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# STATE OF MILITARY FAMILIES IN CANADA

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ISSUES FACING REGULAR FORCE MEMBERS AND THEIR FAMILIES



August 2018



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## ISSUES FACING REGULAR FORCE MEMBERS AND THEIR FAMILIES

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# Abstract

To inform the development of the Comprehensive Military Family Plan as part of Canada's Defence Policy, *STRONG SECURE ENGAGED*, Canadian Forces Morale and Welfare Services reviewed the most recent Canadian research to accurately detail the issues currently facing Canadian military families.

In summary, there are 63,269 Regular Force members posted in Canada. More than half of all RegF personnel posted in Canada are under the age of 35 (54%) or have less than 11 years of service (54%). Combined, those under the age of 35 with less than 11 years of service represent 44% of all RegF personnel posted in Canada.

Almost half of all Regular Force members are single (44%, of which 8% have dependent family members), and just over half (56%) are in a legal relationship (married or common-law). Almost half of all Regular Force members posted in Canada (47%) have children.

In addition to the 63,269 Regular Force members posted in Canada, there are 94,279 other family members (including spouses = 34,906, children = 57,639 and other family dependants = 1,734).

Almost 40% of all Regular Force personnel posted in Canada live in Ontario. More than 80% of all Regular Force personnel live on or within a 30-minute drive away from the base they are posted to.

Military families commonly face three military journey transitional challenges and three family journey challenges: geographical relationships due to postings, absences from family due to operational tempo, illness / injury / death, personal well-being and mental health, financial stress, and intimate partner relationships. The vast majority of families manage these challenges successfully and are resilient (80%). A small percentage (10%) struggle.

Of all Regular Force personnel, approximately one-quarter are required to relocate to a new location each year due to a posting. Given just over two-thirds of Regular Force members have dependants (children, spouse or other dependent family members), it can be estimated that approximately 10,000 families are required to relocate each year, presumably of which approximately 8,000 must move to a new province or territory. While relocations appear to be the biggest challenge for military families, and the consequences of relocations are stressful and challenging to address (e.g. financial, intimate partner relationship, health care for non-military family members, spousal employment and child care / education), the majority manage relocations successfully with little external support. Some family personas face more difficulties with relocations than others (e.g. single parents, caring for elderly parents or special needs children, adolescents, dual service couples), and may require additional external supports.

For families of Regular Force personnel, approximately two-thirds experience periods of absence from their loved one due to operational requirements. The frequency and length of absences vary greatly. While absences appear to increase the stress level for family members, specifically during the deployment phase as opposed to pre- or post-deployment, the majority of families quickly return to regular functioning after the deployment, without the requirement of external formal supports. Similarly, for families affected by Imposed Restriction absences, more than half felt the absence strained their relationships, but most believed their relationships improved after the posting. Spouses and partners (the family member most studied) show high levels of mastery, self-esteem, active coping strategies and support from their CAF partner with respect to absences. Some family personas face more difficulties with absences than others (e.g. single parents,

parents of CAF members, younger children, dual service couples), and may require additional external supports.

While only approximately 1% of military families are affected by illness / injury resulting in medical release from the CAF, the impacts of the illness / injury on these families can be significant. These impacts vary depending on a wide variety of factors. For most medically released Veterans, their spouse / partner was their primary caregiver. In general, injured members and spouses both found the following most stressful on a day-to-day basis: *physical / mental health, work, family, and the military release*. While the majority make the military to civilian transition successfully, some do struggle. This applies to both the military member and their family members, as the family also goes through the transition from a military family identity and culture to a civilian identity and culture.

About one-quarter of military families are concerned with their work-life balance, and to a lesser degree, their personal well-being and mental health. But the majority are physically and mentally healthy. Those caring for special needs children or elderly parents feel their emotional well-being suffers more as a result of the increased caregiving burden. Children in military families may be using public mental health services more than children in the general population.

Financial stress affects some military families. About 10% of families say financial problems are their biggest challenge. Challenges contributing to their financial stress include *finding suitable employment for the non-military spouse, unable to afford extracurricular activities and trouble paying debt or bills*. Relocation negatively impacts the financial situation of about half of families who must move due to a posting. Housing and cost of living are the two major contributors to financial stress specifically related to relocations, with non-military spousal employment a lesser contributor.

While the majority of military couples are satisfied with their intimate partner relationship, a small percentage (8%) are concerned with it. Most commonly, couples who are concerned with their relationship are having *problems communicating / expressing feelings, arguments, growing apart or in different directions and little or no physical affection*. Relocations, deployments, Imposed Restrictions, and illness/injury all place additional stressors on the intimate partner relationship, though most recover quickly afterwards. A small percentage (5%) have experienced some sort of family violence. Work-family conflict and marital dissatisfaction were found to be predictors of emotional and physical intimate partner violence. Emotional intimate partner violence negatively impacts psychological well-being.

When the military journey and the family journey combine, at times these transitional challenges can compound or even collide, impacting the family more intensely. And depending on the family (where they are on their journey, what their composition is, what state their collective resiliency is at, etc.), each transitional challenge will be experienced and reacted to differently.

Only about one third of CAF spouses believe that the CAF looks after military families, while one third did not think so, and one third were neutral. Overall participation rates in programs and services are low, but the majority of those who used programs and services were satisfied with the services they received, and perceived that they assisted them in coping with their situations. Most commonly, families tend to rely on non-military sources, such as personal networks, private doctor/counsellor or the internet. The most common reasons for not using CAF community supports included: *not thinking the support was required to deal with their problem, the program/service did not meet their needs, or they were not aware of the support*.

Given the challenges of the military lifestyle, especially those that are a direct result of operational requirements and that have a direct impact on operational readiness, we need our CAF personnel and their families to be resilient. However that does not mean they automatically are or will be.

Canadian research findings suggest that 4 out of 5 military families are resilient and supported within a healthy CAF community, and only 1 in 10 feel they do not successfully meet the challenges of the military lifestyle. A higher percentage (9 out of 10) believe they successfully meet the overall responsibilities they have in their lives. However, some families need additional support to access CAF, community and provincial systems of care. As well, just like any family, a military family can experience resiliency under the right conditions, but should they experience enough stressors, they can become at risk for a variety of poor outcomes. Access to CAF, community and provincial systems of care and supports would enhance their resilience to manage the transitions inherent with CAF operational requirements and their family journey challenges.

To ensure all CAF personnel and their families manage the military and family journey challenges, recommendations are provided through evidence-based strategies that enhance family functioning through individual determinants of wellness and domains of family resilience.



## Résumé

Pour guider l'élaboration du Plan global pour les familles des militaires – l'une des initiatives de la politique de défense PROTECTION, SÉCURITÉ, ENGAGEMENT –, les Services de bien-être et moral des Forces canadiennes (SBMFC) ont passé en revue les plus récents travaux de recherche canadiens afin de dresser un portrait détaillé des défis auxquels font face les familles des militaires canadiens.

La Force régulière (F rég) compte 63 269 membres affectés au Canada. Plus de la moitié des membres de la F rég affectés au Canada sont âgés de moins de 35 ans ou cumulent moins de 11 années de service. Ensemble, les moins de 35 ans ayant moins de 11 ans de service représentent 44% de tous les membres du personnel de RegF affectés au Canada.

De tous les membres de la F rég, 44 % sont célibataires (dont 8 % ont des personnes à charge) et 56 % sont dans une relation juridiquement reconnue (mariage ou union de fait). Près de la moitié (47 %) de ceux qui sont affectés au Canada ont des enfants.

Aux 63 269 membres de la F rég affectés au Canada s'ajoutent 94 279 autres membres de la famille (34 906 conjoints, 57 639 enfants et 1734 autres personnes à charge).

Près de 40 % de tous les membres de la F rég affectés au Canada vivent en Ontario. Plus de 80 % de tous les membres de la F rég habitent dans leur base d'appartenance ou à 30 minutes de route ou moins de celle-ci.

De manière générale, les familles des militaires font face à trois défis liés aux transitions du parcours militaire (relations à distance en raison des affectations; absences du foyer en raison du rythme des opérations; et maladie, blessures et décès) et à trois défis liés au parcours familial (bien-être et santé mentale personnels; stress financier; et relation de couple). La grande majorité d'entre elles arrivent à surmonter ces défis et sont résilientes. Cependant, un faible pourcentage ne s'en sort pas aussi bien.

De tous les membres de la F rég, près du quart doivent déménager chaque année en raison d'une affectation. Comme un peu plus des deux tiers des membres de la F rég ont des personnes à charge (conjoint, enfants ou autres membres de la famille), on estime qu'environ 10 000 familles doivent déménager chaque année. De ce nombre, on présume qu'environ 8000 doivent s'établir dans une nouvelle province ou un nouveau territoire. Bien que les déménagements semblent être le plus grand défi pour les familles des militaires et que les répercussions des affectations entraînent du stress et des difficultés (notamment en ce qui a trait aux finances, à la relation de couple, aux soins de santé des membres non militaires de la famille, à l'emploi du conjoint civil et à la garde et l'éducation des enfants), la majorité gèrent bien les déménagements avec peu de soutien externe. Certains profils familiaux, notamment les militaires monoparentaux, qui prennent soin de parents âgés ou d'enfants ayant des besoins spéciaux, qui ont des adolescents ou qui sont en couple avec un autre militaire, doivent affronter plus d'obstacles que les autres lors des déménagements et peuvent avoir besoin de ressources de soutien externes supplémentaires.

Parmi les familles des membres de la F rég, environ les deux tiers doivent vivre avec les absences de leur proche militaire en raison des besoins opérationnels. La fréquence et la durée de ces séparations varient grandement. Bien que les absences semblent apporter du stress aux familles, et ce, davantage pendant le déploiement qu'avant et après, la majorité d'entre elles reprennent rapidement le cours normal des choses après le déploiement, sans devoir obtenir de l'aide de ressources externes conventionnelles. De même, parmi les familles touchées par une restriction imposée, plus de la moitié ressentaient que l'absence était éprouvante pour leur relation, mais la plupart ont déclaré qu'elles croyaient que leur relation s'améliorerait après le déploiement. Les conjoints (le membre de la famille le plus étudié) font état d'un niveau élevé de

maîtrise, d'estime de soi, de stratégies d'adaptation actives et de soutien de la part de leur conjoint militaire en ce qui a trait aux absences. Certains profils familiaux, notamment les militaires monoparentaux, qui ont de jeunes enfants ou qui sont en couple avec un autre militaire ainsi que les parents des militaires, doivent affronter plus d'obstacles que les autres lors des absences et peuvent avoir besoin de ressources de soutien externes supplémentaires.

Bien que seulement environ 1 % des familles des militaires sont touchées par une maladie ou une blessure ayant mené à la libération du militaire pour des raisons médicales, les répercussions de cette maladie ou blessure sur la famille peuvent être considérables. Ces répercussions varient en fonction d'une grande variété de facteurs. La plupart des vétérans libérés pour des raisons médicales ont déclaré leur conjoint comme aidant principal. En général, les militaires blessés et leur conjoint ont souligné les éléments suivants comme facteurs les plus éprouvants au quotidien : *santé mentale et physique, travail, famille et libération pour raisons médicales*. Même si la majorité des familles effectuent la transition vers la vie après le service militaire sans problèmes de taille, ce n'est pas toujours le cas. Le militaire et les membres de sa famille peuvent tous éprouver des difficultés, car la famille doit elle aussi effectuer la transition, laissant derrière son identité et sa culture militaires pour une identité et une culture civiles.

Environ le quart des familles des militaires s'inquiètent de leur équilibre travail-famille et, dans une proportion moindre, de leur bien-être et de leur santé mentale. Cela dit, la majorité sont en bonne santé physique et mentale. Celles qui doivent s'occuper d'enfants ayant des besoins spéciaux ou de parents âgés sentent que leur bien-être émotionnel est mis à l'épreuve en raison du fardeau de leurs responsabilités d'aidant. Il est possible que les enfants des familles des militaires utilisent davantage les services publics en santé mentale que les enfants du reste de la population.

Le stress financier touche certaines familles des militaires. Environ 10 % des familles ont déclaré que les difficultés financières sont leur plus grand défi. Les obstacles qui contribuent à leur stress financier comprennent la *recherche d'un emploi convenable pour le conjoint civil, le manque de moyens pour des activités parascolaires* et la *difficulté à rembourser ses dettes ou à payer ses factures*. Les réinstallations ont des répercussions financières négatives pour environ la moitié des familles qui doivent déménager en raison d'une affectation. Le stress financier qui découle directement des réinstallations est causé par deux principaux éléments, soit le logement et le coût de la vie, lesquels sont suivis par l'emploi des conjoints civils.

