC/24) and Oxford Brookes University Research Ethics Committee. It was conducted in accordance with the highest standards of research ethics, as set out in the Ministry of Defence Policy for Research Involving Human Participants[2], the British Psychological Society's Code of Ethics and Conduct[3], and Oxford Brookes University's Research Ethics Code of Practice[4]. A values-led, structured, reflective approach to ethics[5] underpinned the ethics protocol.

1 National Pupil Database - The Office of Qualifications and Examinations Regulation; Department for Education, released 17 January 2022, ONS SRS Metadata Catalogue, dataset, GRading and Admissions Data England-Ofqual-DfE, https://doi.org/10.57906/4phz-dq28. N.B. Statistical data from ONS is Crown Copyright

2 Ministry of Defence, 2014

3 British Psychological Society, 2021

4 Oxford Brookes University, 2020

5 Brydon-Miller et al., 2015

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Abbreviations in this report

ADHD	Attention Deficit Hyperactivity Disorder
ALN	Additional Learning Needs (Wales)
ASD	Autism Spectrum Disorder
ASL	Additional Support for Learning (Scotland)
ASN	Additional Support Needs (Scotland)
CAMHS	Child and Adolescent Mental Health Services
CEA	Continuity of Education Allowance
CSP	Co-ordinated Support Plan (Scotland)
DfE	Department for Education (England)
EAT	Education Advisory Team
EHCP	Education, Health and Care Plan
ELSA	Emotional Literacy Support Assistant
ERSA	Emotionally Related School Avoidance
FII	Fabricated or Induced Illness
FSM	Free School Meals
GCSE	General Certificate of Secondary Education
GP	General Practitioner (doctor)
IDACI	Income Deprivation Affecting Children Index
IEP	Individual Education Plan (Northern Ireland)
JPA	Joint Personnel Administration
JSP	Joint Service Publication
LA	Local Authority
MOD	Ministry of Defence
NASEN	National Association for Special Educational Needs
NPD	National Pupil Database
ONS	Office for National Statistics
PTSD	Post-Traumatic Stress Disorder
RAF	Royal Air Force
RFA	Royal Fleet Auxiliary
RN/RM	Royal Navy/Royal Marines
SCAN	Service Children's Assessment of Need
SCiP	Service Children's Progression Alliance
SEMH	Social, Emotional and Mental Health
SEN	Special Educational Needs (Northern Ireland)
SEND	Special Educational Needs and Disability (England)
Sp & L	Speech and Language
SES	Socio-Economic Status
SPSS	Statistical Package for the Social Sciences
SRS	Secure Research Service

Executive Summary

Background

Barely a week goes by without headlines drawing attention to the additional needs 'crisis' in the UK. With rising demand for provision, over-stretched and under-resourced local authorities, staffing problems, insufficient specialist provision and long waiting lists for assessment and support, it is widely recognised that many children with additional needs are failed by systems incapable of supporting them[6]. While policymakers are concerned about the sustainability of current provision, many parents have lost trust in systems and professionals.

Armed Forces families with children who have additional needs must not only navigate this 'perfect storm' of interconnected challenges, but also the realities of military life. It is necessary to understand how Service children with additional needs are faring educationally, what is working or not, and what they need to be able to thrive. The Supporting All to Thrive project is the first to examine the educational attainment of Service children with additional needs, compared with their non-Service peers, alongside an in-depth investigation of the factors that support or prevent their thriving.

Methods

We approached this research in three ways (Figure 1), which allowed us to generate a robust statistical understanding of the patterns of children's attainment alongside a rich and nuanced understanding of children's educational experiences and the contexts that shape them.

Figure 1: Three strands of the Supporting All to Thrive Project

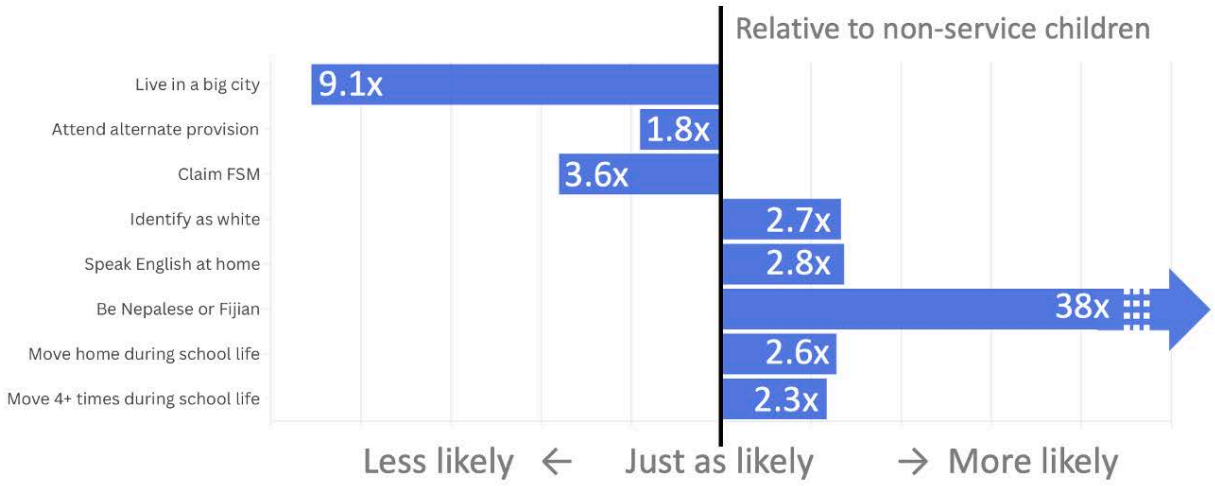
Strand 1: National Pupil Database (NPD) Analysis (English database)	Strand 2: Survey	Strand 3: Art workshops
To examine the educational outcomes of Service children with Special Educational Needs and Disability (SEND) and compare it to the attainment of other groups of children.	To compare Service and non-Service parents'/carers' views of their children's educational provision, experiences and thriving, and to investigate the factors supporting or hindering children's thriving	To gain a rich, in-depth and nuanced understanding of families' and children's lived experiences, challenges and successes, and to investigate the factors supporting or hindering children's thriving

Headline findings

- **Characteristics of Service children:** Our analyses of NPD data showed that Service children have characteristics that set them apart from other children in England (Figure 2). In particular, they are more likely to identify as White British, less likely to live in cities and are more mobile than non-Service children. All of these factors are found to influence educational attainment and, because they are more common in Service children, their effects will be more pronounced.

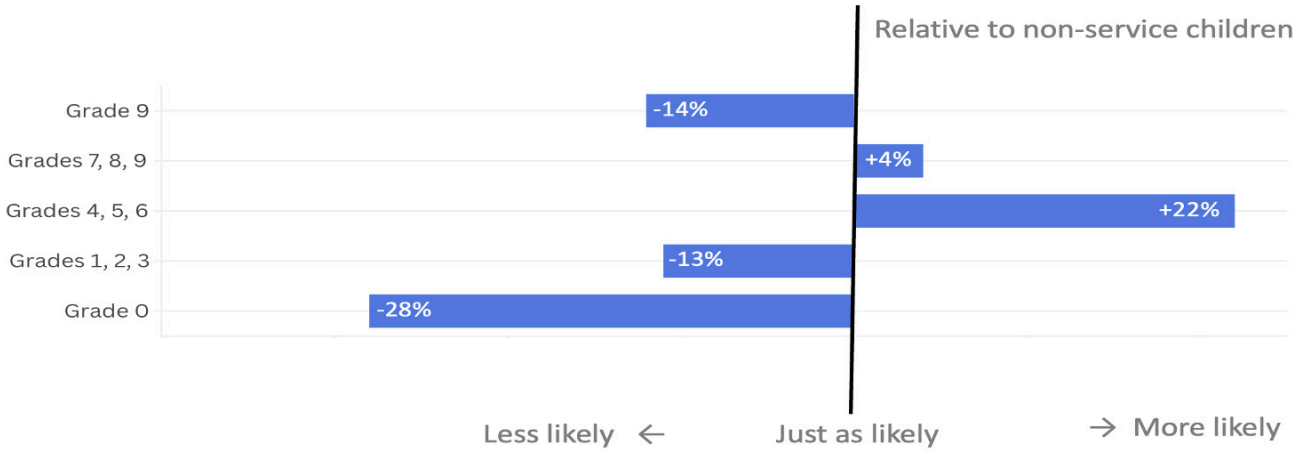
6 See, for example, Department for Education & Department for Health and Social Care, 2022; Estyn (2024); Institute for Fiscal Studies, 2025; Scottish Parliament, 2023

Figure 2: Chart summarising characteristics of Service children relative to non-Service children



- **Additional needs characteristics:** NPD data analysis suggested that Service children were more likely to be identified by their schools as having Autism Spectrum Disorder (ASD) than their non-Service peers. Analysis of parents' survey responses suggested that Service children were more likely to have a diagnosed additional need than non-Service children but were less likely to have received a diagnosis of ADHD.
- **Attainment:** Analysis of NPD attainment data suggested that Service children achieved marginally higher 'Attainment 8' scores in GCSEs than non-Service children when factors such as prior attainment, children's care status, and differences between schools were controlled for. However, when focusing on grades attained, Service children were significantly more likely to achieve average grades at GCSE and less likely to achieve very high or very low grades (Figure 3). These findings suggest that when children most at risk of academic failure are identified and supported, their outcomes are improved, but that for some there is also a risk of missed potential and the possibility of reduced post-16 and higher education opportunities.

Figure 3: Chart summarising Service children's GCSE grade levels relative to non-Service controls



- **Special Educational Needs and Disabilities (SEND):** On average, the NPD data revealed that Service children who had received SEND support in school, or who had an Education, Health and Care Plan (EHCP) or who had attended special school performed significantly better than their non-Service counterparts who had received SEND support.

- **NPD variation in attainment:** SEND and a high level of mobility were both found to be associated with more variable educational outcomes in Service children. This indicates that although additional support is working for some children with these characteristics, many Service children do not benefit from this assistance.
- **Effort and cost to parents:** Analysis of the qualitative data from Strands 2 and 3 of the research demonstrates the heavy burdens on parents of navigating disconnected and poorly functioning additional needs systems within the context and culture of Armed Forces Service, particularly the requirement for mobility. It highlights families' relentless efforts to support their children not only to thrive but also to achieve basic access to education, and the personal costs of those efforts. These strands of the research also provide detailed insight into policies and practices that support or hinder children's thriving.
- **Waiting times:** Service parents reported longer waiting times for support plans such as EHCPs or statements for their children, with 20% of Service vs 14% of non-Service survey respondents reporting waits of longer than 1 year. Service children in the survey sample were also reported as more likely to have had more than one plan than their non-Service counterparts.
- **Retention:** Nearly 40% of Service parents who answered a question from the Strand 2 survey on their retention intentions indicated that they were considering leaving the Armed Forces, and for 62% of those parents, their children's additional needs would be the main reason for leaving or would strongly influence their decision to leave.
- **Parents' views:** Analysis of survey data showed that Service respondents consistently reported lower satisfaction with all aspects of their children's current educational provision than non-Service parents and were more likely to be home-schooling their children[7]. They also consistently reported lower satisfaction than non-Service parents with the handling of their children's school moves.
- **Access versus quality:** Service parents who responded to a survey question about the factors that supported or hindered their child's educational thriving commonly cited aspects of access to appropriate educational provision, while non-Service parents commonly cited aspects of the quality of provision within their children's educational settings. These findings suggest that Service children may face disadvantage at a more foundational level than non-Service children.

Summary of key findings from qualitative strands

We first highlight our research findings on the impacts on children of living with additional needs and the impacts on parents of caring for children with additional needs. While the focus of these first two sections is not solely on Service children, we include these findings here because parents reported a lack of understanding of additional needs from the many people and organisations they regularly interacted with, including both military personnel and education professionals. Understanding these common challenges also provides a baseline for a clearer examination of the unique experiences of supporting Service children to thrive. The following sections report on the impact on children of Armed Forces life and living with additional needs, and the impact on parents of caring for children with additional needs within the Armed Forces context.

The impact on children of having additional needs

Children with additional needs are a diverse group with complex combinations of ever-changing conditions. Reflecting this complexity, 80% of survey respondents reported that their child had more than one area of need, and 64% identified three or more areas. The most common needs were Autism Spectrum Disorder (ASD), Social, Emotional and Mental Health (SEMH), Attention Deficit Hyperactivity Disorder (ADHD) and

7 Please note that because of the low numbers within the dataset of children being home-schooled, this finding represents only the survey sample and cannot be generalised across the wider population.

Communication and Interaction; however, a wide range of needs was reported, including physical disability, medical conditions, hearing and visual impairments, sleep disorders and Post-Traumatic Stress Disorder (PTSD).

Children's physical and emotional safety was a high priority among parents sampled. Some children had serious medical conditions which needed intrusive medical procedures and full-time care. Others lacked awareness of danger or were socially isolated. Some had severe mental health conditions, and some were bullied.

Parents often reported that their children with additional needs struggled in mainstream education, with standardised curricula, an emphasis on testing, lack of support and inflexible behaviour policies which sometimes led to inappropriate punishment. Sensory overload was a commonly identified issue for neurodiverse children and sometimes made even the most supportive settings challenging.

Many parents described neurodiverse children using masking to cope with the demands of school, which led to exhaustion, severe meltdowns, usually at home, and sometimes mental health crises. Some parents also expressed the view that masking hindered accurate diagnosis and provision of support. For many children, the distress from these challenges resulted in school refusal. While there is theoretical debate over the necessity of labels, in practice, parents told us that diagnoses of additional needs were needed to unlock support for their children.

Some children were considered by their parents to be thriving in both specialist and mainstream settings where teachers were compassionate, developed positive relationships with children, tailored support to individuals, based their practices on an in-depth understanding of children's individual needs, and collaborated with parents. In some cases, medication was beneficial to children, allowing them to re-engage with education and to thrive.

The impact on parents of caring for children with additional needs

Parents described understanding and managing their children's needs as a lifelong journey, full of unexpected hurdles as their children grew and circumstances changed. In the early stages they had little understanding of what was ahead. With little easily available information, parents described stumbling unsupported in the dark as they tried to 'figure out' how to parent their children and overcome obstacles.

Many parents reported being dismissed or judged by education and health professionals and felt that their concerns were not taken seriously. They were often told they were over-anxious, that their child was fine or that their parenting skills were to blame. Reports of negative judgement and stigma from other parents or the public were also very common and prevented some parents from taking their children out, increasing social isolation for the whole family.

Parents had to learn to cope with children's 24-hour care or challenging behaviours and to manage their own emotional reactions, often to the point of physical and emotional exhaustion. They reported often being unable to access respite care because of the severity of their children's needs or the lack of available carers.

Many parents had given up their careers to manage their child's needs, leading to a single-income household with strained finances and reduced long-term aspirations. For some, this had resulted in a loss of personal fulfilment and a decline in professional skills.

Unacceptably long waiting lists for assessments and support, difficulty in accessing support, a lack of information and dysfunctional and disconnected organisations were key challenges reported by families. Parents described being compelled to 'battle' constantly for the support their children needed. There was a strong feeling that local authorities failed to consider children's wellbeing and denied or delayed support to save money. This was common across the sample, regardless of where the parents were located in the UK.

Dealing simultaneously with multiple practical and emotional challenges was described as a back-breaking burden that negatively affected many parents' mental health. The combination of challenges, exhaustion

and stress often put a strain on parents' marriages. Seeing children's positive outcomes, support from professionals, friends and work, a positive outlook and holidays provided a certain relief for some.

The reality of caring for a child with additional needs was summarised by one parent: *"We've got depression, anxiety, PTSD from [medical emergencies], therapy, pills, exhaustion, distance, no social life, overwhelmed, alone, skint. And that's the reality of living with a child with SEND, I think."*

Armed Forces life and living with additional needs: The impact on children

The impact of frequent moves

The NPD data confirms that Service children are significantly more likely to move home than their non-Service peers, while the survey responses indicated that they are more likely to move between different local authorities and countries within the UK and internationally.

For children with additional needs, especially neurodiverse children who thrive on stability, our data shows that moves can be highly challenging. New environments, social groups, carers and educators and unpredictable routines and expectations were reported as leading to increased anxiety, stress-related behaviours and feelings of isolation.

When a child moves, it takes time for the new educational setting to get to know them and their needs. Parents reported that this process can be lengthy, and if children are partway through assessments when a parent is posted, diagnoses and support may be delayed further. For children who move frequently, support may not be in place before they have to move again.

The impact of posting announcements

The period of uncertainty between a posting being announced and the move actually happening was reported as a significant source of anxiety for children with additional needs. This period of uncertainty was associated with challenging behaviours at home and at school. Even seemingly minor changes such as a new school uniform were mentioned as a source of anxiety for children with sensory sensitivities. Moves can also trigger emotional distress, particularly for adopted children who may need additional reassurance due to their personal histories.

The impacts of deployment

Parents described the impact of deployment on their children, some reporting a detrimental impact on a child's relationship with their deployed parent. Some children may struggle to understand the absence and can feel intense distress, while others may show a withdrawal of affection as a self-protective mechanism. Anxiety arising from a parent's deployment may be difficult for some children to articulate and can lead to challenging behaviours, even affecting some children's school attendance. Schools may punish the child without understanding the underlying reasons for their behaviour. Conversely, schools may attribute children's behaviours solely to deployment without investigating potential underlying issues, delaying appropriate assessment and support.

Changes in routine associated with deployment were described as challenging for children with additional needs, especially neurodiverse children who often benefit from stability and predictability. Uncertainty around dates of deployment is also a source of anxiety for children and parents reported that last minute changes can be deeply distressing for children.

Impacts of parental return from deployment

Participants reported that the return of a deployed parent can also be a difficult adjustment as the parent is required to shift from a 'military mindset' to connect emotionally with their child. This can lead to post-deployment conflict and, in extreme cases, lasting damage to the parent-child relationship.

The impacts of parental PTSD

The research provides evidence that some children witness a parent's PTSD-related behaviours, such as anger outbursts, which parents reported as distressing and sometimes confusing. Given that parents also described the difficulties their neurodiverse children had in 'reading' other people's behaviours, expressions and intentions, as well as articulating their own emotions and needs, we suggest that coping with parental PTSD may be particularly challenging for neurodiverse children. While PTSD is not only associated with Service life and can be sparked by events such as witnessing a child's medical emergencies, some parents claimed it may be under-reported by Service members for fear of jeopardising their career opportunities. Such findings may point to more Service children who may be living with a parent's PTSD or adopting a caring role than is commonly assumed.

Pride in Armed Forces Service

Despite considerable challenges, some parents reported that their children's pride in being a Service child had a positive effect on their long-term well-being. Parents noted that school events that celebrated Service families, especially in collaboration with their local military base, supported their children's sense of pride and validated their identity.

Caring for children with additional needs within the Armed Forces context

Securing support in a fragmented system

Parents reported facing significant challenges when moving due to the fragmented nature of support systems. They described that local authorities have differing practices, with some accepting support plans from other areas and others rejecting them. This often means families must restart the lengthy, complex and arduous process of assessments and securing healthcare and educational support with each move.

Compared with their non-Service counterparts, Service parents in our project were consistently less satisfied with all aspects of their children's educational provision and their experiences of school moves. They were predominantly concerned with securing appropriate educational provision for their children, while non-Service parents' concerns related more to quality of provision, such as class sizes and tailored support. While both Service and non-Service respondents valued a positive educational environment, Service families prioritised the steps required to make it a reality for their children. This, we suggest, is a matter of equity. These findings suggest that Service children with additional needs may face disadvantage at a more foundational level than their non-Service peers.

The constant battle for support

All Service families described their lives as a constant battle with various systems (education, healthcare, and local authorities). The frequency and complexity of these conflicts were intensified by repeated moves. Parents described these battles as emotionally and physically exhausting, and even harder when a serving parent was deployed, leaving the at-home parent to fight alone. A parent's absence from meetings due to deployment was sometimes also misinterpreted by decision-makers as a lack of a 'united front,' further weakening the family's position.

Parents frequently described the immense pressure of constant *"plate-spinning"*. This was especially the case during moves when they were managing multiple complex challenges simultaneously, from arranging removals and transferring support plans to handling the emotional stress on their children.

Despite the Armed Forces Covenant promises, Service parents often recounted experiences of disadvantage, repeated each time they moved. Local Authorities (LAs) frequently mishandled cases by failing to allocate school places, delaying support, and unlawfully denying or delaying help until threatened with court action. Some parents reported being told by LAs that they needed to prioritise their 'constituents' and expressed the view that LAs sometimes knowingly used stalling tactics until they were posted on again. Parents felt that LAs prioritised budgets rather than children's well-being. Of all the LAs mentioned by parents, none were reported as having consistently good practice.

Lack of continuity across providers

Parents reported that LA practices often resulted in a severe lack of continuity in both educational and healthcare support when their families moved. This was the case whether returning to the UK from overseas, moving between the different nations of the UK, or even moving within the same country. Some children were left without educational provision for extended periods and were at risk of losing access to vital medical support and medication. This suggests a systemic and UK-wide problem with disconnected systems, rather than isolated incidents of mishandled cases.

Stigma and misconceptions

Some parents felt that military families were misunderstood, overlooked and stigmatised. While teachers at schools with higher proportions of Service children were often described as well-informed about the impact of military life, others were criticised for a lack of understanding. Misconceptions about Service life, it was thought, sometimes led to children's needs being overlooked. Some schools were also perceived as deprioritising transient Service children, with some school staff reported as assuming families had access to military funding for support.

Unsupportive military culture and variable practice

Parents also reported a lack of support from within the Armed Forces as an institution. Some felt that the military had a rigid, one-size-fits-all approach to policy development and there was an unaccommodating and unhelpful *"suck it up, buttercup"* mentality. The research provides both quantitative and qualitative evidence that a lack of consideration for the needs of children with additional needs was a key factor in some Service personnel considering leaving the Armed Forces.

The research highlights a tension between military policies and their varied interpretation by individuals in positions of authority. The level of support a family received was often felt to be dependent on the discretion and empathy of the chain of command. Families described the positive difference supportive managers could have on families' outcomes, offering flexibility and understanding, whereas unsupportive managers were reported to severely jeopardise individuals' well-being and a Service member's career. How well individuals felt they were treated also affected their attitudes towards the Armed Forces as an institution and even their career decisions.

Rank and access to support

Parents observed that rank seems to play a role in a Service member's ability to advocate for their family. Lower-ranking personnel often lacked the confidence or security to ask for help or request time off to attend children's appointments, fearing it could harm their career prospects. Higher-ranking personnel, with more autonomy and stability, felt they were in a better position to prioritise their family's needs.

Housing issues

Despite recognition of the benefits of Service Family Accommodation, housing was often cited as a source of anxiety and dissatisfaction. Slow housing decisions often delayed parents' ability to secure educational provision for their child, especially when they were competing for specialist places. Not knowing their future address, with the possibility of being allocated housing in a wide geographical area, prevented them from applying to schools, while local authorities would often decline to engage with families until they had actually moved. Parents described sometimes having to re-prove their entitlement to a house that met their children's needs. Re-assessments created additional stress and financial costs for families. Some families described trying to retain their adapted Service Family Accommodation to ensure continuity of provision for their children when a partner was posted elsewhere, but reported they often received *"anxiety-inducing"* eviction notices that left them feeling unsupported and misunderstood.

Welfare support

While some families in our project recounted very positive experiences with Welfare services, finding local officers helpful in building support networks, many more were reluctant to use Welfare. A recurring theme was a culture of taboo and stigma that discouraged parents from contacting Welfare, with families fearing being labelled as *"Welfare families"*. Parents reported their strong concern that Welfare is not separate enough from the chain of command, leading to a fear that personal information could jeopardise a Service member's professional reputation and promotion opportunities. Participants reported that Welfare staff often had a generalist role with minimal training on additional needs. Parents thought that this lack of expertise meant the Welfare Staff may not fully understand the complexities of the system or the urgency of the family's needs.

Paperwork frictions

Despite policies to register children's additional needs on the Joint Personnel Administration (JPA) file to aid in posting decisions, parents described difficulties in doing so and voiced a reluctance to complete the necessary forms due to the fear of judgment. This reluctance could have unintended consequences, where families with children with unregistered needs may receive unfavourable posting and housing decisions.

Parental advocacy and stress

Parents repeatedly described themselves as *"mini-lawyers," "researchers,"* and record-keepers. They took it upon themselves to research legal entitlements, assemble tribunal cases, and even write their children's Education, Health and Care Plans (EHCPs) to overcome systemic delays and push for the support their children needed. Many families used considerable financial resources to secure private assessments, pay for independent schooling or hire solicitors. Some commuted long distances to their child's school or even home-educated their children for want of suitable provision.

Several participants explained that the time and effort required for tasks such as home-schooling, commuting long distances to a suitable school or constant advocacy and administration often led to the non-serving partner sacrificing their own career.

Family or career?

The cumulative stress of these battles often reportedly pushed families to a *"tipping point,"* particularly when faced with a new posting. **They described having to choose between several difficult options, each with significant costs:**

1. Moving as a family and battling for support and school places, with the risk of not finding suitable educational provision, but the opportunity for the Service person to promote;
2. Going 'married unaccompanied' (i.e. retaining a permanent family home while the serving parents lives away at their posting) to maintain continuity of educational and healthcare support, as well as promotion opportunities, but also adding to the caring burden for the at-home parent and potentially increasing stress and loneliness;
3. Placing a child in boarding school. Some parents reported this enabled their children to thrive. Boarding school education was not an option all families considered suitable and some parents were concerned that there was no guarantee that a boarding school could provide consistent additional needs support;
4. 'Staying Put' where possible, often perceived as sacrificing the Service parent's career progression and financial benefits, but providing educational continuity;
5. Leaving the Armed Forces: For some families, this was felt to be the only remaining option to secure a stable and supportive educational environment and to preserve parents' ability to advocate for and care for their children.

Summary

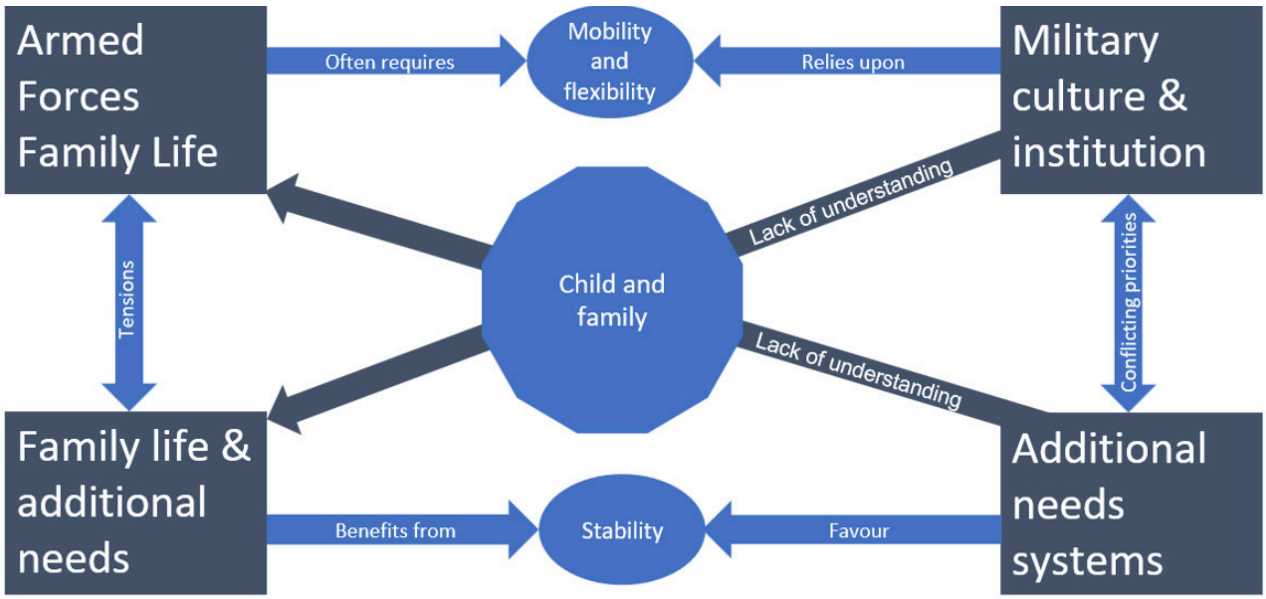
The lives of Armed Forces families with children who have additional needs in our project were shaped in complex ways within four contexts:

1. the realities of living with additional needs;
2. the current disjointed and dysfunctional additional needs systems in the UK;
3. the military as an institution and culture; and
4. the realities of Armed Forces family life.

Each of these contexts presented specific challenges in itself, but the fundamental tensions between them can mean that children with additional needs, their parents and their siblings often found themselves 'stuck in the middle' of conflicting policies and systems with inadequate support.

A key source of tension lies in the conflict between the military's need for the **mobility** of Service personnel and the **stability** that benefits children with additional needs. As an institution that must respond to ever-changing events, the military relies on serving personnel being able to move or deploy swiftly within the UK or overseas. Armed Forces family life, therefore, often means being mobile and capable of adapting to change. However, children with additional needs often require consistent routines, predictable environments and familiar, solid support networks. Additionally, UK health and educational support systems, even when working correctly, favour those who are not mobile. A family's ability to access support is often contingent on their ability to stay in one place, which is rarely compatible with the military lifestyle. Added to that, parents commented on a lack of understanding within non-military organisations of Armed Forces family life, and a lack of understanding within the military of the lives of families with additional needs. See Figure 4 for a visual representation of these conflicts. All these conflicting needs and priorities created significant challenges in all aspects of family life.

Figure 4: Visual representation of tensions between four contexts of Service family life with additional needs



Report

Introduction and background to the research project

UK Service families with a dependent who has additional needs have been described as an at-risk, 'forgotten sub-population'[8] in need of urgent research. The Supporting All to Thrive study aimed to provide a clear picture of the educational outcomes of Service children with additional needs, linked to a nuanced understanding of the dynamics and complexities characterising their educational opportunities, trajectories and experiences.

The challenging landscape of additional needs provision across the four nations of the UK

Previous research is clear that caring for a child with additional needs can be challenging for any family, especially in the context of pressures on provision across the UK. In England, just under 20% of all pupils are identified as having Special Educational Needs[9]. Yet a 'vicious cycle of late intervention, low confidence and inefficient resource allocation' results in poor outcomes and educational experiences for these children[10]. A recent report warns that a 'lost generation of children could leave school without having received the help they need'[11]. With local authorities facing bankruptcy[12], rising numbers of children requiring specialist provision[13], unacceptably long waiting times for assessment and allocation of provision[14], teacher recruitment and retention difficulties[15] and insufficient specialist places[16], these are challenging times for children in England with SEND. Low parental confidence in local authority decisions is evidenced by the rising volume of tribunal appeals[17]. With parent success rates consistently exceeding 95%, tribunals incur substantial costs for both families and the public sector[18]. Urgent, radical reform of the English Special Educational Needs system has been recommended to improve provision and ensure financial sustainability[19].

In Wales, 11.2% of all school pupils in Wales receive Additional Learning Needs (ALN) provision[20]. A recent large-scale reform of ALN provision has been undertaken, with provision framed around inclusive mainstream education that is responsive to the needs of all children. Recent reviews indicate some good practice but inconsistencies in the transition to this new system, with a lack of 'joined up thinking' at policy and practice level about how the Curriculum for Wales and ALN reform work together[21].

In Northern Ireland, the proportion of children with Special Educational Needs (SEN) is approximately 19%[22]. The findings of Northern Ireland's Children's Commissioner's Review of Special Educational Needs provision[23] are summarised in its title 'Too Little, Too Late'. The review calls for a system-wide response to the fundamental weaknesses identified.

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8 Taylor-Beirne & Fear, 2021, p. 375

9 Public Accounts Committee, 2025

10 Department for Education & Department for Health and Social Care, 2022, p. 11

11 Public Accounts Committee, 2025, p.1

12 Sibieta & Snape, 2024; see also Brighouse, 2022

13 Sibieta & Snape, 2024

14 Department for Education, 2025a, Children's Commissioner, 2024

15 Hansard, 2023

16 Sibieta & Snape, 2024

17 Keer, 2024

18 Jemal & Kenley, 2023; Department for Education, 2017

19 National Audit Office, 2024; Sibieta & Snape, 2024

20 Welsh Government, 2024

21 Estyn, 2023

22 Northern Ireland Statistics and Research Association, 2024

23 NICCY, 2020

In Scotland, Additional Support for Learning (ASL) is defined more broadly than in the other three devolved nations, with over 40 per cent of Scottish pupils receiving ASL[24], many for short periods as appropriate to their changing needs, and mainly through mainstream provision. This figure is deemed unsustainable within current funding and educational planning[25]. The 2020 Morgan Review[26] identified that the implementation of ASL legislation 'is over-dependent on committed individuals, is fragmented, inconsistent and is not ensuring that all children and young people who need additional support are being supported to flourish and fulfil their potential.'