Bien que la majorité des couples de militaires sont satisfaits de leur relation intime, un faible pourcentage s'en disent préoccupés (8 %). Le plus souvent, les couples qui sont préoccupés par leur relation *ont de la difficulté à communiquer ou à exprimer leurs sentiments, se disputent, s'éloignent sur le plan émotionnel ou personnel et se montrent très peu ou pas du tout d'affection*. Les réinstallations, les déploiements, les restrictions imposées, ainsi que les maladies et les blessures s'ajoutent au fardeau de stress qui pèse sur les relations intimes, mais la plupart des couples s'en remettent rapidement par la suite. Un faible pourcentage (5 %) ont subi une forme de violence en milieu familial. Les conflits travail-famille et l'insatisfaction conjugale ont été cernés comme prédateurs de violence conjugale émotionnelle et physique. La violence conjugale émotionnelle perturbe le bien-être psychologique.

Lorsque le parcours militaire et le parcours familial se croisent, ces défis de transition peuvent se combiner, voire se heurter, aggravant ainsi la situation de la famille. Chaque famille (selon où elle se trouve dans son parcours, sa composition, sa résilience collective, etc.) vivra les défis de la transition – et y réagira – à sa façon.

Seulement le tiers des conjoints des militaires croient que les FAC ont le bien-être des familles à cœur, le tiers croient que ce n'est pas le cas, et le tiers ont une opinion neutre. Le taux d'utilisation global des programmes et services est faible, mais la majorité des utilisateurs sont satisfaits et ont l'impression que ces programmes



et services les ont aidés à composer avec leurs problèmes. Les familles ont le plus souvent tendance à se tourner vers des ressources non militaires, comme des réseaux personnels, des médecins ou conseillers privés ou encore l'Internet. Parmi les raisons les plus courantes pour ne pas utiliser les ressources de soutien communautaires des FAC, les répondants ont indiqué qu'ils croyaient ne pas avoir besoin de ces ressources de soutien, que les programmes et services ne répondaient pas à leurs besoins ou qu'ils n'étaient pas au courant des ressources de soutien à leur disposition.

Compte tenu des défis du mode de vie militaire, particulièrement de ceux qui découlent des besoins opérationnels et qui ont un impact direct sur l'état de préparation opérationnelle, nous devons faire en sorte que les membres des FAC et leur famille soient résilients. Cependant, cela ne signifie pas nécessairement qu'elles le sont ou qu'elles le seront.

Des travaux de recherche menés au Canada suggèrent que la vaste majorité des familles des militaires (4 sur 5) sont résilientes et peuvent compter sur le soutien d'une communauté des FAC saine, et que seulement 1 famille sur 10 ressent qu'elle n'arrive pas à surmonter les défis du mode de vie militaire. Elles sont cependant beaucoup plus nombreuses à croire qu'elles arrivent à bien s'en sortir avec leurs responsabilités globales (9 sur 10). Certaines ont tout de même besoin d'un soutien accru pour accéder aux systèmes de soins des FAC, de leur communauté ou de leur province ou territoire. Grâce à de telles ressources de soutien, elles pourraient améliorer leur résilience pour gérer les transitions qui découlent des besoins opérationnels des FAC et affronter les défis de leur parcours familial. Cela dit, comme toutes les autres familles, les familles des militaires peuvent se montrer résilientes dans certaines situations, mais courir le risque de résultats défavorables advenant le cas où elles seraient confrontées à un grand nombre de facteurs de stress.

Afin de veiller à ce que les membres des FAC et leur famille gèrent les défis du parcours militaire et du parcours familial, les recommandations fournies sont basées sur des stratégies fondées sur des preuves visant à améliorer le fonctionnement des familles en fonction de déterminants individuels du bien-être et de domaines de résilience familiale.



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# 1. INTRODUCTION

## 1.1 CANADA'S DEFENCE POLICY

In June 2017 the Government of Canada released the new Defence Policy, *STRONG SECURE ENGAGED*. This policy is deliberately ambitious and provides unprecedented support to Canadian Armed Forces (CAF) members and their families<sup>1</sup>. It offers clear direction on Canada's defence priorities over a 20-year horizon. It focuses on ensuring military personnel and their families are well-supported, diverse and resilient – physically, psychologically and socially – from the moment they join the CAF, throughout their careers, to the time they transition out of the military.

As stated in *STRONG SECURE ENGAGED*, military families are the strength behind the uniform. They share in the stresses and strains resulting from deployments of their loved ones into dangerous operational duty, and the prolonged separations they entail. They also make important sacrifices and face challenges associated with frequent relocation, such as finding new family health care providers, re-establishing child care, moving children between schools and education systems, professional licensing and dealing with inconveniences such as changing drivers' and vehicles licenses when moving between provinces. They must also deal with the financial instability resulting from frequent moves, whether it be the loss of employment, different tax systems or changes to post-living differentials.

Families are a major source of support and strength to CAF personnel and they are integral to our military success. Military families make an incredible contribution to the operational effectiveness and must have access to the support and services they deserve, to cope with the unique challenges and stresses of military family life. As such, 3 of the 111 specific Defence Policy initiatives are focused on families:

- Implement teams at Wings and Bases across Canada, in partnership with Military Family Resource Centres, to prevent and respond to gender-based violence (Initiative 22);
- Improve access to psychological services through social workers and referrals to community programs and services (Initiative 23); and
- Develop a Comprehensive Military Family Plan to help stabilize family life for CAF members and their families who frequently have to relocate (Initiative 24).

## 1.2 COMPREHENSIVE MILITARY FAMILY PLAN

Canadian Forces Morale and Welfare Services (CFMWS) was tasked with the implementation of *STRONG SECURE ENGAGED* Initiative 24 – Develop a Comprehensive Military Family Plan. Specifically, the *STRONG SECURE ENGAGED* Defence Policy detailed the following to be included within Initiative 24:

- Modernize Military Family Support Programs to provide better support to families when members are deploying or during periods of absence;
- Establish relocation expertise to help military families find and access the services they need in a new community; and
- Work with federal, provincial and private sector partners to improve the coordination of services across provinces to ease the burden of moving.

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<sup>1</sup> <http://dgpaapp.forces.gc.ca/en/canada-defence-policy/docs/canada-defence-policy-report.pdf> accessed 26 July 2018.

While there are systemic barriers to easing the challenges facing military families in a simplistic manner, a significant amount of research has been conducted in recent years that provides a better understanding of Canadian military family experiences. Using this research as a basis, the CFMWS Comprehensive Military Family Plan team compiled detailed information on the scope of the issues, the scale of the number of families affected by those issues, and potential recommendations and strategies to improve their experiences. As such, the development of the Comprehensive Military Family Plan is focused on “comprehensive” solutions that are evidence-based rather than anecdotal or simplistic to best address the unique challenges inherent in the military lifestyle. Ultimately, the vision of the Comprehensive Military Family Plan is a stabilized family life for CAF members who constantly face the unique demands and conditions of a military lifestyle by increasing awareness and support from various systems of care.

To accurately detail the scope of the issues facing families, the CFMWS Comprehensive Military Family Plan team reviewed the most current Canadian research on military families.

### 1.3 THE MILITARY FAMILY PROFILE – GUIDELINES FOR INTERPRETATION

For the most part, “family” has been defined in research studies to include the CAF member or Veteran (usually male), the spouse (usually female), and the child (usually under the age of 18). This is consistent with most of the benefits and services available to military families. In a few circumstances, research on military families has included other family members such as parents or dependent adult relatives.

This report presents a synthesis of the most common challenges facing CAF Regular Force (RegF) members and their families (spouses, children and other dependants) as identified in various Canadian research studies. Some research on Veterans and their families is also included. It is intended to serve as a reference tool for professionals who develop policy or deliver programs and services to military members, Veterans and their families. It is also intended to serve as a reference tool for researchers to inform strategic directions for future research required to address the unmet needs of military family populations that may require more support.

Only a summary of demographics are presented in this report. The full synthesis of demographic information describing RegF members posted in Canada and their families (spouses, children and other dependants) are covered under separate report: *Profile of Military Families in Canada: 2017 Regular Force Demographics* (Manser, 2018a)

The focus of this report is predominantly on RegF personnel and their families who are posted in Canada. RegF families who are posted outside of Canada (OUTCAN) and Reserve Force (ResF) families are covered under separate report: *Profile of Canadian Military Families: 2018 Regular and Reserve Force Demographics* (Manser, 2018 in press).

Research on Veterans and their families are included only as it relates to the challenge of illness and injury, specifically requiring a medical release and a military-to-civilian transition.

This report does not include research on military families conducted outside Canada. In the past, outside of anecdotal feedback, much of our theoretical understanding of military families has come from research conducted in the United States with their military families. But as more Canadian research is conducted, we see considerable differences on the impacts of the military lifestyle on Canadian military families as

compared to our American counterparts, presumably due to differences in socioeconomic status, culture, income levels, national policies and regulations, provincial / state policies and regulations, and military requirements and services.

There are critical differences between the Canadian military experience and the American experience. For instance, in Canada, unlike in the United States, military families are dependent on the civilian health care system. When relocations are required for postings, families need to navigate access to a family doctor as well as any required specialists, often across provincial jurisdictions in which systems and eligibility for services may differ (Cramm, Norris, Tam-Seto, Eichler, & Smith-Evans, 2015). This situation can be echoed in the early childhood education (child care) and school systems as well. Years ago, many military children attended a Department of National Defence school on base. This school system no longer exists in Canada, and children in military families attend community schools where civilian personnel may have little awareness of military life stressors and their impact on spouses and children. Similarly for mental health, for financial impacts (e.g. provincial taxes, licensing, etc.), and for other issues facing families, the realities of Canadian military families are unlike those in the United States, the United Kingdom or other countries.

More recently, especially over the past 10 years, an increasing amount of research has been conducted with Canadian military families. As such, we are now beginning to have a clearer understanding of the realities for CAF families, and consequently of how better to serve their unique needs. Therefore, this report focuses solely on this emerging Canadian research.

The findings presented in this report are predominantly from research that has been conducted within the past 10 years, with preference given to those conducted in the past 5 years. While Canadian research on military families was conducted prior 2008, the context of the Canadian military has changed. Canadian society in general also changes over time. Therefore, effort has been made to focus on the most recent research to ensure the synthesis presented is the most relevant and timely.

Some of the research findings included in this report are not in the public domain. In general, research commissioned by CFMWS through Defence Research and Development Canada is for internal use and the reports are not distributed publicly. However, as the client, CFMWS is authorized to share the findings in summary form.

Most of the existing research and demographics focus on the military family as a single entity (e.g. examined as a common unit), however families are not a single distinct entity. Therefore results will reflect the general experiences of families, but not necessarily the uniqueness of individual family experiences.

Some of the studies included in this report have limitations to interpreting their results widely to all military families. For example, some studies have very small sample sizes. Others have larger sample sizes, but the participation depended on snowball sampling which has limitations and biases. The demographics also have limitations, which are detailed in the full demographic report: *Profile of Military Families in Canada: 2017 Regular Force Demographics* (Manser, 2018a).

The focus of this report is on the family members of RegF personnel, as opposed to the military member directly. Extensive research already exists in the public domain on the impacts of the military lifestyle and the well-being of CAF personnel, therefore it is not reiterated in this report. Rather, this report focuses on the less well-known research regarding the impacts of the military lifestyle and the well-being of the family members.

The report is structured by the most common military lifestyle “challenges” identified by families; explored first by the numbers of families impacted by that challenge (where available), then by the impacts on the CAF

member (if required), by the non-military spouse or partner, by the dependent child (includes daughter, son, step-daughter, step-son, foster child, all under the age of 18 or over 18 if still considered a dependant), by other family members (includes a wide variety of family relations, including parents – dependent or not, and other dependants such as siblings, grandchildren, nieces/nephews, etc.), and finally, if available, by special situations or family personas that are exceptionally unique (e.g. single parents, dual service couples, special needs, elderly parent caregiving, etc.).

Comparisons to the general Canadian population are only provided when the research study factored in similar cohorts – same age, gender, marital and parental status, socioeconomic status, education level, employment status, etc. If similar cohorts were not considered, comparison to the general Canadian population are not useful as there are too many extraneous factors influencing outcomes to be useful for interpretation.

Where statistics are presented without an immediate reference, those statistics are taken from the study referenced immediately before.

## 2. WHO ARE MILITARY FAMILIES?

All demographics presented in this section are taken directly from *Profile of Military Families in Canada: 2017 Regular Force Demographics* (Manser, 2018a). With the exception of total numbers, demographics are presented only for those RegF personnel posted in Canada and their family members.

As of August 2017, there were 66,472 RegF personnel with an additional 99,716 family members (spouses, children and other dependants<sup>2</sup>, and 47,135 ResF personnel with an additional 38,398 family members. These numbers include those posted in Canada and OUTCAN.

Overall, more than one-third (36%) of RegF personnel and almost two-thirds (62%) of ResF personnel are single without any dependants. Approximately two-thirds of RegF personnel (64%) and over one-third of ResF personnel (38%) have at least one dependant and/or spouse.

The following table breaks down RegF, ResF and family members by posting in Canada and OUTCAN.

Table 1: Total Numbers

	RegF In Canada	RegF OUTCAN	RegF Other <sup>3</sup>	ResF In Canada	ResF OUTCAN	ResF Other <sup>4</sup>
<b>MILITARY PERSONNEL:</b>						
Military Personnel Without Spouses / Dependants	23,029	824	70	28,822	72	198
Military Personnel With Spouses and/or Any Dependants <sup>5</sup>	40,240	2,138	171	17,942	65	36
<b>MILITARY PERSONNEL TOTAL</b>	<b>63,269</b>	<b>2,962</b>	<b>241</b>	<b>46,764</b>	<b>137</b>	<b>234</b>
<b>FAMILY MEMBERS:</b>						
Spouses	34,906	1,980	166	14,493	55	35
Children <sup>6</sup>	57,639	2,967	232	20,403	92	55
Other Dependants <sup>7</sup>	1,734	85	7	3,252	9	4
<b>FAMILY MEMBERS TOTAL</b>	<b>94,279</b>	<b>5,032</b>	<b>405</b>	<b>38,148</b>	<b>156</b>	<b>94</b>

TOTAL FORCE MILITARY PERSONNEL AND FAMILY MEMBERS (n=251,721)

Of RegF personnel posted in Canada, there are 63,269 military personnel with 34,906 spouses and 57,639 children. Overall, 56% are married / common-law and 44% are single (of which 8% have dependent family members). Almost half (47%) of all RegF personnel posted in Canada have children.

<sup>2</sup> "Other Dependants" include a wide variety of family relations, including dependent parents, siblings, grandchildren, nieces/nephews, etc.

<sup>3</sup> "Other" indicates information is not in source data to be analysed.

<sup>4</sup> "Other" indicates information is not in source data to be analysed.

<sup>5</sup> "Any Dependants" includes children and other dependants (includes a wide variety of family relations, including dependent parents, siblings, grandchildren, nieces/nephews, etc.).

<sup>6</sup> "Children" includes daughter, son, step-daughter, step-son, foster child, all under the age of 18 or over 18 if still considered a dependant.

<sup>7</sup> "Other Dependants" include a wide variety of family relations, including dependent parents, siblings, grandchildren, nieces/nephews, etc.

2017



## PROFILE OF MILITARY FAMILIES POSTED IN CANADA

**63,269**

Regular Force personnel

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**34,906**

Spouses

---

**57,639**

Children

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Figure 1: Number of RegF Personnel Posted in Canada, Spouses and Children

## 2.1 Gender

Of all RegF personnel posted in Canada, 85% are male and 15% are female.

Of all male RegF personnel, 63% have at least one dependant and 37% have no dependants.

A slightly higher percentage of all female RegF personnel have at least one dependant (67%), while one-third of female RegF personnel have no dependants.

For those RegF personnel posted in Canada with any dependant (n=40,240), a higher proportion of female RegF members have caregiver responsibilities with additional stressors compared to the overall RegF female-to-male ratio (15% to 85%).

Table 2: RegF Personnel in Canada with any Dependand by Unique Caregiver Responsibilities and Gender

Unique Caregiver Responsibilities	% of Female RegF With Dependants	% of Male RegF With Dependants
SINGLE PARENT	24%	76%
CARING FOR DISABLED CHILD	28%	72%
CARING FOR DEPENDENT PARENT	24%	76%
<b>REGF FEMALE-TO-MALE RATIO</b>	<b>15%</b>	<b>85%</b>

## 2.2 Marital Status

44% of all RegF posted in Canada are single



number of other declared dependants (like dependent parents, siblings, etc.)  
1,734



of all RegF posted in Canada  
47% have children



14% are single parents  
of all RegF in Canada who have children

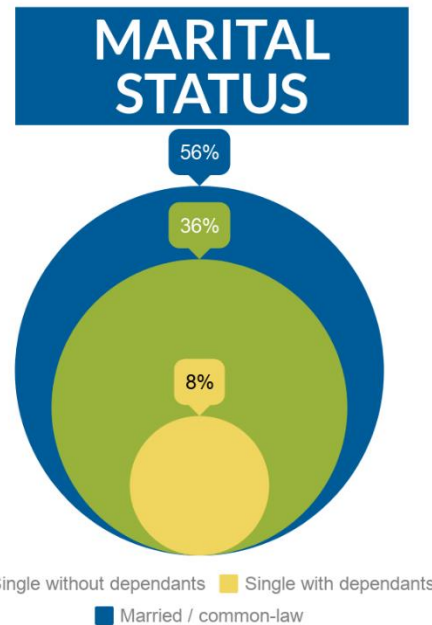


Figure 2: RegF Personnel Posted in Canada by Marital Status and Dependants

Almost half (44%) of all RegF personnel posted in Canada are single (includes RegF personnel who indicated their marital status was divorced, separated, widowed or single). It is important to note that the identifier “divorced” and “separated” reflect only how the CAF member indicated their marital at that specific point in time when their personnel data was input. It is not reflective of anyone who has been divorced or separated in the past but is now remarried, in a new common-law relationship or has changed their marital status to “single”.

Just more than half of RegF personnel are (56%) married or in a common-law relationship. For RegF personnel posted in Canada who are married / common-law, 84% of their spouses are female and 16% are male. In total, there are 34,906 spouses of RegF personnel posted in Canada.

The following figure details the number of all RegF personnel posted in Canada by marital status. “Single with dependants” refers to RegF personnel who indicated that they are divorced (706), separated (1,448), widowed (62) or single (2,618) and have at least one dependant (e.g. children, parents, siblings, etc.).



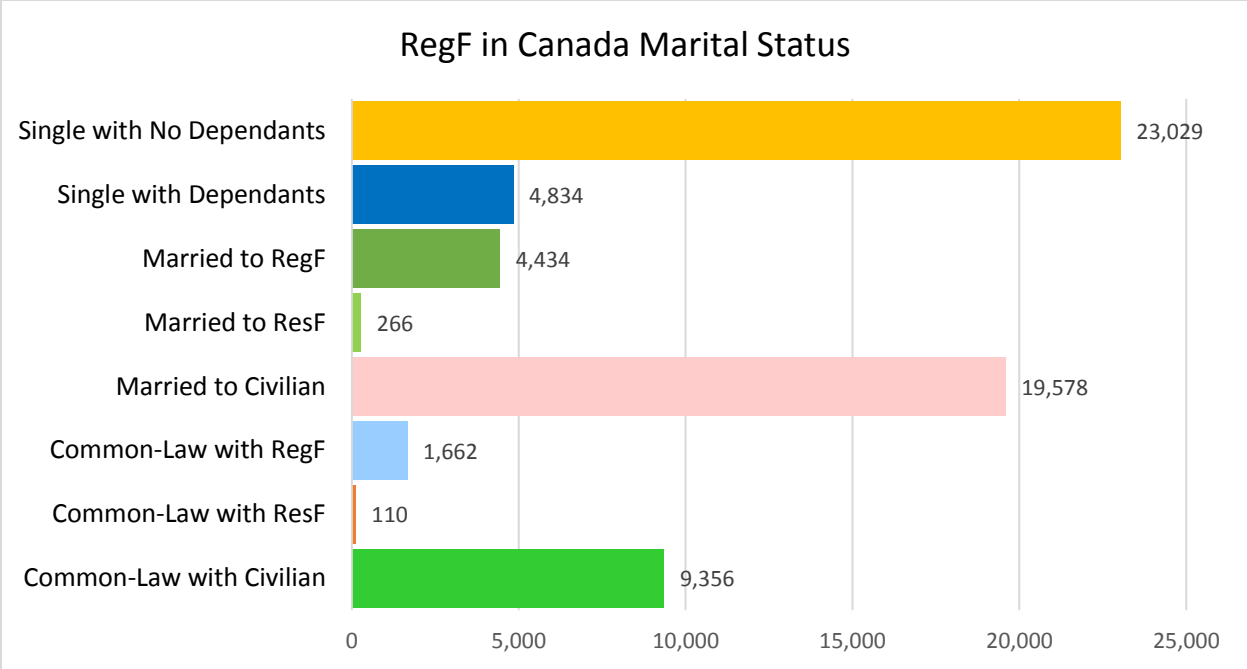


Figure 3: RegF Personnel in Canada by Marital Status

## 2.3 Parental Status

Almost half (47%) of all RegF personnel have children. In total, there are 60,838 children of RegF personnel. Of those RegF posted in Canada, there are 29,601 RegF personnel with 57,639 children.

Of those RegF personnel posted in Canada who have children (n=29,601), a higher percentage of female RegF members were single (22%) or in dual service couples (53%), then their male counterparts (12% and 9% respectively).

Table 3: Marital Status of RegF Personnel in Canada with Children by Gender

Marital Status	% of Female RegF With Children	% of Male RegF With Children	TOTAL
SINGLE	22%	12%	<b>(4,055) 14%</b>
MARRIED / COMMON-LAW TO CIVILIAN	24%	70%	<b>(20,851) 70%</b>
MARRIED / COMMON-LAW TO MILITARY MEMBER (PART OF A DUAL SERVICE COUPLE)	53%	9%	<b>(4,695) 16%</b>
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>	<b>(29,601) 100%</b>

## 2.4 Ages

More than half of all RegF personnel posted in Canada are under the age of 35 (54%) or have less than 11 years of service (54%). Combined, those under the age of 35 with less than 11 years of service represent 44% of all RegF personnel posted in Canada.

Table 4: All RegF Personnel in Canada by Age Range and Years of Service

Age Range	Years of Service – All RegF Posted in Canada							Not in Source Data	TOTALS
	0-5 YOS	6-10 YOS	11-15 YOS	16-20 YOS	21-25 YOS	26-30 YOS	30+ YOS		
16 TO 19	1,530	-	-	-	-	-	-	24	1,554
20 TO 24	7,489	336	-	-	-	-	-	375	8,200
25 TO 29	5,904	5,272	487	-	-	-	-	679	12,342
30 TO 34	2,593	4,605	3,847	392	-	-	-	631	12,068
35 TO 39	1,016	2,158	3,569	2,646	199	-	-	387	9,975
40 TO 44	514	1,010	1,829	2,031	1,491	234	-	225	7,334
45 TO 49	288	589	848	896	576	2,411	158	142	5,908
50 TO 54	143	323	385	312	134	1,294	1,748	86	4,425
55 TO 59	36	130	135	82	24	164	857	29	1,457
60 TO 64	-	2	-	1	-	1	2	-	6
<b>TOTALS</b>	<b>19,513</b>	<b>14,425</b>	<b>11,100</b>	<b>6,360</b>	<b>2,424</b>	<b>4,104</b>	<b>2,765</b>	<b>2,578</b>	<b>63,269</b>

A higher proportion of RegF without dependants are younger than those with dependants (including spouses).

Table 5: RegF Personnel in Canada Age Ranges

Age Range	RegF With Any Dependants	RegF Without Dependants	Number RegF in Canada
16 TO 19	24	1,530	1,554
20 TO 24	1,045	7,155	8,200
25 TO 29	5,478	6,864	12,342
30 TO 34	8,596	3,472	12,068
35 TO 39	8,349	1,626	9,975
40 TO 44	6,437	897	7,334
45 TO 49	5,214	694	5,908
50 TO 54	3,871	554	4,425
55 TO 59	1,220	237	1,457
60 TO 64	6	-	6
<b>TOTAL</b>	<b>40,240</b>	<b>23,029</b>	<b>63,269</b>

Single RegF members posted in Canada without dependants are younger – 38% of those RegF members without any dependants are under the age of 26. The majority of single RegF members without any dependants (59%) have also served less than 6 years.

Less than half of all spouses are under the age of 34. One-third of all children are 5 years of age or under, one-third are between the ages of 6-12, and one-third are 13 years and over.

RegF personnel posted in Canada between the ages of 30-34 have the highest percentage of children under the age of 5 and have served between 6-15 years. Those between the ages of 35-39 have the highest percentage of children aged 6-12 and have served 11-15 years. Those with dependent youth aged 13-25 are most frequently between the ages of 45-49 with 26-30 years served.

Table 6: Age Range of Dependent Child by Age Range of RegF Personnel in Canada

Age Range of Children	Age Range of RegF Personnel										Total
	16-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	
A: 0-5	3	390	3,459	7,019	5,590	2,067	519	102	13		19,162
B: 6-12		17	792	3,707	6,738	5,205	2,280	582	80	1	19,402
C: 13-18		2	37	423	1,984	3,466	3,291	1,557	265	3	11,028
D: 19-25			7	42	254	1,064	2,417	2,371	666	9	6,830
E: 26-29			2	1	4	18	144	368	209	3	749

## 2.5 Location

Of all RegF personnel and dependants, 95% are posted in Canada, and 5% are posted outside of Canada. For Reserve Force, only 1% of all personnel and their family members and dependants are posted outside Canada.

# LOCATION

Of RegF personnel and their families posted in Canada, almost 40% live in Ontario.