Covid-19 has also contributed to this bleak picture. Access to therapeutic services in the UK was severely disrupted, and evidence suggests that the pandemic had a predominantly negative effect on the mental health of children with additional needs, although a sizeable minority of children reported positive effects[27]. Persistent absence rates have doubled in England since the pandemic[28], and the number of children missing education has severely increased, with 149,900 children who were not registered at school or otherwise receiving suitable education, at any point during the 2023/24 academic year[29]. This figure has increased each year since data collection began.

The mobility disadvantage for Service children with additional needs

Prior evidence suggests that Service children with additional needs may face further educational disadvantage compared with their non-Service peers[30]. For mobile Service families, the above-mentioned challenges are exacerbated by a lack of geographical consistency in educational policy and practice[31], leading often to disrupted education[32]. Mobility can be challenging for all Service children, but for those with complex needs, transitions may prove additionally problematic: 'Children who are already very vulnerable as a result of their needs and the requirements of Service life become even more vulnerable as a result of a system which fails them'[33]. At any one time, at least 70-80 UK Service children are estimated to be out of formal education altogether[34], but the actual figures are unknown. Deployments or unaccompanied postings add an additional layer of challenge, often requiring a parent to manage the challenges of caring for a child with SEND alone. Evidence suggests that the combination of military life and caring for a child with disabilities places great strain on parents[35] and families.

Educational discontinuity for Service children with additional needs was highlighted as an existing problem as far back as 2006[36]. In 2008, the UK Government published a report that aimed to identify and prevent potential disadvantage to members of the Armed Forces, their families and Veterans due to their Service[37]. This triggered a research report, published by the Department for Education in 2010 with the purpose of identifying attainment gaps between Service children and their peers within government-maintained schools in England[38]. This investigation reported that Service children were disproportionately distributed through

24 Audit Scotland, 2025
25 Audit Scotland, 2025
26 Scottish Government, 2020
27 Paterson et al., 2024
28 House of Commons Education Committee, 2023
29 Department for Education, 2025b
30 Claridge, 2020; Walker et al., 2020
31 Sibieta & Snape, 2024
32 Claridge, 2020; Hall et al., 2022; Walker et al., 2020
33 Walker et al., 2020, p. 74; see also Rose, 2024 for teachers' views
34 Ed Harris, Personal communication, 20 May 2024
35 Russo & Fallon, 2015
36 House of Commons Defence Committee, 2006
37 Ministry of Defence, 2008
38 Department for Education, 2010

schools in England and were less likely to live in areas of deprivation. They were less likely to have SEN, although just as likely to be statemented. Finally, Service children experienced a higher level of mobility than their peers with 58% of Service children moving during Key Stage 2 (compared with 38% of their peers). The DfE reported that Service children performed at or above expected levels across KS1 and KS2 SATs and GCSEs, although the picture varied across local authorities. This apparent Service child advantage persisted even after controlling for prior attainment, demographic factors and mobility. However, the sample used for this research report was identified using the Service Child Indicator at a time when the indicator had only just been introduced to schools and it was known that most Service children were not yet included. This meant that the sample of Service children may have been drawn from a limited population of schools or parents and so conclusions may not be representative. For this reason, concerns have been raised about the validity of the perceived Service child advantage, stressing the importance of understanding the effects of mobility upon attainment across different subsets of children and ensuring that comparisons are made between similar demographic subsets, allowing a 'like-for-like' comparison.

Despite urgent recommendations in 2006 and 2013[39] that Service children's statements of additional educational needs should be accepted by all local authorities (LAs) across the UK, such policies are still not in place a generation later. Changes intended to remove disadvantage for mobile Service children were made to the English School Admissions Code in 2014. The English SEND Code of Practice (2015) has clear legal expectations on LAs regarding the transfer of children's Education, Health and Care Plans (EHCPs); namely, that when children move home across local authority boundaries, their EHCP should be transferred to the 'new' LA on the day of the move, where notice of the move has been given, or within 15 days from when the LA first becomes aware of the move, and that the LA must arrange the special educational provision set out in it[40]. There is no requirement, however, to translate plans from other countries, or the provision outlined within them, into EHCPs. The Welsh ALN Code of Practice[41] expects LAs to take account of Service children's previous plans, including those generated in other countries and the MOD's Service Children's Assessment of Need (SCAN); however, again there is no obligation to retain the provision outlined on those plans. The Scottish and Northern Irish Codes of Practice mention Armed Forces children as a group who may need additional support at times but do not refer to the carry-over of previous plans.

Since 2022, the Armed Forces Covenant Duty has obliged certain public bodies to pay due regard to the Armed Forces Covenant. Despite these measures, problems of discontinuity for Service children, especially those with additional needs, seem to remain unresolved. Service parents still report LAs refusing to accept previously issued documentation and describe 'battling' to get their children's educational needs met[42]. The extension of the Armed Forces Covenant Legal Duty to government departments[43] offers a timely opportunity to implement evidence-based policies, to ensure that current and future generations of Service children with additional needs are better served than previous generations, no matter where they live or whether they move.

The need for this research project

Academic research into the educational experiences of Service children with additional needs is sparse internationally[44] and almost non-existent in the UK[45]. Limited information is available on the prevalence and types of additional needs within the Service child population, and until now, little research has investigated the effects of the combination of military life and additional needs on UK Service children's educational

39 House of Commons Defence Committee, 2006; 2013

40 Department for Education and Department of Health, 2015, sections 9.157 and 10.57

41 Welsh Government, 2021

42 Claridge, 2020

43 Armed Forces Covenant, 2025

44 Aronson et al., 2016

45 Taylor-Beirne & Fear, 2021

experiences and attainment[46]. The findings of previous analyses of the attainment data of Service children in general have been inconclusive[47], while the attainment of Service children with additional needs has not previously been examined systematically. Two reports, *Living in our Shoes*[48] and *Families Fighting On*[49] highlight challenges faced by families with children with additional needs as part of their broader interests. This "Supporting All to Thrive" project is the first to focus specifically on the educational attainment of Service children with additional needs, compared with their non-Service peers, alongside an in-depth investigation of the factors that lead to them thriving or failing to thrive.

Aims

The Supporting All to Thrive project sought to generate a detailed understanding of additional needs prevalence and outcomes among Service children versus non-Service peers; an improved awareness of any distinct groups of children with additional needs who particularly thrive or struggle educationally; a better knowledge of factors affecting children's success; rich insights into families' and children's lived experiences, challenges and successes; and recommendations for strengthening policies and provision.

We asked the following research questions:

- How does the attainment of children with additional needs from Service families compare with the attainment of other groups of children? (Strand 1 below)
- What factors reportedly support children with additional needs from Service families to thrive or prevent them from thriving? (Strand 2 & 3 below)
- What are their parents' views of their educational provision and of the experience of navigating support systems? (Strand 2 & 3 below)
- How do Service and non-Service parents' views on their children's education differ, and what do they have in common? (Strand 2 below)

Of course, thriving educationally is far broader than academic attainment. In this research we take a holistic view of education, considering children's social and emotional thriving, their sense of belonging in a setting and their ability to pursue their interests. We learned about children's educational journeys over time as well as snapshots of how well they are thriving currently.

Education does not take place in a vacuum, and our qualitative findings in Strand 3 shed important light on the broader contexts within which children develop. We learned very early on in our research with parents that children's educational thriving is influenced in complex ways by many aspects of family life, such as health, housing, military culture and policies, support systems and policies, family dynamics, family financial and other resources and parents' careers. Led by the parents, we explored their experiences of trying to ensure their children's needs are met, as well as the impact on siblings of living with a brother or sister with additional needs in an Armed Forces family. We learned not only about the challenges, but also about what appears to be working well for those children and families.

46 Taylor-Beirne & Fear, 2021

47 Walker et al., 2020

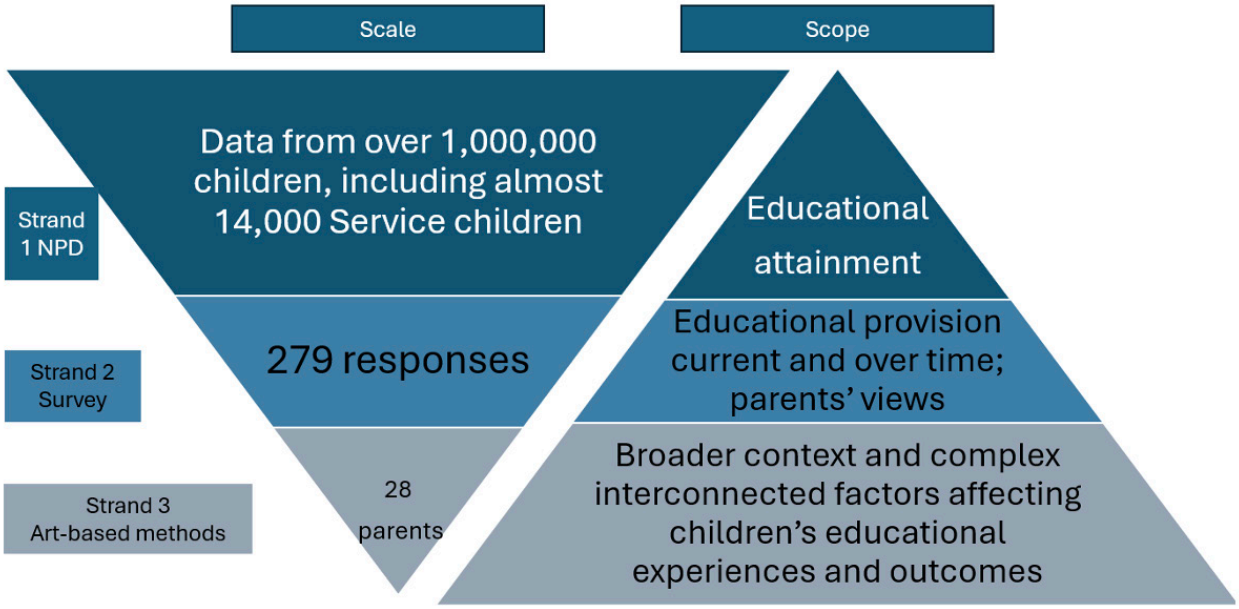
48 Walker et al., 2020

49 Claridge, 2020

Methods

The project used mixed methods, enabling us to address the research questions at different scales and with different scope (see Figure 5).

Figure 5: Scale and scope of different methods



Strand 1

Strand 1 of the Supporting All to Thrive project addressed the question 'How does the attainment of children with additional needs from Armed Forces families compare with the attainment of other groups of children?' through analysis of data from the National Pupil Database (NPD)[50]. Our analyses focused upon the attainment at GCSE[51] of children who finished secondary education in the summer of 2018 or 2019. These two years were selected because examinations were administered in the usual manner before the COVID-19 pandemic.

National Pupil Database (NPD)

The NPD is a Department for Education store of attainment data for all children who attend schools and colleges in England, as well as other datasets. It includes individual- and school-level information about pupils[52]. The NPD is provided by the Office for National Statistics (ONS) and administered by the Secure Research Service (SRS). The data used originate from several sources, including schools (through the termly School Census), exam awarding bodies and local authorities.

Within the NPD, the primary special educational need of each pupil is recorded by the school in one of the following 12 groups:

- Physical Disability (PD)
- Hearing impairment (HI)
- Visual impairment (VI)
- Multi-sensory impairment (MSI)

50 At present it is not possible to conduct similar in-depth analyses of Service children's attainment data in Northern Ireland, Scotland or Wales because the data are unavailable.

51 General Certificate of Secondary Education, England

52 Department for Education, 2016

- Profound and Multiple Learning Difficulties (PMLD)
- Severe Learning Difficulties (SLD)
- Moderate Learning Difficulties (MLD)
- Specific Learning Difficulties (SPLD, encompassing persistent impairments in reading, written expression and/or maths)
- Speech, Language, Communication Disorders (SLCD)
- Autism Spectrum Disorder (ASD)
- Social, Emotional and Mental Health difficulties (SEMH)
- and other, unspecified, difficulties[53]

The NPD also includes a Service Child Indicator (SCI). To have Service child status, a child needs to be between Year R (aged 4 years) and Year 11 (aged 16 years), with at least one parent serving in the regular Armed Forces (or who has left Service within the last 6 years), or as a full-time Reservist or a parent who has died in Service, or a child with a parent in the armed forces of another nation but stationed in England. This school-recorded flag enables the government to calculate Service Pupil Premium (SPP) payments to schools, primarily to fund pastoral support for Service children. Schools may only record a child's Service status on the school census if the information has come from their parent, guardian or the child[54].

In total, the NPD included 1,199,282 children who took their GCSEs in 2018 or 2019 (589,024 who took GCSEs in 2018 and 610,258 who took GCSEs in 2019). The children attended 1,111 educational establishments in England spread across 152 local authorities. The ratio of males to females was consistent across year groups (48.7% female for both 2018 and 2019 cohorts).

This sample included a total of 13,986 who were identified by a positive Service Child Indicator within at least 1 year of their school life (1.17% of total cohort). Of these, 7,986 children (0.7% of total cohort and 57.1% of the total Service Child Indicators) carried a Service Child Indicator in their GCSE year. Only 1,275 children retained a positive Service Child Indicator across all 11 years of their school life (9.1% of those with a positive Service Child Indicator and 0.1% of the total cohort). On average, children kept the Service Child Indicator for 5.53 of their 11 years of education.

Educational Outcomes

To investigate the effects of Service life and SEND upon educational attainment, two broad outcomes of attainment were considered:

- Attainment 8 score. This is a cumulative quantitative score across a child's best 8 GCSEs. The grade attained in maths is double-weighted and English is also double-weighted if both English language and English literature are taken. The score must include three grades from EBacc subjects (sciences, history, geography or languages). The highest achievable Attainment 8 score is therefore 90 (grade 9 across all 8 subjects with maths and English double counted). The higher the score, the higher the average attainment of the pupil.

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53 Since the absolute numbers of children with Profound and Multiple Learning Difficulties (PMLD), and Severe Learning Difficulties (SLD) were small, for analysis in our study we merged these two groups into a single category 'Severe or Profound and Multiple Learning Difficulties' (SPMLD). Similarly, we combined the three groups Hearing Impairment, Visual Impairment and Multi-Sensory Impairment into a single new group 'Sensory Impairment'. These changes resulted in 9 special needs groupings in total. Please note that Attention-Deficit Hyperactivity Disorder (ADHD) is not included as a category in the NPD.

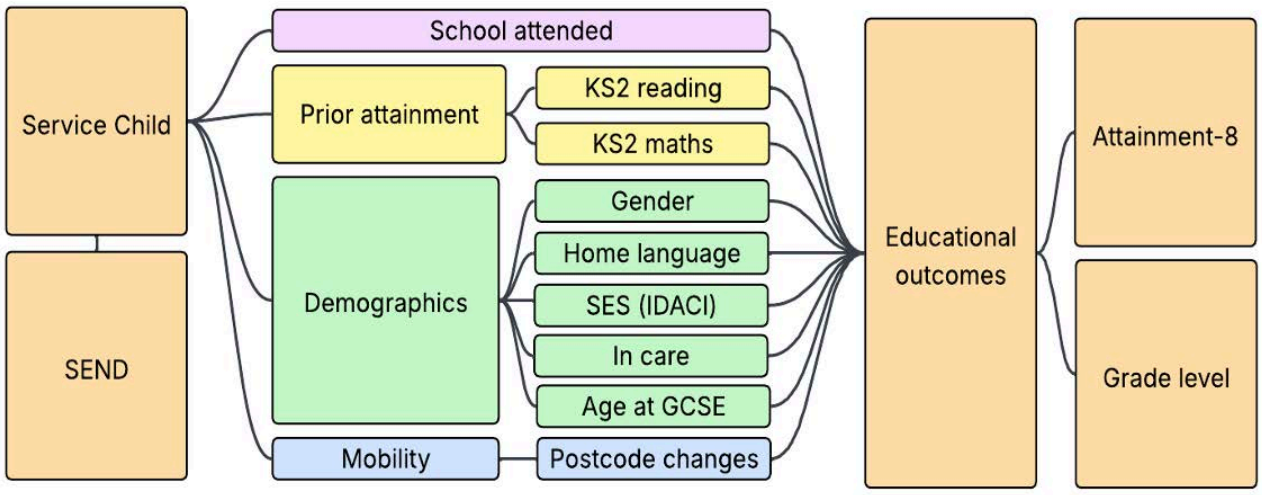
54 Department for Education, 2025c. The child's ability to declare their own Service status was recently removed from the DfE guidance, but at the time of writing it has been restored.

- Individual grade levels. It has been suggested that with the increased mobility experienced by Service children, teachers may not get to know children well enough to identify whether they are reaching their full potential if they are performing at expected level[55]. To test for this effect, four additional binary outcomes were considered:
    - whether the child achieved a level 9 (highest grade) in any GCSE subject
    - whether the child achieved a level 7, 8 or 9 (high-level grades) in any GCSE subject
    - whether the child achieved a level 4, 5 or 6 (average-level grades achieved by 70% of SEND children and 82% of mainstream children[56]) in any GCSE subject; and
    - whether the child achieved a level 1, 2 or 3 (low-level grades, achieved by 69% of SEND children and 35% of mainstream children) in any GCSE subject.

Multilevel Modelling

A multilevel regression model (MLM) allows the simultaneous consideration of many factors that might affect students' outcomes. MLM is particularly suited to the analysis of educational data, as it allows for data that have a hierarchical structure, with between-student variation nested within school-level variation. In other words, MLM allows us to examine individual-level characteristics that might affect students' examination results (such as prior attainment, personal background and school moves) but it also factors in school effects, acknowledging the likelihood that children who attend the same school will show similarities in exam grades.

Figure 6: Diagram representing the multilevel modelling process in Strand 1



The primary factor that was added to each model was the Service Child Indicator, allowing us to test the relationship between being a Service child and educational attainment (Figure 6). **Other factors were added upon this base-model in four subsequent blocks of inter-related concepts, focusing upon characteristics that were found to differ between Service children and non-Service controls:**

- Baseline model: **effect of being a Service child versus a non-Service child on educational outcomes**
- Block 1: Adjusts the model for **school attended**
- Block 2: Adjusts the model for **prior attainment** (KS2 SATs in reading and maths)

55 Matt Blyton, personal communication, 2024

56 These figures were calculated from the National Pupil Database

- Block 3: Adjusts the model for **demographic factors** (gender, English as an additional language, being in care, age at GCSE and a proxy for SES (IDACI-15[57])
- Block 4: Adjusts the model for **mobility** (times moved home across school life)

Strand 2

An online survey for parents was developed by the research team to address the research questions:

- What factors reportedly support children with additional needs from Armed Forces families to thrive or prevent them from thriving?
- What are their parents' views of their educational provision and of the experience of navigating support systems?
- How do Service and non-Service parents' views on their children's education differ, and what do they have in common?

The questions were developed specifically for this survey or adapted from similar surveys. The survey was piloted with academic colleagues, a practising educational psychologist and Steering Group members, and adapted thereafter. It took around 20 minutes to complete.

Questions covered:

- Demographic information, such as Service, rank, family income band, age of child(ren), type of school/ college child was attending
- Mobility, such as number of moves within/between LAs, devolved nations, overseas, number of school moves and reasons for these
- Information about the additional need(s) or disability of the child(ren), and the child's current provision
- Parents'/carers' experiences of securing provision for their child(ren) both in their current location and over time
- Parents'/carers' views about the quality of their child(ren)'s educational provision in their current location and over time
- Parents' views about what has been particularly helpful or unhelpful in their child's schooling journey.

The survey yielded 227 complete responses and 68 that were partially complete but considered useful to the research. Free text responses yielded 44 pages of comments, 23,581 words.

Quantitative and qualitative methods of analysis were used. Free text responses were coded manually alongside the data from Strand 3; however, attention was also paid to key differences in responses between Service and non-Service parents. For the quantitative analysis, a variety of descriptive and inferential statistical analyses were performed using SPSS software.

Strand 3

Visual arts-based methods are increasingly used in research about people's lived experiences, because they help participants to articulate ideas and tell complex stories that are not easy to express through surveys or talk alone, and can yield rich, unexpected and complex findings[58]. These methods are accessible to people with differing communication skills, but, importantly, they also trigger ideas and memories and support

57 The Income Deprivation Affecting Children Index (IDACI) was used as a proxy for socio-economic status.

58 Bragg, 2011; Butler-Kisber & Poldma, 2009

dialogue[59]. Participants can focus on what matters to them[60], and control what they are willing to share, an important ethical point when participants are talking about potentially sensitive matters. Art-based research methods can be enjoyable and have been used in a small number of projects with Service children[61] but have rarely been used with adults from Service families. The finished artworks can also be evocative, supporting dissemination of the research, and can also be used to facilitate ongoing dialogue beyond the immediate project.

In the Supporting All to Thrive project we used participatory arts-based research to address the following research questions:

- What factors reportedly support children with additional needs from Armed Forces families to thrive or prevent them from thriving?
- What are their parents' views of their educational provision and of the experience of navigating support systems?

Participants were Service parents of 4-18 year-old children with additional needs [62]. We conducted 11 in-person and 3 online art workshops, each with between one and three participants. The 14 workshops attracted 28 participants from all four devolved nations and all branches of the Armed Forces (RN/RM/RFA 9; Army 15; RAF 4).

Each participant was invited to visualise their child's education as a journey and to create an artwork to represent that journey. The method also elicited a great deal of discussion as people talked while they created their artworks and explained them afterwards. Discussion was audio-recorded and transcribed using transcription software and each transcript was corrected manually. Following the workshops, participants were able to request a further one-to-one meeting or phone call in case they wished to add or change anything. In total, the art-based strand of the research yielded over 30 hours of recordings (585 pages, 297,000 words of transcript) as well as 28 artworks.

Reflexive thematic analysis[63] was used for the discussion data. The repeated listening necessary to correct the transcripts ensured the researchers were deeply familiar with the discussions. The transcripts were then coded manually. To ensure consistency, the two researchers who had conducted the workshops coded the first transcripts separately and compared their coding. The remaining transcripts were coded by one researcher. Themes were generated and reviewed by the two researchers through in-person and online discussion.

The artworks were analysed using visual analysis methods[64]. Attention was paid to materials, content, cultural references and metaphors used, language used within the pieces and stylistic and compositional elements, alongside the viewer's personal interpretation and the artist's own explanation of the artwork.

Note on definitions

'Service child'

The definitions we use here of 'Service child' or 'child from an Armed Forces or military family' differ, depending on the strand of the research.

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59 Vacchelli, 2018

60 Bragg, 2011

61 See, for example, Lee, 2025; Robinson, 2024

62 One parent chose on reflection to talk mainly about her own childhood experiences of being a Service child with undiagnosed additional needs as well as having a sibling with additional needs.

63 Braun & Clarke, 2022

64 Rose, 2023

- Strand 1 (NPD analysis). In this strand, 'Service child' refers to a child who is identified with the Service Child Indicator in the NPD. It must be noted that the NPD dataset is only available in England[65].
- Strands 2 and 3 (Survey and Art workshops). Here, the term 'Service child' was interpreted more broadly. Parents or carers themselves declared whether their child was a Service child.

'Additional needs'

As the terminology differs between the four devolved nations of the UK, we use the term 'Additional Needs' to cover the following: SEND (Special Educational Needs and Disability) in England; SEN (Special Educational Needs) in Northern Ireland; ALN (Additional Learning Needs in Wales; ASN (Additional Support Needs) and ASL (Additional Support for Learning) in Scotland.

- For Strand 1, children identified as having 'SEND' were those whose schools had recorded them in the school census (and subsequently were recorded in the National Pupil Database) as having either:
  a) received school-level SEN support for difficulty with learning or disability;
  b) possessed an Education, Health and Care Plan (EHCP); or
  c) attended a special school or specialist setting. The NPD data is mainly provided by state schools, so it does not include full data from children who are home-schooled or in independent provision[66].
- In order to capture a wide range of experiences, Strands 2 and 3 were open to anyone who considered their child to have 'additional needs' regardless of whether they had received any kind of diagnosis. This included children in UK education who were attending local authority schools and colleges, academies, special schools, independent schools, Ministry of Defence education and children who were home-schooled or out of education.

'Parents/carers and families'

We use an inclusive definition of parents/carers and families, recognising that family connections are diverse and extend beyond traditional structures of marriage, gender, or biology. In strands 2 and 3 of the research, participants were included if they identified as the parent or carer of a child they considered to have additional needs.

Strand 2. The survey was open to all parents or carers (Service or non-Service) of at least one child age 4-18 years whom they considered to have additional needs. In the survey we identified Service families' responses through a question that asked whether any person with parental responsibility in their family was serving in the UK Armed Forces or had previously served.

Strand 3. The workshops were open to parents/carers of Service children in all four devolved nations of the UK and those who were serving overseas.

'Education' and 'thriving'

Our research is underpinned by a broad definition of education. We recognise education not simply as schooling or attainment but as a lifelong process of intellectual, social, emotional, moral, physical and identity development that takes place in all the contexts within which people spend their lives. Education not only equips people with knowledge and skills and provides qualifications; it also supports people in the process of becoming unique and autonomous individuals. In line with this concept of education, 'thriving' is not just about achieving expected levels of attainment but about a holistic sense of well-being, purpose and empowerment; in short, living well in and with the world.

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65 See page 21 of this report for more detail about the eligibility criteria for the Service Child Indicator.

66 The number of pupils in independent schools in England is about 582,500 and those in elective home education in England are about 11,700 and so together represent about 7.4% of school children in England. https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics/2024-25

In this research:

- Strand 1 examines educational attainment.
- Strand 2 focuses mainly on formal educational contexts but also examines broader aspects of educational thriving.
- Strand 3 examines educational thriving in its broadest sense and the contexts and conditions that support and hinder thriving.

Findings from Strand 1 (National Pupil Database Analysis)

Analyses conducted

Strand 1 started by comparing Service children's descriptive characteristics with those of all other children in the cohort. Characteristics compared included gender, school type, first language, local authority of the school, Income Deprivation Affecting Children Index (IDACI), looked-after status, and mobility (postcode changes). This step provided an understanding of the characteristics of Service children which might affect their educational attainment. The next step was to compare Service and non-Service pupils' Attainment 8 scores at GCSE and the grade levels achieved, across the mainstream and SEND populations, as well as analyse the relative effects of different variables.

Note on interpreting the data

The results of the analyses are presented primarily as 'forest plots'. **Each forest plot shows two measures:**

1. An **Odds Ratio** (represented by a small square)
   An Odds Ratio (OR) is a value that indicates the comparative representation of Service pupils in a group with a specific characteristic (such as number of school moves), compared with all other children. An OR of 1 (represented by a dotted vertical line on a forest plot) indicates no difference between the representation of Service and non-Service children within a certain group. An OR above 1 indicates that Service children were over-represented in that specific group, compared with other children, while an OR below 1 indicates that Service children were under-represented in that specific group, compared to other children. The higher or lower the OR the greater or smaller the effect[67].
2. A **confidence interval** (represented by a horizontal line): the range of possible odds ratios that the true result could reasonably fall within. Confidence intervals can be used to assess statistical **significance**; that is, the degree of confidence with which the result can be attributed to the factors studied rather than simply chance. A confidence interval which spans 1 is not significant. Smaller confidence intervals (represented by shorter lines) indicate a strong confidence in the result.

Thus, a combination of the OR value itself and the length of the confidence intervals can be used to assess the significance of each individual result. A significant result will have an odds ratio above 1.1 or below 0.9 and short confidence intervals, which do not span (or come close to) the dotted line shown at 1.0.

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67 As a general rule:

- An OR above 3 or below 0.33 indicates a strong effect – i.e. that a specific group is highly over- or under-represented in the group being studied respectively.
- An OR between 1.5 and 3 or between 0.33 and 0.66 indicates a medium effect – i.e. that a specific group is moderately over- or under-represented.
- An OR between 1.1 and 1.5 or between 0.66 and 0.9 indicates a small effect – i.e. that a specific group is slightly over- or under-represented in the group being studied.

In this report, we highlight significant results. We refer to these results as having small, medium or large effects in accordance with the thresholds described in the footnote above.

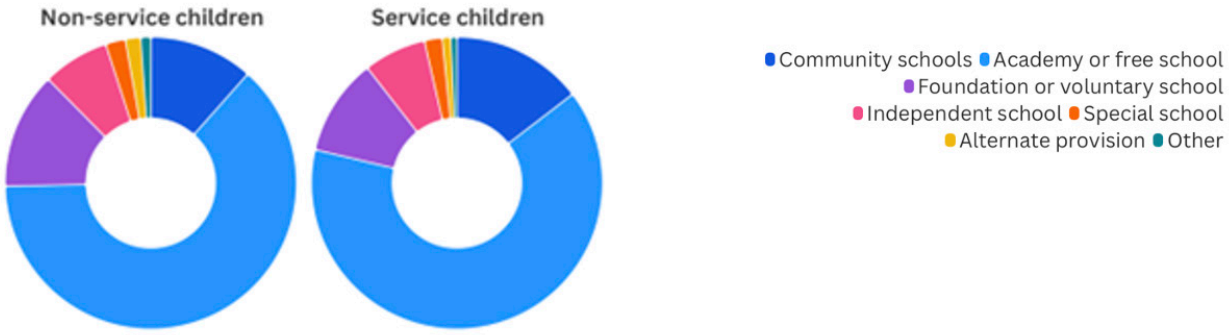
Characteristics of Service children compared with non-Service children

For the following analyses, children who had a positive Service Child Indicator within at least one year of their schooling (referred to as Service children, N=13,986) are compared with children who never had a positive Service Child Indicator in their 11 years of school (referred to as non-Service controls, N=1,185,296).

Schools attended

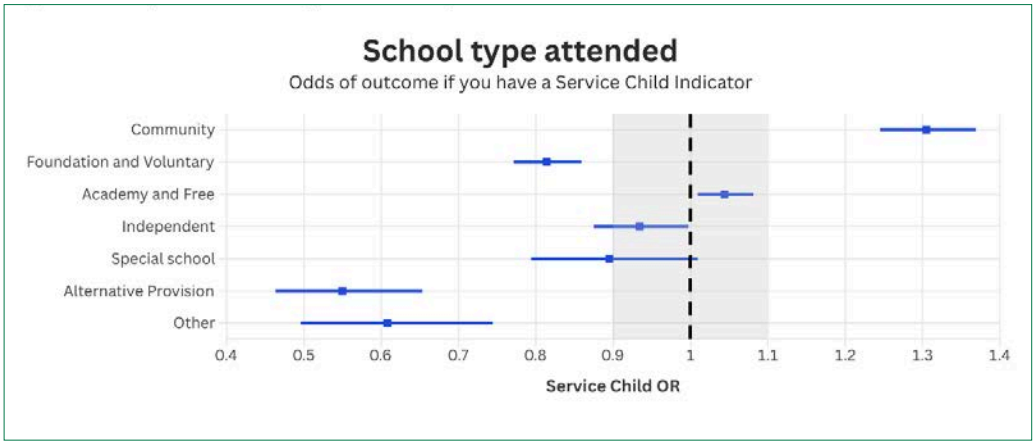
The majority of all children in England (87.6%) attended a mainstream school (community, academy, free, foundation or voluntary) in their GCSE year. The remaining children were registered at independent schools (7.41% of study population)[68], special schools (2.2% of the study population) or alternate provision (1.7% of the study population). A small number of children (1.1% of the study population) were clustered into a final group whose educational establishment was termed 'other'. This included colleges, international schools and secure units (Figure 7).

Figure 7: Schools attended by GCSE-year children in England



Of the seven school groupings included in the NPD, Service children were more likely to attend community schools than non-Service controls[69] (Figure 8). In contrast, Service children were less likely to attend foundation and voluntary[70], alternate provision[71] and 'other' school types[72] than non-Service controls.

Figure 8: A comparison of school types attended by Service children and non-Service controls



All Odds Ratios (OR) are presented in relation to Service children. The small blue squares show the odds ratio for the specified group and the horizontal lines represent the confidence intervals. Squares within the grey box are not considered significant. The black dotted line represents the expectation that there is no difference in school types between Service children and non-Service controls (OR=1). See Methods section for a description of OR thresholds and interpretation.

68 N.B. Not all independent schools have to return data to the NPD

69 Small-size effect; OR=1.31 [95% CI: 1.25 to 1.37]

70 Small-size effect; OR=0.81 [95% CI: 0.77 to 0.86]

71 Medium-size effect; OR=0.55 [95% CI: 0.46 to 0.65]

72 Medium-size effect; OR=0.61 [95% CI: 0.50 to 0.74]

Ethnicity and Language

The majority of children in the NPD (75.5%) identified as being of white ethnicity and spoke English as a first language (83.6%) (Figure 9). Service children were over-represented in both of these groups[73] (Figure 10) and under-represented in minority groups which together constituted more than 5% of the GCSE population (Urdu, Punjabi, Bengali and Polish[74]). Service children constituted 30.7% of the Nepalese and Fijian GCSE children in England. Their over-representation in this group was highly significant[75] (Figure 10).

Figure 9: Ethnicity and home language of Service and non-Service controls

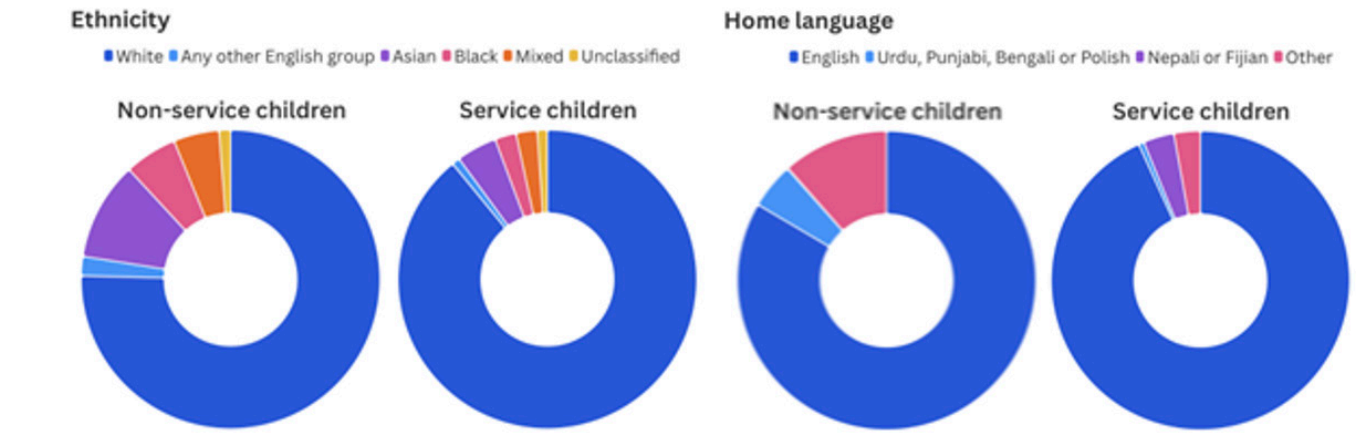
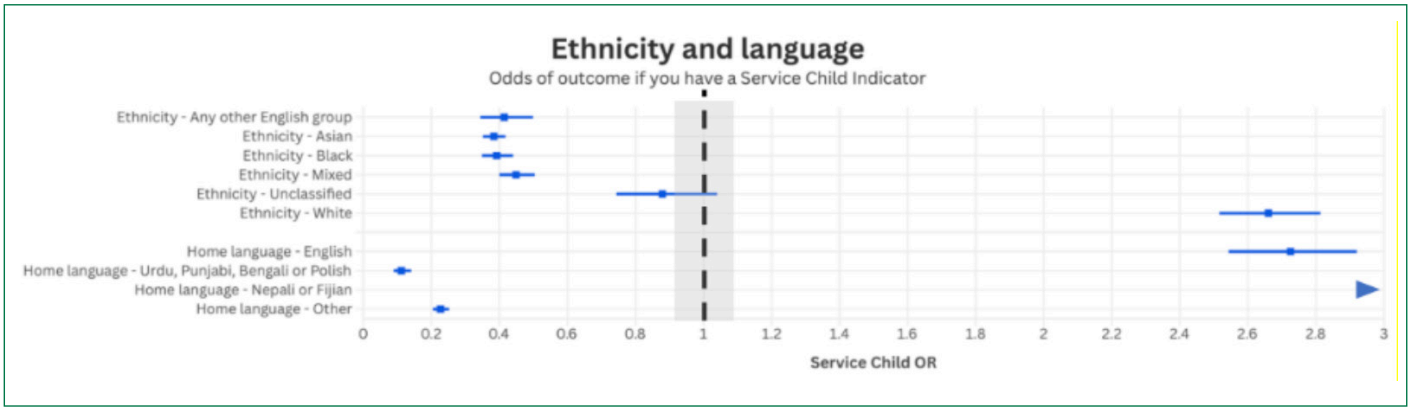


Figure 10: A comparison of ethnicity and home language of Service children and non-Service controls

The chart has been trimmed for ease of visualisation. The arrow indicates an odds ratio beyond the edge of the chart.



Geographical distribution

In line with previous reports, Service children were not uniformly distributed across England but tended to live in areas associated with military bases (Figure 11). Twelve of the 151 Local Authorities (LAs) across England were responsible for schooling more than 50% of Service children (Hampshire, (9.13%), Wiltshire (7.40%), Lincolnshire (6.42%), North Yorkshire (4.63%), Plymouth (3.66%), Kent (3.31%), Cornwall (2.98%), Dorset (2.93%), Somerset (2.83%), Norfolk (2.82%), Oxfordshire (2.72%) and Devon (2.72%)). The same twelve LAs included just 15.35% of non-Service control children[76] (Figure 11). Service children tended not to live in large cities (London, Manchester, Birmingham and Liverpool); Service children made up only 1.7% of the GCSE population of these four cities, compared to 13.2% of non-Service controls[77] (Figure 11).

73 Both medium effects; OR=2.66 [95% CI:2.52 to 2.81] and OR=2.73 [95% CI:2.54 to 2.92] respectively

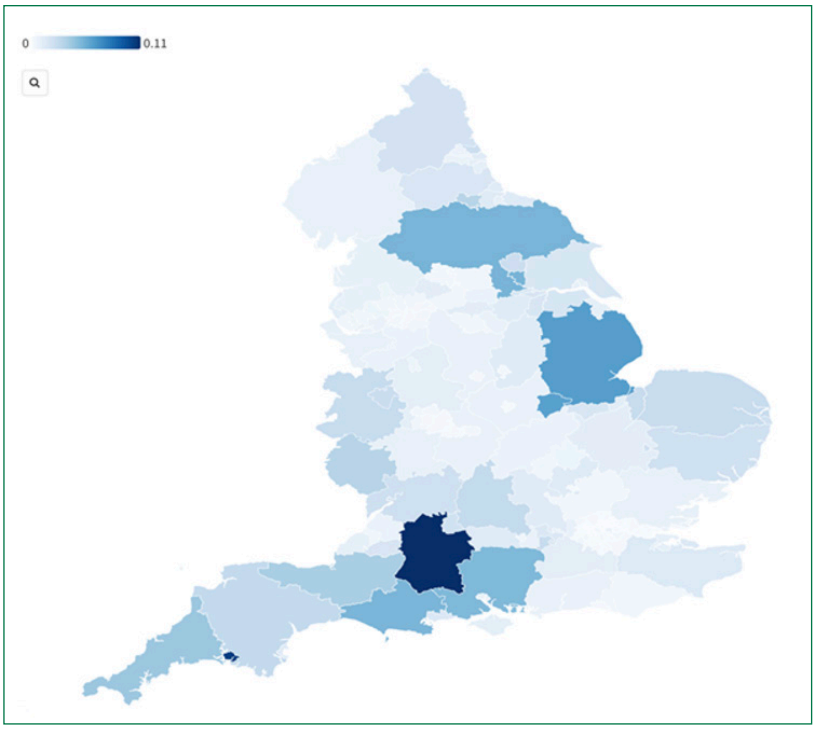
74 Large effect; OR=0.11 [95% CI:0.09 to 0.14]

75 Large effect; OR=38.39, [95% CI: 34.20 to 43.08]

76 Large effect; OR=0.11 [95% CI: 0.10 to 0.13]

77 Medium effect; OR=0.11 [95% CI: 0.10 to 0.13]

Figure 11: Geographical distribution of Service children in England



Proportions of Service children per Local Authority. The darker the colour, the higher the ratio of Service children to non-Service children in that LA.

Deprivation

In combination with a restricted geographical distribution, Service children had lower indicators of deprivation. Only 4.8% of Service children claimed free school meals in their GCSE year, compared with 12.5% of non-Service controls[78]. The mean IDACI15 score (an approximation of the proportion of households living in deprivation) for Service children was 0.15 (SD= .12) compared with 0.20 (SD= .14) for non-Service controls[79]. These measures are largely considered to reflect socioeconomic status (SES). Although both have their limitations[80], we used IDACI as a proxy for SES in our analyses.

Mobility

One of the primary characteristics of the Service child population was their level of mobility (Figure 12). The majority of non-Service controls (54%) never changed their home postcode during their school life, whereas only 31.2% of Service children stayed at the same address[81] (Figure 13). A higher proportion of Service children was consistently found in all groups of children who moved across their school life (Figure 13)[82]. A significant proportion of Service children moved multiple times (8.9% of Service children moved four or more times, compared to 4% of non-Service controls[83] (Figure 12).

78 Large effect; OR=0.283 [95% CI: 0.27 to 0.30]

79 Small effect; Cohen's d = -0.39, [95% CI: -0.41 to -0.37]. Cohen's d is a measure of the difference between the mean value of the two groups being compared and is used for continuous data. A Cohen's d above 0.2 or below -0.2 indicates a small effect – i.e. that a specific group has slightly high scores or slightly low scores on a certain measure respectively. Again, confidence intervals can be used to assess significance – a confidence interval which spans 0 is not significant. Smaller confidence intervals indicate a strong confidence in the result.

80 Crawford & Greaves, 2013

81 Medium effect; OR=0.39 [95% CI: 0.37 to 0.40]

82 All medium effect sizes, OR ranging from 1.75 to 2.62

83 Medium effect; OR=0.980 [95% CI=0.946 to 1.0142] Z=1.163, P=0.244.]

Figure 12: A comparison of mobility of Service children and non-Service controls

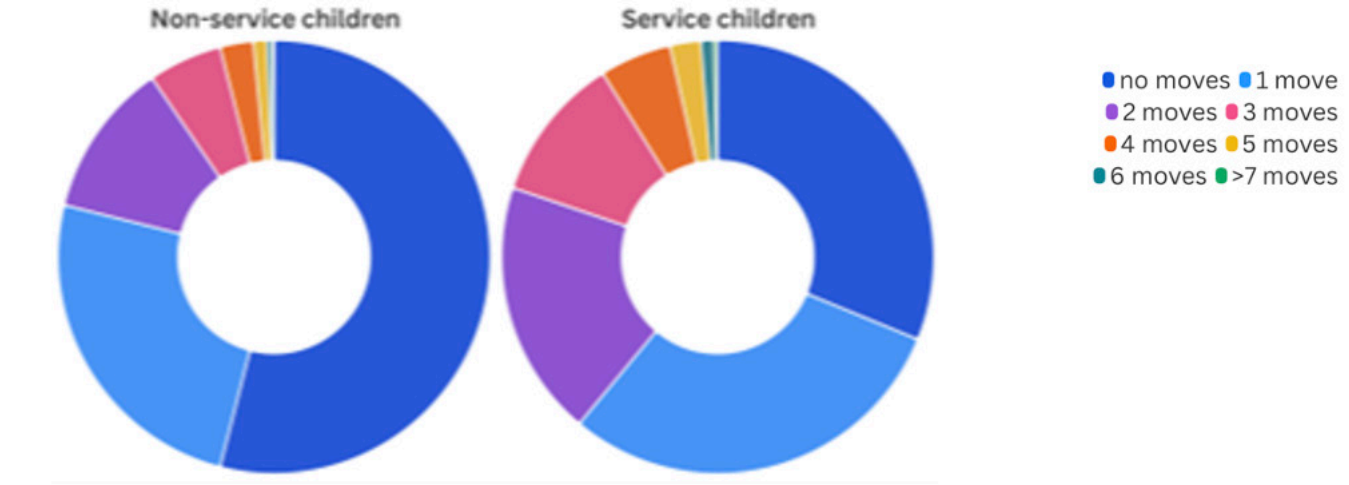
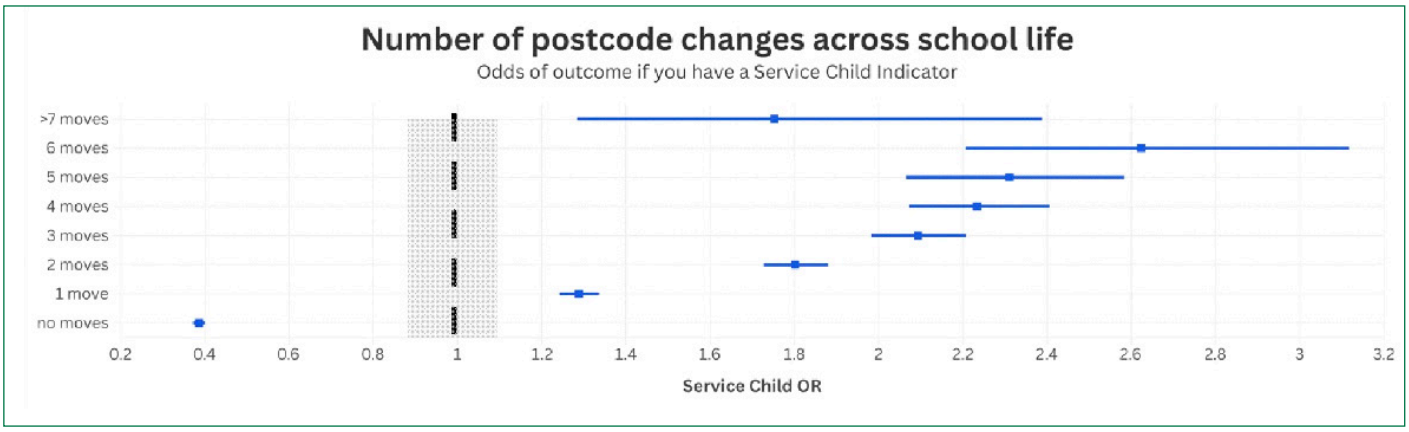


Figure 13: A comparison of mobility of Service children and non-Service controls



Special Educational Needs and Disabilities (SEND)

Of the children who took their GCSEs in 2018/2019, 36.4% had SEN support or an EHCP or attended special school at some point during their school life. There was no significant difference in the proportion found between Service and non-Service children[84] .

The term SEN encompasses many different types of educational needs. We therefore considered specific needs in Service children and non-Service controls across all 11 years of schooling. These were recorded in one of 9 categories to reflect the primary special educational need of the child (see Methods section for details). In general, the special educational needs of Service children mirrored that of their non-Service counterparts (Figure 14). Although Service children were slightly over- or under-represented in a few need categories, all the observed effects were small and many had large confidence intervals, reflecting the small numbers of children requiring support.

A higher proportion of Service children were recorded to need educational support for autism spectrum disorders[85], specific learning difficulties[86] and physical disability[87]. In contrast, Service children were less

84 OR=0.980 [95% CI=0.946 to 1.0142] Z=1.163, P=0.244

85 3.1% of Service children compared to 2.2% of non-service children; OR=1.42 [95% CI: 1.29 to 1.56] small effect size

86 Specific learning difficulties: 6.4% of Service children compared to 5.4% of non-service children; OR=1.18 [95% CI: 1.10 to 1.26] small effect size

87 Physical disability: 1% of Service children compared to 0.8% of non-service children; OR=1.20 [95% CI: 1.02 to 1.42] small effect size

likely to receive special educational support for moderate learning difficulties[88] or speech, language and communication disorders[89] (Figure 15).

Figure 14: School-recorded Special Educational Needs

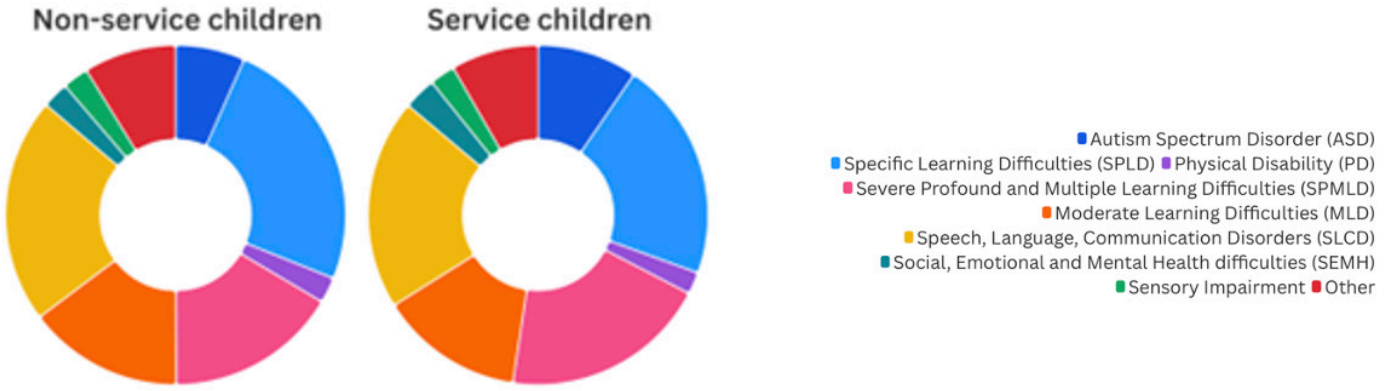
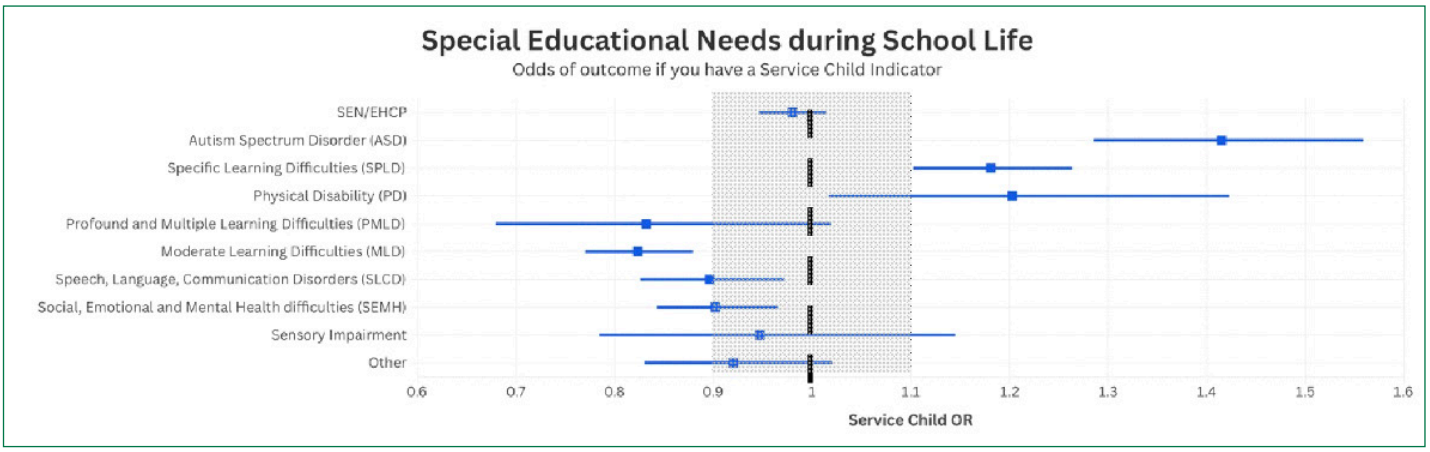


Figure 15: A comparison of special educational needs and disabilities of Service children and non-Service controls



Summary of descriptive statistics

Through these descriptive statistics, we show that Service children represent a distinct population with specific characteristics that may affect their scholastic attainment. Service children live in a limited number of local authorities, are more likely to come from white, English-speaking households and to live in more affluent areas. They are less likely to claim free-school meals and less likely to be in care (data not shown here to maintain anonymity). However, they experience much higher levels of mobility than their non-Service peers.

The amount and kind of special educational support recorded by schools did not appear to differ between Service and non-Service children, although there was some evidence for a small increase in a need for support for autism spectrum disorders for Service children and a small decrease in a need for support for moderate learning difficulties.

Attainment

This section reports the results of the multilevel regression modelling that explored Service children's educational outcomes. Two different outcome measures were considered: (1) Attainment 8 score (a broad

88 Moderate learning difficulties: 6.8% of Service children compared to 8.1% of non-service children, OR=0.82 [95% CI:0.77 to 0.88] small effect size

89 Speech, language and communication disorders: 4.4% of Service children compared to 4.9% of non-service children, OR=0.90 [95% CI:0.83 to 0.97] small effect size

measure of attainment across all GCSEs taken) and (2) a measure of grade level reached (whether a child achieved at least one top, high-level, pass-level or low-level grade in any one of their GCSEs).

A baseline model was built to consider the effect of being a Service child upon these educational outcomes. **Other influencing factors were added into this baseline model in 4 subsequent blocks** (see diagram on page 24):

- Block 1 – school attended
- Block 2 – prior attainment
- Block 3 – demographic factors
- Block 4 – mobility

To further investigate the effects of SEND upon Service child attainment, each full model was then repeated including (a) only those children who had received SEN support or EHCP or attended a special school during their school life (SEND population) and (b) only those children who had never received such support (mainstream population).

Comparison of the Service-child effect across models and blocks allowed the evaluation of how much being a Service child affects educational attainment after allowing for all the other variables in the model. Comparison of effect sizes across variables within the full model allowed the estimation of their effects upon educational outcomes. Comparison across SEND and mainstream populations allowed the identification of potential differences in effects between these two groups. For a full description of models, see Methods section.

Attainment 8 scores

The mean Attainment 8 score across all children in the NPD was 44.29 (SD=21.56) which relates to an average grade of 4-5 in each GCSE taken. In the baseline model, which compared the scores of Service and non-Service children, without accounting for any other factors, Service children scored 0.773 Attainment 8 points higher than non-Service children (Figure 16)[90].

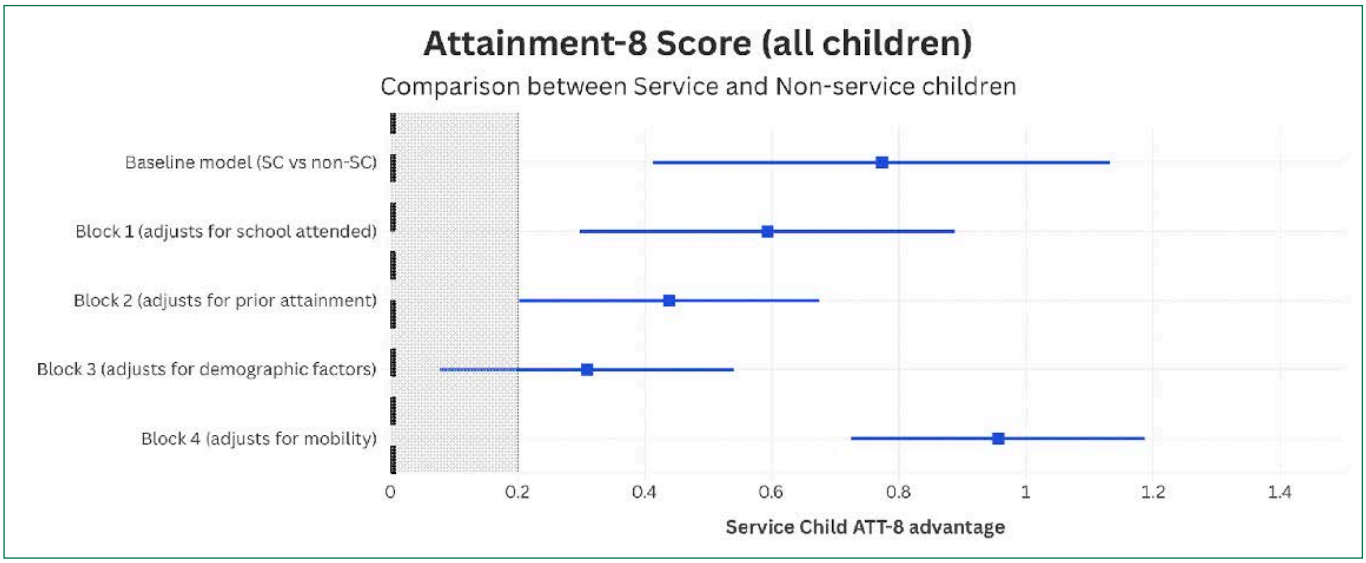
Interestingly, as blocks 1-3 were added into the model, this apparent 'Service child advantage' remained significant, but decreased with each block, suggesting that the higher Attainment 8 scores in Service children could, in part, be explained by differences in schools attended, prior attainment and demographic factors (Figure 16).

In contrast, the addition of mobility data (block 4) increased the 'advantage', suggesting that the results of Service children are less affected by mobility than those of other children (Figure 16). This final model, allowing for all these factors, showed that Service children on average achieve one grade higher within a single Attainment 8 subject in their GCSEs compared to non-Service peers in similar settings[91]. It must be noted that this model explained 60% of the variance in Attainment 8 outcome, indicating that there are some relevant factors that were not considered within our models.

90 ([95% CI: 0.413 to 1.132], F=17.76, P<0.001).

91 (0.956 Attainment-8 points, [95% CI: 0.725 to 1.187], F=65.89, P<0.001)

Figure 16: A comparison of Attainment 8 scores of Service children and non-Service controls



In this model, the squares show absolute differences in Attainment 8 score between Service children and non-Service controls and the lines represent the confidence intervals. Squares within the grey box are not considered significant. The black dotted line at 0 represents the expectation that there is no difference in Attainment 8 score between Service children and non-Service controls. See Methods section for a description of the variables added within each block.

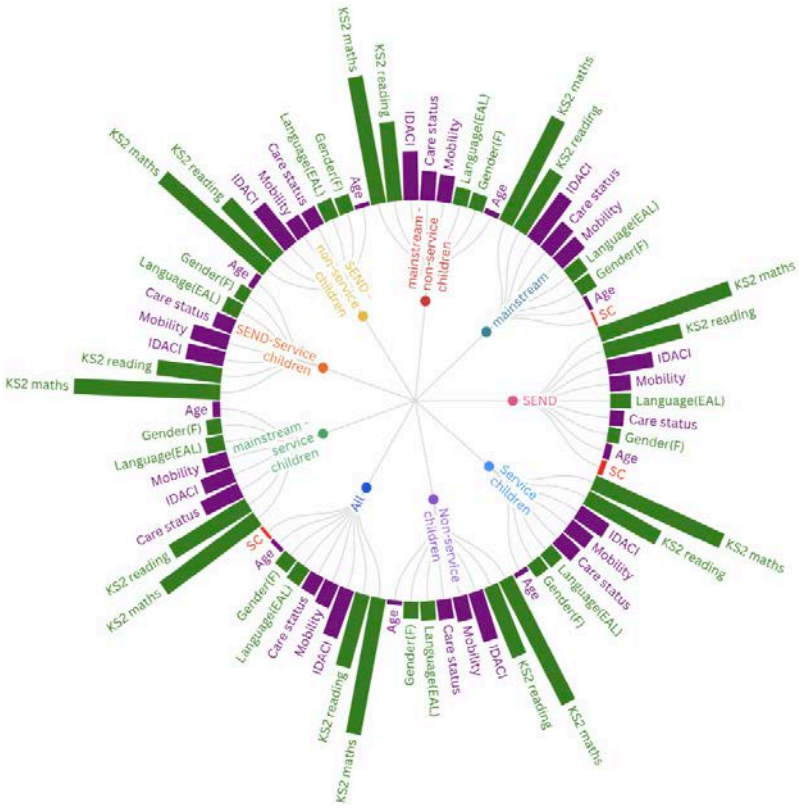
Relative contributions of factors influencing educational outcomes

Attainment 8 scores were significantly affected by all factors entered into the model (school attended, KS2 SATs reading and maths scores, gender, home language, being in care, age at GCSE, SES (IDACI-15) and mobility). However, each of these factors affected the outcome to a different degree.

The relative effect of each factor was consistent across Service children and non-Service controls and between SEND and mainstream subsets (Figure 17). Although the Service child effect was consistent and significant, it constituted the smallest effect of all the variables considered (Figure 17).

Figure 17: Size of effect of different factors upon Attainment 8 score

The relative effect of each of the factors explored upon Attainment 8 score. The length of each bar represents the size of its effect upon Attainment 8 score. Green bars represent a positive correlation (as the measure increases, attainment also increases) while purple boxes represent a negative correlation (as the measure increases, attainment decreases). The Service child effect is significant and consistent but relatively small compared to prior attainment, demographic factors and mobility.

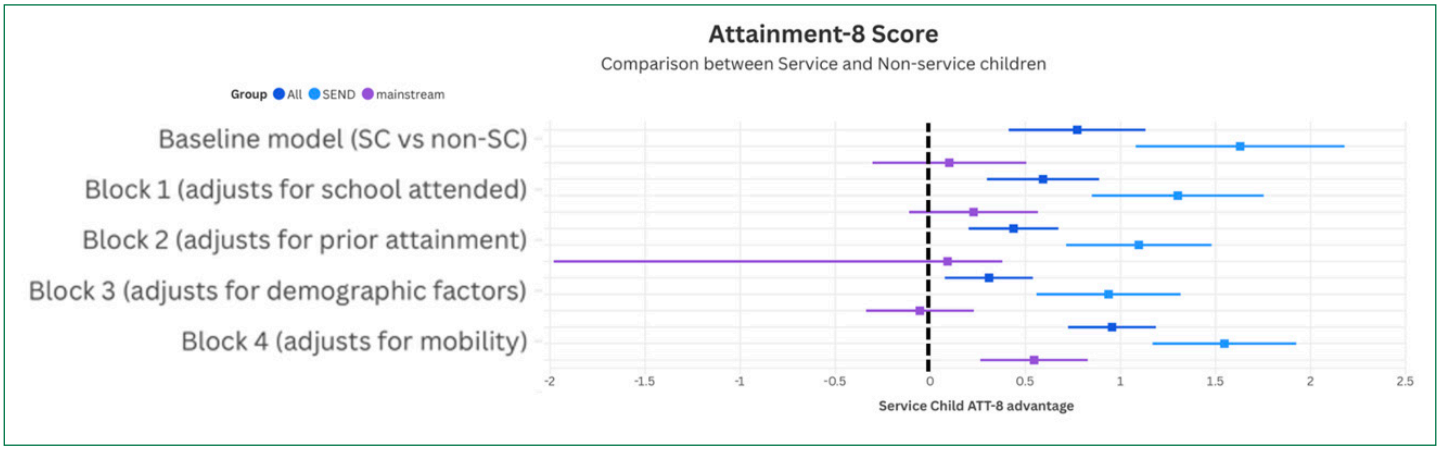


Children receiving SEND support

The ‘Service child advantage’ was more apparent in children who received support for special educational needs. After adjusting for all other variables, Service children in this category had an Attainment 8 score 1.55 points above

non-Service children in similar circumstances[92] (Figure 18). In comparison, Service children who had not received SEND support or an EHCP and who attended mainstream schools scored 0.55 points above their non-Service peers in the full model which included all four blocks[93] while no significant differences between their attainment and that of their non-Service peers were seen in blocks 1-3 (Figure 18).

Figure 18: A comparison of Attainment 8 scores of Service children and non-Service controls with and without Special Educational Needs and Disabilities



In this model, the small squares show absolute differences in Attainment 8 score between Service children and non-Service controls and the lines represent the confidence intervals. The black dotted line at 0 represents the expectation that there is no difference in Attainment 8 score between Service children and non-Service controls. Each analysis block was repeated three times – once including all children, once including only SEND children and once including all children without SEND (mainstream). Across all analysis blocks, SEND Service children (light blue series) scored significantly higher than SEND non-Service controls. In the mainstream children (purple series), Service children only outperformed non-Service controls when mobility was taken into account (block 4). See Methods section for a description of the variables added within each block.