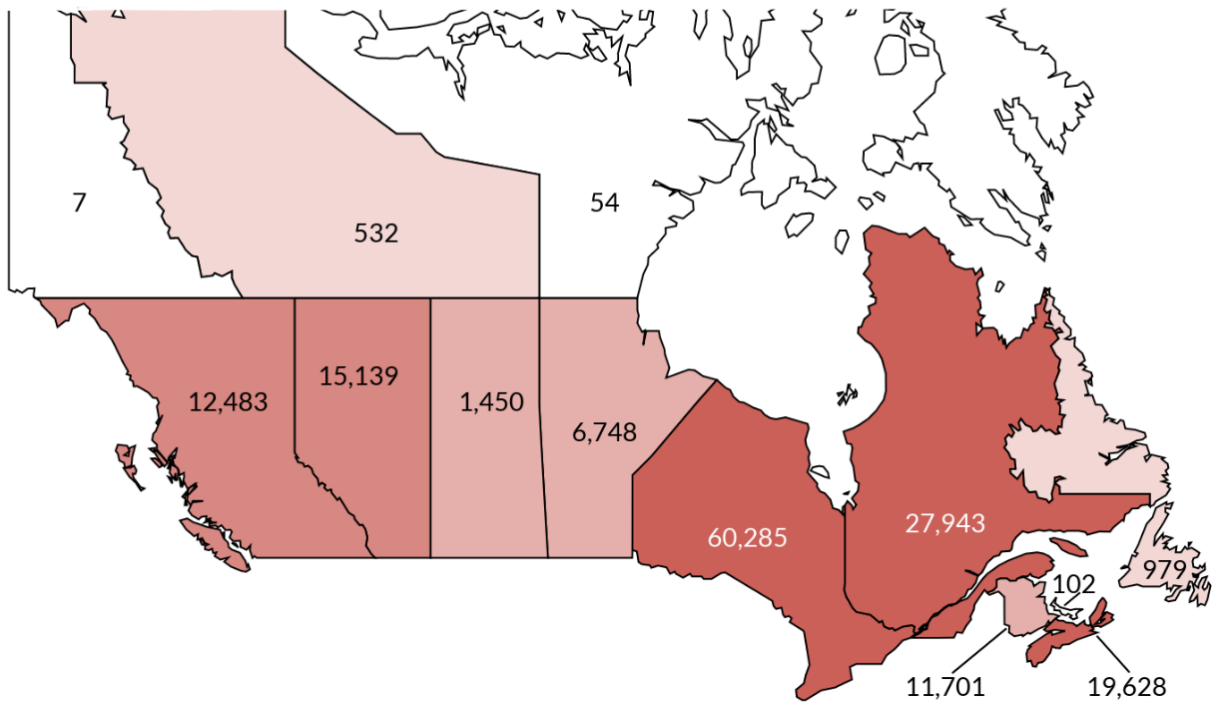


Figure 4: RegF Personnel, Spouses and Dependents by Province/Territory

Almost 40% of all RegF personnel posted in Canada live in Ontario with their families.

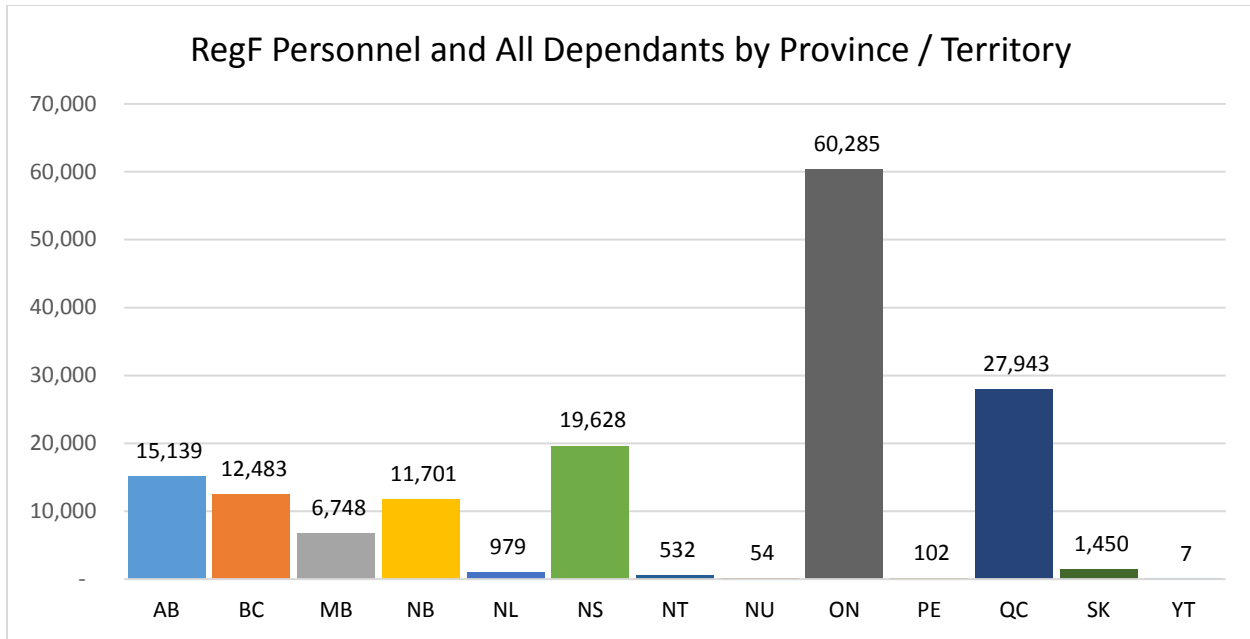


Figure 5: Numbers of RegF Personnel in Canada and All Dependants by Province/Territory

As a percentage of the total provincial population, Nova Scotia has the highest percentage of military family members (2% of total population).

Table 7: Numbers of RegF Personnel in Canada and All Dependants by Province/Territory Compared to Provincial Populations

Province / Territory	RegF Personnel and Dependants	Total Provincial Population <sup>8</sup>	% of Population
AB	15,139	4,067,175	0.37%
BC	12,483	4,648,055	0.27%
MB	6,748	1,278,365	0.53%
NB	11,701	747,101	1.57%
NL	979	519,716	0.19%
NS	19,628	923,598	2.13%
NT	532	41,786	1.27%
NU	54	35,944	0.15%
ON	60,285	13,448,494	0.45%
PE	102	142,907	0.07%
QC	27,943	8,164,361	0.34%
SK	1,450	1,098,352	0.13%
YT	7	35,874	0.02%
<b>TOTALS</b>	<b>157,051</b>	<b>35,151,728</b>	<b>0.45%</b>

<sup>8</sup> Source of population numbers (2016): <https://www.statcan.gc.ca/pub/12-581-x/2017000/pop-eng.htm>.

One-third of all RegF personnel posted in Canada and their families are located in or near CFSU Ottawa (13%), CFB Halifax (10%) and 2 CDSB Valcartier (9%).

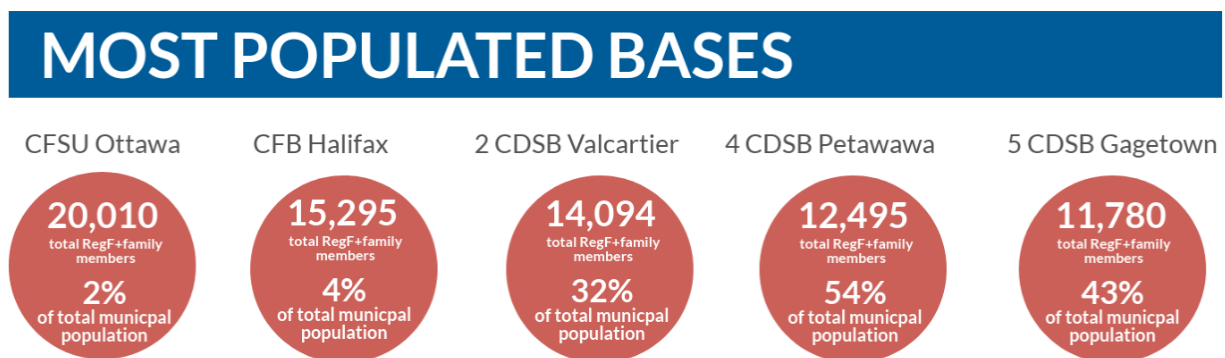


Figure 6: Most Populated Bases in Canada

The following table details the number of RegF, spouses, children and other dependants by base / wing / unit support department.

Table 8: Numbers of All RegF Personnel in Canada and all Dependants by Base Support Department

Base Support Department	RegF Without Dependant	RegF with Dependant	Spouses	Children	Other Dependant	Total
(0002) CFSU (OTTAWA)	1,229	5,418	4,804	8,326	233	20,010
(0100) CFB Halifax	1,900	4,082	3,496	5,629	188	15,295
(0106) 2 CDSB Valcartier	2,296	3,557	2,991	5,156	94	14,094
(0107) 4 CDSB Petawawa	1,914	3,132	2,607	4,656	186	12,495
(0105) 5 CDSB Gagetown	1,862	2,937	2,541	4,369	71	11,780
(0127) 3 CDSB Edmonton	2,056	2,447	2,103	3,088	117	9,811
(0103) CFB Esquimalt	1,587	2,508	2,123	3,223	205	9,646
(0114) CFB Kingston	1,985	1,959	1,715	2,909	86	8,654
(0125) CFB Trenton	732	2,024	1,788	2,967	72	7,583
(0113) CFB Borden	1,290	1,710	1,480	2,454	52	6,986
(6399) CANSOFCOM HQ	432	1,394	1,254	2,024	41	5,145
(0117) CFB Winnipeg	484	1,209	1,105	1,755	38	4,591
(3380) 2 CDSB Valcartier, Det St-Jean	1,394	929	798	1,298	42	4,461
(0134) CFB Cold Lake	757	1,118	1,024	1,406	34	4,339
(0102) CFB Greenwood	357	1,071	940	1,666	44	4,078
(0138) CFB Bagotville	419	885	765	1,239	78	3,386
(3536) 4 CDSB Petawawa, Det Toronto	372	746	654	1,111	21	2,904

Base Support Department	RegF Without Dependant	RegF with Dependant	Spouses	Children	Other Dependant	Total
(0118) CFB Shilo	629	634	545	904	40	2,752
(0133) CFB Comox	320	670	607	824	21	2,442
(0130) 2 CDSB Valcartier, Det Montréal	228	651	542	958	29	2,408
(6428) 3 CDSB Edmonton, Det Wainwright	287	357	316	548	9	1,517
(0135) CFB North Bay	150	258	224	380	15	1,027
(0121) CFB Moose Jaw	224	234	214	301	6	979
(0213) CFB Gander	34	83	72	114	3	306
(0139) CFS St John's	25	76	66	109	2	278
(0142) CFB Suffield	40	66	54	95	6	261
(0123) CFB Goose Bay	17	51	48	81	1	198
(1568) JTFN HQ	8	30	26	42	-	106
Not in Source Data	1	3	3	6	-	13
(3162) 3 CSU	-	1	1	1	-	3
<b>TOTALS</b>	<b>23,029</b>	<b>40,240</b>	<b>34,906</b>	<b>57,639</b>	<b>1,734</b>	<b>157,548</b>

## 2.5.1 Living On / Off Base

It is a common perception that today, a much smaller percentage of families live on base / wing than historically. In the 2013 Quality of Life survey, 81% of spousal respondents reported living in owned civilian properties and 4% rented civilian homes, while 14% lived in Department of National Defence married quarters (Wang, Dursun, & Truscott, 2015).

This percentage is consistent with the availability of housing available through the Canadian Forces Housing Agency (an agency within National Defence that is the operator and maintainer of the department's portfolio of housing). Currently the National Defence portfolio is comprised of roughly 12,500 units available to CAF members in 27 locations throughout Canada (EnviroNics Research, 2017). This equates to CAF housing units available for approximately 20% of the CAF personnel population posted in Canada.

The majority of those living off-base (61%) indicated it was their preference to live in the civilian community rather than on base (Wang, Dursun, & Truscott, 2015), while a smaller percentage spoke to the quality of military housing or the fact that they already owned their own home as the reason they chose to live off base in the civilian community. In the 2018 study on relocation experiences, more than two-thirds of respondents (71%) chose to live off-base for their last relocation (Manser, 2018b). Top reasons why included that they wanted or already owned their own home, they preferred to live in the civilian community, or the quality of military housing. This same study though showed that less than two-thirds of respondents would prefer to own their own home, while almost one-quarter would prefer military housing.



In terms of distance away from base / wing / unit, the 2016 CAF Community Needs Assessment found that of respondents, almost one-quarter lived on base (24%), almost one-third of respondents (32%) lived less than 15 minutes away from the base / wing / unit and more than a quarter (27%) lived 15-30 minutes away (Prairie Research Associates, 2017a). Only 13% lived 30-60 minutes away, and 4% lived more than one-hour's drive away.

## 2.6 Family Persona Compositions

Despite the fact that most of the existing research and demographics focus on the military family as a single entity (e.g. examined as a common unit), families are not a single distinct entity. Military families come in all different sizes and shapes, each with different needs and strengths. For instance, a new family with children under the age of 5 will face military and family transitional challenges very differently than an empty nester couple. A single member may still be intricately connected with his/her family of origin, e.g. parents and siblings. A dual service couple may face relocations and postings differently than a single parent. Therefore, support services cannot be a one-size-fits-all approach as each family has distinct needs and strengths. Different supports will be required by each of these different family types or “personas”.