Grade levels

Although the previous analyses show that Service children achieve slightly higher grades on average than their non-Service peers, anecdotal evidence suggests that children at the extremes of ability may not be achieving as well as they potentially could. To explore this idea, additional multilevel models that considered different grade boundaries were built. **These models considered whether in any of their GCSE subjects children achieved:**

- at least one top grade (grade 9, achieved by 13.7% of children)
- at least one high-level (grades 7, 8 or 9, achieved by 46.9% of children)
- at least one pass level (grades 4, 5 or 6, achieved by 77.9% of children)
- at least one low pass (grades 1, 2 or 3, achieved by 47.5% children)

These analyses found that despite their apparent advantage, Service children were less likely to achieve the highest grades (grade 9) than their non-Service peers[94] (Figure 19). This effect was retained in the mainstream subset[95] but was no longer apparent when considering a wider range of higher grades (grades 7, 8 or 9)[96] (Figure 19).

92 [95% CI: 1.17 to 1.93], F=64.402, P<0.001

93 [95% CI: 0.26 to 0.83], F=14.32, P<0.001

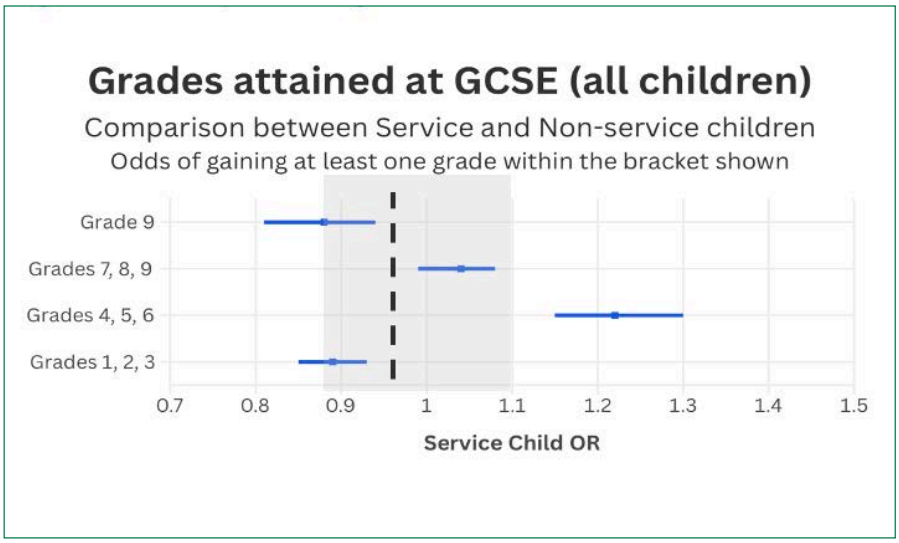
94 Small effect; OR=0.88 [95% CI: 0.81 to 0.94]

95 Small effect; OR=0.86 [95% CI: 0.80 to 0.94]

96 OR=1.04 [95% CI: 0.99 to 1.08], mainstream OR=1.03[95% CI: 0.97 to 1.09], SEND OR=1.02[95% CI: 0.94 to 1.12]

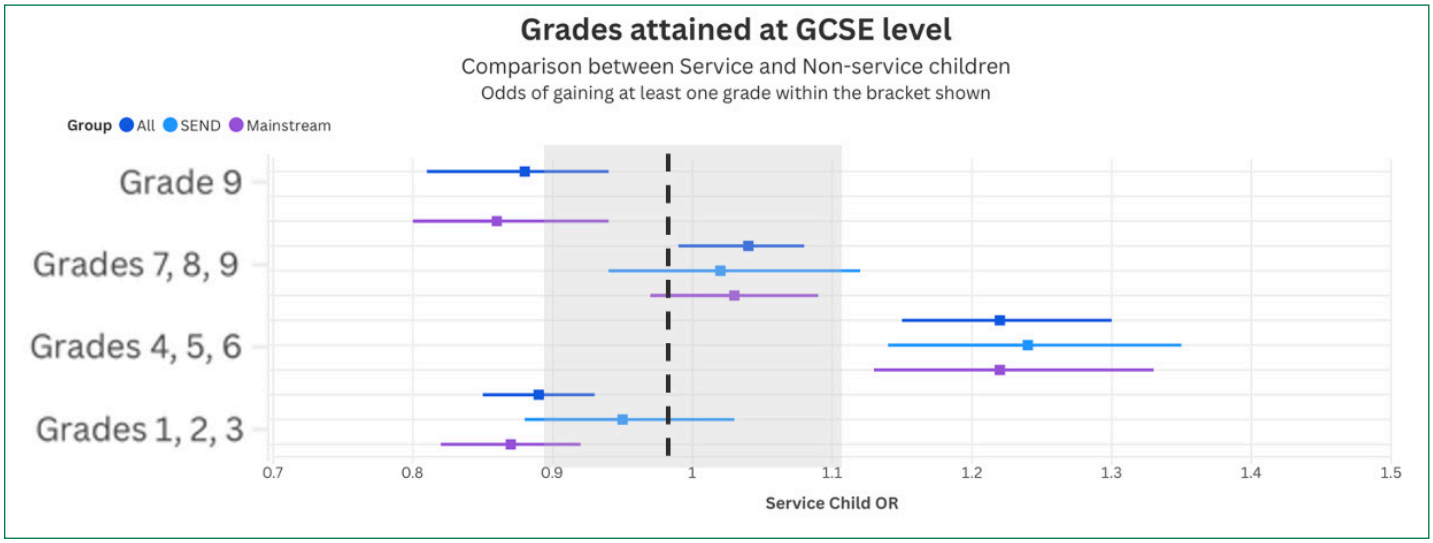
In contrast to the higher grades, Service children were more likely to achieve typical grades (4, 5 or 6) than their peers[97] and less likely to get low-level grades[98] (Figure 19). These effects were retained in the mainstream subset but did not reach significance in the SEND subset for grades 1, 2, 3 (Figure 20).

Figure 19: A comparison of grade levels of Service children and non-Service controls



In these models, effects are shown as Odds Ratios (OR) from the full model (block 4), which are presented in relation to Service children. The squares show the odds ratio for the specified group and the lines represent the confidence intervals. Squares within the grey box are not considered significant. The black dotted line represents the expectation that there is no difference in grade levels between Service children and non-Service controls (OR=1). See Methods section for a description of OR thresholds and interpretation.

Figure 20: A comparison of grade levels of Service children and non-Service controls with and without Special Education Needs and Disabilities



In these models, effects are shown as Odds Ratios (OR) from the full model (block 4), which are presented in relation to Service children. The squares show the odds ratio for the specified group and the lines represent the confidence intervals. Squares within the grey box are not considered significant. The black dotted line represents the expectation that there is no difference in grade levels between Service children and non-Service controls (OR=1). Each model was repeated three times – once including all children (dark blue series), once including only SEND children (light blue series) and once including all children without SEND (mainstream, purple series). See Methods section for a description of the variables added within each block.

97 Small effect; OR=1.22[95% CI: 1.15 to 1.30]

98 Small effect; OR=0.89[95% CI:0.85 to 0.93] F=21.433, P<0.00

Summary of findings from multilevel modelling

Multilevel modelling revealed that Service children (as a single group) consistently achieved slightly higher Attainment 8 scores than non-Service children, when schools, prior attainment, demographics and mobility were taken into account. However, analysis of the Attainment 8 scores of sub-groups (children who had received SEND support and those who had not) provided more detail about this apparent advantage.

Service children who had never received SEND support performed similarly to their non-Service peers when only school, prior attainment and demographic factors were taken into account, and were only seen to out-perform their non-Service peers once mobility was factored in. In contrast, Service children who had received SEND support were performing better than their non-Service counterparts when each factor was taken into account. These findings suggest that Service children with SEND are performing relatively well compared with those without SEND, and that, while mobility is known to affect students' attainment, Service children's results may be less affected by mobility than those of their non-Service counterparts.

Nonetheless, there was also evidence of a small but consistent difference between Service and non-Service children when high- and low-level GCSE grades were considered. Service children were less likely to obtain extreme GCSE grades and more likely to achieve average grades than their peers. This finding suggests that Service children who achieved the lower-level grades were performing better than their peers but that those with the potential for higher grades were under-performing in comparison to their peers. This finding is supported by the observation that the Attainment 8 advantage was largely explained by the achievement of Service children who had received SEND support – these children were performing better than their peers in similar circumstances. These findings highlight the importance of visibility and support, suggesting that children who do not get support become "lost" in mainstream education and do not perform to their full potential.

Findings from Strand 2 (Survey)

Survey Demographic information

Respondents to the survey were parents or carers of at least one child of school age (4-18) considered by parents to have additional needs. Altogether 295 households responded (227 complete responses and 68 that were partially complete but considered useful to the research), including 613 children, 412 of whom had additional needs. The fairly even split between Service and non-Service households is represented in Figure 21.

Figure 21: Split between Service and non-Service survey responses

Service families	Non-Service families
• 145 households including 295 children • 202 children with SEN • Detailed data were collected for 168 children **Ethnicity** • 93% White British • 4% Asian/Asian British • 1% Black/African/Caribbean/ Black British • 2% Mixed/multiple ethnic groups	• 150 households including 320 children • 210 children with SEN • Detailed data were collected for 164 children **Ethnicity** • 87% White British • 3% Asian/Asian British • 5% Black/African/Caribbean/ Black British • 6% Mixed/multiple ethnic groups

Among Service respondents, 97% of families had a single serving Armed Forces parent/carer and 3% had dual serving parents/carers. 90% reported they were in the regular UK Armed Forces, with 4% part-time and 4% full-time Reservists.

The split between Services was:

- 18% Royal Navy/Royal Marines/Royal Fleet Auxiliary
- 49% Army
- 33% Royal Air Force

A considerable number of respondent Service families included at least one veteran; however, due to possible inaccuracies in reporting, the precise proportion of families including veterans is unclear.

Figures 22 and 23 represent family sizes and the number of children with additional needs per family. It was slightly more common for families to report having two or more children with additional needs than just one.

Figure 22: Number of children per household

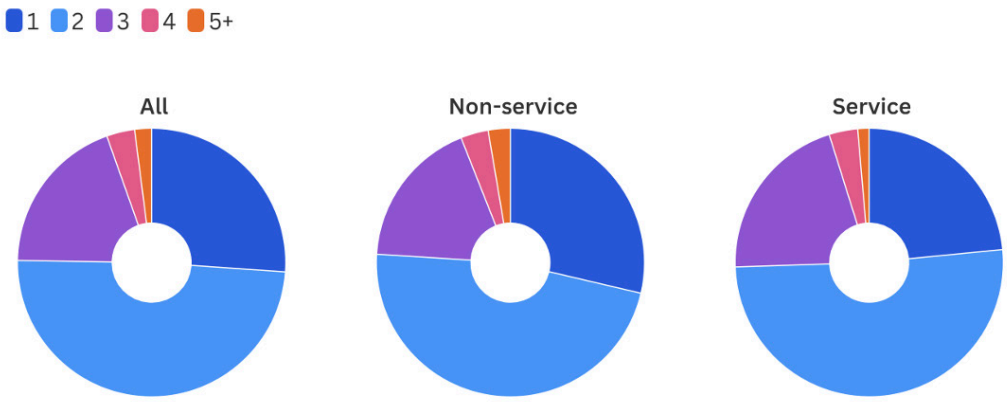
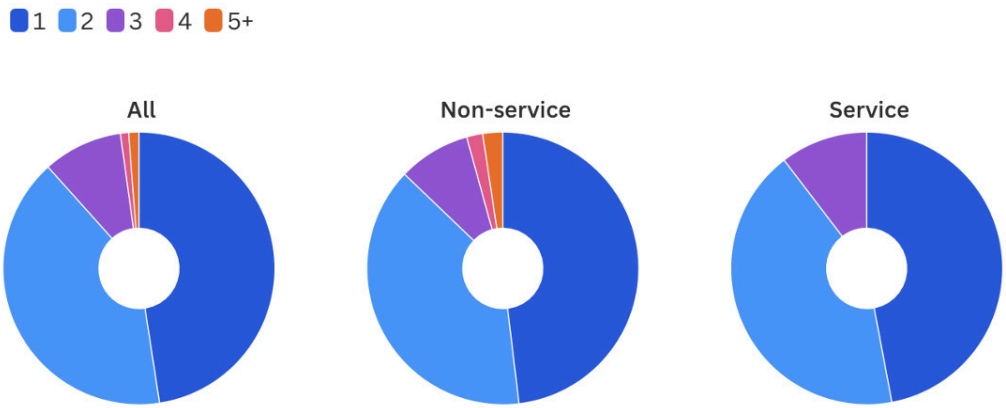


Figure 23: Number of children with additional needs per household



Household income

Service households were less likely to earn below £40,000 than non-Service families[99], with around 86% of Service household respondents earning above £40,000, compared with 66% of non-Service family households (Figure 24). However, 12% of Service households were in the £100k+ income bracket compared with 22% of non-Service households.

Approximately 60% of Service respondents were living in Service Family Accommodation (Figure 25).

Figure 24: Household income levels

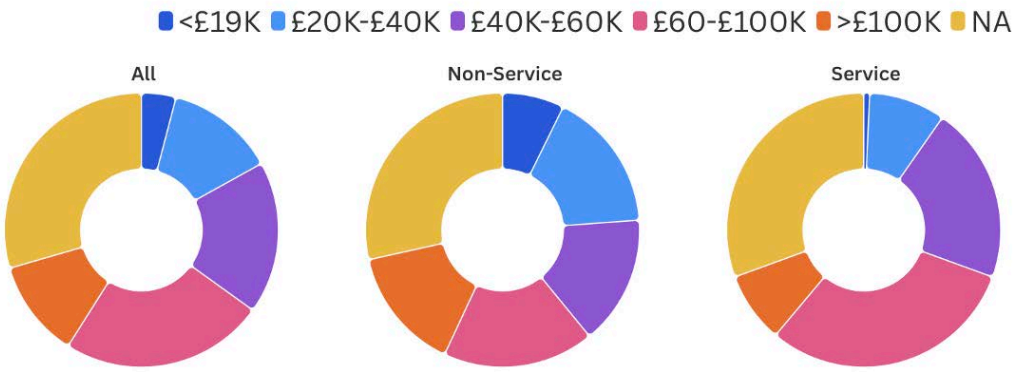
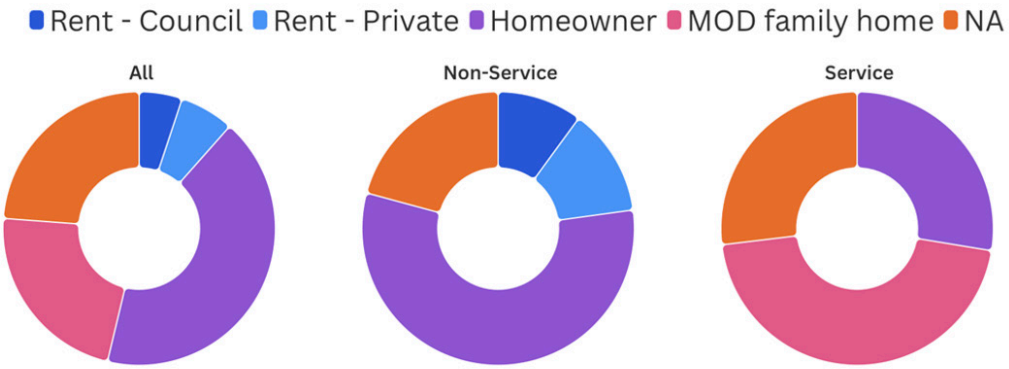


Figure 25: Housing



Parental education

In response to a question about education levels (Figure 26), both Service and non-Service respondents were most likely to be educated to degree level (58% of Service families compared with 52% of non-Service), while 13% of Service parents/carers who responded reported no formal qualifications, compared with 23% of non-Service families who responded.[100]

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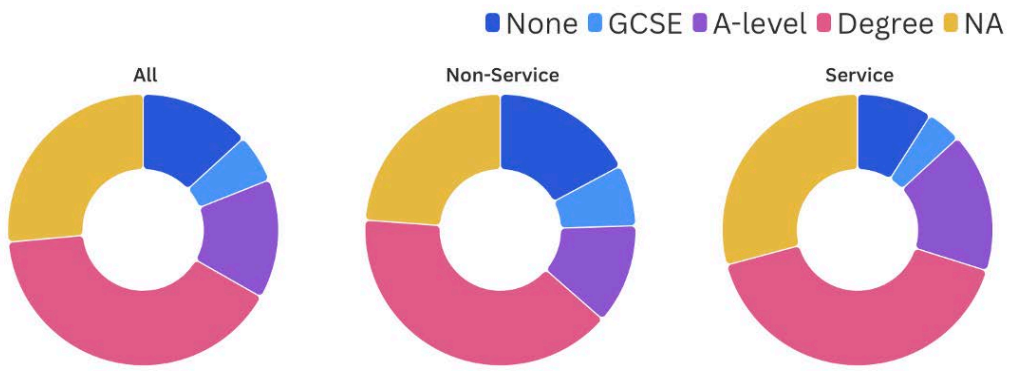
99 This difference was found to be significant (p=0.0207), but please note that the wide confidence interval of 1.4514 to 90.4628 means that the finding should be interpreted with caution

100 The options for this question in the survey were 'Degree level or above,' 'A level, Higher or equivalent' and 'GCSE, National 5 or equivalent', 'I don't know' and 'Prefer not to say'

Figure 26: Parent/carer education level



These differences in parental education were not found to be statistically significant and our sample may not be representative of the wider population; however, these differences challenge perceptions that Service parents are often poorly educated. In a 2021 report[101], a teacher was quoted as saying of Service families: "mum is often not herself somebody that's educated or trained to a reasonably high level. So, you're struggling against multiple layers of disadvantage." This perception does not reflect our sample.

Children's needs

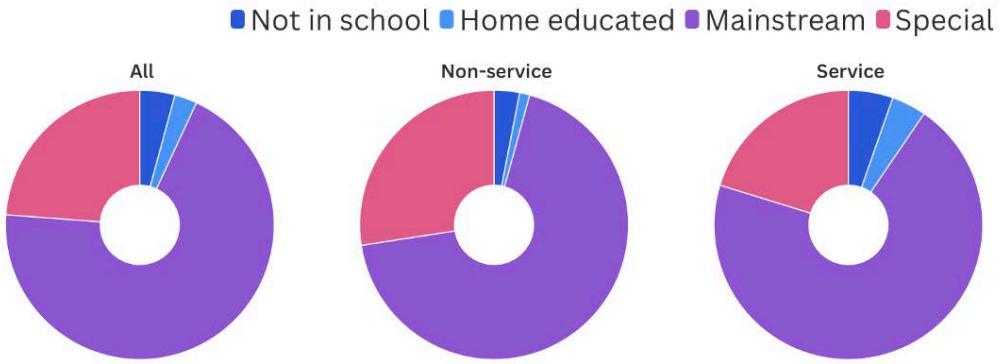
Respondents were asked to identify the areas their children required support with, and these were very similar between Service and non-Service children, the most common being Autism Spectrum Disorder (ASD), Social, Emotional and Mental Health (SEMH), ADHD and Communication and Interaction. However, a very wide range of needs was represented in the survey responses.

Notably, 80% of all children with additional needs needed support in more than one area, and 68% needed support in three or more areas, reflecting our qualitative findings that children had a complex mixture of additional health and educational support needs. While Service children appeared slightly more likely than non-Service children to require support in more than one area, this difference was not significant.

However, Service children in our sample were significantly more likely to have a diagnosed additional need than their non-Service peers. The additional needs diagnosed in Service and non-Service children were similar, with the notable exception of ADHD: in this dataset, Service children were significantly less likely to have received an ADHD diagnosis (16%) than non-Service children (25%).

Children's educational settings

Figure 27: Children's educational settings



As Figure 27 shows, the majority of both Service and non-Service children with additional needs were attending a mainstream educational setting at the time of the survey. A smaller proportion of the Service

101 See Rose & Rose, 2021, p.15

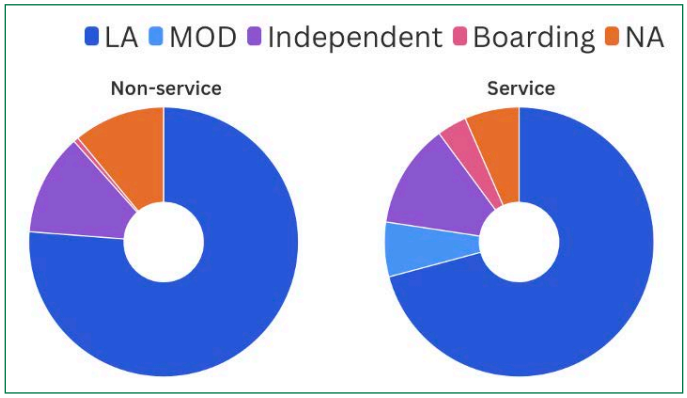
children than their non-Service peers in this sample[102] attended a special school or unit but a larger proportion were not attending school at all. Across their educational careers, 61 children (18.4% of respondents) had been out of formal education for more than 3 weeks (apart from school holidays or COVID school closures).

The reasons given for Service children being out of school were different from those given for non-Service children and align broadly with our qualitative findings on the difficulties of finding satisfactory provision.

In Service children in our sample, being out of school was more likely to be a result of choice (8.3% vs 4%), being home-schooled (30.6% vs 8%), being in alternate provision (2.8% vs 0%), no place or facilities being available for their needs (52.8% vs 28%) or dissatisfaction with the place available (30.6% vs 20%)[103]. In contrast, being out of school was less likely to be a result of medical reasons (5.6% vs 20%), bullying (5.6% vs 12%) or mental health (13.9% vs 36.0%). Given what parents told us about their children's mental health during the qualitative art workshops, the latter was a surprising finding but may be partly explained by the small numbers in the samples.

Additionally, 67 children (one fifth of respondents) had been on a part-time timetable at some point because of their additional needs. This was similar between Service and non-Service children. Service families were less likely to cite mental health difficulties (15.2% vs 26.5%) or a lack of full-time places (9.1% vs 17.6%) as reasons for being on a part-time timetable.

Figure 28: School types



14.5% of all respondents' children were attending independent or boarding school[104]. Service children in this sample were more likely to be in boarding school than their non-Service counterparts (3.8% vs 0.7%), and around 7% of Service children were attending MOD schools (Figure 28). The reasons given for Service children attending independent provision were different from those given for non-Service children:

Fewer Service parents sent their children to independent schools through choice (18.5% vs 49.0%) or because the school was able to provide the specialist care needed (48.1% vs 71.4%). Service respondents were more likely than their non-Service counterparts to report that their children attended an independent school because the school was named on their EHCP (29.6% vs 23.8%), or because they received a Continuity of Education allowance (18.5%).

Parents' views on their children's current education

Parents were asked to consider their children's current educational provision and indicate on a Likert scale the extent to which they agreed with twelve statements (see Figure 29).

These statements referred predominantly to aspects of the children's current educational setting and not to mobility. However, as Figure 29 shows, there was a trend across all items that Service parents were less satisfied with their children's provision than non-Service parents. While we cannot confidently explain this difference, a combination of factors could contribute to their dissatisfaction.

102 Given the small numbers of respondents' children attending alternative provision, these findings may be specific to our sample and not representative of a broader population

103 Respondents were able to choose more than one reason

104 The national proportion is 7%

It may be that some children may have been attending a mainstream setting that parents felt was not appropriate for their needs. This suggestion is supported by our qualitative research, in which parents often likened their children's experiences of mainstream education to being 'a square peg in a round hole' (see page 51). It is possible that having experienced more educational settings, Service parents were more able to make critical comparisons between them. It is also possible that parents' views that schools had a poor understanding of Service life (see page 49) may have influenced their more negative views of their children's education overall. Another factor may be that parents' expectations of their children's education are known to be influenced by their own education[105]. Given that our data suggests that our sample of Service parents were less likely to have left school without any formal or post-16 qualifications than the non-Service parents, their responses may reflect higher expectations of their children's education.

Figure 29: Parents' views of their children's current educational provision

Statement	Proportion of parents selecting 'Agree' or 'Strongly agree' (%)		Proportion of parents selecting 'Disagree' or 'Strongly disagree' (%)	
	Service	Non-Service	Service	Non-Service
My child's additional needs are being met	47	53	36	33
My child's emotional needs are being met	43	56	36	28
My child's social needs are being met	48	53	36	21
My child is reaching the level they are capable of in their education	38	38	43	39
My child's current teacher(s) or tutors understand my child's needs	55	59	32	19
My child's support plan accurately reflects their needs	42	48	30	16
My child is getting the support I believe they are entitled to	30	46	44	31
The time it took to get support for my child in their current educational setting was satisfactory	37	42	42	38
My child has a sense of belonging to their educational setting	65	68	22	18
My child is thriving in this setting	45	47	34	30
My child is able to engage in a satisfactory range of extra-curricular activities	44	49	35	28
Getting my child to their place of education is straightforward	57	61	30	28

Supporting or hindering children's thriving

A key statement in this survey question was 'My child is thriving in [their current] educational setting', as it then led to further questions that attempted to unpick what was supporting or hindering children's ability to thrive. Only 11% of Service parents 'strongly agreed' that their child was thriving, compared with 20% of non-Service parents, while 15% of Service parents 'strongly disagreed' with the statement, compared with 11% of non-Service parents.

105 Davis-Kean, 2005

The respondents who agreed their child was thriving were then asked to select from a list what helped their children to thrive. Service families were less likely than non-Service families to select aspects of the school environment, such as:

- caring staff (65% vs 88%)
- an inspiring curriculum (9% vs 17%)
- quality teaching (46% vs 56%)
- good equipment (14% vs 22%)
- good home-school communication (35% vs 56%)
- supportive friendships (18% vs 24%).

In contrast, Service families were more likely to select external factors as things that helped their child to thrive:

- their own financial investment (29% vs 14%)
- funding (8% vs 5%)
- helpful external organisations such as charities and parent support groups (6% vs 3%).

Similarly, the larger number of parents who disagreed that their child was thriving were asked what was hindering their thriving. Service families were less likely to choose aspects of the school environment such as:

- poor support (58% vs 62%)
- staff do not care (14.5% vs 24.2%)
- an uninspiring curriculum (13% vs 36.4%)
- too much work (11.6% vs 16.7%)
- too little work (2.9% vs 4.5%)
- poor classroom management (37.7% vs 40.9%)
- lack of emotional support (56.5% vs 63.6%).

In contrast, Service families were more likely to nominate external factors as things that prevented their child from thriving, such as:

- family matters (18.8% vs 7.6%)
- lack of support networks (13% vs 7.6%)
- lack of external help (8.7% vs 6.1%) and
- inadequate equipment or facilities (13% vs 7.6%).

Therefore, while both Service and non-Service respondents valued a positive educational environment, Service families prioritised the initial steps required to make it a reality for their children, which suggests that Service families may be finding it more difficult to get their children into the right schools in the first place.

Parents were also able to add additional detail about what helped or hindered their children's ability to thrive. Analysis of their free text responses show that, aligning with the differences noted above, Service families tended to be predominantly concerned with accessing appropriate educational provision for their children, while non-Service parents seemed more concerned about the quality of the provision they had accessed.

For example, these are some Service carers' responses:

- *"Paying for a school which understands his needs"*
- *"The actual setting itself. We researched all schools in a 20 mile radius."*
- *"We wouldn't have any of this support for our child if we didn't have a solicitor. We have had to fight for everything."*
- *"He is probably not in exactly the right setting to meet his needs."*
- *"My son went from a fantastic provision in [County] to a military posting in [another county] and placed in an entirely unsuitable setting... This posting has ruined my son's education"*
- *"She is now in her fourth experience of ERSA [emotionally related school refusal] due to Mainstream not being able to meet her needs."*

While some perceived limitations of mainstream education were highlighted by non-Service parents too, more of their responses related to factors within the school, in relation to their child's individual needs, for example:

- *"[My child] is demand avoidant and teachers need special training on how best to deal with this"*
- *"The class numbers are extremely high with a huge intake this year and TA's have been released from contracts so hugely understaffed"*
- *"The curriculum at the private school is far wider and more engaging. It includes arts subjects and sports... which my child very much enjoys."*
- *"Inconsistency from class to class"*
- *"Confidence in her own ability"*
- *"Appalling. His secondary school punished and isolated him. He failed all his GCSEs"*
- *"Homework is a big stress."*

If we consider educational needs as a spectrum, starting from a foundational level (access and equity to schooling) moving to a higher level (educational quality) and a top level (enrichment), these findings suggest that Service children with additional needs may face disadvantage at a more foundational level than their non-Service peers. Service parents tended to be concerned with the fundamentals of access, such as having an appropriate school place. Non-Service parents, on the other hand, were more focused on higher-level issues such as class sizes and individualised provision for their children.

A further survey item listed a variety of organisations and roles and asked respondents to rate their helpfulness in providing direct or indirect support to their children with additional needs. School staff - teaching assistants, teachers, additional needs coordinators and school administrators - were rated highly by both groups. Teaching assistants (TAs) came out on top, with 80% of Service parents and 75% of non-Service parents rating them as helpful. The positive attitude of parents towards TAs suggests that they may serve as an important link between families and schools. 'Family and friends' were also highly rated by both groups of parents, although less so for Service parents, with 61% rating family and friends as helpful compared with 75% of non-Service parents. This difference may reflect participants' comments about a lack of support networks because of frequent postings, such as the following observation by a participant in an art workshop: *"You don't have your family in this life. You've got your village... In civilian life, your village doesn't change. Whereas here, it's constantly in flux."*

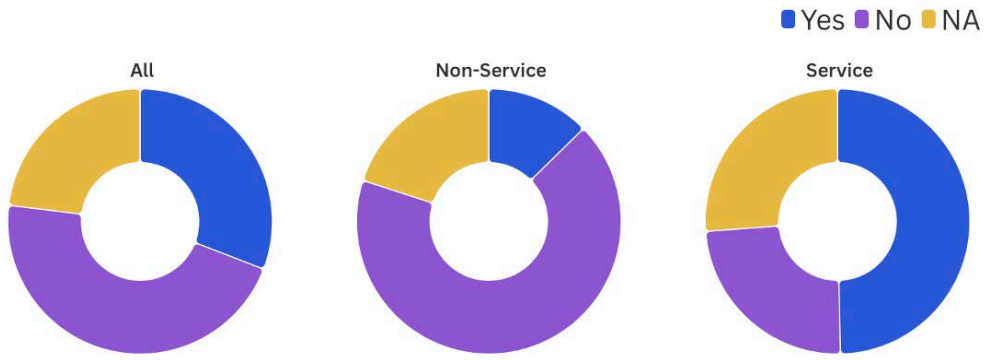
Local authorities were ranked the least helpful by both groups, with only 16% of Service and 24% of non-Service respondents rating them as helpful. Given the poor experiences of local authorities related by parents in our workshops, this finding was unsurprising.

Service families' views on the helpfulness of external agencies such as local and national charities and the MOD Educational Advisory Team were more divided. For example, local charities were rated 'helpful' by 44% of Service respondents, and 'unhelpful' by 31%, while national charities were rated 'helpful' by 50% of Service respondents but again rated 'unhelpful' by 31%. From our qualitative research, we suggest that the relatively high numbers of respondents rating them as unhelpful may reflect, in part, parents' expectations of the level of support they would receive. While we heard of cases in which families had felt extremely well supported by agencies, we heard of other cases where parents had expected practical help or solutions and been disappointed to receive only advice and signposting to other organisations.

Service family life, mobility, children's school moves and deployment

The survey asked whether parents/carers had lived away from home regularly for more than 5 days per month for work reasons, such as weekly commuting. Of those who answered this question, 67% of Service parents had done so, compared with only 16% of non-Service parents (Figure 30). This finding reflects our qualitative research that found that moving schools and healthcare arrangements was often so deeply problematic that families often chose 'married unaccompanied' living arrangements to ensure that their children with additional needs would not have to move schools, but also to avoid compromising the serving parent's career opportunities.

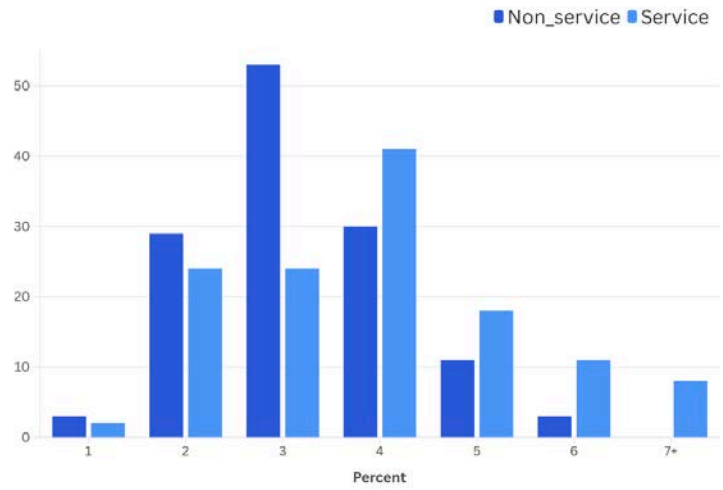
Figure 30: Regular working away from home



In response to a question about whether their children with additional needs had moved schools for Service reasons such as a parent's posting, 64% of Service personnel said their child had had to change schools at least once, while 17% had to change schools four or more times.

Figure 31 compares the number of schools attended by Service and non-Service children. As might be expected, Service children were significantly more likely to have attended five or more schools than non-Service children[106], for whom multiple school moves were relatively unusual.

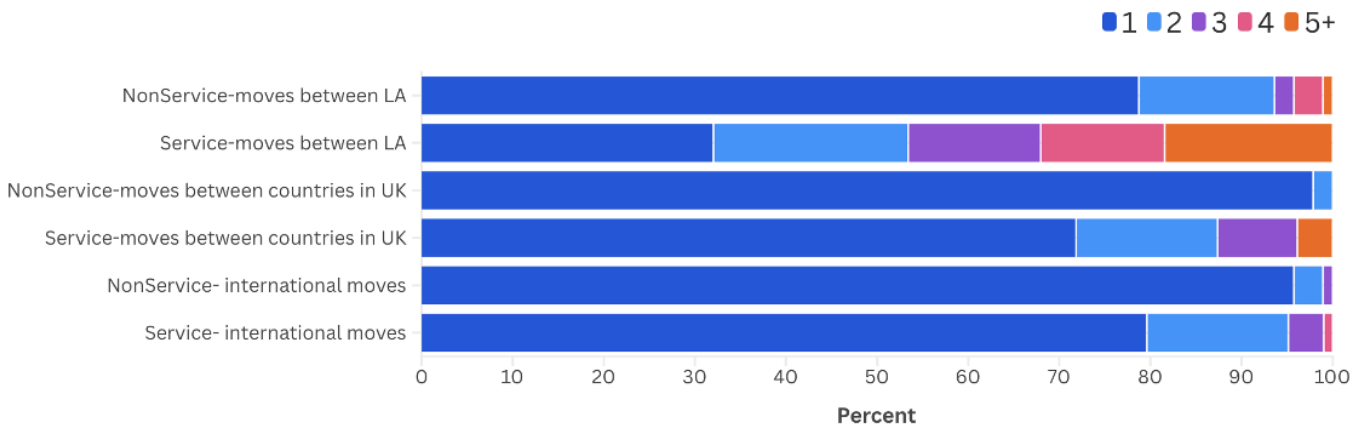
Figure 31: Number of schools attended



As Figure 32 shows, Service children were also much more likely to have made school moves between local authorities, between the different nations of the UK or internationally than their non-Service peers. Given the difficulties of finding appropriate educational provision when moving between different areas highlighted in our qualitative data, these data provide insight into the extent of challenge faced by Service children with additional needs.

106 p= 0.0002

Figure 32: Comparison of Service and non-Service children's school moves between Local Authorities (LAs), countries of the UK and international moves (excluding children who did not make any of these moves)



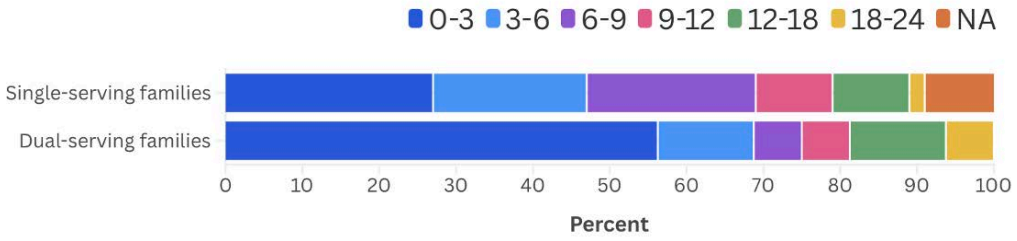
When asked about their experiences of those moves, Service carers were consistently less pleased with the experience of moving schools than their non-Service counterparts (See Figure 33). Non-Service carers were over twice as likely as Service carers to say that information about their child was always efficiently transferred to the new school (31% non-Service versus 11% Service), that their child's support plan was always carried over to the new school (40% non-Service versus 18% Service) and that they were always consulted in planning for the child's transfer (39% non-Service versus 14% Service). Non-Service carers were almost four times as likely than Service carers to say that appropriate support was always in place in the new school when their child arrived (30% non-Service versus 8% Service) and almost five times as likely to say that getting support in place for their child was always a positive experience (24% non-Service versus 5% Service). Non-Service carers were also more likely to indicate that their child's welfare was always taken seriously (33% non-Service versus 20% Service) and that their child was always able to continue with their extra-curricular activities (27% non-Service versus 16% Service). The only aspect of moving that differed little between Service and non-Service families was making friends, with around 20% of non-Service and 18% of Service respondents reporting that their children had always received support to make friends.

Figure 33: Parents' views of their children's school moves

Statement	Proportion of parents selecting 'Always or 'Most of the time' (%)		Proportion of parents selecting 'Sometimes or 'Never (%)	
	Service	Non-Service	Service	Non-Service
Information about my child was transferred efficiently.	35.2	55.6	64.8	44.4
Appropriate support for my child's needs was in place when my child arrived.	23.3	48.6	76.7	51.4
Staff got to know my child quickly	51.6	63.3	48.4	36.7
My child's support plan was carried over to the new setting	46.8	58.2	53.2	41.8
I was consulted in planning for my child's transfer	38.4	52.2	61.6	47.8
I felt people took my child's welfare seriously.	44.4	57.9	55.6	42.1
Getting support in place for my child was a positive experience.	20.7	45.6	79.3	54.4
My child was supported to make friends.	33.7	41.1	66.3	58.9
My child was able to continue their interests and extracurricular activities.	36.3	47.0	63.8	53.0

Certain items in the survey were addressed only to Service families. Figure 34 displays responses to a question about the amount of time the serving family member had been away from the family over the previous two years for Service reasons, excluding commuting. The data suggest that 13% of single-serving family members and 19% of dual-serving family members had spent over 12 months on deployment in that two-year period. These data provide quantitative context to our findings about the impact of deployment on children with additional needs and spouses, as discussed on pages 61 and 68.

Figure 34: Deployment time over last two years (in months)



Retention

A further survey item sought to understand whether children's additional needs affect retention of Serving personnel. A first question asked whether the serving adult was thinking of or planning to leave the Armed Forces. Of the 81 responses to the question, 31 (38%) stated that they were considering leaving, compared with 50 (62%) who said they were not.

A follow-up question was then directed at those who were thinking of leaving, asking to what extent their child's needs would influence that decision. **The results were as follows:**

- 62% said their child's additional needs would be the main factor or would strongly influence their decision to leave the Armed Forces.
- 29% said it would somewhat influence their decision
- 9% said their child's additional needs would have no influence on their decision to leave.

The same question was put to veterans. Of the 26 responses from this group:

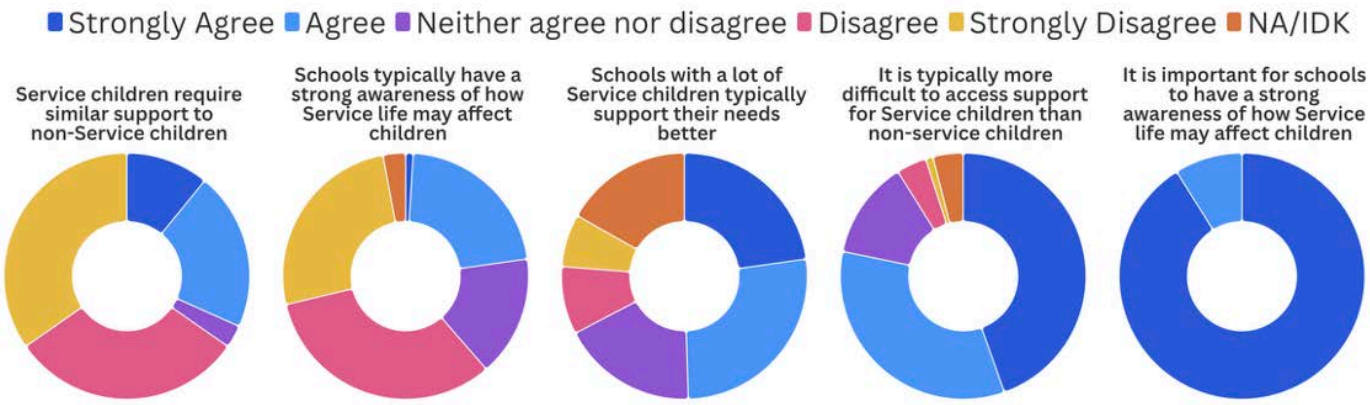
- 27% said their child's additional needs was the main reason they had left or that it was a strong influence on their leaving the Armed Forces.
- 8% said it had somewhat influenced their decision.
- 62% said their child's additional needs had not influenced their decision to leave.

While these findings suggest that thinking of leaving the Armed Forces does not necessarily translate into actually leaving, and it must be noted that the numbers of responses in the follow-up questions were very small, these data provide a sobering indication of the potential impact of Armed Forces family life with additional needs on retention of military personnel. From our qualitative strands of the project, we know that leaving the Armed Forces is a last resort for many serving parents and can represent a considerable career and even financial sacrifice, especially if they have to forego some pension benefits or repay the balance of the Forces Help-to-Buy loan. Our qualitative research does provide evidence that with support and flexible working arrangements, some individuals who had handed in their resignation eventually changed their minds. However, we also have evidence of the opposite happening; for example, from one survey free text response: *"I suffered with depression and had to end my military career due to the lack of support with my son. I tried reaching out to [military organisations] but no help was provided. I missed out on my full pension by approx 3 years, due to having a son with SEN."*

Parents' general opinions on educational provision for Service children

A final set of questions asked Service families about their general views on educational provision for Service children. They were asked to state the extent to which they agreed with five statements. The results are shown in Figure 35.

Figure 35: Service parents' views on educational provision for Service children in general



66% of parents disagreed or strongly disagreed with the statement 'Service children with additional needs require broadly similar support to non-Service children with additional needs.' Notably, this finding contrasts with teachers' views on the same subject from a recent survey of schools conducted by the organisation Service Children in State Schools (SCISS)[107], in which 48% agreed and 26% strongly agreed with a very similar statement[108]. The SCISS survey report did recognise that teachers in schools with higher numbers of Service children were less likely to agree with the given statement, which aligns somewhat with the 50% of the parents in our survey who agreed or strongly agreed that 'Schools with a lot of Service children (eg. 30% or more of the school population) typically support their needs better than schools with just a few Service children.' These findings are especially pertinent when 52% of schools in England reportedly have at least one Service child on roll and 50% of schools with Service children have only one or two Service children[109].

This finding suggests that staff, especially in schools with small numbers of Service children, may need a better understanding of the impact of Armed Forces life on children in general and children with additional needs specifically. This view is also supported by the relatively small proportion (23%) of Service parents who strongly agreed or agreed with the statement in our survey 'Schools typically have a strong awareness of how Service life may affect children with additional needs' and the 100% who strongly agreed or agreed that 'It is important for schools to have a strong awareness of how Service life may affect children with additional needs.'

These findings do not indicate the aspects of support needs that may differ between Service and non-Service children, but analysis of our qualitative data suggests that emotional support for deployment, sensitivity at times such as Remembrance, and validation of children's Service identities are needed, as well as greater efforts to get to know children's additional needs quickly and help with speedy assessments to prevent delays.

In response to the statement 'It is typically more difficult to access support for Service children with additional needs than for other children with additional needs,' 78% of respondents selected 'strongly agree' or 'agree'. This figure again contrasts with teachers' views in the SCISS survey, in which the majority (56%) were found

107 Rose, 2024

108 The statement teachers were asked to respond to was: 'As a cohort, the support needs of my school's Service pupils with SEND are broadly similar to those of other pupils with SEND'

109 Hall, 2019

to strongly disagree or disagree with a similar statement[110]. As before, teachers from schools with over 60% Service children were more likely to agree or strongly agree with the statement (66%), a proportion closer to that of our respondents, although still lower.

This difference between our survey and the SCISS survey might suggest that teachers with more experience of Service pupils are more aware of the additional challenges of navigating additional needs systems for Service families, but that many teachers may lack a deep understanding of Service life, a point made in one of the free text responses: *"My son's first school was 100% armed forces children as it was behind the wire. The support provided at that school and the understanding of our family situation was excellent as they completely 'got' service life... His current school does not have the same understanding of service life and do not provide the same level of emotional support or have the same provision and understanding."*

Findings from Strand 3 (Arts workshops and free text survey responses)

The realities of life with additional needs

This section focuses on the experiences of living with additional needs for any family, serving in the Armed Forces or not. **We include this section for three reasons:**

- Parents frequently expressed the view that the military needed a better understanding of the realities of family life with additional needs.
- Parents commented that mainstream teachers and even sometimes additional needs co-ordinators lacked an in-depth understanding of additional needs.
- Clarity on the common experiences of all families with additional needs allows a clearer understanding of the unique experiences of Armed Forces families, over and above their non-Service peers.

This section considers the impact of additional needs on children and parents.

The impact on children of having additional needs

No two children with additional needs are alike. Participants in our research reported that their children had a wide variety of additional needs, from delays in speech and language development to physical disabilities and severe long-term medical conditions, or neurodevelopmental conditions such as Tourette's syndrome, attention deficit disorder (ADD) and autism spectrum disorder (ASD). Most of the children, as the survey confirms, had complex combinations of additional needs, such as medical conditions combined with neurodivergence and mental health conditions.

Additionally, children's needs changed constantly throughout their development, and they all had different personal histories and circumstances. We heard from parents with adopted children who were managing the aftermath of early life trauma, children who were undergoing invasive medical procedures, and children who were attending very different educational settings or none.

It is important to recognise that every child with additional needs is unique and that policies and practices must be tailored towards children as individuals and not as cohorts. Parents reported that even siblings with the same diagnoses often displayed very different behaviours and tendencies. Some recounted how characterising children by category could lead to low expectations: *"they said things like, you know, 'He'll never read.' I'm like, 'Yes he will; he'll do it in his own time. Don't tell me that my child won't do things.' And*

110 The statement presented to the teachers was 'My school has experienced more barriers or challenges accessing SEN support for Service pupils than those typically encountered accessing support for other SEND pupils'

he did. He can read now." Our evidence suggests that children are supported to thrive when professionals know them, understand their needs and can see the child beyond the label or diagnosis.

"Every single day, I'm scared that she's going to choke on something and have to go to hospital." (parent of child with pica): Physical and emotional safety

Despite this diversity, we observed that our research participants had much in common, including deep concern for their children's physical and emotional safety. For some children, the severity of their medical conditions meant that being hospitalised was a regular occurrence, while being outside the home and away from parents was a constant risk. Parents described teaching the staff to care for their children and recognise warning signs: *"[My child] comes with an instruction book"*.

Many of the neurodiverse children we heard about lacked a sense of danger and needed a carefully managed and supervised environment. Parents reported children with pica, for example, eating non-food items such as glass or excrement, leading to parents' fear of them choking, seen in the quotation in the subtitle. Other children were likely to run off with no awareness of danger. For some children the safety risks led to difficulties in finding nursery school places: *"They just said, 'Look, we wouldn't be able to have eyes on him all the time'. So then that's a safety issue... You're just like, 'Can no one support my child?'"* For others, safety risks made it extremely difficult to take children out, therefore limiting children's opportunities for informal education and social interaction. Safe spaces to take children outside the home were described as *"game-changing"*: *"Used to bring him in here so that I could just breathe for 10 minutes and know that he was safe and he could just run around and let off steam"*.

Social isolation and bullying were other emotional and physical safety issues mentioned by parents in the majority of the workshops. Being *"ostracised"* by peers was mentioned by several parents, especially for children who were frequently taken out of classrooms for learning interventions or for children who had communication difficulties. Some children with autism struggled to 'read' facial expressions or to make friends. Parents critiqued the *"preconceived notion that people with autism aren't sociable... My children are really sociable, they're so desperate to have friends, and they don't have any friends."*

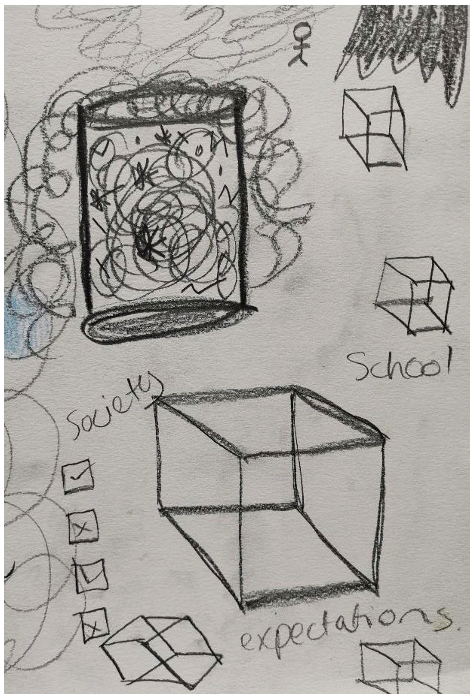
Some parents recounted their children being goaded by classmates until they retaliated, often ending up in trouble themselves. Other children experienced direct bullying, such as being spat at, beaten up or poked with sticks. One child, trapped by other children in a stack of car tyres during playtime, suffered the trauma of remaining outside alone because the teacher did not notice her absence and her peers said nothing. Parents commented that incidents in schools were sometimes poorly handled by professionals, especially when children hid their reactions: *"Teachers and schools do not address physical bullying of the children who seem ok on the surface."* One parent recounted her child's experience of longstanding sexual abuse by an older child living nearby on camp. The case was poorly handled and eventually the family resolved it themselves by moving away.

For many of the neurodiverse children, a sense of being different or struggling to 'fit in', compounded by social exclusion and sometimes bullying, led to a sense of isolation: *"he does get lonely, and he'll say he's lonely."* Parents reported a profound impact on children's well-being: *"She would be like, just sobbing in her room, when she was six, seven years old. And it's heartbreaking."*

A *"round barrel into a square box"*: struggles with mainstream education

Parents frequently expressed concerns about the inability of mainstream school to meet their children's needs. Many used metaphors such as *"a square peg in a round hole"* and illustrated them in some of their artwork (for example, Figure 36). Even the most caring environments did not always work for some children: *"He was in mainstream school, beautiful little village school. Beautiful teachers, caring, nurturing. Kind students who accept… his quirks and differences. But mainstream school wasn't designed for him."*

Figure 36: Detail from parent's artwork



For some parents, their children's barriers to thriving in mainstream education were the standardised curriculum and lack of support staff. One survey respondent described their children as *"'corridor learners' excluded from their class because they could not follow the curriculum"*. An art workshop participant highlighted similar exclusion within the classroom because of a lack of inclusive practice and funded support: *"because they didn't have the funding for months, because I was still fighting for it, they just gave him a box of animals and sat him in a corner"*. Some children lacked support because more disruptive children monopolised adults' attention: *"you've got kids in there with severe behavioural stuff, and they consume the time of the person. Your autistic, quiet kid, who just wants to sit there and learn and be supported is getting absolutely... sod all."*

Parents reported that for some children, barriers to thriving in mainstream schools were the fast-paced learning environment and extended periods of concentration required in a system that, according to parents, prioritised outcomes over well-being. One parent, a teacher herself, commented, *"they explode, and we're sitting wondering why 15 of the children are dysregulated? Well, it's because you're asking the six-year-old to concentrate for eight hours."* Testing was described as *"beyond distressing"* and led to some children's additional needs being overlooked. A parent of a child in an English school recalled the words of a teacher: *"'Even if she's got dyslexia it doesn't matter. She'll get above expectation in all areas of her SATs, so what does it matter?' I said, 'But it does matter.'"* Notably, parents in our research rarely expressed worries about their children's academic performance; they seemed to prioritise their well-being and social inclusion: *"The pressure each year of work becoming harder and more expectation is affecting her mental health. Her peers are growing up and conversations are becoming harder for her, she is emotionally younger than her peers and falling behind in her work. She has self-harmed and her anxiety is always high."*

"If you don't meet the sensory needs, then you get the behaviours": sensory overload

Most parents in the art workshops reported that their children struggled with sensory overload within the school environment. Many children were highly sensitive or intolerant to noise, certain fabrics, tastes and textures and smells. For these children, uniform, school lunches and the classroom environment were highly challenging: *"There was just too much noise, smells… you know, everything… he was being absolutely bombarded in terms of his senses."*

Teachers reportedly varied in their approaches to children's sensory needs. Some implemented adaptations: gentle early morning or lunchtime arrangements, alternative uniform, fidget objects, ear defenders or 'brain breaks'. Such inclusive practices sufficed for some children, enabling them to cope with school, but were merely a *"placating situation"* or temporary solutions for others. As one parent noted about their child's adaptations, they were *"enough for him to be able to be dealing with the learning... Up until, he couldn't."* Some parents described adaptations as inconsistently applied, one mother explaining that despite alternative clothing arrangements, teachers still asked why her child did not have his PE kit. One parent recounted asking whether her autistic child could use a school's sensory room to self-regulate when necessary, and being told that it was only used for isolating disruptive children or for teachers' tea breaks.

Other parents observed that teachers maintained rigid, standardised practices: *"there is still teachers that will not change... teaching style, because if you're in a mainstream school, then you should be taught a mainstream way."* Insufficient understanding of additional needs sometimes led to children's behaviours being misinterpreted - ticking or stimming, for example, being seen as disruptive behaviour - leading to inappropriate punishments. One parent described the effect on her child who had Tourette's Syndrome:

"She'd be shouted at. She was just ticking, you know, wasn't her fault... she would be heartbroken for days because she'd done something naughty that… she didn't even know she was doing." Inflexible behaviour policies sometimes resulted in a vicious circle of a child being regularly placed into 'isolation', which increased feelings of overwhelm and led to the child *"acting out."* The long-term effects of punitive educational environments were profound: *"he came home... just a little bit more broken every day, and he would sit on the kitchen floor and sob his heart out."*

The need for better understanding of additional needs was exemplified by the case of a teenager with autism spectrum disorder. Able to 'read' only four facial expressions, she frequently misinterpreted teachers' and peers' intentions and feelings. Her mother described the *"light bulb"* moment when a speech and language therapist explained the child's difficulties: *"the[teachers] were like, 'Oh my god, we've… We've been judging this all wrong.'"* By then, however, the child had developed self-harming behaviours and had attempted suicide.

"Masking just to get through the day": Children's coping strategies and their limitations

Children, parents recounted, responded to the academic, behavioural and social expectations of mainstream education predominantly by 'masking', something parents felt educators needed to better understand. Children would conceal neurodiverse behaviours such as stimming, mimic their neurotypical peers' behaviours, hide their sensory sensitivities and suppress their emotions while at school.

Comments from parents demonstrated that masking could be problematic in several ways. Parents described children's exhaustion from hypervigilance and monitoring and controlling their behaviours, especially without the regulating benefits of stimming. Masking all day led to extreme behaviours before and after school. Parents often used the *"Coke bottle analogy, where he's kind of shaken up all day… gets home, lid comes off, safe space, we were getting it all." "Next-level meltdowns"* were a daily occurrence, with children often hurting themselves and others.

Parents also reported masking hindering the assessment of children's additional needs and therefore delaying support. They described teachers dismissing their concerns and attributing differences between home and school behaviours to poor parenting. One mother recounted, *"I was going to the school, saying, 'Look, she's coming home having meltdowns.' I was carrying her to school, kicking and screaming, whilst her little brother was carrying her... things... every day, for years. Like, [imitating teacher voice] 'Oh no, she's fine at school".* Similarly, parents expressed frustration when professionals could not accurately assess their children's needs because of them masking during the assessment. Parents also highlighted the difficulty of diagnosing neurodiversity in girls because they often masked behaviours seen commonly in boys or because hormones can be blamed: *"If anybody had said to me one more time it was her hormones, I swear to God, I could have choked them. Absolutely wasn't her hormones. They weren't helping. But that's not what was fundamentally wrong."*

In the long term, parents reported, masking could profoundly affect children's mental and even physical health: *"she's a big masker, and then she ends up so burnt out, exhaustion, and... she's very physically anxious to the point where she's sick or kind of withholds her bowel movements or ends up making herself ill with it."* In an extreme but, sadly, not unusual case, a parent identified that long-term masking had contributed to an *"autistic burnout"* in which her teenager, experiencing psychotic symptoms, had run away from home and threatened suicide.

"She just refused. She wouldn't go": school refusal

School refusal or running away was a commonly reported response to the challenges of mainstream schooling. One parent recounted her child being placed in two unsuitable large secondary schools, consecutively, against her wishes: *"It was like trying to put a circle in a box, right?... But he had to go through the trauma of seeing it through to see if it works."* This trial-and-error approach had a severe effect on her son: *"He was an emotional wreck... He wasn't facing going back in. I was getting school refusal. I was getting anger. I was getting tears."* Eventually, the child ran away from school and stayed at home for eighteen months before the local authority provided a suitable place.

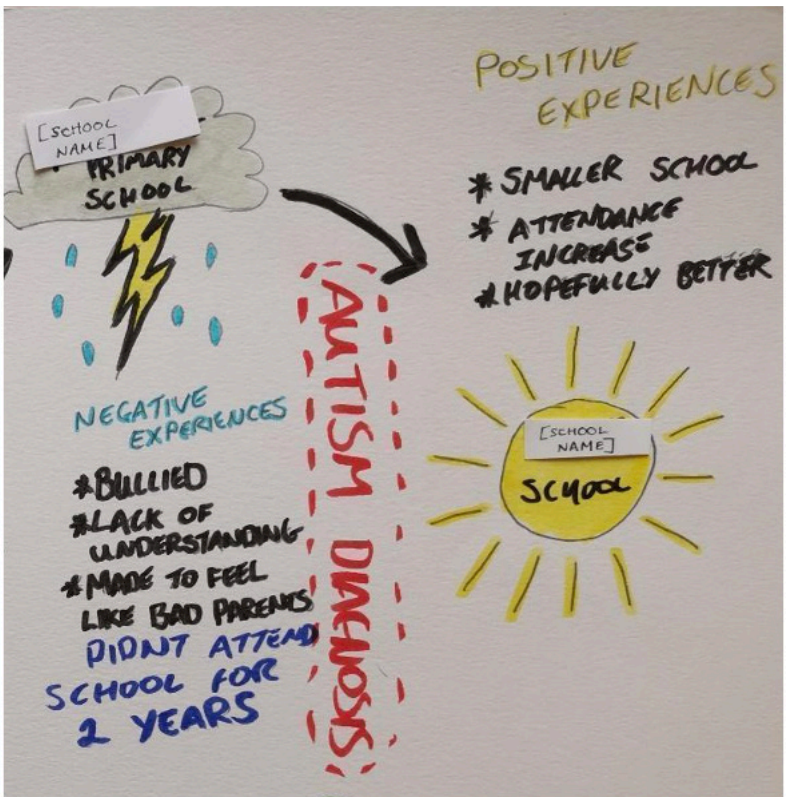
Another parent described her child engaging in no education at all during year 10, the first year of the two-year GCSE course in England, while another explained how her child was effectively off school because of frequent school refusal: *"even with a reduced timetable, she cannot complete a full week of school"*. Even where children were attending regularly, it was often with extreme reluctance: *"she would easily be a school refuser if I didn't drag her to school in her pyjamas. Yeah, every day is a battle".* One parent described how schools' concerns about attendance figures can result in children and their parents being stigmatised rather than supported: *"the [school] would basically say, 'It's on you. Get your kid in school. Your attendance is shocking.'"*

"She's thriving now": Making it work

This section so far has painted a bleak picture of the social, emotional and educational challenges of children with additional needs, particularly those in mainstream education. One heartening finding reported was that children could begin to thrive swiftly in a new environment, even after poor previous educational experiences, when their needs were understood and met, something a survey respondent described as: *"inspirational given where we were a year ago."* Another parent in the survey described the *"massive change"* in their child's well-being after a move from mainstream to a specialist setting: *"His education has bounced back and he enjoys going to school now."*

Many parents sought specialist educational provision for their children with additional needs. For some, special schools provided the academic and social inclusion their children needed: *"We were like, [in mainstream] she's not going to be included from a cognitive ability point of view; she'd be taken out all the time to go with the TA. She's not gonna be included from a playground point of view, because she can't keep up with everyone... We're like, she's just not gonna be included, it's not gonna be an enjoyable experience. So we chose [Special School Name], and I'm so glad we did, because she's fit in perfectly. She's in a class of 10."* For another child, moving to a small-group specialist setting supported both his social inclusion and communication, because, the parent reported, his peers wanted to talk to him, unlike those in his previous mainstream school.

Figure 37: Detail from parent's artwork



Regardless of the type of setting, parents emphasised the importance of finding the most appropriate one for their children: In one artwork (see Figure 37), a parent illustrated his child's positive move between two mainstream schools, contrasting them with weather symbols and a list of negative and positive experiences. This parent described how his autistic child *"had gone selectively mute"* in the first school, where her needs had been overlooked due to large classes, 'ad-hoc' and inconsistent implementation of her support plan, other children's disruptive behaviours, and severe bullying. After two years of non-attendance, the parents moved her to a smaller, quieter school which offered more individualised support. Her attendance and enjoyment of school had improved considerably, and while she was still attending part-time, her parents were hopeful that she would eventually thrive.

Another mother reflected on her daughter's contrasting experiences of two mainstream schools: *"I think because of that year with that teacher, and feeling so belittled, on edge, nervous about everything, and [feeling] like she had to mask, I think that [she] then couldn't just settle... I think that was the end of it for that school for her."* The mother moved her daughter to another school, where *"The teacher spoke to [us] and said, 'How can we make this work for [her] in the classroom? What can we do? Where do you want to sit? Is it too busy? Do the displays bother you? The sound? Who do you want to sit next to?'"* With adaptations, the mother reported, this child now *"loves learning."*

In both the above cases, parents emphasised the importance of teachers building relationships with the child as an individual, rather than seeing them as a problem. Another parent described her child's teacher as *"incredible, like he is just amazing. He sees [my son] for his worth. He's never spoken negatively about him."* Again, with adaptations, that child was thriving.

Where parents reported mainstream education working well for their children, it was often due to compassionate classroom teachers who respected and listened to children and parents and then implemented classroom practices based on a deep understanding of the individual child. In one of the survey comments, one parent noted the importance of recognising parents' expertise: *"The staff are not arrogant about their knowledge. They understand that they needed time to get to know my daughter and they listened to what we said. Even if they did not initially agree they were willing to try our plan and then began to see what we had explained."*

For some neurodivergent children, medication helped remove barriers to thriving. Many parents reported an initial reluctance to use medication, often driven by stigma: *"I know a lot of people are against it, but actually, the benefits far outweigh the negatives... We always said that we would hold off..., and if their schooling was being affected, then we would look into it."* For some children, medication made the difference between thriving educationally and not even attending school. One parent described the stark difference medication made to her primary-school age child: *"His grades went up. His social skills got better. He created this amazing little network of friends. He reads. He's read the most books in his class now... He writes and writes and writes because he can now get information out of his brain onto paper, and he's just super smart."* For a teenager with severe mental health problems that had resulted in a year off school, a support package including medication, adaptations and mentoring enabled him to re-engage with education and even develop hobbies.

The impact on parents of caring for children with additional needs

"You look at your kid, and it's not their fault, right? They didn't ask for any of this."

This section provides detailed evidence from parents of the challenges of caring for children with additional needs and the impact on parents. The insights here have important implications for educational practitioners and the Armed Forces as an employer, as a better understanding of these challenges can inform the development of more supportive practices. Again, this section is not just about schooling, reflecting our view of education as a holistic developmental process, inseparable from the context within which children are cared for.

While this section outlines many hardships experienced by the participants in our research, it is important to emphasise at the outset their profound commitment to their children's wellbeing. They are their children's champions; their actions and advocacy are driven by love, compassion and appreciation of their children's uniqueness, as is powerfully evidenced in their artworks and narratives.