For the development of the Comprehensive Military Family Plan, the following unique family “personas” have been identified to date as having unique strengths and needs:

- Single Member without Dependents and Family of Origin;
- New Family / Young Children;
- Middle Family / Elementary School-Aged Children;
- Mature Family / Youth;
- Couples without Children;
- Empty Nesters;
- Families Transitioning to Veteran Status;
- Single Parents;
- Dual Service Couples;
- Same Sex Couples;
- Families with Special Needs Dependents;
- CAF Members Responsible for Elder Care;
- Reservists and their Families; and
- Families in Breakdown.

Not all of these family “personas” can be informed by currently available demographics or research. For this report, demographics and research findings are provided for those family “personas” where available:

- Single members without dependents;
- New families with children under the age of 5;
- Middle families with children between the ages of 6-12;
- Mature families with children between the ages of 13-25;
- Single parents; and
- Dual service couples.

Other family “personas” that require additional research to be conducted to better understand their demographics and needs include:

- Couples without Children;
- Empty Nesters;
- Families Transitioning to Veteran Status;
- Same Sex Couples;
- Families with Special Needs Dependents;
- CAF Members Responsible for Elder Care;
- Families on Imposed Restrictions;
- Reservists and their Families; and
- Families in Breakdown.

It is recognized that the breakdown of family “personas” by age of children (0-5; 6-12; 13-25) does not reflect those families who have children in multiple age groups. These age groupings were chosen specifically to better highlight major issues that arise within the various age groupings (e.g. child care; school transitions – elementary, secondary, post-secondary; major developmental stages – transitions to adolescence, young adulthood; etc.). While elementary school begins at different ages (usually between 4-6 years) depending on the province / territory, in general, child care is an issue for most families with children under 5 years of age. Similarly, high school graduation and post-secondary education entrance usually falls within the 17-20 year-old range. Given high school graduation requirements and post-secondary education entrance are major challenges when families are required to relocate due to postings to a new province, the “mature family with youth” persona includes both high school and post-secondary age groups (13-18 and 19-25).

## 2.6.1 Single Members Without Dependents

Of all RegF personnel posted in Canada, 36% (23,029) are single without any dependants.

### PERSONA PROFILE: SINGLE MEMBER WITHOUT DEPENDANTS

The average single member without dependants is:

- Under the age of 25 (38%)
- Male (86%)
- Served 0-5 years of service (59%)
- Posted at:
 

2 CDSB Valcartier	10%
3 CDSB Edmonton	9%
CFB Kingston	9%
4 CDSB Petawawa	8%
5 CDSB Gagetown	8%
CFB Halifax	8%

## 2.6.2 New Family With Young Children 0-5 Years

Of all RegF personnel posted in Canada, 22% (13,939) have at least one child between the ages of 0-5. Among these RegF personnel, there are 19,162 children between the ages of 0-5. Of all RegF posted in Canada who have children (total 29,601), 47% have at least one child between the ages of 0-5.

### PERSONA PROFILE: NEW FAMILY WITH YOUNG CHILDREN

The average RegF member with young (0-5) children is:

- Aged 30-34 (35%)
- Male (85%)
- Married / common-law (91%)
- Served 6-10 years of service (33%)
- Posted at:
 

(0106) 2 CDSB Valcartier	11%
(0002) CFSU (OTTAWA)	11%
(0107) 4 CDSB Petawawa	10%
(0100) CFB Halifax	9%
(0105) 5 CDSB Gagetown	8%

## 2.6.3 Middle Family With Children 6-12 Years

Of all RegF personnel posted in Canada, 21% (13,353) have at least one child between the ages of 6-12. Among these RegF personnel, there are 19,402 children between the ages of 6-12. Of all RegF posted in Canada who have children (total 29,601), 45% have at least one child between the ages of 6-12.

### **PERSONA PROFILE: MIDDLE FAMILY WITH CHILDREN 6-12 YEARS**

The average RegF member with children aged 6-12 years is:

- Aged 35-39 (33%)
- Male (85%)
- Married / common-law (86%)
- Served 11-15 years of service (30%)
- Posted at:

(0002) CFSU (OTTAWA)	13%
(0100) CFB Halifax	10%
(0106) 2 CDSB Valcartier	9%
(0107) 4 CDSB Petawawa	8%
(0105) 5 CDSB Gagetown	8%

## 2.6.4 Mature Family With Dependent Youth 13-25 Years

Of all RegF personnel posted in Canada, 13% (8,252) have at least one child between the ages of 13-18 and 8% (5,005) have at least one dependent child between the ages of 19-25. In total 18% (11,074) RegF members posted in Canada have at least one dependent child between the ages of 13-25. Among these RegF personnel, there are 11,028 children between the ages of 13-18 and an additional 6,830 children between the ages of 19-25, for a total of 17,858 dependent children between the ages of 13-25. Of all RegF posted in Canada who have children (total 29,601), 37% have at least one child between the ages of 13-25.

### **PERSONA PROFILE: MATURE FAMILY WITH YOUTH**

The average RegF member with dependent youth (13-25) is:

- Aged 45-49 (29%)
- Male (84%)
- Married / common-law (85%)
- Served 26-30 years of service (25%)
- Posted at:

(0002) CFSU (OTTAWA)	20%
(0100) CFB Halifax	10%
(0106) 2 CDSB Valcartier	7%
(0105) 5 CDSB Gagetown	7%
(0107) 4 CDSB Petawawa	7%

## 2.6.5 Single Parent

Of all RegF posted in Canada, 6% (4,055) are single parents with 6,837 children living in these single parent households. Single parent is defined as a CAF member who is divorced, separated, single or widowed with dependent children. Of all RegF posted in Canada who have children (total 29,601), 14% are single parents.

### **PERSONA PROFILE: SINGLE PARENTS**

The average RegF single parent is:

- Aged 35-39 (22%)
- Male (76%)
- Single (42%) or Separated (38%)
- Child aged 6-12 (38%)
- Served 6-10 years of service (25%)
- Posted at:

(0106) 2 CDSB Valcartier	12%
(0002) CFSU (OTTAWA)	12%
(0100) CFB Halifax	10%
(0107) 4 CDSB Petawawa	10%
(0105) 5 CDSB Gagetown	7%

## **2.6.6 Dual Serving Couples**

Of all RegF personnel posted in Canada, 10% (6,472) are married/common-law to another CAF personnel, either RegF or ResF. Overall, there are approximately 3,236 dual service couples posted in Canada. Over 300 additional CAF RegF personnel posted OUTCAN are married/common-law to another CAF personnel.

### **PERSONA PROFILE: DUAL SERVICE COUPLE**

The average RegF member who is in a dual service couple is:

- Aged 35-39 (24%)
- Female (52%)
- Partner is RegF (94%)
- Child aged 0-5 (36%)
- Served 11-15 years of service (25%)
- Posted at:

(0002) CFSU (OTTAWA)	18%
(0107) 4 CDSB Petawawa	8%
(0100) CFB Halifax	7%
(0106) 2 CDSB Valcartier	7%
(0105) 5 CDSB Gagetown	7%

## **2.6.7 Other Family Personas Requiring Further Research**

Other family “personas” that require additional demographic data collection and research to be conducted to better understand their demographics and needs include:

- Couples without Children;
- Empty Nesters;
- Families Transitioning to Veteran Status;
- Same Sex Couples;
- Families with Special Needs Dependents;
- CAF Members Responsible for Elder Care;
- Families on Imposed Restrictions;
- Reservists and their Families; and
- Families in Breakdown.



### 3. WHAT IS THE MILITARY FAMILY EXPERIENCE?

Life in the Canadian military can be quite different than that experienced by civilians in Canada. Few occupations have the requirement to be available to serve in a variety of conditions 24 hours a day, 7 days a week. For many families, the military way of life often fosters close family ties, adaptability and an appreciation for the importance of duty and responsibility. Military families are linked by a shared Canadian military identity and culture. It is not uncommon for tight bonds between military families to form quickly and to endure for years. Often buoyed by a profound sense of duty and pride, military families' dedication to the CAF experience requires sacrifice, adaptability, resourcefulness and resilience. In 2008, the CAF Family Covenant was introduced honouring military families and their contributions and cementing the CAF commitment to work in partnership with families in order to enhance military life. The Covenant reminds us that families serve the country in an important and essential way through the support they offer to their loved ones in the CAF. This commitment to families solidified the decades of effort to support families and captured the essence of the original intent of the informal organizing efforts of military spouses and the early leaders involved in shaping the Military Family Services Program.

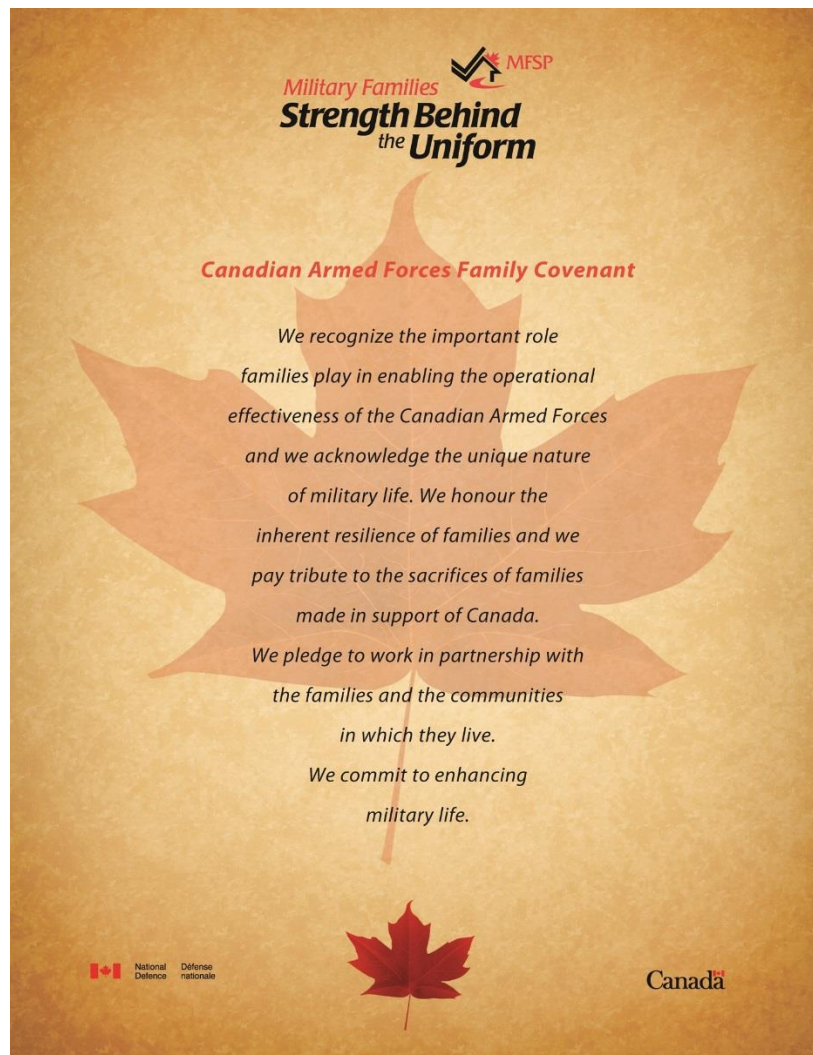


Figure 7: CAF Family Covenant

But in spite of these positives, military families must go through many transitions because of the military journey. From recruitment through training and temporary duty, through postings and deployments, possibly through injury, and finally through to release, families must adapt to the challenges that may arise from these transitions.

Outside the military journey, the family unit also goes through their own journey. That journey starts with one’s childhood family, to moving out as a single adult, possibly through marriage and having children, possibly family breakdown and starting a new or blended family, helping children move out of home as they become adults, though to retirement. Each of these major life events require adjustments and alter individuals and may change the family. Sometimes these changes and challenges can cause hardship, negatively impacting the family’s well-being. And in some cases, these changes and challenges can result in increased family resilience.

To develop the Comprehensive Military Family Plan, the following figure was designed to depict the major challenges along each of these journeys.

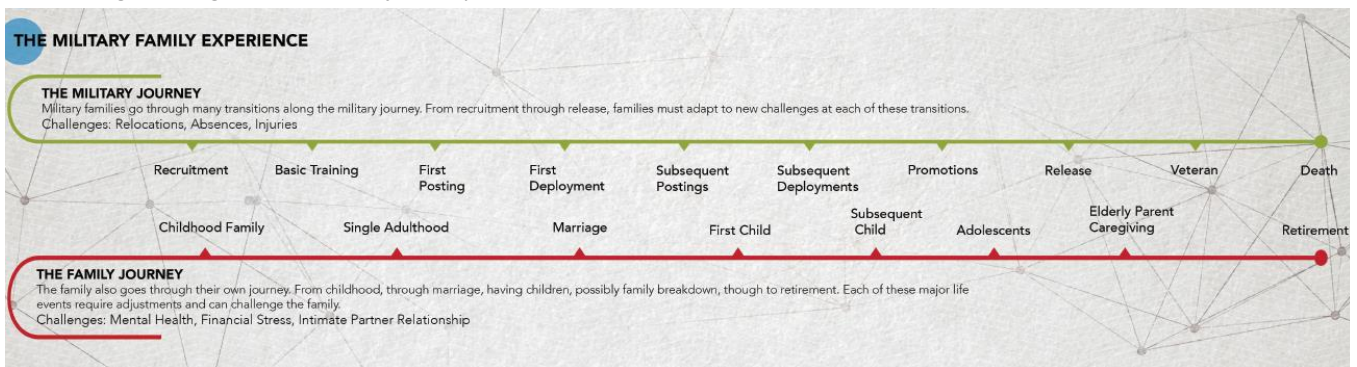


Figure 8: The Military Family Experience – The Military Journey and the Family Journey Connection

When the military journey and the family journey combine, at times these transitional challenges can compound or even collide, impacting the family more intensely. And depending on the family (where they are on their journey, what their composition is, what state their collective resiliency is at, etc.), each transitional challenge will be experienced and reacted to differently.

These major transitional challenges must first be understood in order to understand the military family experience in its entirety. The military journey transitional challenges will be considered first, as the primary focus of military family services, above and beyond those available in the community or through the province/territory, is to ensure that they are not disadvantaged because of the military requirements compared to their civilian counterparts in the general Canadian society.



### 3.1 THE MILITARY JOURNEY CHALLENGES

Military service is considered a career rather than a job. As the only Canadian organization that both requires and teaches military skills, there is little opportunity for lateral entry into the CAF. As a result, it is standard for CAF members to start at the bottom of their respective rank structures or career path. Subsequent career progression is based on acquiring requisite experience and knowledge through education, training and employment.

A CAF member's career path begins at one of the CAF Recruiting Centres and detachments across Canada. Applicants have to decide whether they want employment in the RegF (full-time) or ResF (part-time), whether they are joining as an Officer or Non-Commissioned Member, and which of the almost 100 occupations they would be suited to best. The career paths are unique and different depending on these decisions. Once accepted and the Oath of Allegiance is taken, they will complete their in-depth on-site Basic Officer Training Course or Basic Military Qualification Course.

Once all initial training is complete, CAF members receive their first posting which is dependent on where their new skills are most needed. A posting is a reassignment to a new job, and sometimes requires a geographical relocation for the military member and their family. Although there is an effort to accommodate the member's preferred location whenever possible, it ultimately depends on where their skills are needed to best support the CAF. Posting duration varies greatly depending on the member's occupation and rank. Postings allow for diversity in the scope of a member's career experiences, and are meant to enhance training and experience as well as to keep members alert and ready to handle new challenges.

Throughout the remainder of their career, additional individual training is required at set developmental periods to develop specific skills for their trade, to increase rank or responsibilities, and to maintain proficiency in emerging technologies and strategies. Collective unit training is also required throughout their career, to build cohesive teams and skills. These additional trainings may require the military member to be temporarily separated from their affiliated unit/base for more than a 24-hour period (temporary duty), and as such, usually away from their family as well.

CAF members can also expect to be deployed domestically or overseas at various times throughout their careers. A deployment is a temporary relocation of the military member (without their family) to an operational setting. The type and frequency of deployments depends on an individual's skill set, rank and qualifications, as well as the needs of the specific mission. Deployments can last a few days or weeks when providing disaster relief, or last for 6-12 months as part of an international commitment like those in Latvia or Kuwait, or in the past like Afghanistan or Bosnia.

When members join the CAF, they are expected to commit themselves to duty for a specific length of time (Terms of Service), which varies depending on the occupation. "Retirement" occurs at the completion of their Terms of Service (usually 25 years of service). "Release" from the CAF occurs when members leave the service before the end of their Terms of Service for a variety of reasons such as medical, voluntary, misconduct or unsatisfactory service.

With this type of career path fairly consistent across most CAF occupations, there are three commonly perceived transitional challenges that distinguish the military from other professions and occupations: mobility, separation, and risk (DND CF Ombudsman, 2013).

But while these challenges are commonly assumed, evidence-based research has been limited on the extent and the frequencies of these challenges and their impacts on families within the Canadian context and CAF experience.

More recent Canadian research is now beginning to show a clearer picture of the challenges faced by families as a result of CAF requirements. This report examines these three perceived military challenges in light of this recent Canadian research actual CAF family experiences, including:

1. GEOGRAPHICAL RELOCATIONS DUE TO POSTINGS;
2. ABSENCES FROM FAMILY DUE TO OPERATIONAL TEMPO; and
3. ILLNESS, INJURY OR DEATH.

### 3.1.1 GEOGRAPHICAL RELOCATIONS DUE TO POSTINGS

Over the course of their careers, CAF personnel will move through Canada, and in some cases, around the world. The process for relocating for work reasons is referred to as a posting. Postings may occur for a number of reasons including career promotions, training opportunities, to fill high-priority vacancies, or simply to expand the member's knowledge, skills and experience.

As a matter of routine, military personnel are asked to identify their posting preferences. CAF members are able to update these preferences at any time, as their personal situation may change. All of the information regarding preferred choices for employment is managed by each member's Career Manager, who is responsible for initiating postings, registering personnel on key career courses and managing important aspects of the member's career.

Most postings occur during a timeframe referred to as the Active Posting Season, which extends annually from June to August. This is done in an effort to reduce the number of children being adversely affected by moving in the middle of the school year.

Not all postings involve a geographical move. On large bases where many opportunities for employment within a given career field exist, members may simply be moved to a new position in a different local unit, or even within their existing organization.

When it comes to postings, the CAF endeavours to move personnel based on their list of posting preferences, but this is not always possible. The deciding factor must always be the operational requirements of the CAF.

Frequent relocations, especially across provinces mean that military families must constantly re-establish essential services that fall under provincial jurisdiction, such as health care, child care, and education. Additionally, the non-military spouse may need to find new employment in the new location.

### 3.1.1.1 Relocation – The Numbers

#### 3.1.1.1.1 Average Number of Career Moves

In the 2013 Quality of Life study, respondents indicated that over the course of the military career, just over half had relocated 1-3 times due to postings (Wang & Aitken, 2016). Just over 20% had relocated 4 or more times, and fewer than 20% had never relocated due to postings.

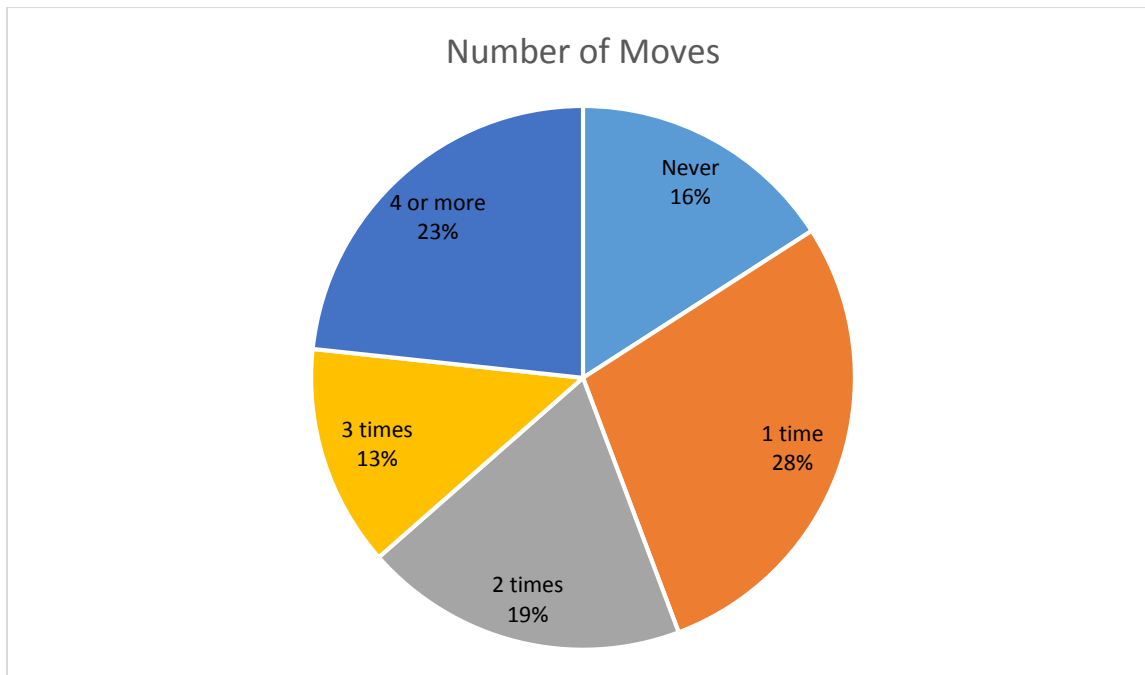


Figure 9: Number of Moves Families Experienced

For comparison, respondents to another study in 2018 focused specifically on the relocation process and its impacts on families were fairly evenly distributed between 1-6 relocations over the course of the military career, most of which were to different provinces (Manser, 2018b). The results from this study are presented alongside the results of the Impacts of Military Lifestyle on Military Families study (Wang & Aitken, 2016) for comparison.

Table 9: Total Number of Posting-Related Relocations During Military Career

	% of RegF Member Respondents (Manser, 2018b)	% of Civilian Spouse/Partner Respondents (Manser, 2018b)	Comparison to Impacts of Military Lifestyle (Wang & Aitken, 2016)
<b>Total Number of Relocations</b>			
0	0%	0%	15.7%
1	20%	23%	28.3%
2	24%	23%	19.3%
3	22%	18%	13.4%
4-6	26%	26%	17.5%
7-9	4%	6%	4.1%
10+	4%	3%	1.5%
<b>Total Relocations to a Different Province / Territory / Country</b>			
0	6%	8%	n/a

	<b>% of RegF Member Respondents</b> (Manser, 2018b)	<b>% of Civilian Spouse/Partner Respondents</b> (Manser, 2018b)	<b>Comparison to Impacts of Military Lifestyle</b> (Wang & Aitken, 2016)
1	26%	26%	n/a
2	24%	29%	n/a
3	20%	14%	n/a
4-6	22%	18%	n/a
7-9	3%	2%	n/a
10+	0%	2%	n/a
Note: Due to rounding, totals may not sum to 100%.			

The 2018 Relocations study found that when the number of postings are filtered by environment and rank, there appears to be a pattern where Officers tend to be geographically relocated more due to postings than Non-Commissioned Members (Manser, 2018b). Additionally in this study, Senior Officers / Senior Non-Commissioned Members are geographically relocated more than Junior Officers / Junior Non-Commissioned Members. And when the number of postings are filtered by years of services, there is an understandable pattern where the more years served with the CAF, the more relocations they experienced due to postings.

In the 2016 CAF Community Needs Assessment, only 18% of respondents had relocated within the last 1 year (Prairie Research Associates, 2017a). Of the remaining, 25% had been at their location for 1-2 years, 21% had been at their location for 3-4 years, and 35% of respondents had not been required to relocate for more than 5 years (i.e. had been at their current location for 5 years or longer).

### 3.1.1.1.2 Annual Total Number of Moves

According to the 2014 Fall Report of the Auditor General of Canada, on average, about 15,500 members of the CAF along with their families, have been authorized each year to receive relocation services<sup>9</sup>. This includes all CAF members, not just those with spouses / partners or dependants. In the same report, relocation expenditures for the 2012–13 fiscal year included \$228.9 million for the CAF, and \$24.5 million in administration fees paid to the contractor (which includes the much smaller administration portions covering RCMP and Federal Government moves as well).

To better understand the types and patterns of relocations that occur annually due to postings, data was extracted from the Defence Human Resources Management Systems of all postings during a one-year time-frame from July 2015 to July 2016 (Manser, 2018 unpublished). This data extract includes all RegF members who received a posting, both in Canada and OUTCAN, regardless of whether they have family dependants or were single without dependants.

Within that year, approximately half of all RegF members (33,223) received a posting instruction. Of those who received a posting instruction, over 60% were posted to a new base or wing (requiring a relocation), while almost 40% were posted to a new position on the same base or wing. Almost half of all the posting instructions (or 75% of all postings requiring a relocation) required an interprovincial move to the new base or wing.

Data was also extracted from the Defence Human Resources Management Systems of all postings requiring moves from 2013 through 2018 to understand if there were any trends or geographical patterns from year to year (Manser, 2018 unpublished). This data extract includes all RegF members who received a posting requiring a move, regardless of whether they have family dependants or were single without dependants, and included RegF posting both within Canada and OUTCAN. Looking at just those postings that required a relocation from 2013 through 2018, on average it appears that there are about 18,000 moves annually, which is the equivalent of just over one-quarter of all RegF.

Table 10: Number of Moves Due to Postings by Year

Year	Total # Moves	% Change
13/14:	18,122	n/a
14/15:	17,167	-5%
15/16:	19,319	+13%
16/17:	20,805	+8%
17/18:	16,887	-19%
AVERAGE	18,460	-1%

<sup>9</sup> [http://www.oag-bvg.gc.ca/internet/English/parl\\_oag\\_201411\\_04\\_e\\_39962.html](http://www.oag-bvg.gc.ca/internet/English/parl_oag_201411_04_e_39962.html) accessed 7 July 2018.