"You're feeling your way. It's a journey, isn't it?": A lifelong learning journey

For all art workshop participants, understanding the nature and extent of their children's additional needs was reported to be a gradual process. This learning process was often happening alongside the transition to parenthood itself and the challenge of establishing their careers. Many families were also dealing with the different additional needs of two or more children, as our survey shows. While each family's circumstances

and experiences were entirely unique, the theme of *"feeling your way"* was common to all the parents. At the outset, they were often unaware of the challenges ahead, as one mother explained: *"I didn't have any understanding of where this was going to take us, and the lack of support that was available, the lack of understanding for her needs, the resistance to even contemplating and understanding her needs."*

While some children's additional needs only became apparent in teenage years, many parents had an early sense that *"something bigger was going on"* with their child. Others - especially first-time parents - initially assumed that parenting was simply considerably harder than they had anticipated. For these families, it was often a health or educational professional who suggested their child had additional needs. One parent described the personalised and structured support they had received from an understanding midwife at that uncertain and anxious time: *"I think she just knew, but she was kind and told us in every visit a little... And she guided us about everything really."*

For some parents, realising their child had additional needs was a relief: *"I started actually thinking maybe we weren't just shit parents, that she wasn't just a naughty child, and that actually, there's an issue here."* Other parents experienced *"slight denial",* hoping their child might simply be developing more slowly than others, and often well-intentioned people reinforced this view by downplaying their fears or suggesting tactics that did not work.

Almost all parents recounted a realisation that their child's additional needs would profoundly shape their family life, and that there was a lifelong journey ahead. Participants described continually planning for their children's short-term and long-term futures, overcoming one hurdle and immediately shifting their attention to the next. One father described the anxiety triggered by constant *"horizon scanning": "I'm trying to prepare as best I can for the next step for them both. But I am worried about the future."*

"You don't know what you're talking about." Feeling unheard and dismissed

For many parents, an early obstacle was persuading health and education professionals to take their concerns seriously. One mother, worried about her newborn, was told repeatedly that she was feeding him incorrectly until the baby's life-threatening heart condition was diagnosed. Following urgent surgery, she expressed her continuing concerns but was dismissed again: *"The GP said I was... being neurotic or whatever, and actually I was right. He had to [have surgery again]."* For some parents, such struggles were compounded by the difficulty of accessing expert help during the Covid-19 pandemic.

This experience of feeling unheard or dismissed was very common among our participants: *"You're not listening. What are you not hearing me say? How many times do I have to say this? Or am I just a mother, and therefore my… narrative doesn't matter, because I'm not a professional?"* Similarly, one father offered the following advice: *"No one knows your kids better than you. Do not get made to feel that you don't actually really know your kids."*

Many parents remarked that professionals were quick to attribute difficulties to their parenting skills rather than investigate further. These judgements were often based on cursory discussion and even, perhaps, the parent's appearance. One young mother felt she was denied support because she *"just got judged really quickly"*. Recommending parenting classes seemed to be the default response. A survey respondent described how being branded *"a neurotic mother"* led to her child *"slipping through the system"*, finally receiving a diagnosis of ADHD with autistic traits at 19 years old.

Such judgements may have stemmed from outdated views of neurodiversity and assumptions about parents *"jumping on the bandwagon of ADHD."* One parent commented: *"I think sometimes people think we make stuff up, but trust me, I've got better things to do with my time."* While parents' views about labels such as ASD or ADHD differed, and theoretically a label is not necessary to access support, almost all felt a diagnosis was a crucial step in securing provision for their children. One father described discussions with professionals who had denied his child the support she needed to thrive educationally: *"The other phrase was, 'We don't want to label her'... And I said, 'I'm sorry. I REALLY want to label her, because that's the only way... anyone's gonna pay any attention or notice.'"*

For practitioners and employers, these findings highlight the importance of listening, compassion, respect and serious consideration of individuals' concerns. They also suggest a need for early personalised and flexible support that connects parents with the education, health and welfare systems they will require in the short and longer term.

"People are just staring at me as if I'm an absolute alien": Stigma, judgement and isolation

As well as judgement by professionals, almost all participants described the isolating effects of judgement by bystanders, other parents or even family members. The quotation in the subtitle was from a parent whose autistic child had a public 'meltdown'. Another mother recalled a humiliating experience of *"bursting into tears in the middle of this cafe, just silently crying my eyes out as I wrestled these kids out... And this woman goes, 'Oh look at her, even the mother's greeting' [crying]."* Despite such comments stemming from poor understanding of additional needs, some parents took the judgements to heart, as one mother explained: *"I'm not doing life very well right now. And why does everyone else look like they're doing life so well?"*

Some avoided such painful experiences by staying at home: *"for years I would dread taking her anywhere because of the looks... I became scared to take her out and about and do anything."* Further isolated by a lack of places or activities adapted for children with additional needs, many parents described their own social support needs going unmet: *"there was sometimes a risk of not seeing anybody all day, every day."*

Being misjudged by others sometimes had additional serious consequences. Six of the 28 art workshop participants reported having received unfounded referrals to Social Services or Children's Services, including for Fabricated or Induced Illness (FII). Despite being cleared of any wrongdoing, the trauma of such allegations and the fear of being mistakenly found at fault had lasting effects on some parents' willingness to seek help for their children: *"if you do say that they've got needs, you might be done as FII... it does make you traumatised to access help you might need, or frightened... that they're going to take your children."*

"Why is everyone, on their own, struggling?": A lack of support

Compounding the isolation that accompanies stigma and judgement was a reported lack of support for parents with children with additional needs. This point was made by all workshop participants in all parts of the UK. Parents described being shocked by how much they were expected to handle without support: *"you get... a standard letter... with a couple of unique points about your kid in it, and then they go, 'Well go on, crack on with it then.' It's like, 'Well, I don't know how to parent an autistic child. What do I do?' 'You'll figure it out. Bye.'"* While some parents had received unwarranted Social Services attention, other parents' requests for help went unanswered. One mother recalled: *"I called [Social Services] out a few times when I didn't feel I could keep her safe, and they just went, 'Try being firm.'"*

Over-stretched support services were also commonly mentioned. We heard about waiting lists of 30 months to see an educational psychologist in some areas, four years for ADHD assessment, and two years for speech and language therapy (half the lives of non-verbal or pre-verbal four-year-olds). We heard of children without an Education and Health Care Plan (EHCP) because there was no one in their county who could issue one. Parents also told us about children's Disability Living Allowance renewal being suddenly rejected despite no change to their disability.

Child and Adolescent Mental Health Services (CAMHS) faced near-universal criticism from participants. Parents listed many grievances, including: lengthy waiting lists (over 3½ years for standard appointments in some areas and one year for emergency referrals, even where self-harm was a risk); little transparency about likely timescales; staff failing to keep appointments or dismissing parents' concerns. One parent described a conflict between CAMHS and her GP: *"CAMHS said, 'No, she's not our problem, she's your problem.' This went on and on and on. At this point she was threatening to kill herself, didn't want to be alive. And we just got passed back and forth."* Another parent whose child was threatening suicide was handed a sheet of stress management techniques and told he had no mental health problems. One mother summarised her frustration with the lack of cohesive, coordinated support for parents: *"it just blows my mind, how little it makes sense... why is everyone, on their own, struggling?"*

"I don't just care for [my daughter]. I have to fight for her every single day": Never-ending battles

A recurring theme in our research was parents 'battling' to secure the support their children needed to thrive. The metaphor of battles was used in our survey by Service and non-Service families alike, although Service families' battles had unique layers of complexity, as we discuss from page 66 onwards.

Parents likened navigating *"broken"* additional needs systems to traversing a *"minefield"* alone. Despite recognising the financial strain on local authorities, they were critical of perceived underhand tactics used to deny or delay support and save money[111]: *"If they can delay it and delay it as much as they can, they are potentially saving themselves a few thousand pounds. And for a council who's already in debt... they don't see the consequence on the parents or the child. They just see it as 'Oh, we've saved ourselves a little bit of money...'"* Other delaying tactics included meetings behind closed doors, being *"deliberately obfuscating"* and not responding to parents' communications. One survey response simply stated: *"The hardest part of children with additional needs is battling the council."* Parents described such constant conflict as exhausting but unavoidable: *"... we feel like we're exhausted in fighting the system, and then you have to pick yourself up and be like, 'No, we have to keep fighting because we're letting the kids down.'"*

21% of the art workshop participants and 17% of survey respondents had served overseas and experienced different healthcare and education systems or MOD education. While their views of overseas provision varied, more parents reported positive than negative experiences, some asserting that their child had been better served overseas than in the UK. For example, two parents in separate art workshops related positive experiences of the US healthcare/education system. One described how her child was assessed and a diagnosis given within a week of referral. Within two weeks, a multi-disciplinary panel of specialists had convened, conducted additional assessments and developed a support plan for the child. *"I had to agree to it, and if... I didn't think the provision was correct, they had to go back and reshuffle their thinking and present me with a different plan. Two weeks. And it was jaw dropping."* Finding common ground with the other parents in the art workshop, this parent observed: *"In all of our journeys, an overseas medical system was so much more efficient, simpler, helpful, more efficient than ours... If we'd been left to our own government's devices, we'd be utterly screwed... And it is a complete disgrace."*

"A black tunnel": an emotional journey

In the artwork depicted in Figure 38, the parent likens parenting a child with additional needs to stumbling through a dark tunnel. She explained: *"as soon as you start to think about... schooling, society, their SEND issues, military life, councils, it feels like a black hole... you're bumping into things, there's hurdles in the way.... Yes, there's a bit of light at the end of the tunnel, but the hurdles and the dependence on us to get to that light - if they ever indeed reach that light - that's difficult."* She contrasts the tunnel with a bright landscape representing the family's love of the outdoors and her children's independence away from those challenges and societal constraints.

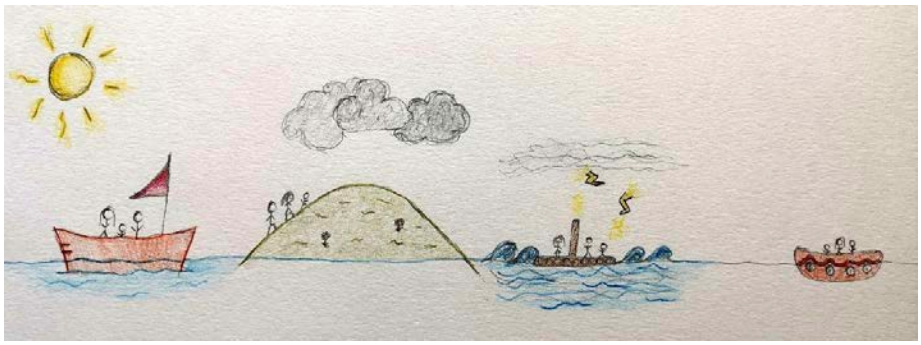
Figure 38: Parent's artwork

On a similar theme, another parent's artwork (Figure 39), depicts a family making an arduous journey, involving a steep hill and a shipwreck in a storm. The parent described her situation as *"getting tossed about by different things and everything seems to be stressful..."*.

Parents often used the related metaphors of darkness and stormy weather, both to describe uncertainty, but also reflecting fear, anxiety and relationship difficulties. Many parents underwent a process of mourning their imagined future: *"It's almost like you're grieving what you thought you were going to have when you had children."*

111 See Keer, 2024.

Figure 39: Parent's artwork



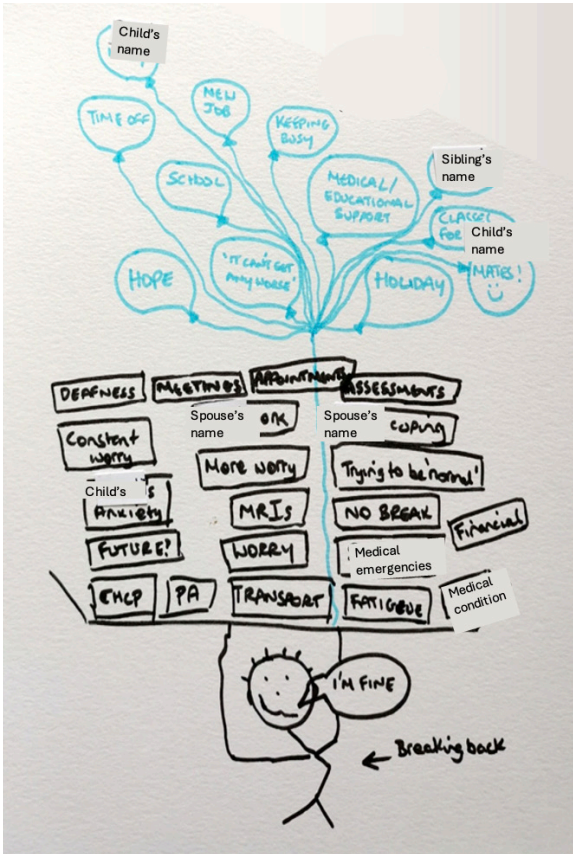
One parent described a particularly difficult period in her child's early life as *"a dark time. It felt like I was in a constant vortex of a tornado,"* while another parent talked of her desired life being unattainable: *"it's just so much darkness I could just feel, I just feel like there's like, a beautiful world, we're just not able to enjoy it."* Her words mirror the contrast between the two landscapes in Figure 38, and between the sunshine and storm in Figure 39.

More than one parent in our research had been confronted with the very real possibility of losing a child. One parent in this situation said she rarely talked about it - *"I'm genuinely not banging on about it at home"* - but allowed herself occasionally to *"sit with the darkness of it"* and mentally prepare for challenges ahead. Another parent described avoiding stopping to think about their situation, choosing instead to keep busy, as a necessary, albeit potentially unhealthy coping strategy. Sometimes such strategies backfired, with parents reportedly receiving less compassion and support than they needed because of their composure.

"It's hard work and never-ending": Exhaustion

All parents described the everyday task of parenting children with additional needs as exhausting. In his artwork (Figure 40), one father depicted the 'backbreaking' load of challenges that weighed him down, contrasted with balloons representing uplifting aspects of life.

Figure 40: Detail from parent's artwork



Some of those challenges were practical, such as frequent medical appointments, financial and transport issues and his child's need for an Education, Health and Care Plan (EHCP), and others emotional: *"worry", "more worry" and "constant worry"*. Fatigue and a lack of respite were also burdens. Support from *"mates"* and medical and educational professionals relieved the burden, as did a new job, time off and a holiday. Seeing his child happy and accessing education were mentioned as positives, as well as a sense of hope and the idea that things simply *"can't get any worse"*. Outwardly smiling, the reality was more precarious: *"This is me saying 'I'm fine' with a half smile, because I'm not really fine."*

"You can either provide for your family or you can care for your family": Working outside the home

Many parents told us that the unrelenting challenges of caring for their children compelled them to abandon their careers[112], as the quotation in the subtitle suggests and another mother explained: *"it got to the point I couldn't do it. I couldn't manage two jobs, and my paid job had to go, because this other job for [my child] was far more important."* Parents pointed out that living on a single income hindered their ability to manage their household needs,

112 A finding consistent with other research, eg., Contact, 2024, which reported that 62% of UK parents of disabled children or their partners had to give up a paid job or reduce their hours, at an average annual loss of £21,174 of income.

citing the cost-of-living crisis, and to achieve their longer-term life aspirations. It also took a personal toll on parents out of paid employment, increasing their isolation and reducing their sense of fulfilment: *"I want to be out, [having a] challenge, helping, doing whatever, you know, making a difference."* Some noted a decline in confidence, professional skills and the mental and physical capacity to manage a job outside the home.

"I have to be present for my son. I have to pretend everything's okay": Emotional labour

Many parents described having to 'hold themselves together' for the sake of their children. The term 'emotional labour' describes the work of regulating emotions to successfully perform a role in professions such as cabin crew, teaching or customer services. Usually the calm and cheerful persona is switched off outside the work environment, allowing people to relax and recover from the stresses of the job. However, parenting children with additional needs often requires 24-hour emotional labour, especially when children have difficult behaviours, as one mother described: *"It's non-stop, just heavy, heavy parenting, you know, setting boundaries and being firm and 'Let's calm down. Let's do our finger breathing, nice and calm, please. What zone are you in?' That is my life. Day in, day out."*

Another parent described her daughter's physical attacks, which included biting, slapping, kicking and head butting: *"My god, does it hurt when she starts to attack... You cannot reason with her because she doesn't understand... So I have to do a lot, like deep pressure on her wrist,... to try and ground her. When that doesn't work, I have to pull her into a full, deep body cuddle."* This was far from an isolated case; parents talked of regularly risking physical injury to prevent their children harming themselves, by allowing them to headbutt them rather than a wall, for example.

"A parenting team without respite": Exhaustion and its toll

Another common theme was the pressure on participants' marriages from constant strain and exhaustion: *"You sit there on a night absolutely exhausted. If you're not talking about the kids, you just want to go to sleep... You get to a point where you just realise that you're a parenting team rather than a marriage, because you don't have any respite."* One parent recounted being told by a behaviour specialist that the majority of couples with similar profiles to theirs divorced, unable to survive the relentless challenges.

Many parents cited respite as the single thing they most needed. While some felt guilty for contemplating time away from their children, they recognised they needed a break for their own wellbeing and to help them better appreciate their children. However, respite was often out of the question, especially if children required specialist care which required training or had severe behavioural difficulties. Holiday clubs and residential trips were often impossible: *"there's no one you can leave her with, you know. She's 24/7."* In some cases, where parents did occasionally secure respite care for their children, changes in routine and carers led to the child 'masking' and then experiencing a meltdown afterwards, effectively negating any benefits of the respite.

The realities of Armed Forces family life with children with additional needs

While children and parents from Armed Forces families share the challenges set out in the previous two sections with non-Service families, this section of the report focuses specifically on the military context. It examines the impacts of Service life on the educational thriving of children with additional needs, the experiences of siblings, the challenges in providing the conditions and contexts which enable children to thrive, and the ways in which parents seek to support their children to thrive.

Armed Forces life and living with additional needs: The impact on children

"He needs a lot of stability": Mobility, change and uncertainty

The NPD data and the survey demonstrate that Service children are significantly more likely to move schools than their non-Service peers, despite support for home ownership under the Modernised Accommodation Offer, and that they are significantly more likely to move between local authorities and countries, within the UK and internationally. We address the complexities of moving between local authorities and countries within the current additional needs crisis from page 66 onwards. Here the focus is on the effects on children of mobility itself, without the added complexities of navigating dysfunctional and disconnected systems.

As the quotation in the subtitle suggests, parents commonly observed that children with additional needs benefit from certainty: regular routines and familiar environments and carers. For any child, a move is an intense learning process, which can be both exciting and anxiety-inducing, but moving may present additional hurdles to children with additional needs. Navigating new sensory environments, unpredictable routines and unwritten social rules within many different contexts - school, neighbourhood, healthcare, interest groups - may be challenging, particularly to neurodiverse children and those who struggle to articulate their emotions and needs. Such challenges often impact children's emotional well-being, as a survey respondent explained: *"As [my child] struggles making friends and fitting into social groups the moves can cause anxiety, mood swings, sleepwalking, all through stress."* Support to break into friendship groups may combat the potentially isolating effects of moving into a new environment: *"people have established friendships, and she just rocks up and she's like, 'No one speaks to me in science, I just sit by myself.'"*

Children may cope in a new environment by masking, which, as noted earlier, may prevent their needs being fully recognised and result in delayed support: *"For our son, there was a period of about 6 weeks when he kept everything bottled up at school as he didn't know anyone, so they would think his needs had been over-inflated..."* Adjusting to a move is a two-way learning process; optimum support can only be provided once staff have got to know the child. If additional agencies are involved, it may take even longer until support becomes effective, by which time a child has often moved on: *"[A plan] was briefly put in place at the previous school, once we had the Ed psych report; but it was too late to really have an impact before moving again."* One parent described the cumulative effect on her child of frequent moves: *"I think probably schools never really got to know the real him, so never got that support put in place before it was time to move again."* Where school moves are unsuccessful, the effects on children's educational well-being can be profound and lasting: *"My son loved school and loved learning and begs me to go back to our last location and I can't do anything."*

Uncertainty surrounding moves can fuel anxiety for children with additional needs and their parents, especially when there is an extended wait to find out where they will be living, as an art workshop participant explained: *"For a year, they're asking you, 'Well, when are we going? Where are we going? When are we going?' And for children that have additional needs, it's really difficult to calm their anxieties, when you're waiting on pins for that answer yourself."* A survey response identified the period between being given the posting and the actual move as a particularly anxious time. Education is only one of many concerns for families when moving, as a parent with an adopted child explained: *"Moving house... means leaving carers, because that's what's happened historically... So our priority is not education right now, it's about safety, connection, and reassuring him that we're going nowhere."* Children awaiting moves may express anxiety through changed behaviours and relationships both in school and at home, such as one child who became *"snappy"* with friends and constantly questioned their teacher about an impending move.

Uncertainty surrounding multiple aspects of the new school environment was also reported as a source of anxiety to some children, as a parent explained: *"[My daughter] had six weeks where she did not know if she'd got a place at school, if I was going to home school, or where she was going to go. What was the uniform going to feel like? Even down to things like that are really important to [her]."* Thus seemingly minor details of a transition may be a source of stress to children. This finding highlights the importance of understanding individual children's priorities and providing clear and concrete information at the earliest opportunity to reduce uncertainty.

"The kids didn't even know who he was when he came back. No idea": Deployment, relationships, anxiety and uncertainty

Like mobility, deployment often presents challenges to children with additional needs and can disrupt their relationship with their deployed parent. The quotation in the subtitle relates to a 10-month deployment; however, for young children, even shorter deployments can be severely disruptive: *"when he comes home, they've changed a lot, because four months in a child's life [is a long time]."* Children with additional needs may struggle to understand or misinterpret their parent's absence, which can lead to distress. One mother

recounted her daughter's response to her father's deployments: *"She was convinced that every time he was going away, that... he was dead. She'd freak out in school."*

Some children communicated their distress about a parent's deployment through challenging behaviours or school refusal. Parents expressed the view that such behaviours needed compassion and flexible handling, yet this was not always the case. One survey respondent counted their child receiving multiple school exclusions during a parent's deployment, which suggests both a lack of understanding of the impact of parental absence and inadequate support mechanisms. However, there is also a risk that a child's behaviours or emotional challenges may be attributed to parental deployment without further investigation, as the following survey responses explained: *"It was assumed my son was acting up as his dad was away, this may have contributed to his behaviour but there was more than that."* - *"Whenever concerns were raised, school blamed deployment and refused to look deeper until my daughter's mental health became concerning for them."*

Several parents described their children withdrawing affection from their Serving parent. In one extreme case the parent described *"psychotic behaviour... 'He can't tell me anything. He's not my father. He's not here. He doesn't love me. He doesn't want me.'"* Such behaviours may be intended to punish the parent for a perceived rejection or may function as self-protection in preparation for the next period of absence. These behaviours were reversed, however, in a child whose father moved to a non-deployable post. Her parent described a *"huge difference. She's gone from pretty much would not have been able to be affectionate or particularly kind to him, to actually, every day, willingly be like, 'Daddy, I love you.'"* The parents were concerned, however, that a new post might mean deploying again, triggering the child's distress once more.

As with mobility, uncertainty surrounding deployment can fuel anxiety for all children, but especially those who require predictability and consistency. According to parents, last-minute changes of plan occurred frequently and had severe effects on children's wellbeing. One parent recounted her child's reaction to his father's delayed return from a deployment: *"[My son's], like, LOST HIS MIND, because that's not what was supposed to happen."* Other parents described children's struggles with constantly changing deployment patterns: *"He'll be gone for three to four weeks... And then other times he's done, like, six or nine weeks, and then other times he's just away all week, and then comes home at weekends. And they are really struggling with that."*

As is well-recognised in the literature on deployment, adapting to changing family dynamics can be challenging for any families, and may present additional difficulties for neurodivergent children. Parents who remained at home recounted that some spouses struggled to *"cross over between military head and SEN head"* and to attune to their children's needs: *"he talks to him like he's a recruit, like, 'You need to do this now.' I'm like, 'That's not working for him. He needs that connection and that emotional regulation to be able to access stuff and your military mindset is not working.'"* Thus, while some might assume that a child's troubles end with the parent's return, the immediate post-deployment period may introduce additional conflict. Occasionally such conflict can have potentially cumulative long-term effects, as one parent related: *"Looking back, he blames his dad for (A), not being there enough, and (B), not understanding enough and giving him the validation that it was okay to be who he was. And I think that came from the military mindset."*

"I know Daddy's got PTSD": Post-Traumatic Stress Disorder and its effect on children

Participants in four art workshops cited Post-Traumatic Stress Disorder (PTSD) as a challenge to family life. While some related PTSD to military operations, one cited their child's medical emergencies as the catalyst. While this study provides no evidence of the numbers of children affected by parental PTSD, it does highlight its potential effects on children.

Parents described children witnessing *"anger outbursts, holes in walls and all sorts of stuff."* Often these were rare and triggered by an unusual event such as a conflict at work - *"I'd never seen him lose it like that before... he was having flashbacks for when he'd been away"* - while in other cases *"kicking off"* was a regular occurrence. In extreme cases, family life revolved around the needs of the parent with PTSD, with constant

effort directed towards monitoring moods, reducing triggers, shielding children or even preventing self-harm or suicide. For neurodiverse children who may struggle to read facial expressions or articulate their emotions, their parent's behaviours might be confusing and distressing. One mother described her child's concern for his father's well-being: *"Will Daddy ever get better?... Because it's really, really not very nice, is it?"*

Our research also suggests that PTSD may be under-reported by serving personnel, for fear of being downgraded or discharged: *"The whole time, he's like, 'Well, no, it's gonna affect my career. It'll stop me having access to weapons. I'm not [notifying work].'"* This finding suggests that there may be more children than is currently recognised, from Service and non-Service families, who are living with a carer's PTSD, caring for a parent or sibling, or experiencing secondary trauma stress themselves. It should not be assumed that Service children will necessarily encounter PTSD, that a parent's PTSD automatically affects children's wellbeing or that a child's behaviours are due to their parents' PTSD; however, given the complex and sensitive nature of PTSD, education and healthcare practitioners may require training to avoid misunderstandings and provide appropriate support.

"They do love their dad and they love the army": Pride and validation

Finally, despite the challenges highlighted here, parents also described the positives of Armed Forces life. One survey respondent noted that their children derived confidence and security from their parent's demanding and interesting work. Other parents described their children's pride in their parent's Service: *"We've protected them from the crappy bits... If they could talk now, I think they would say they're proud of their dad" - "The kids are like, 'My dad's a Royal Marine.' And I'm like, 'Yeah, that is something to be proud of.'"* Parents nurtured this sense of pride, feeling that it contributed to their children's long-term wellbeing: *"I'd like him to be able to talk fondly about his time when his dad was in the military."*

Some parents cited schools' close relationships with their local military bases and celebrations of Service families as validating for their children. Despite her negative opinion of the Armed Forces, one parent highlighted *"lovely aspects of being in the military as in like... Camo Day, [helicopters] would fly into the school field so the kids could look around them. Those... little things are the things that make it special."* This finding suggests the importance of encouraging Service children to be proud of their background, and of offering opportunities, planned with community members themselves, to 'own' a positive and visible identity in schools.

The experiences of Service children who have a sibling with additional needs

While the focus of the art workshops was on the educational journey of the child with additional needs, the impact on their siblings was discussed by parents in almost all the art workshops, with additional insight provided by two mothers' reflections on their own childhood experiences. We include this short section to begin to address a lack of research evidence on the experiences of Service children who have a sibling with additional needs[113].

"She'd start attacking [her siblings]. You know, I had to physically distance her": Siblings' safety and wellbeing

Some parents reported that their children enjoyed a close relationship; in some cases, siblings were described as *"best friends"*, especially when one struggled with making friends outside the home. However, many parents expressed concerns for the physical, social and emotional wellbeing of the siblings of their children with additional needs. Several parents reported that one of their other children had been hurt or was at risk of physical harm by their sibling, as the above quotation suggests. One parent even reported that one of her children had held a pair of scissors to a sibling's throat. Some parents stressed the need to be allocated accommodation with sufficient bedrooms to keep siblings apart when necessary for their own safety, while one parent expressed appreciation for school staff who had ensured her children's safety by implementing measures to keep them apart. Sometimes, some parents explained, taking more than one child out of the home together was too difficult or dangerous, especially when only one parent was at home.

113 Taylor-Beirne and Fear, 2021

They described being confined to the house more than they wished, leading to fewer social and educational opportunities for all their children.

Parents reported that witnessing siblings' violent or explosive behaviours could be frightening: *"[He] was sat in the corner crying because he was scared."* Often, mornings before school and the journey to school were described as fraught with tension for the whole family. Car journeys were often a flashpoint: *"she can go nought to 100 in less than a second... she'll try and unbuckle the baby from the car [seat] and then throw a shoe at me."* These quotes serve as a reminder that the siblings of children with additional needs may arrive at school in a state of turmoil or exhaustion, and they may require support to settle into the learning environment.

In some cases, siblings witnessed crises, as recounted by a participant whose child had been airlifted to hospital in a medical emergency while her husband was deployed: *"I had to phone Welfare... and I was like, 'Look, I've had to leave [eight-year-old], who has walked in to see his brother looks dead on the floor. He's traumatised... But at the minute I'm about to get in a helicopter and leave [him].'"* In this case, Welfare procedures worked well: care was provided for the child; the husband was brought back from deployment; and the family was supported. Other parents in similar circumstances described having to reconcile their children's desire to know what was happening to their siblings and their need for protection from trauma: *"we didn't want him to have the anxiety of worrying about his older sister."*

"He's just being left to his own devices to a certain extent": Children's conflicting needs

As this quotation suggests, several parents reported that one child's needs often had to take precedence over those of their siblings. In some cases, parents explained, they could not leave their children with additional needs unattended for safety reasons and the siblings had to occupy themselves: *"he spends all of his time alone in the living room because I have to be with [his sibling], and I feel really guilty in the night-time, because he's just sat and watched TV and played on his own all day."* Other parents explained that one child's needs simply took up so much time and energy that they had fewer reserves for the siblings, especially when one parent was away because of deployment or unaccompanied postings, or if they were living away from extended family and support networks. Some parents described feelings of guilt: *"she's the kid you don't focus on because she achieves... You feel guilty because you're focusing on the other one with the high needs."*

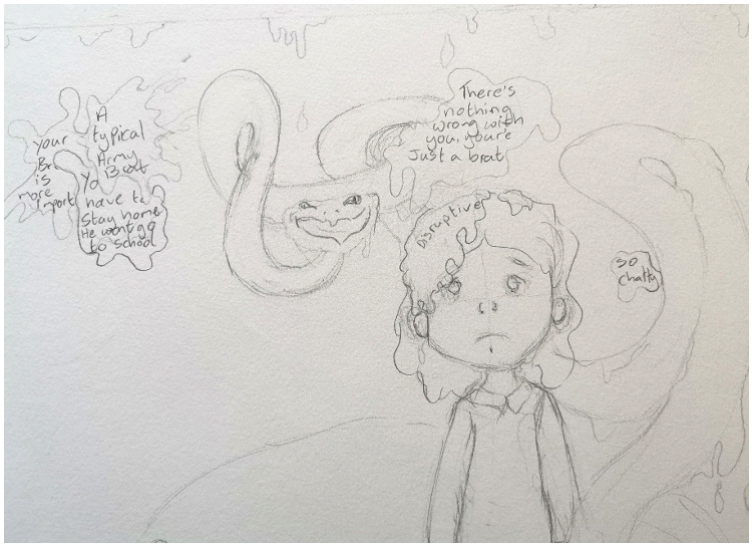
Other parents explained that an imbalance of attention negatively affected the parent/child relationship, sometimes compounded by children's resentment of what they perceived as more lenient treatment of their sibling with additional needs, or double standards: *"Why aren't you dealing with this? Why are you ignoring this behaviour?"* Some participants also shared their concern that siblings were developing unhelpful behaviours themselves, either because they were seeking attention or because they were simply influenced by behaviours they were witnessing. One parent, for example, reported: *"he has started copying some of her behaviours, pushing the boundary and seeing if he can say the same things as his sister."*

"My son's autistic. My daughter's definitely autistic, but he's getting a lot more help at the moment": Siblings' own additional needs

As the survey data from this project shows, it was not uncommon for families to have two or more children with additional needs. Some parents reported that their experiences of assessment procedures and services for one child streamlined the process for subsequent children, and that practitioners were more receptive to investigating a second child's needs if a sibling already had a diagnosis. However, others explained that the more pressing or visible needs of one child overshadowed their siblings' needs. The parent quoted above expressed the view that her son was getting more help because his needs were more visible than her daughter's, due to her ability to mask. In other families, one child's needs were very much more severe than their siblings. The parent of a child who had undergone multiple major surgeries described having to consciously remind herself that her other children's needs, while less acute and frightening, were far from trivial to them.