### 3.1.1.1.3 Annual Moves by Base

With the exception of annual increases or decreases overall, there is little variation in the numbers posted each year by base support out or in. On average, of the 18,000 military personnel required to relocate to a new base, more than half of these are leaving from St-Jean, Ottawa, Borden, Gagetown, Kingston and Toronto. It is important to note however that the posting data is not complete nor available for all bases. It is also important to note that some locations are strictly training locations, so numbers posting in and out are much higher at these locations than others.

Table 11: Average Annual Number of Military Posted Out to a New Location by Base

Base Support Posting Out	Average #	% of all Moves
2nd Canadian Division Support Base Valcartier, Detachment St-Jean	3,348	18%
Canadian Forces Support Unit (OTTAWA)	2,121	11%
Canadian Forces Base Borden	1,812	10%
5th Canadian Division Support Base Gagetown	1,185	6%
Canadian Forces Base Kingston	1,091	6%
4th Canadian Division Support Base Petawawa, Detachment Toronto	1,026	6%
2nd Canadian Division Support Base Valcartier	1,001	5%
Canadian Forces Base Halifax	883	5%
Canadian Forces Base Esquimalt	827	4%
3rd Canadian Division Support Base Edmonton	780	4%
4th Canadian Division Support Base Petawawa	703	4%
All other bases	3,689	20%
<b>Annual Total Average</b>	<b>18,464</b>	<b>100%</b>

And of the average 18,000 military personnel required to relocate to a new base annually, more than half are moving to St-Jean, Borden, Ottawa, Gagetown and Kingston.

Table 12: Average Annual Number of Military Posting In to a New Location by Base

Base Support Posting In	Average #	% of all Moves
2nd Canadian Division Support Base Valcartier, Detachment St-Jean	3,728	20%
Canadian Forces Base Borden	1,914	10%
Canadian Forces Support Unit (OTTAWA)	1,591	9%
5th Canadian Division Support Base Gagetown	1,298	7%
Canadian Forces Base Kingston	1,198	6%
2nd Canadian Division Support Base Valcartier	955	5%
4th Canadian Division Support Base Petawawa	952	5%
3rd Canadian Division Support Base Edmonton	939	5%
Canadian Forces Base Halifax	892	5%
Canadian Forces Base Esquimalt	703	4%
Canadian Forces Base Trenton	557	3%
All Others	3,733	20%
<b>Annual Total Average</b>	<b>18,460</b>	<b>100%</b>

More than half of all annual relocations involve St-Jean, Ottawa, Borden, Gagetown and Kingston.



Figure 10: Bases with the Most Annual Moves Overall

Almost 12,000 moves (or more than two-thirds of the average annual moves) occur between 11 bases, and of those more than half of all moves involve 5 bases. Looking at these bases where the largest number of postings occur annually (strictly by total numbers, not by percentage of the base population), there are consistent patterns each year. By far, the most annual moves occur each year from St-Jean to Borden, followed by moves from Toronto to St-Jean, and St-Jean to Gagetown.

Table 13: Average Number of Postings in and Out of 11 Bases with Largest Number of Postings

Average Annual Numbers Posted Out of Base Support:	Average Annual Numbers Posted In To Base Support:										
	Valcartier	St-Jean	Edmonton	Petawawa	Toronto	Gagetown	Borden	Esquimalt	Halifax	Kingston	Ottawa
2nd Canadian Division Support Base Valcartier		391	13	25	10	89	52	8	16	89	91
2nd Canadian Division Support Base Valcartier, Detachment St-Jean	314		32	38	32	573	1,124	215	122	352	62
3rd Canadian Division Support Base Edmonton	7	274		25	18	43	36	33	18	45	78
4th Canadian Division Support Base Petawawa	10	69	26		47	65	61	11	24	78	116
4th Canadian Division Support Base Petawawa, Detachment Toronto	3	682	13	22		15	42	16	20	37	90
5th Canadian Division Support Base Gagetown	164	210	150	172	17		50	12	56	64	66
Canadian Forces Base Borden	138	169	182	279	34	122		43	96	93	93
Canadian Forces Base Esquimalt	8	336	30	11	14	8	23		177	25	109
Canadian Forces Base Halifax	10	245	24	27	21	29	45	104		29	196
Canadian Forces Base Kingston	65	152	73	85	21	109	91	46	46		191
Canadian Forces Support Unit (OTTAWA)	117	413	112	114	84	124	205	136	186	178	



When the average relocation numbers are looked at as a percentage of the total base population, the picture looks quite different. While some bases experience a larger number of relocating members each year compared to other bases, others experience a larger proportion of their full RegF complement relocating annually. So while some communities will see a large number of moves, others will see a significantly large proportion of the full population turning over annually.

For instance, St-Jean, Ottawa, Borden, Gagetown, Kingston and Toronto have the largest total numbers posting in and posting out annually. But when those numbers relocating are reflected as a percentage of the total number of RegF posted at that base (or as a percentage of the total number of RegF personnel and all their family dependants), St-Jean, St. John's, Toronto, Borden, Montreal and Wainwright see the highest proportions of their total population moving annually.

Table 14: Percentage of Average Postings Out by Base Compared to Base Population

<b>Base Posting Out</b>	<b>% of Base RegF Total Population</b>	<b>% of all Total Base Population (including RegF and all dependants)</b>
2nd Canadian Division Support Base Valcartier, Detachment St-Jean	>100%	71%
Canadian Forces St. John's	83%	30%
4th Canadian Division Support Base Petawawa, Detachment Toronto	76%	29%
Canadian Forces Base Borden	57%	24%
2nd Canadian Division Support Base Valcartier, Detachment Montreal	63%	23%
3rd Canadian Division Support Base Edmonton, Detachment Wainwright	52%	22%
Canadian Forces Base Moose Jaw	28%	13%
Canadian Forces Base Gander	32%	12%
Canadian Forces Base Kingston	26%	12%
Canadian Forces Base Goose Bay	32%	11%
Canadian Forces Base Winnipeg	28%	10%
All Other Bases	10%-29%	3%-9%

Table 15: Percentage of Average Postings In by Base Compared to Base Population

<b>Base Posting In</b>	<b>% of Base RegF Total Population</b>	<b>% of all Total Base Population (including RegF and all dependants)</b>
2nd Canadian Division Support Base Valcartier, Detachment St-Jean	>100%	74%
Canadian Forces Base Borden	56%	24%
3rd Canadian Division Support Base Edmonton, Detachment Wainwright	48%	20%
Canadian Forces Base Moose Jaw	30%	14%
Canadian Forces Base Gander	35%	13%
Canadian Forces Base Kingston	29%	13%
4th Canadian Division Support Base Petawawa, Detachment Toronto	34%	13%
Canadian Forces St. John's	36%	13%
All Other Bases	14%-28%	5%-10%

The bases who experience the highest proportion of their total family population moving each year are St-Jean, Borden, St. John's, Toronto and Wainwright.

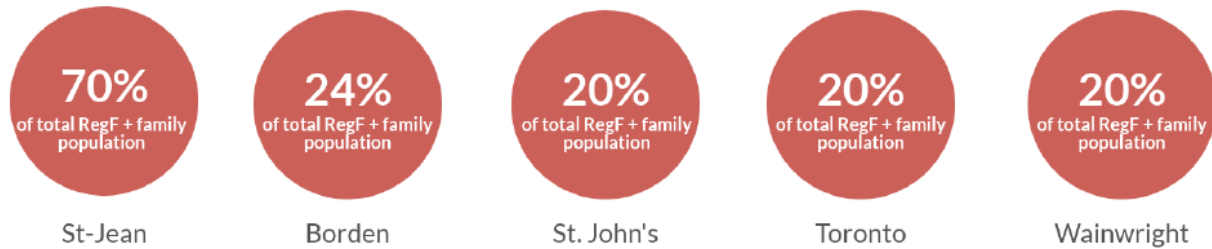


Figure 11: Bases with the Highest Proportion of Total Population Moving Annually

Using the average of annual moves from the 2013-2018 year timeframe, the actual numbers of RegF posted in and out by all base support departments can be compared to the total number of RegF posted at each base who either have any dependants or do not have any dependants, which was compiled in the 2017 RegF demographics data (Manser, 2018a). Using the general proportion of RegF with dependants of all RegF at each base, we can estimate the number of families posting. However, it is important to note that the number of families posted in / out is a general estimate, and should be interpreted with caution and limitations. It cannot be assumed that the RegF personnel posted each year are done so in exactly the same proportion, i.e. not all of the postings will involve the same percentage of RegF personnel with or without any dependants as exists on the base at any given time. St-Jean for example, generally has a higher percentage of RegF personnel without dependants (60%) than personnel with any dependant (40%). CFSU Ottawa generally has a higher percentage of RegF personnel with dependants (80%) than personnel without dependants (20%). This does not mean however, that of all the RegF posted in and out of these locations will necessarily have the same percentages with respect to dependants.

It is also important to note that these family estimates do not take into account any RegF personnel posting in/out on Imposed Restriction, thereby they are moving, but their family is not. As well, it is important to note however that the posting data is not complete nor available for all bases. And some locations are strictly training locations, so numbers posting in and out are much higher at these locations than others.

Table 16: Average Annual RegF Relocations Due to Postings with Estimated Number of Families

All Base Moves - Posting In to Base from Any Other Base	Average # RegF Posting In Annually (2013-2018)	% of All RegF Who Have Dependants 2017	Estimated Average Number of Families Posting In Annually	% of All Family Moves Averaged Annually
2nd Canadian Division Support Base Valcartier, Detachment St-Jean	3,728	40%	1,491	14%
Canadian Forces Support Unit (OTTAWA)	1,591	82%	1,297	12%
Canadian Forces Base Borden	1,914	57%	1,091	10%
5th Canadian Division Support Base Gagetown	1,298	61%	794	7%
Canadian Forces Base Halifax	892	68%	608	6%
Canadian Forces Base Kingston	1,198	50%	595	6%
4th Canadian Division Support Base Petawawa	952	62%	591	6%

All Base Moves - Posting In to Base from Any Other Base	Average # RegF Posting In Annually (2013-2018)	% of All RegF Who Have Dependants 2017	Estimated Average Number of Families Posting In Annually	% of All Family Moves Averaged Annually
2nd Canadian Division Support Base Valcartier	955	61%	580	5%
3rd Canadian Division Support Base Edmonton	939	54%	510	5%
Canadian Forces Base Esquimalt	703	61%	431	4%
Canadian Forces Base Trenton	557	73%	409	4%
Canadian Forces Base Winnipeg	407	71%	291	3%
4th Canadian Division Support Base Petawawa, Detachment Toronto	398	67%	266	2%
Canadian Forces Base Greenwood	317	75%	238	2%
Canadian Forces Base Cold Lake	373	60%	223	2%
3rd Canadian Division Support Base Edmonton, Detachment Wainwright	380	55%	211	2%
Canadian Special Operations Forces Command Headquarters	273	76%	208	2%
2nd Canadian Division Support Base Valcartier, Detachment Montreal	249	74%	184	2%
Canadian Forces Base Bagotville	267	68%	181	2%
All other bases where data is available (data is not available for all)	865	n/a	517	5%
<b>TOTALS</b> (not including numbers where data is not currently available)	<b>18,258</b>	<b>n/a</b>	<b>10,717</b>	<b>100%</b>

### 3.1.1.1.4 Annual Interprovincial Moves

Looking at just those postings that required a relocation from 2013 through 2018, of the average 18,000 moves annually, approximately three-quarters of those moves are interprovincial – moving from one province to another.

Table 17: Number of Interprovincial Moves Due to Postings by Year

Year	Total # Moves	% Change	Total # Interprovincial Moves	% Change	% of Moves that are Interprovincial
13/14:	18,122	n/a	13,235	n/a	73%
14/15:	17,167	-5%	12,674	-4%	74%
15/16:	19,319	+13%	14,549	+15%	75%
16/17:	20,805	+8%	15,472	+6%	74%
17/18:	16,887	-19%	12,355	-20%	73%
AVERAGE	18,460	-1%	13,657	-1%	74%

On average, more than half of all RegF who are posted to a new base or wing requiring a move to a new province, are moving to Quebec and Ontario.

Table 18: Average Annual Numbers of RegF Interprovincial Moves by Province

PROVINCE MOVING IN	Numbers	Percentage of All New Base Moves
ONTARIO	4,154	30%
QUEBEC	3,725	27%
ALBERTA	1,466	11%
NEW BRUNSWICK	1,298	9%
NOVA SCOTIA	1,159	8%
ALL OTHER PROVINCES / TERRITORIES	1,918	14%
<b>TOTAL</b>	<b>13,720</b>	<b>100%</b>

Similarly, the largest number of interprovincial moves were from Quebec to Ontario, and from Ontario to Quebec, at more than 2,000 moving each way. Smaller numbers (500-700) are moving from Ontario to Alberta, Quebec to New Brunswick, Ontario to Nova Scotia, and Nova Scotia to Ontario.