One adult ex-Service child recounted how her own needs were *"very much pushed aside"*, her ADHD remaining undiagnosed until adulthood. One reason she identified for the lack of attention to her needs was that the more severe needs of her sibling dominated her mother's limited time and energy, especially as she was living overseas with little support. Additionally, she explained, teachers at her schools assumed that her behaviours resulted from a lack of parental discipline or even from Service life. In her image in the art workshop (Figure 41) she portrayed the trauma of being stigmatised as a *"typical Army brat"*, a term she strongly resisted: *"just the worst term..., it really conjures like... a completely feral kid with really, like enabling conniving parents. That's how it's always, like, felt when people say it."* It was not until further education that teachers and counsellors suggested she might be neurodiverse herself. Having experienced depression and suicidal tendencies as a teenager and young adult, she described the relief at her diagnosis:

Figure 41: Detail from participant's artwork



"Ecstatic, absolutely ecstatic... to know that there wasn't something wrong with me and it wasn't like personality flaws, and it wasn't like being severely fucked up and traumatised. It was just that my brain is made differently."

***"You've got a little boy who, from the age of three, was helping to look after his big sister, and it's heartbreaking..."*: Young carers**

Two mothers recounted their own experiences of becoming a carer at a very young age. They described receiving no support, partly because of their families' mistrust of Social Services. It must be noted that the experiences described by these two women predate the introduction of legislation designed to protect and support young carers[114]; however, this study also provides evidence that mistrust of Social Services still influences some families' likelihood to seek help (see page 57).

One of these women recounted the impact of her caring role on her own education: she described not having time for homework, staying at home to care for her sibling on days when her parent had to go to work, missing exams for the same reason, having to assert her right to go to college because she was needed at home, and having reduced further education opportunities because she needed to stay near her family. Explaining that her poor academic record had been misinterpreted by college staff as her being *"flaky"* and not caring, she said: *"I really cared. I did really care. You can't get too invested when it can be taken away... There was always that chance that I wouldn't be allowed to go [to college]."* The other mother attributed her own young motherhood to her early caring responsibilities: *"No wonder I ended up with a baby at 16."*

In contrast, some parent participants had registered their children as young carers so that they could benefit from any available respite and support. One child had taken part in residentials provided by the Armed Forces, which his mother felt allowed him to enjoy much-needed respite and fun activities for himself: *"that break and that fun. He just loves it, and that's been the main one for me, is seeing [him] just be a happy little boy"*. Some parents said they also needed respite for their children with additional needs, to enable them to spend quality time with their other children, but this was much more difficult to achieve, because of the difficulty of managing the child's difficult or dangerous behaviours.

114 E.g., Children and Families Act, 2014

Summary

This short section has identified several key challenges for children with a sibling with additional needs. Parents reported concerns for the siblings' physical, emotional social and educational wellbeing, detailing risks of physical harm, trauma from witnessing explosive behaviours or emergencies and restricted social and educational opportunities resulting from being confined to the home more than they wished. Parents also highlighted the competing needs of different children, such as when one child's intense care needs dominated parents' time and energy, leaving them with fewer reserves for the siblings, who sometimes developed their own problematic behaviours or felt unfairly treated. They explained the importance of respite care and ensuring that siblings' own needs were not overlooked. It must be remembered that the siblings themselves are already managing the complexities of their own childhood within a Service family, as documented in previous research[115], as well as the additional dynamics of having a sibling with additional needs.

Caring for children with additional needs within the Armed Forces context

This report has already outlined challenges faced by all families with children with additional needs, including judgement, stigma and isolation, a lack of support and respite, intense physical and emotional challenges and marital strain. Using data from the art workshops and open-text responses from the survey, this section focuses specifically on the military context, considering the unique experiences of Service families with children with additional needs.

"The state system is simply not responsive enough for a military family that moves": Mobility difficulties and systemic issues

The research documented countless challenges families faced when a serving parent was posted. Parents recounted ways in which policies, practices and staff responsibilities differed between local authorities (LAs) they had lived in, meaning that many aspects of additional needs services and education were devolved not just to national but, effectively, to county level. Often their postcode affected whether their children were placed within specialist or mainstream education, whether the level of support they received changed on moving and whether support could be organised before they moved. At the same time, many parents noted, underfunding, staff shortages and increased demand for specialist provision had resulted in service cuts and excessive waiting lists for assessment and support.

In this 'perfect storm', mobile Armed Forces families feel disadvantaged compared with families who do not move. Parents described having little choice over their new location and having to navigate new systems. On moving, children were sometimes offered the least expensive rather than the most appropriate provision. Children's previous assessments, diagnoses and support entitlements were frequently disregarded by their new LA or school, while progress towards assessments or waiting list places was often lost. Parents frequently described being forced to start again from scratch. For many, this process was repeated at each posting. These challenges help to explain our survey findings that Service parents were consistently less positive than non-Service parents about both their children's educational provision and their experiences of moving schools, and that 78% of Service parents agreed that it is typically more difficult to access support for Service than non-Service children. These challenges also add context to the survey finding that Service and non-Service parents held differing views of the factors that they felt promoted or hindered their children's thriving, supporting our suggestion that Service children are disadvantaged at the level of access to education.

"The bigger antagonist to me is the council": Challenges with local authorities

Although the Armed Forces Covenant pledges that members of the Armed Forces community 'should face no disadvantage compared to other citizens in the provision of public and commercial services'[116], and LAs must

115 E.g., Lee, 2025; Robinson, 2024

116 Ministry of Defence, 2016

pay due regard to the Covenant, parents expressed the view that the opposite can be true: *"you're almost prejudiced AGAINST because you're a military family... I don't think [LAs] see us as constituents. I think they see us as outsiders coming in. We'll be here for a certain time and then we'll go."*

Parents recounted numerous examples of LAs mishandling their children's moves: failing to find suitable school places; delaying allocation of school places; refusing to communicate with families before their move; placing siblings into different schools; disregarding children's existing support plans, even when issued by another LA within the same nation; denying support until threatened with court action; refusing to accept robust diagnoses and insisting on new assessments; failing to apply the exemption in England that a KS1 class may exceed 30 children if a Service child joins; seeking a less expensive school for children than the school named on their support plan, without consulting parents; issuing plans containing errors, even when following the directions of a tribunal.

In many cases, parents described the local authority acting unlawfully: *"[They breached] about 10 different clauses within the SEND codes of practice, within the Children and Families Act, and also within the Armed Forces Covenant itself."* The frequency of such complaints from parents indicates that these are not isolated instances of poor practice but systemic problems.

"We had to restart the whole process again": Lack of continuity between counties and countries

Families described experiencing such challenges when moving internationally, between the different nations of the UK, or even within the same country. The following survey response recounted a typical experience for many of the participants in our research: *"[My] child was originally diagnosed while posted [overseas]. Upon return to England we had to go through the whole cycle again from scratch as the local council did not accept the military headed paperwork. This also reoccurred when we moved to the next county and they wanted to reevaluate themselves."* Parents found the lack of logic infuriating: *"It frustrates me that a child will have an individual development plan here, but it doesn't transfer to England, and vice versa. You start the whole process again, even though, effectively, it is the same..., but they just won't recognise each other's processes."* The consequences of disconnected systems are severe: in numerous cases children were not being educated at all: *"My child had no education for two years until a tribunal ordered what he needs."*

For some families, transferring children's healthcare was similarly problematic, often affecting their educational well-being. One parent explained that it took 18 months to transfer her child's medical notes from England to Scotland. Two separate families recounted how the ADHD medication that enabled their children to thrive at school was terminated on their return to England, despite having been prescribed by a military hospital overseas: *"CAMHS could not have cared less that we had a five year clinical history, that we had a robust diagnosis from one of the top hospitals on the planet."* Another parent explained how being posted between countries had denied her son the diagnosis he needed for support to be provided: *"They said, 'You're gonna have to start the process again.' I said, 'I absolutely refuse. Like, I know the waiting list's long, but I've been doing this in two different countries. I have every bit of paperwork. Like, there's absolutely no way. He needs a diagnosis.'"* Even where plans were not automatically rejected in new areas, waiting lists sometimes delayed the support a child needed: *"She was having occupational therapy every week. Someone would come out to the house [for] an hour a week, which is excellent. Moved up to [Place]. Back of the queue... 18 months waiting list."*

On planning this research, we expected to uncover pockets of excellent practice within some areas of the UK or local authorities. A disheartening finding was that among all the counties that were named by participants, including some renowned for their commitment to the Armed Forces community, none were reported by our sample as having consistently good practice. The same English county, for example, was described by two different participants as *"a breath of fresh air"* and *"awful."* Similarly, two families had moved between the same two nations within the UK, yet their experiences were markedly different. While one reported *"less 'battling' from a parent's perspective for support in [Country]"* the other described the same move as *"by far the absolute most disastrous, abhorrent and awful move we have ever made as a military family."*

"There's a reason there's an Armed Forces Covenant": Duty of care and accountability

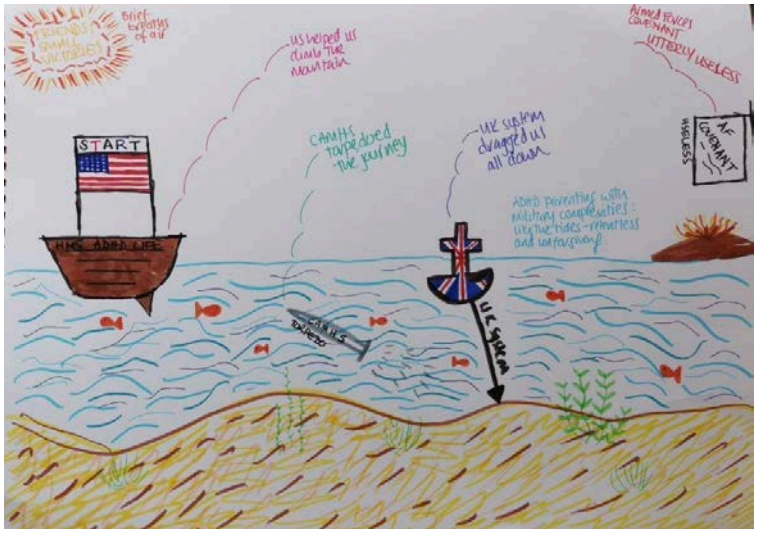
Many participants expressed a sense of injustice that their military Service was not reciprocated through continuity of healthcare or education for their children: *"[She] didn't have an EHCP, because Heaven forbid you have one in another country or even another county, for FIVE YEARS, and then, because you move, because the king or queen and Prime Minister TELL YOU TO, that they would also ensure that that healthcare transfers. And the education for your children."* Some had tried quoting the Armed Forces Covenant, to no avail, such as one parent who had invoked the Covenant to ensure her child's ADHD medication would not lapse on returning to England. A doctor told her that the Covenant did not apply in her case because her child was *"at the same disadvantage as everybody else."* Parents reported inconsistent understanding of the Covenant across the devolved nations, one being told, *"sorry, but that's just not how we do it here."* Many expressed the view that they deserved better, as one survey respondent stated: *"As a military family and my partner serving his 22nd year we have been utterly let down... the military and local authority have ruined [my child's] education."*

Parents voiced frustration at the lack of consequences for local authorities (LAs) who breach the Armed Forces Covenant or additional needs legislation. One survey respondent asked, *"If they're signed up to the armed forces covenant but refusing to acknowledge a military child's additional educational supports, what recourse is there for families?"* Some parents found it galling that local authorities may withhold support for a child until a tribunal is convened: *"Ultimately... you will win because they have breached legislation. But at what cost?"* This point was echoed by a mother whose child was moving between devolved nations: *"we will fight all the way to tribunal for [my child]. I feel angry that we have to, because 95% of cases that are taken to a tribunal are conceded, and I just think that money could be put into the system instead of wasting it on tribunals."* While some parents expressed hope that a strengthened Armed Forces Covenant might improve matters, they were sceptical from past experience: *"I think the Armed Forces Covenant... would have made more use to start a fire than it did for me and my little girl."*

"Being a military family, you're just battling the system every time": Complex and never-ending battles

While both Service and non-Service families talked of 'battles', repeated moves intensified the frequency and complexity of battles for Service families: *"You're fighting battles with education. You're fighting battles with the council at every place you move to, and NHS sometimes to get moved back up the waiting list because you moved."* In her artwork (Figure 42), one participant, whose family had experienced a highly problematic return from the US to the UK, depicted a sea battle in which *"HMS ADHD"* was sailing happily under the US flag, until *"torpedoed"* by Child and Adolescent Mental Health Services (CAMHS) and dragged to the bottom of the sea by the *"UK system."* A copy of the Armed Forces Covenant was depicted as burning on a bonfire, with the label *"Utterly useless."*

Figure 42: Parent's artwork



Deployment often made those battles harder for Service families. Having to fight for their child's rights alone was exhausting for the at-home parent, managing a household with reduced support, as parents explained: *"A lot of time the husbands are away, and we're the ones that have to do the fighting and advocate for our children, right the way through, and it's exhausting."* Additionally, the partner's absence could be misinterpreted by decision-makers: *"He couldn't be there to fight for his son's EHCP... So I was doing that on my own, which... probably gives*

more power back to the council, because it looks like you're not a united front, when actually it's not your fault. It's because you're military, which I don't think's very fair." The 'battle' metaphors in this quote highlight the adversarial nature of interactions with councils, a typical view among the research participants.

Additionally, parents described 'fighting' on many fronts: *"Everything is a fight... Literally everything.... Can I just have something that's not a fight?"* A mother listed the separate challenges she faced in her family's move between countries: *"You're trying to book removals, you're trying to arrange school visits, you're trying to transfer an EHCP, you're trying to transfer your utilities and your broadband, and find a broadband provider. You're also trying to start prepping a house to pack, but you can't pack because that'll overstimulate your kids, because they can't cope with change."* In her artwork this parent portrayed herself spinning plates while treading a tightrope and carrying heavy sacks (Figure 43). Parents described the stress of constant battles: *"If I didn't have to fight all the time for all these things, half my stress will melt away, you know?"*

Figure 43: Parent's artwork

"Military families are overlooked, misunderstood, and face stigma": Understanding of Service life

In our survey, Service parents rated teaching staff as one of the most helpful sources of support for their children with additional needs, a view reflected by many art workshop participants. The parent of a child who experienced a mental health crisis during her husband's deployment described the essential role played by school staff: *"the school and educational professionals that we had around us were really supportive... so that was kind of my support network at that time."* Reflecting our survey findings, many parents also noted that schools near military bases often had a particularly good understanding of the needs of Service children, including the children of ex-serving personnel.

However, reflecting the quotation in the subtitle, some parents expressed the view that schools, especially those away from bases, lacked understanding not only of military life and its impacts but also of additional needs. Some described schools automatically ascribing children's difficulties to military life, leading to children's needs being overlooked or to battles with schools. Parents also found inconsistency of support between schools frustrating. One survey respondent described not knowing where to turn because their child who had thrived with regular SENCO support at a previous school was denied all support at a new one.

The value of well-supported teachers was observed by a survey respondent whose family relocated so their child could return to their previous excellent school: *"Happy well supported teachers make for happy well supported children."* Within the current educational climate, however, teachers are often under pressure to deliver curriculum objectives at pace with inadequate support and funding. One participant, herself a teacher, remarked, *"There isn't enough funding. There isn't enough adult support. We don't even have enough whiteboard pens to do a lesson sometimes."*

Some parents reported experiences of schools, under pressure, sidelining the needs of transient pupils, as one survey respondent explained: *"The SENCO... didn't bother putting in the paperwork for my son's autism assessment because we would have been moving on."* Others reported schools assuming that families had access to military funding and prioritising non-Service children for internal resources: *"there seems to be that, you know, 'You can get it sorted elsewhere', sort of thing. 'We're going to focus on other people.'"* One parent described a sense of hostility from school staff who believed that charity support granted unfair advantages to Service children, demonstrating a fundamental lack of understanding of the potential disadvantages

of military life. Stigma towards Service families from school parents and staff was mentioned by several participants: *"We got a lot of 'Oh, you're an [change of tone] Oh, you're an Army family.'"*

While some parents expressed the view that Service Pupil Premium funding should be available outside England, some were critical of schools' use of the funding. A main concern was that the money was not targeted towards Service children but 'lumped in' with the general school budget. One parent, a school staff member, identified a mismatch between provision and children's needs. *"Most of us have got a laptop at home. We can access the internet. They don't need that provision from school, but what they do need is someone checking in when their dad's deployed, or when they've come back and everything's changed again, and they're really struggling with that. And... they weren't getting the fact it's coming up to Remembrance Sunday, why the kids could find that triggering."*

"Suck it up, buttercup": A lack of understanding and support within the military

While military life exacerbated their struggles with external organisations, parents often criticised a lack of support within the Armed Forces themselves. One mother described a particularly difficult time: *"When [my child] was literally close to death, ... nobody at work even mentioned it, the Padre didn't go and speak to [my husband], nobody at all."* Another parent described an imbalance between the demands of military family life and the support offered: *"The Army has not been where I've got the support from during my journey with my two children at all... If anything, sometimes they've been... the antagonist, because they make decisions which mean that my husband has to go away for a long period of time, which then leaves me as the sole carer of two very high need children."*

Other parents criticised the military for poor understanding of the complexities of moving with a child with additional needs, including how uncertainty further complicates mobility. One survey respondent reported: *"It is near impossible to get a SEN school placement but no recognition of this difficulty or trying to find a suitable school when forced to move. The constantly changing goal posts, eg., where new posting is to, timelines and 6 months out of area at short notice are hard enough without the additional consideration that needs to be given for a SEN child. I just feel no consideration is given, no empathy or understanding."* Other participants referred to the *"suck up and put up"* mentality of the Armed Forces. One spouse recounted pointing out her family's entitlements when allocated a smaller house, and being met with the *"invalidating"* words: *"Stop being so entitled"* and *"You knew what you signed up for."* (Figure 43). She explained: *"No, I didn't... I knew we would move around. I didn't know that when we moved places that a school wouldn't always be readily available. A house in that area wouldn't always be readily available. That sometimes we could be waiting up to a year to find out where we were moving to."*

"The ghost that leans over the family" versus *"It depends on your chain of command"*: Tensions between institution, policies and people

Families' attitudes towards the Armed Forces as an institution were not helped by what they perceived as rigid, one-size-fits-all policies and procedures. As one parent commented, *"The JSPs [Joint Service Publications] that they follow with all the rules in, they're really black and white. You can't be black and white with SEND families, because it's always grey."* Parents described decisions being made by distant, anonymous people who knew nothing about their situation: *"When it goes to the board up at Glasgow, they don't give two hoots as to what your personal circumstances are. You just have to be good enough for the job."* Hence the metaphor of the *"ghost that leans over the family"* in the subtitle.

While parents identified some policies as excellent, they described others as poorly thought through and, while theoretically helpful, difficult to implement. While parents welcomed the new Wraparound Childcare (WAC) policy, for example, finding an Ofsted-registered carer who was prepared to provide specialist care for short hours was nearly impossible. Some parents found policies illogical or inconsistently implemented. One parent was refused a posting overseas because their child had failed the medical, only to be sent anyway because their existing post had already been filled. Another child was turned away from MOD schools overseas because their needs could not be met but instead placed in a UK county which could not meet their needs. Paradoxically, MOD overseas schools were sometimes highlighted as more supportive than UK

schools, as one survey respondent reported: *"Since being at the MOD school with lesser pupil numbers and better ELSA provisions my son has absolutely thrived, taking part in more lessons and extracurricular activities than he ever did in previous UK schools."*

Policies were also sometimes poorly communicated to both staff and families. One parent described a new carers' policy as *"amazing"*, yet noted, *"I don't think everyone knows about it, though, that should know about it. So they need to do the training of all staff."* This comment was reflected by other participants' comments about the difficulty in finding information about policies, entitlements and locally available support, due to a lack of a central information repository: *"The wives tend to find out [information] from the other wives, or you find out from people that you kind of come across in a group, or whatever."* Other participants observed that policies were sometimes poorly understood, even by those responsible for carrying them out: *"This is the military, why should we have to quote their own policy to them?"*

Parents often noted that the support a military family received depended as much on the discretion and kindness of individuals as on official policy. Participants' feelings about the Armed Forces were strongly influenced by individuals' interpretations of policies and rules, particularly the chain of command. Where managers were flexible and accommodating, families were positive about the Armed Forces overall. More than one parent recounted how they had been considering 'signing off' because of the difficulties of reconciling military life and their children's additional needs, but how an understanding chain of command had exercised discretion to allow them flexibility in their work: *"I can't actually praise his chain of command enough. I think they have gone over and above to support us; there have been no barriers."* A serving parent echoed this view: *"I've found the military can be very understanding... They give a lot of slack for welfare. But it depends on what role, and it depends on your line manager… hugely, you know."* Managers with experience of family life and particularly additional needs were considered most supportive, as one parent observed: *"There's some incredible, incredible people that are massive advocates for families, even within the Army, probably because some of them are carers themselves."*

Some participants recounted excellent treatment in emergency situations, such as when a parent was brought home from a deployment because their child had been taken into intensive care: *"He was back within 6/7 hours and they were epic with him. They met him at Heathrow, drove him straight over, and they didn't even check in for about three weeks. They were like, 'Just stay, do what you need to do, we'll be back in touch when we need to be,'... they were brilliant"*. Other managers were understanding of the everyday challenges of caring for a child with additional needs, such as sleep deprivation: *"Sometimes he'll ring [my husband] and go, 'You all right, mate? I'm just checking, because I know you didn't get much sleep last night. If you need to knock off early, let me know.'"* Such compassionate treatment leaves individuals satisfied with the institution: *"So, yeah, the army have been fantastic. They really have."*

Where managers were unhelpful, individuals' attitudes to the Armed Forces were less positive. Contrasting with the previous example, one parent described a lack of concern for her husband's wellbeing or even his ability to do his work safely: *"He's in charge of a team of people who are fixing the [aircraft] that someone's flying. Maybe somebody might think, 'Has this man had enough sleep?' ... No one's thinking, 'This man might be a bit tired. Is he safe to be at work? Are you okay mentally?' None of you, you care so little about his mental health, his welfare, anything."* This lack of concern affected her feelings about the Armed Forces: *"I hate the military. Want [my husband] to leave so badly... I absolutely hate everything about them as an organisation. I don't think they're supportive."*

Another parent described her husband's callous treatment from a manager: *"He had a new boss... who hadn't been briefed on our situation, and he pulled my husband to one side and said, 'You're a useless soldier. You're never going to promote, you're never going to be deployable...' I had my husband come home saying he wanted to kill himself."* Others described being refused time off to attend appointments, such as a family with a young child who had been diagnosed with a serious medical condition: *"It's like getting a new job given to you. You've got to learn everything now, just to keep him alive... [My husband] really had to fight to try and get the time off."* Several participants had been warned that requesting time off might jeopardise their promotion

chances and they described 'playing safe' to prioritise their career opportunities, finances and ability to provide for their children.

Even the non-serving spouse was sometimes expected to fall into line. One mother reported being reprimanded for *"circumnavigating the chain of command"* by challenging a policy she deemed outdated and unfair: *"My husband got called into an office, 'Tell your wife to shut her mouth. If you don't promote this year, it'll be because of her.'"* The woman pointed out the lack of boundaries such behaviour demonstrates: *"Now, last time I checked, I'm not serving, I don't have to follow any chain of command."* Some families were scornful of the military's claims to support the whole Armed Forces family: *"I would say…, not once has the actual army ever supported any of this. Like, you're still on your own. So this whole 'your family comes first' - That is a lie."*

"I think it's totally different if you're married to an officer": Rank and advantage

Participants commented that rank played a role in individuals' relationships with their managers and therefore their ability to ensure their families' needs were met. One parent observed that lower ranking personnel may lack the confidence to ask for help, especially when managers are over-stretched and when there is a culture of stoicism: *"Going to someone's office and saying, "I need your help with something specifically for me," it's quite a tough thing to do, I think, especially if you're a junior rank and it's a really busy [officer] who's sat there hate-typing on his laptop."* While this parent had been favourably received in this situation, he pointed out that younger people might not be willing to take the risk: *"The perception would be that you might just get told to get a grip. And then you go home and you're struggling. Your family's struggling."* Others recognised that younger and lower ranking personnel had more to lose and might therefore not have the confidence to put their family's needs above those of the military. One parent explained that having a degree qualification and house *"allow me to be a bit ballsy and say, 'This is what I'm doing for my family'"*, pointing out that *"A [lower-ranking person] wouldn't have that to fall back on, and likely wouldn't be in a position to sacrifice their career, essentially, and say 'This is what I'm doing. Do what you want to me, but this is happening.'"*

Participants also observed that higher ranking personnel often had more autonomy and could more easily balance profession and family: *"They've got more control and more power anyway, because they're a higher rank, so they can decide what they're going to do… They can turn around and say, 'No, I'm not doing that tomorrow' and no one's going to argue with them.... But if [my husband] said that, he'd get told off and get [into trouble]"*. One participant described feeling that her family would have received better support had her husband been an officer, amounting to a sense of discrimination: *"the underlying feeling of that is, my child's not worthy. My child's not good enough, my husband's not good enough... And I think it's utter rubbish that people think [rank discrimination] doesn't exist."*

"Housing were fighting us": families' challenges with housing

Some families described Service Family Accommodation as a benefit of Armed Forces Service: *"We value our fortunes because a lot of financial issues are taken off by the fact that we're looked after with housing and things."* However, housing was frequently mentioned as a source of stress, especially when moving. For some, slow decision-making stalled their application for a school place, as a family moving between devolved nations explained: *"At the moment, we could be housed anywhere in a 50-mile radius. Do I call every school in a 50-mile radius? So you're at a halt where you can't do anything until you have that address."* For others, having to re-prove their entitlement to a certain house when moving added extra stress and costs of private assessments. One family reported being offered a three-bedroom house on posting, despite being entitled to a four-bedroom house, having previously submitted a mass of evidence from occupational therapists, doctors and health visitors that their children needed separate bedrooms.

Several families applied to retain their quarter when their partner was posted away because it had been adapted for their children (often following a 'battle') or because the children's schools and healthcare providers were nearby. Some recounted receiving *"anxiety-inducing"*, harshly-worded eviction notices that left them *"scurrying around trying to find doctors' reports or teachers' letters or something from your school or whatever to support your application to retain where you live."* One mother described resisting the pressure to

move: *"[They asked me] 'Why do you need to stay?' 'Well, last time I checked my children were still disabled, they've still got autism.' There's just no understanding."* This lack of understanding of housing needs was echoed by a parent who was renting privately near a special school because her two children with severe additional needs were unable to travel long distances: *"If this child is going to a special needs school, [you] should be able to [have] service housing near there... They have no clue how much pressure and tension it can bring in a family... if a child is not near to the school."*

"Pulling a Welfare": Welfare Services

Families recounted very mixed experiences of military Welfare services. One parent described their experience of Welfare as *"very positive"*, and another recounted how a supportive local welfare officer had paved the way to her developing a support network of parents: *"I thought, 'Well, she's nice. If I'm feeling really unsure, there's someone I feel I can go and talk to.' And that's what made me actually join any of the military community, is through [her] doing the coffee morning in school."* This friendly welfare officer's actions to bring parents together played an important role in combatting her isolation: *"It was the first time I'd taken the children anywhere myself... in years."* For parents who are often posted away from extended family, community and established friends, robust support networks are essential.

Far more frequently, however, participants described a reluctance to use Welfare services, seeking support elsewhere. Among many reasons cited, the most common were cultural: *"Don't ring Welfare because otherwise you're a difficult family or a difficult soldier."* Parents often described *"stigma"* about contacting Welfare. One explained: *"It's like taboo to have to ring Welfare.... He gets a reputation of, 'Oh he's just trying to get out of exercises, oh, his wife's just a Welfare wife.'"* Concern for the serving person's reputation meant that Welfare officers were kept at arm's length: *"you're probably not going to talk to them or tell them anything that's going on, for fear of them either judging the soldier or judging you."*

A key concern was confidentiality. Welfare was not deemed sufficiently separate from the chain of command for families to confide any issues, for fear of affecting the serving person's career: *"There would be a hesitation to kind of go to Welfare, depending on what it was. It's that, is it going to affect the career path he's on? Will they put him in a job that he won't find fulfilling? And then that's going to be really difficult."* Another barrier to using Welfare seems to be the sense of entitlement it implies: *"There is support for them within the job, but they just don't want to ask for it, because it might look as though they're needing something extra to their mate..."* Such comments were made across all three Services and so frequently that they strongly suggest that stigma and suspicion around Welfare are entrenched. While we did hear of cases in which Welfare staff had mishandled families' concerns, one parent suggested that such attitudes may be at least partly cultural rather than an accurate reflection of reality: *"There's barriers, I think, that are put in place by people themselves that aren't necessarily there from the job."*

Another reason given for not using Welfare is poor understanding of additional needs among staff who have a generalist welfare role with minimal training: *"this guy had no understanding of special needs and what it all entailed. And he was like, 'I don't understand why there's no school places. That's discrimination'... it's like he thought that an EHCP was a golden ticket, you just wave it and it will get him straight in. I was like, 'It doesn't work like that.'"* One participant explained that Welfare officers deal with so many varied needs that families with additional needs may be low priority in both their everyday work and their brief training. One parent explained: *"They're maxed out with... you know, real bad stuff... So then to say, 'Oh, and by the way, you need to be completely up to speed on dealing with ASN kids' I think it's probably not achievable as we are now within the military."* This lack of knowledge was compounded by two issues: the challenge Welfare staff face in knowing the families on their 'patch', especially on large bases with high turnover, and *"a constant revolving door"* of Welfare officers. With their role lasting three years, one parent explained, Welfare officers can barely begin to comprehend the complexities of additional needs before they are replaced. While families recognised their needs may not appear as pressing as others', such as people at risk of suicide or domestic violence, they still needed support urgently: *"I'm not trying to say we're more important than anybody else, but we're probably one of the more vulnerable groups."*

One participant described securing promises of support from Welfare for families well in advance of an overseas tour, but *"We ended up going to Iraq, and no one had spoken to the families, like it just wasn't happening."* For families with children with additional needs, being unsupported at home during a deployment meant not only caring for a child's needs alone - in itself physically and emotionally exhausting - but also having no emergency backup. One parent described being close to *"burnout"* with a month of deployment to go, while another described trying to set up additional support after being injured herself during her husband's deployment: *"I don't have any family here, I don't have anyone to look after [my child] when [my husband's] away. If anything happens to me, what happens to [my child]? It's proving really difficult to get that support, because I'm completely by myself."* Another participant simply stated: *"Welfare aren't set up to support. You have to build your own team."*

Depending on the branch of the Armed Forces, serving personnel are encouraged or required to register their child's additional needs on their Joint Personnel Administration (JPA) personnel file, but this policy was considered unenforceable. One parent sought advice about registering a child: *"I approached Welfare and said, 'I've heard about this form'. And he basically turned around said, 'Dunno what you're on about mate.'"* Another participant verified that information about the necessary form is difficult to find, and that it was *"just luck"* that her husband had found out about it. A further issue, as one participant explained, was the perceived need for official diagnosis of his children's needs before he could register them on the necessary form: *"The army don't realise that that process takes years."* Some parents simply refused to complete the form for fear of being judged: *"Because of the stigma and the way they treat carers within the Army... the soldier will literally sit there and say to me, 'I'm not completing that form'. And I'm like, 'Why?' And they'll say, 'Because if I complete that form, they'll judge me.'"*

Having a child's needs registered on the JPA is crucial, as it can help boards make informed decisions about postings, promotions and housing allocations, but the difficulties in doing so, compounded by the challenges of securing swift diagnoses, mean that many children's needs are unregistered. Families with children who have additional needs may therefore be on the receiving end of unfavourable posting and housing decisions. Given the cultural and systemic problems outlined in this section, it is almost inevitable that many parents say they are not receiving the support from the Armed Forces that they need. One participant asked: *"a young sapper... who's got a 19-year-old wife and a kiddie on the patch. Who is supporting them? That's where stuff can slip through the net."*

"Small victories... brilliant breaths of air": Parents' use of external support

Accustomed to lonely battles, many participants described deep gratitude for advocacy or practical support from individuals or organisations: *"There's nothing I found more moving than when a [professional] takes the fight for you. It's astonishing and unfortunately rare."* Some mentioned individual teachers or health visitors, while others highlighted support they had received from organisations such as Families Federations or the Educational Advisory Team: *"EAT support from Defence Children's Services has been invaluable in getting the Local Authority to meet my child's educational needs."*

Participants from RN/RM families also expressed high regard for charities such as the Royal Navy and Royal Marines Charity, Aggies and the Naval Children's Charity which they described as *"a godsend"*, *"a game changer"*, *"brilliant"* and *"absolutely what is needed."* One parent observed: *"the charity side of things, that's what has made the difference for us."* One RN/RM mother recalled a series of successes, starting with the Naval Children's Charity funding an in-depth assessment of her child's needs, leading to a speedy autism diagnosis and adaptations at school: *"lots of little things that, yeah, really helped."* With their needs better met at school, the child was *"not coming home and exploding as much anymore"*, relieving pressure at home.

Additionally, RN/RM parents in one area also had access to a purpose-built centre staffed by charity workers and Families Federation staff. Importantly, these staff were present in person and families could drop in informally or attend organised events. Parents described the staff as *"fountains of knowledge"*, able to signpost to support, but also as a *"mum figure"* who listened without judgement and provided children's activities. Often posted away from families and managing lengthy deployments, sometimes without reliable

contact with their partners, participants appreciated the *"safe space": "there's a lot of times when it's been, like, quite dark, with the kids and [my husband] away and stuff... To bring [my child] here was absolutely my light. I would just come and just eat cake and just be like, 'Arrgh!'".* In times of crisis the staff had even taken care of children or dropped off groceries. One parent recounted struggling with her own mental health and being placed on a lengthy CAMHS waiting list: *"Then I came here one day and lost the plot. [Staff member] thankfully saved my arse."*

Many parents within our tri-Service participant groups talked of their need for information, support, safe spaces to take children and connection with other similar parents. The staffed family centre provided a successful model, according to participants. It provided formal events, such as talks on neurodiversity or children's holiday activities, and safe indoor and outdoor spaces for informal play and study, and was staffed with knowledgeable people connected into a broad network of support organisations. A further observation was that, unlike many other participant groups, almost all these RN/RM spouses were in paid employment, despite mobility and high levels of deployment. While we cannot generalise from this small group, it may be that the support they were receiving stabilised their family life sufficiently to allow them to do so.

"We are the continuity in our children's education": Parents' use of personal resources

A recurring theme in the research was Service families' use of every available resource - financial, personal, professional and social - to support their children to thrive. For some this involved finding clever ways of *"playing the system"*. For example, more than one family managed to find suitable housing and secure the address they needed to apply for school places by bypassing formal systems: *"[Our friend] would just walk up and down and she'd be like, 'This one's empty!' And then you phone up and you're like, 'I know it's not on the system yet, but this one's becoming available soon. Can we put our name down?' And that's how we got our house."*

Almost all parents described *"constantly researching, always researching, always training"*. Many became experts on their children's additional needs, support services, local provision and facilities and even laws and entitlements. One survey response noted that parents must *"prepare to become a mini lawyer if you want your child getting anything they are legally entitled to."* Many had become skilled at record-keeping to bypass delays in transferring educational and medical notes and diagnoses. Some described compiling their children's case for support: *"I was emailing back and forward, writing my own tribunal stuff, gathering information, cross referencing, sat for hours at the table, putting up my own pack."*[117] In doing so they were able to speed up local authority processes: *"As parents we had to do half the leg work of the LA to get to where we are now."* Some parents even wrote their own children's EHCPs.

Parents described remarkable tenacity in ensuring that progress was made. One parent recalled managing to secure a referral for her daughter to CAMHS by refusing to leave her GP surgery until action was taken: *"I went, 'My daughter is six. She's saying she wants to be dead... No one's doing anything. I'm not leaving until I speak to somebody'"*. More than one parent described a mental list of people to chase: *"I was thinking about it on the way here, and I was like, 'Well, I'll give that a week, and if it hasn't arrived, then I'm chasing it up'"*. This constant administration, on top of caring for children, was repetitive and time-consuming. However, such tenacity was seen as necessary to their children thriving, as participants noted: *"It's only because we are savvy and push that our son has what he has now."*

As well as time and effort, many parents highlighted the financial resources they devoted to their children's education: *"We've long since accepted we have to go private and pay and what have you"*. Some families opted for independent education at their own expense, as their child was unable to attend mainstream state schools: *"He has to go to a supportive independent school paid for by us. If he went to a state school, he would not attend."* The increase in VAT fees on independent schools was a concern for some, who felt that Service families were in a different wealth bracket from many others whose children were in independent education.

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117 According to a Department for Education report (DfE 2017), parents were spending an average of 13.8 hours per week for a period of 22.9 weeks preparing for tribunals. See also Keer, 2024, for discussion of the power and resource imbalance between parents and local authorities in the tribunal process.

Very often, private assessments paved the way to support being provided or for medication to allow children to access education. As one parent observed: *"If you write a big enough cheque, yeah, you'll get straight to the front of the queue."* Large sums were often involved: *"We ended up paying £1000 for a private diagnosis but had to pay £300 every month for his medication until [the NHS] took it over."* In some cases, parents employed solicitors, particularly to obtain medical diagnoses or to force local authorities to take notice of them. Their investment often had positive results. For example, one participant reported success in getting a school named on their child's EHCP: *"The only reason it got named was because we had a solicitor pushing for it. We paid for the solicitor ourselves."* Other parents described buying resources for their children to support their learning, such as digital devices.

Our survey findings suggest that Service children may be more likely to be home-educated than their peers, and several participants had decided to take this option. In some families, home schooling was a response to the current additional needs climate, one survey response saying, *"I refuse to take a risk on a broken system. SHE DESERVES BETTER."* Some opted for home education because a *"one-size-fits-all approach to children with SEN"* failed to meet individuals' needs. Parent also cited mental health reasons: *"We are fighting really hard to get [Son] the right school, and if they can't get that for us, then he just stays home with me, and that's the way it goes... I will not sacrifice his mental health because the government tells me he's got to go to a mainstream school that is not fit for him."* For some families in a rural posting, home-schooling seemed to be the only option because of a lack of educational support available locally. Others chose home schooling to mitigate the disruption of multiple postings: *"My children are only home educated because of the number of moves we have had to do."*

Home schooling demanded considerable effort and sacrifice from parents, as one survey respondent explained: *"I had always dismissed the idea as being hard, lonely and stressful but was left no option."* It also reduced their already limited ability to work outside the home, especially during a partner's deployment, affecting household earnings. Some families chose instead to relocate to a new area at considerable personal and financial cost: *"My boys and I have moved 6 hours away from my husband's post so our son can go to specialist high school and see it out till the end."* Others chose to travel considerable distances to the most appropriate schools for their children: a significant investment of time and expense.

Participants readily acknowledged that they were relatively better resourced to support their children to thrive than some other families: *"I just think we're maybe five, 10% of parents, because most parents either don't have the knowledge, don't have the resources, don't have the time or inclination, or whatever it might be."* A parent who paid privately for medication acknowledged that the family's financial security enabled their child to attend school: *"Thank God we could afford... £350 a month just to have her medicated because she couldn't go to school without medication."* Another parent recognised that her husband's relatively *"decent"* salary allowed her to home-school her child, unlike friends who relied on two incomes: *"We'll have to make some cutbacks, but, you know, we will manage that, where some families just can't, and so they have to force their children into those systems that just aren't designed for them, and that breaks my heart."*

As well as financial resources, participants often drew heavily on personal resources, often gained from their educational and professional backgrounds as well as their military rank, to support their children's education. These resources included the ability to cope with *"plate-spinning"* and *"a mental load that just keeps growing and growing"* and, for some, the expertise to home-educate their children. Researching, maintaining records, navigating legal systems and assembling and presenting convincing arguments also required high levels of skill. One parent observed: *"We've got the time to do it. English is our first language, where for a lot of people, it isn't. We've had the education to be able to do it, we've got the confidence... to call people out on it, which I think a lot of people don't, and that makes an enormous difference in the support that you get."*

Another participant reflected on the confidence necessary to successfully advocate for a child in the face of official intransigence: *"Probably one of the reasons [we] have done quite well out of the SEND system is because we are quite forward leaning individuals that won't take no for an answer."* As already discussed, participants recognised the likelihood that considerable numbers of families were struggling unsupported

"on the patch". Several parents voiced concern about children *"falling through the loopholes"*, pointing out their acute awareness of *"many children in the education system whose parents do not have the knowledge, finances or voice to speak up for and support their child's educational journey."*

"I'm almost losing the fight because I'm so exhausted": Being pushed beyond their limit

Participants in this research project were those who had the capacity and the confidence to participate in art workshops and complete our online survey, rather than families whose circumstances prevented anything more than day-to-day survival. However, even those parents were often close to their limits of endurance because of the cumulative effect of the multiple challenges highlighted here.

Many were struggling with their mental health, as one parent described: *"we take the antidepressants, cry on the kitchen floor, pull ourselves back up again and then fight again the following day."* Another mother observed: *"No one would ever know if a military wife was suffering with depression or anything like that. Because you just get up every day and you get on with it."* In some cases, their stoicism prevented others from grasping the severity of their situation, as with one parent of a seriously sick child: *"The head[teacher] just said, 'We didn't realise how poorly [your child] was because you're just so calm... We just didn't grasp what was happening."* In some cases the struggle was overwhelming and participants described hitting "burnout", some being signed off work with stress: *"I ended up having a month off because I basically had a breakdown."* Some participants talked of using alcohol to manage the pressures: *"There was a point where I was drinking more. It's that slow insidious, that you go from having a half a bottle of wine on a Friday... to a bottle of wine on a Friday and half on Saturday... until it's, you're cooking tea and you've opened a bottle of wine and you're pouring one on a Wednesday kind of thing."*

For some, their marriage was at risk. One father described his marriage reaching crisis point during a six-month deployment: his wife was coping alone at home and suffering from depression, while he had ample leisure time in a pleasant environment. Separation was only averted by his move to a non-deployable post. Some marriages did not survive the pressures of repeated postings with children with additional needs: *"I'm now divorced, and I'm not saying that it was the sole thing of that, but it definitely contributed..., because there's so much stress."* One mother with children who needed high levels of care described her husband prioritising work as a way of avoiding pressures at home. Others took the opposite approach: *"I think it was only really me agreeing to move house, come up here, [and] prioritise everything over work that saved [our marriage], if I'm honest. If I hadn't done that, we wouldn't still be married. I'm certain of that."*

For many spouses, a casualty of the intense demands was their career. One parent described the near impossibility of finding work that could fit in with the Armed Forces lifestyle: *"It's quite a niche market, part-time, flexible, working from home. That's every military wife's dream, so you can imagine, when you apply for these roles, how many applicants they get."* In her artwork (Figure 43) she portrayed *"a little ship... that is sailing away with my career prospects... I feel like every year, my hopes and dreams become more unreachable."*

The tipping point

Many parents described reaching a *"tipping point"* at which their circumstances became untenable. This was often sparked by a posting: *"You feel like your world's gonna now be ripped apart because you've got to move your child, who is now kind of finally responding to whatever support they've got, or they're in the final phase of being assessed, or whatever."* Faced with a move, families had to choose between moving as a family, staying in one place, 'married unaccompanied' arrangements, placing a child in boarding school, or leaving the Armed Forces. Each of these options offered benefits but also required considerable sacrifices, leading a survey respondent to observe: *"There is no provision for the continuity of education of military children with additional needs."* While moving has been addressed in detail already, the other options are described in the following section.

Staying put

Unwilling to uproot their child from a school or fight again for appropriate provision in a new place, some families applied to stay in one area, where possible, or requested non-deployable posts to relieve additional pressures on the family. Both entailed sacrificing promotion opportunities: *"My husband's been in the Army nearly nine years. He's not promoted yet...Because he stayed in [place] for two, three years longer than he should have done, it stunted his promotion chances."* Staying in one place was an easier choice for senior people approaching transition than those needing to establish their careers, but for some it still resulted in missed potential for both the Armed Forces and the individual: *"I never thought I'd have to not achieve my potential in the Army because of my family."* Some also described having to come to terms with sacrificing the life of adventure which had motivated them to join the Armed Forces in the first place.

Losing the additional income that comes with promotion and deployment was a disadvantage, especially for families managing on a single income because of full-time caring responsibilities and time-consuming 'battling'. However, it was often unavoidable, as a survey respondent explained: *"The serving person has had to downgrade themselves so that they do not get sent away because of our son's mental health issues. When a 10-year-old is planning suicide they cannot serve away from home."* One parent described a sense of injustice that an individual should be penalised for circumstances beyond their control: *"They'll be working hard like anybody else, extra hours actually, but just because they're not able to go anywhere overseas or something else, they'll not get a good report. They will not get a promotion, and they'll be working on one rank for so long, and people who come after them will be getting promotion. That's the pressure they are in."*

Married unaccompanied

Many families maintained educational continuity by the serving parent living at their post, away from the rest of the family. For some, 'married unaccompanied' was the only solution because they had a permanent home, purchased under the Forces Help to Buy scheme, or because they needed pay rises associated with promotion. Some families also had to balance the needs of children living in different households: *"my son also needs his stepfather. We are at a loss."*

While some made 'married unaccompanied' work, it came at a cost. One spouse described the isolation of living apart from her serving husband: *"it's extremely hard for me, especially the loneliness... I feel extremely alone."* For others it was an impossibility, because of the severity of their child's behaviours or medical needs, or because the demands on the at-home parent were untenable: *"I would feel like I was basically saying to my wife, 'You crack on, with a full time job, and look after the kids, and get them to school and, like, do everything, and I'm gonna go and live in a mess.'"* One parent described a sense of injustice at families being *"broken up"* because of lack of school placements, asking: *"How is that supporting us?"*

Boarding school

Another solution was to opt for boarding school, self-funded or supported by the Continuity of Education Allowance (CEA). Some parents described their children thriving in smaller classes and benefitting from the varied extra-curricular activities boarding schools often provide. However, boarding school could not accommodate all children's needs: *"I think it's wrong to just assume that you're going to put your child in a boarding school. My children could NEVER cope in a boarding school"*. Some parents pointed out the lack of a statutory requirement for additional needs provision in independent boarding schools, meaning that agreed support may be discontinued due to policy changes or staff turnover. One parent had experienced a school over-promising support that eventually proved impossible to deliver. Another mother explained a dilemma posed by the conflicting needs of her two children and CEA policy: one child was thriving at boarding school, while the other, who had additional needs and needed long-term stability, was attending a day school. Because the family needed to continue moving to retain the boarding child's CEA, they were *"kind of at this crossroads now, where we're going, 'Well, which child's more important?'"*

Signing off

The final option for families was to leave the Armed Forces. Their qualitative responses add context to our survey findings about the potential extent of attrition due to children's additional needs. For some families,

signing off would eventually become inevitable: *"As soon as [our child] got diagnosed, me and my wife were like, 'This is the end of the [Armed Forces career], essentially the beginning of the end. We'll make it work as long as we can, but I'm gonna have to leave at some point... [Our child's] health and education have got to be top priority.'"* Another family expressed a wish to continue serving, but had not ruled out signing off: *"If a happy medium can't be found, I reckon that would be the tipping point for us, where we would go, 'Yeah, it's time to sign off.' Because the kids have got to come first."*

Another parent recounted how his resignation had been precipitated by a breakdown, ascribed to multiple accumulated stresses: being away for 12 months in an 18 month period, feelings of guilt at not being present for his family and prioritising his career, and his post appearing on the 'jobs list', allowing someone else to apply for it: *"I basically had a complete breakdown. I handed in my resignation, which is nuts, considering I was basically saying goodbye to a pension... I had a full breakdown in their office. I was like, in tears, and I was just like, 'I feel like I can't be a good dad, a good husband and do this job with two additional needs kids. I don't feel that I can do this. And I think the right thing for me to do is to leave the job.'"* This participant's understanding manager managed to persuade him to move to a non-deployable post and he remained in Service. Others received less flexible treatment, as a survey respondent explained: *"I had fought to get my child a place in a school, I was then told I was being posted. I tried to explain that my son had only just got a school place and asked if I could remain in post for my final 3 years, but this was denied. Therefore I had no other option but to sign off."*

As was highlighted on page 71, perceived poor treatment from the chain of command led to disaffection with the Armed Forces and may increase the likelihood of signing off, as a parent explained: *"If you get an individual that hasn't got the confidence to go past that chain of command... Do you know what they do then? They sign off and leave. At their first opportunity, they go, 'Do you know what, I've been treated poorly. I'm leaving.'"* A lack of support for their spouses may also lead to personnel signing off: *"this whole idea that the RAF's for the family... It's just rubbish. Service need, that's all they care about..."* However, for many families, signing off is often a last resort, as one parent stated: *"My husband loves his job, he loves his career. I sacrificed my career to allow him to have one. And if he were to sign off, I feel like that's all for nothing. We've invested in his career and it would be a damn shame... to sacrifice those 10 years and just give up and start over."*

Summary of Supporting All to Thrive

The Supporting All to Thrive project is the first academic research project to focus specifically on the education, in its widest sense, of Service children with additional needs, across and beyond the UK (where possible), and with parents serving in all three branches of the UK Armed Forces. **We asked the following research questions:**

- How does the attainment of children with additional needs from Service families compare with the attainment of other groups of children?
- What factors reportedly support children with additional needs from Service families to thrive or prevent them from thriving?
- What are their parents' views of their educational provision and of the experience of navigating support systems?
- How do Service and non-Service parents' views on their children's education differ, and what do they have in common?

A key strength of the project was its ability to address these questions at three different levels of analysis, by bringing together careful analyses of the National Pupil Database (NPD) (the macro level), quantitative and

qualitative survey data from both Service and non-Service parents (the mid-level), and the narratives and artworks of Service parents collected through arts-based research (the micro-level).

The Supporting All to Thrive study provides much-needed robust evidence of the successes achieved and challenges faced by children with additional needs, their siblings and their parents as they undertake their educational journeys within the contexts of Armed Forces family life and an ongoing additional needs 'crisis'.

The research provides rich insight into the ways in which children's educational opportunities and experiences are complexly intertwined with ever-changing factors, including: housing decisions; military culture and policies; posting and deployment decisions; availability of information about navigating systems; stigma and misunderstanding; varying policies, practices and personnel in different locations; family dynamics; parents' mental health; access to charity support; parents' career opportunities; and waiting lists for mental health and additional needs diagnoses and support. The project highlights very powerfully how none of these factors operate in isolation and how all - and many more - affect children's education.

Many of the project's findings reinforce the conclusions presented in two reports from 2020, *Living in our Shoes*[118] and *Families Fighting On*[119] as well as urgent recommendations made as far back as 2006[120], and support the recommendations of the *Haythornthwaite Review*[121]. Importantly, these findings provide evidence that many difficulties reported by families, such as the lack of continuity of provision across different local authorities and the devolved nations and the issue of having to start again from scratch with identification of needs and provision of support, remain problematic for very many Service children with additional needs.

However, there is much that is new in this report, including:

- Evidence from the NPD that Service children were significantly more likely to be identified by schools as having Autism Spectrum Disorder (ASD) than non-Service children, while our survey evidence indicated that they were significantly less likely to be identified by parents as having Attention-Deficit Hyperactivity Disorder (ADHD; a category of need excluded from the NPD).
- Evidence from the NPD that the 'SEND subgroup'[122] of Service were performing better than their non-Service counterparts when all other factors were controlled for. The relatively strong attainment of this SEND sub-group boosted the average attainment of the Service child population as a whole, and was an unexpected finding, given the evidence from our survey and art-based research of the additional challenges associated with Service life. However, the use of the Service Pupil Premium (SPP) in England may partially explain this finding because it may support schools to identify Service children at risk of negative outcomes and the provision of interventions (see also the comment below on parental resourcefulness and tenacity).
- Evidence from the NPD that Service children who had not been identified by schools as having received SEND support were performing at a similar level to their non-Service counterparts.
- Evidence from the NPD that Service children's attainment at GCSE, while roughly on a par with that of their non-Service counterparts, is 'squeezed' into the middle grades. This finding suggests that Service children who are identified as at risk of under-achievement and who receive support do relatively well, but that some Service children with the potential to attain the highest grades fail to reach their expected levels, with possible repercussions for their post-16 opportunities.

118 ßWalker et al., 2020

119 Claridge, 2020

120 House of Commons Defence Committee, 2006

121 Haythornthwaite, 2023

122 Children identified by their schools as having either: (a) received school-level SEN support for difficulty with learning or disability; (b) possessed an Education, Health and Care Plan (EHCP); or (c) attended a special school or specialist setting.

- Evidence from the NPD that being a 'Service child' had a smaller effect on children's educational attainment than other factors such as prior attainment, socio-economic status, children' care status, mobility, language spoken and gender.
- The finding, from both quantitative and qualitative survey data, that, while both Service and non-Service parents valued high quality education, Service parents were more concerned with overcoming obstacles to securing appropriate educational provision for their children than non-Service parents, who were more concerned with the quality of that provision. This finding suggests a fundamental inequity in access to educational provision.
- Evidence from the art-based research of the effects on the siblings of Service children with additional needs, including reduced social and educational opportunities and the risk of their own needs being overlooked.
- Quantitative and qualitative survey data suggesting that parents may be considering leaving the military in considerably higher numbers than are typically captured by surveys such as AFCAS, with the majority of those reporting that their children's additional needs strongly influenced their intentions to leave.
- Evidence from the survey, supported by the art-based research, that parents' views of the needs and experiences of Service children contrasted sharply with teachers' views, including those published in other research[123], suggesting that some teachers, particularly in schools with few Service children, require a deeper understanding of Service life.
- Evidence from the art-based research and survey, of the enormous efforts and resources deployed by Service parents to advocate for and provide for their children with additional needs. We suggest that this parent resourcefulness and tenacity, and, perhaps, a sense of duty associated with military culture, could partially explain the unexpected finding for the relatively high attainment of Service children with SEND (see also comments above on Service Pupil Premium).
- Evidence from the art-based research of the toll on Service parents of the everyday challenges of caring for a child alongside advocating for their needs and associated administration tasks, with deployment and mobility thrown into the mix, and the resulting exhaustion and burn-out, lost earnings[124], marital pressures, isolation and poor mental health.
- Evidence from the art-based research and survey of what is working for Service families and their children with additional needs, including: emotional, practical and financial support from community centres and charities; the support of empathetic individuals within the military, health and education who listen to parents and children, form an understanding of children's and families' individual needs and adapt practices accordingly; respite activities for siblings; schools with a strong understanding of Service life; efficient systems for identification of needs and provision of support in other countries.

In conclusion, while Service children with additional needs are performing relatively well academically, this relative success comes at huge cost to themselves, their siblings, their parents, to the Armed Forces as an institution, and to wider society. The Supporting All to Thrive Project provides robust evidence of these unsustainable personal and financial costs, demonstrates the need for systemic reform, and reinforces the view that there is no room for complacency when the education of Service children with additional needs is at stake.

123 Rose, 2024

124 See Department for Education, 2017

Recommendations

To address the inequity for Service children identified in this research, ensure portability of education plans and support through:

1) **Convening talks between all four governments of the UK with the following aims:**

- To establish the principle that Service children with additional needs have the right to uninterrupted educational provision when relocating because of their parents' Armed Forces Service.
- To agree on mechanisms, acceptable to each of the four nations, that ensure that the principle of uninterrupted educational provision is met in all local authorities across the UK; for example, agreeing that children's plans (CSP, EHCP, IDP, SCAN, statement etc.) are automatically accepted when children relocate and that the same level of support is put in place, OR ensuring that every Service child with additional needs is issued with a Service Child's Assessment of Need (SCAN), regardless of where they live, and the support detailed within them is carried over on relocation.
- To set ambitious deadlines for the implementation of these mechanisms.

Responsibility: MOD and educational policymakers in all four UK governments.

2) **Maintaining a secure digital register of Service children's additional needs across the UK so that children do not have to undergo new assessments on moving. Responsibility: MOD**

3) **Implement a policy that ensures Service children's relative places on waiting lists for educational assessments and support are maintained when they move to another area and ensure compliance with this policy (and the existing equivalent in healthcare). Responsibility for policy: Governments; responsibility for compliance: LAs, NHS and services (eg. CAMHS)**

4) **Implementing policies that ensure that the support Service children receive in one area is maintained at the same or a higher level for a minimum of 12 months when they move into another area. Responsibility for policy: Governments; responsibility for delivery: LAs**

5) **Requiring local authorities to arrange appropriate school places for incoming Service children in advance of their move. Responsibility: UK governments for policy and LAs for compliance**

6) **Providing a single named point of contact in a new local authority for incoming Service families. Responsibility: LAs**

7) **Ensuring that LA staff are trained on policies relating to the education of Service children and those with additional needs. Responsibility: Local Authority leadership**

8) **Introducing penalties for LAs for non-compliance with policies relating to Service children with additional needs, including transfers or plans and provision. Implementing more robust accountability measures for unacceptably long waiting lists and failure to respond to communications. Responsibility: UK governments**

9) **Providing a mediator, ideally independent of LAs, to resolve disputes between parents and LAs, avoiding costly, stressful and adversarial tribunals. Responsibility: offices of Children's Commissioners or Armed Forces Commissioner**

10) **Ensuring that Service children's unique circumstances are taken into account in reviews of additional needs systems. Responsibility: UK governments**

11) **Allowing Service personnel who have children with additional needs to have a priority for non-deployable postings when requested. Responsibility: MOD and career managers**

12) **Allowing Service personnel who have children with additional needs the right to ask career managers**

to be considered for an extension to the duration of their posting when requested. Responsibility: MOD and career managers

13) Making efforts to reduce the stigma associated with children with additional needs through a communication campaign aimed at line and career managers. Responsibility: All three Services

14) Developing the 'zig zag' career concept for Service personnel with children with additional needs so they can prioritise family stability when required. Responsibility: MOD

15) Committing to a minimum notice period of postings for Service personnel with children with additional needs to allow time for families to investigate educational options and negotiate children's provision with the local authority in advance of their move. Responsibility: MOD and career managers

16) Ensuring that the requests of Service parents with children who require high levels of specialist care inform posting decisions so that families are relocated into areas where appropriate provision is available within reasonable distance. Recognise that additional time may be needed for families to research their options. Responsibility: MOD and career managers

17) Taking into account the context of Service students whose GSCE results may not reflect the grades required when applying for A Level exam entry/further education or sixth form colleges

18) Making 'contextual offers' to Service students applying for higher education to mitigate the potential for missing out on the highest grades at GCSE level. Responsibility: Higher education institutions.

Address the difficulties of identifying Service families with children who have additional needs, alongside parents' concerns about jeopardising career opportunities. This may be achieved by:

19) Developing policy and practice requiring Service parents to register their children's additional needs on their JPA (or future HR systems) file, including children who are undergoing or awaiting assessments and may not yet have a diagnosis. Responsibility: MOD, individual Services and managers

20) Implementing a mandatory check in annual unit G1 assurance inspections of the recording on JPA (or future HR systems) of Service personnel's children with additional needs. Responsibility: MOD

21) Ensuring the necessary online data requirements and forms for registering children's additional needs on JPA or a future HR system are accessible and simple to complete. Responsibility: MOD

22) Working towards a more understanding and supportive work culture through training for managers and Welfare officers on the impact of additional needs on families. This training should include case study examples of well-handled requests for support, such as a request for leave to attend a child's medical or educational appointments. Responsibility: MOD, individual Services, Welfare

23) Mandating that welfare decisions made in consultation with families are conducted in accordance with best practice, ensuring greater confidentiality and separation of family issues from chain of command unless there is a demonstrable need for the chain of command to be notified. This may necessitate a thoroughgoing review and reform of Welfare systems. Responsibility: MOD; individual Services; Welfare

24) Actively working to address Serving parents' misgivings about the potential impact on their career of their children's additional needs, through campaigns to reassure parents that their data is used only for supportive purposes and by visibly valuing the diversity of Service families with additional needs. Responsibility: MOD; individual Services; Welfare.

Support Service families and mitigate the effects on retention of the stresses identified in this research, by:

25) Developing support systems in consultation with parents. Responsibility: MOD, Armed Forces Covenant Fund Trust and other charities

26) Funding additional needs navigators or parent advocacy teams: individuals or teams with expertise in additional needs, housing, education, social care, policy and navigating educational systems. Responsibility: MOD, Armed Forces Covenant Fund Trust, Families Federations and other charities

27) Developing or expanding a centralised hub of information specifically for serving parents of children with additional needs. MOD, Armed Forces Covenant Fund Trust, Families Federations and other charities

28) Ensuring that parents have easy access to all the services, resources and information they need as soon as it becomes apparent that their child has additional needs. Responsibility: Health and social care providers

29) Providing clarity on the roles of different organisations. Clearly communicate whether the support is practical, financial, or advisory to prevent disappointment and ensure families can find the right kind of help. This includes reviewing websites and documentation and removing outdated acronyms and information. Responsibility: MOD, Families Federations

30) Funding a package of assessments (eg. ASD, ADGD, OT, Sp & L, mental health) for Service children who need them, using assessors who meet nationally recognised standards. Responsibility: MOD, Armed Forces Covenant Fund Trust and other charities

31) Partnering with organisations such as SENDIASS, Special Educational Needs Advice Centre, Enquire and SNAP Cymru to provide webinars for parents on navigating the additional needs systems in each country. Responsibility: Armed Forces Covenant Fund Trust, Families Federations and other charities

32) Developing and expanding local hubs of support for Service families, based on existing examples of excellent practice and in collaboration with families. These centres should provide families with safe spaces to bring children with additional needs, supportive and well-informed staff and formal and informal opportunities to meet other families. Responsibility: MOD, Armed Forces Covenant Fund and other charities

33) Ensuring that parents are always consulted in the planning process for a child's school move. Responsibility: LAs, schools

34) Reviewing and reforming housing policies and practices to reduce the stress associated with retaining a quarter and remove the need to re-prove a family's entitlement. Responsibility: MOD, new Defence Housing Service

35) Offering confidential mental health support to help manage the stress and burnout associated with caring and advocacy or children with additional needs. Responsibility: Armed Forces Covenant Fund Trust and other charities

36) Expanding and developing respite care for Service parents and young carers within Service families. Responsibility: Armed Forces Covenant Fund Trust and other charities

37) Reviewing how well supportive policies and practices such as the carers' passport, Wraparound Childcare or mental health support are working for diverse groups of families, and reform policies and procedures accordingly. Responsibility: MOD; individual Services; Families Federations; Welfare.

Reduce the challenges of Service children with additional needs in mainstream education, through:

38) Reviewing and reforming educational curricula, policies and practices to ensure truly inclusive education. Responsibility: Educational policymakers, LAs, schools

39) Ensuring funding and training are provided to school managers to ensure the implementation of truly inclusive educational practices. Responsibility: Educational policymakers, LAs

40) Providing evidence-based and up-to-date examples of excellent use of Service Pupil Premium. Responsibility: Charities

41) Increasing the Service Pupil Premium for children with additional needs in England and improving information for Service parents in other devolved nations about how additional funding is provided for their children to address their perceptions of imparity. Responsibility: UK governments.

Address professionals' lack of understanding of both additional needs and the impact of Armed Forces life on children, through:

42) Providing initial teacher training, continuing professional development and resources on supporting Service children with additional needs, including 'myth-busting' resources to address misconceptions and knowledge-sharing initiatives between schools. Responsibility: Schools, LAs, Teacher Training and CPD providers, SCiP Alliance

43) Recognising that teaching assistants can serve as a critical link between families and schools and ensuring that teaching assistants are properly trained and supported in their role. Responsibility: Schools, LAs, Teacher Training and CPD providers, SCiP Alliance

44) Providing initial teacher training and continuing professional development on additional needs for school staff. Responsibility: Initial Teacher Training providers, National Association of Special Educational Needs (NASEN), SCiP Alliance, schools

45) Providing enhanced training in specific additional needs for additional needs coordinators. Responsibility: Schools, LAs, Teacher Training and CPD providers, SCiP Alliance, NASEN

46) Training practitioners to see parents as key partners and experts in their child's care, to be mindful of the stigma and judgement families face and to avoid unconscious bias. Professionals should be trained to approach each family with an 'open mind' and base decisions on evidence. Responsibility: Schools, LAs, Teacher Training and CPD providers

47) Running campaigns that highlight systemic failures and influence military and government policy to be more responsive to the needs of Service families with children with additional needs. Responsibility: Families Federations, Royal British Legion and other charities.

Gather additional evidence

48) Conduct an in-depth analysis of the costs to the nation of the current state of affairs, including: tribunal costs; lost earnings of Service spouses who are unable to work outside the home; lost earnings and mental health costs of Serving personnel and their spouses who are temporarily signed off work for mental health reasons; lost investment in Armed Forces personnel who sign off because of their children's needs; the costs of training replacement personnel. Responsibility: Research community, Office for National Statistics

49) Commission and conduct research with Service children with additional needs to better understand their own perspectives. Responsibilities: Funding organisations and research community.

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