Table 19: Average Annual Interprovincial Moves by Province to Province

Province Moving To:	AB	BC	EU	MB	NB	NL	NS	NT	ON	QC	SK	US
Province Moving From:												
AB		60	2	129	66	9	48	2	409	319	25	9
BC	60		1	32	13	6	196		260	360	15	10
EU	2	1		2	0	0	4		20	3		0
MB	71	35	1		30	6	36	1	216	184	16	7
NB	186	22	1	73		9	82	2	406	397	4	1

Province Moving To:	AB	BC	EU	MB	NB	NL	NS	NT	ON	QC	SK	US
Province Moving From:												
NL	8	10	1	4	6		27		31	56	2	1
NS	56	125	1	43	39	21		0	486	286	12	13
NT	4			0	1				2	2		
ON	704	361	11	248	456	37	535	3		2,091	74	58
QC	344	254	1	74	682	8	205	2	2,170		17	6
SK	22	13		12	1	3	13	0	54	15		2
US	4	8		7	1	1	9	0	60	5	1	

Using the average of annual moves from the 2013-2018 year timeframe, the actual numbers of RegF posted in to a base coming from another province can be compared to the total number of RegF posted at each base who either have any dependants or do not have any dependants, which was compiled in the 2017 RegF demographics data (Manser, 2018a). Using the general proportion of RegF with dependants of all RegF at each base, we can estimate the number of families posting to a base coming from another province. However, it is important to note that the number of families moving interprovincially is a general estimate, and should be interpreted with caution and limitations. It cannot be assumed that the RegF personnel posted each year are done so in exactly the same proportion, i.e. not all of the postings will involve the same percentage of RegF personnel with or without any dependants as exists on the base at any given time. St-Jean for example, generally has a higher percentage of RegF personnel without dependants (60%) than personnel with any dependant (40%). CFSU Ottawa generally has a higher percentage of RegF personnel with dependants (80%) than personnel without dependants (20%). This does not mean however, that of all the RegF posted in and out of these locations will necessarily have the same percentages with respect to dependants.

It is also important to note that these family estimates do not take into account any RegF personnel posting in/out on Imposed Restriction, thereby they are moving, but their family is not. As well, it is important to note however that the posting data is not complete nor available for all bases. And some locations are strictly training locations, so numbers posting in and out are much higher at these locations than others.

Table 20: Average Annual RegF Interprovincial Relocations Due to Postings with Estimated Number of Families

Interprovincial Moves - Posting In to Base from Another Province	Average # RegF Posting In Annually (2013-2018)	% of All RegF Who Have Dependants 2017	Estimated Average Number of Families Posting In Annually	% That Are Interprovincial vs Within Same Province Moves
2nd Canadian Division Support Base Valcartier, Detachment St-Jean	2,796	40%	1,118	75%
Canadian Forces Base Borden	1,459	57%	832	76%
5th Canadian Division Support Base Gagetown	1,298	61%	794	100%

Interprovincial Moves - Posting In to Base from Another Province	Average # RegF Posting In Annually (2013-2018)	% of All RegF Who Have Dependents 2017	Estimated Average Number of Families Posting In Annually	% That Are Interprovincial vs Within Same Province Moves
Canadian Forces Support Unit (OTTAWA)	958	82%	781	60%
Canadian Forces Base Halifax	869	68%	593	97%
Canadian Forces Base Esquimalt	690	61%	423	98%
3rd Canadian Division Support Base Edmonton	759	54%	413	81%
Canadian Forces Base Kingston	758	50%	377	63%
2nd Canadian Division Support Base Valcartier	572	61%	347	60%
Canadian Forces Base Winnipeg	392	71%	280	96%
4th Canadian Division Support Base Petawawa	387	62%	240	41%
Canadian Forces Base Greenwood	290	75%	218	91%
Canadian Forces Base Cold Lake	352	60%	210	94%
Canadian Forces Base Trenton	276	73%	203	50%
3rd Canadian Division Support Base Edmonton, Detachment Wainwright	334	55%	185	88%
Canadian Forces Base Bagotville	206	68%	140	77%
Canadian Forces Base Comox	200	68%	135	94%
4th Canadian Division Support Base Petawawa, Detachment Toronto	183	67%	122	46%
All other bases where data is available (data is not available for all)	878	n/a	468	n/a
<b>TOTALS</b> (not including numbers where data is not currently available)	<b>13,657</b>	<b>n/a</b>	<b>7,879</b>	<b>n/a</b>

### 3.1.1.1.5 Relocation Numbers Summary

It is estimated that approximately 10,000 families are relocating to new locations each year because of postings, of which approximately 8,000 are moving to a new province/territory.

## ANNUAL NUMBERS

**1 in 2**

---

RegF receive a posting instruction annually

**1 in 4**

---

RegF have to relocate to a new base/wing

**1 in 5**

---

RegF relocate to a new province each year

**10,000**

---

Estimated # of families relocating to new locations each year, of which approximately 8,000 are moving to new provinces\*

---

Figure 12: Estimated Annual Numbers of Postings

### 3.1.1.2 Relocation – Impact on General Well-Being of Family Members

Frequent relocations, especially across provinces mean that military families must constantly re-establish essential services that fall under provincial jurisdiction, such as health care, child care, and education, as well as other community services and supports. Additionally, the non-military spouse may need to find new employment in the new location. This can cause stress and affect the general well-being of families.

In the 2013 Quality of Life study, relocation was selected by non-military spouse respondents as the highest challenge for military families overall (Wang & Aitken, 2016).

The 2018 Relocations study found that for most military families, the posting instruction confirming the need to geographically relocate came with feelings of happiness and excitement (Manser, 2018b). A smaller proportion responded to the instruction with fear, apprehension, anxiety or sadness.

#### 3.1.1.2.1 Impact on Spouse / Partner

Secondary analysis of the 2013 Quality of Life study found no significant differences in physical health, mental health, life satisfaction or psychological distress between spouses / partners who had relocated and those who had not relocated (Skomorovsky, Wang, & Wolejszo, 2016).

#### 3.1.1.2.2 Impact on Single Parent

Using data from the CF Exit Survey 2008-2011, it was found that single CAF members with children were more likely to be dissatisfied by the effects their postings had on the opportunity to settle down in a certain area, and their decision to release early from the CAF was more strongly influenced by the effects their postings had on their ability to maintain family stability (Sudom, 2012).

In focus groups, single-parent military families stated that relocations sometimes has implications for custody arrangements, causing fear that family courts may negatively view some aspects of a military career (such as deployment) when resolving custody issues, thereby favouring the civilian spouse for full custody as a result (Skomorovsky, Wang, & Wolejszo, 2016).

#### 3.1.1.2.3 Impact on Children

In a unique study from the perspective of children speaking for themselves, most children interviewed said they find relocation at least somewhat stressful, especially during the anticipation phase (Skomorovsky, 2013). Most found it stressful before the move happens, but their stress diminishes quickly after the move (within half a year). The most stressful part was the prospect of losing friends and not finding new ones. Those who tried to maintain their relationships, who tried to rationalize the experience, or who were more extraverted, generally experienced less stress.

This same study found that older children (i.e. adolescents) had more adjustment problems following relocation and experienced more stress because of relocations than younger children. This is logical, as peer relationships increasingly play a more significant role in the adolescent's identity and social support network. Therefore, faced with losing those peer relationships would cause increased stress. Relocation also had a negative impact on school performance and grades, especially when the move occurred in the middle of the school year. Differences in school curricula and standards between locations can also negatively impact children's academic progress. This is especially relevant with respect to secondary school graduation



requirements and post-secondary education entrance requirements, as these differ significantly across provinces, especially Quebec. Regional differences, specifically rural versus urban, are also pronounced within the education system especially with respect to opportunities and standards.

However, children also see positive aspects of relocation (Bullock & Skomorovsky, 2016). While a smaller number overall, some children and adolescents did find relocations challenging in a positive way and also exciting because of the prospects of travelling and experiencing new people and places.

### 3.1.1.2.4 Impact on Elderly Parent Caregivers

Very little research has been conducted on the impacts of relocation for CAF members who are caring for elderly parents. In a 2015 study, 25% of CAF members who provide elder care reported that their caregiving responsibilities could result in them requesting an early release from the CAF, and relocations especially were seen as an area where the level of support they currently receive could be improved (Skomorovsky, Wang, & Wolejszo, 2016). Proximity to the elder in need of care is important, and this necessity led several respondents to recommend exceptions to the normal posting process for members responsible for elder care. Although such accommodations seem like a reasonable solution, some members believed that asking for posting accommodations would be harmful to their career progression. As a result, some of those members felt as though they had to pick between not providing adequate care or requesting early release.

Another study in 2018 revealed that for half of the respondents who were caring for an elderly parent, the burden of caregiving impacted their decision to accept a posting requiring a relocation (Manser, 2018c).

### 3.1.1.2.5 Consequences

When spouses were asked how difficult it was to re-establish various aspects of their lives after relocation, the following were most frequently reported as “extremely difficult” to re-establish. Results are presented according to various studies (Sudom, 2010) (Sudom K. , 2012) (Wang & Aitken, 2016).

Table 21: Aspects of Life that are Difficult to Re-Establish After Relocation

<b>Aspect of life perceived to be difficult to re-establish after relocation</b>	(Sudom, 2010)	(Sudom K. , 2012)	(Wang & Aitken, 2016)	<i>Increase 2010-2016</i>
Medical services	38.9%	41.9%	44.4%	+5.5%
Support network / social contacts	27.6%	30.7%	40.6%	+13.0%
Your employment	25.5%	31.1%	39.7%	+14.2%
Your seniority at work	28.7%	32.2%	32.8%	+4.1%
Child care	21.3%	15.7%	24.4%	+3.1%
Your professional certification(s)	11.7%	13.2%	17.5%	+5.8%
Access to services to support your family's needs	6.5%	8.1%	14.3%	+7.8%
Housing	8.4%	10.4%	11.9%	+3.5%

According to these studies, the most challenging aspects of life to re-establish after relocation are medical services, social support network and non-military spousal employment. Yet research shows that the vast majority of spouses have family doctors and are employed (see sections on health care and spousal employment for details). This implies that issues such as access to health care and employment are limited to the transitional periods during geographical moves rather than universal ongoing long-term problems (Manser, 2017).

Given that these identified challenges facing military families are a result of relocations due to posting, more effort should be put into preparing for these transitions in advance rather than waiting until families arrive at

the new location to begin re-establishment of services. This is especially true for health care, employment, child care and education. Presumably, the posting season (March to August) should be one of the busiest times for MFRCs providing preparatory / transition support, yet this tends to be a quieter time focusing on year-end reporting and programs/ services winding down for summer.

Similarly, the posting process itself should be questioned with respect to weighing the impacts of relocation on the family against the member's career progress and against CAF operational requirements.

There is a pervasive assumption that the posting instruction is mandatory, final, and unquestionable. While it is true that some posting instructions are required for CAF operational requirements, many are for the military member's career progression. And while refusing a posting may stall or end the military career, accepting the posting quite frequently ends or interrupts the civilian spouse's career, can negatively impact children's education, and can add stress and instability to the family, especially if the family has additional requirements to ensure continuity of care for elderly parents or family members who have special needs. The family decision to relocate for a posting needs to be made after much serious discussion between couples about the pros and cons of both individual's careers, their financial situation and their family's needs together. Likewise the CAF needs to seriously examine the posting process and the career progression process outside of operational requirements, to ensure that the retention of CAF personnel is not compromised without reason other than institutional history and culture. While historically, career progression made sense to align with relocation and operational requirements, it is quite plausible that this is no longer the case for some or even many of the 10,000 family moves each year. The effects of examining the posting process in this light would ultimately result in decreased risk to the well-being of families, increased personnel retention, and increased efficiencies (reducing the number of moves every year would significantly reduce the budget required for relocation expense reimbursement, not to mention the amount of lost staff time and productivity while in transit and during the adjustment to the new position).

### 3.1.1.3 Relocation – Impact on Financial Situation

#### 3.1.1.3.1 General Financial Impact

Geographical relocations resulting from postings have financial impacts on the family, primarily due to changes in cost of living and employment changes. In one 2018 study, it was found that for many, this is a negative impact – approximately half of families (43% of military members and 52% of spouses) who relocated felt their financial situations became worse after the move (Manser, 2018b). Less than one-third of these respondents felt their financial situation improved after a relocation (33% of military members and 27% of spouses), and almost one-quarter didn't know or felt the relocation had no impact on their financial situation (24% of military members and 22% of spouses). Similar rates were found in the 2018 Military Family Finance study, where about half (57%) of personnel who had been posted to a new geographic location reported that their financial situation had become worse, while about one quarter (24%) reported their situation had improved, and the rest reported no impact or didn't know (Wang, Lee, & Farley, 2018). A change in cost of living was the top reason CAF members gave for their worsened financial situation. The most frequently given reasons for improved financial situation were CAF career promotion and also a change in the cost of living.

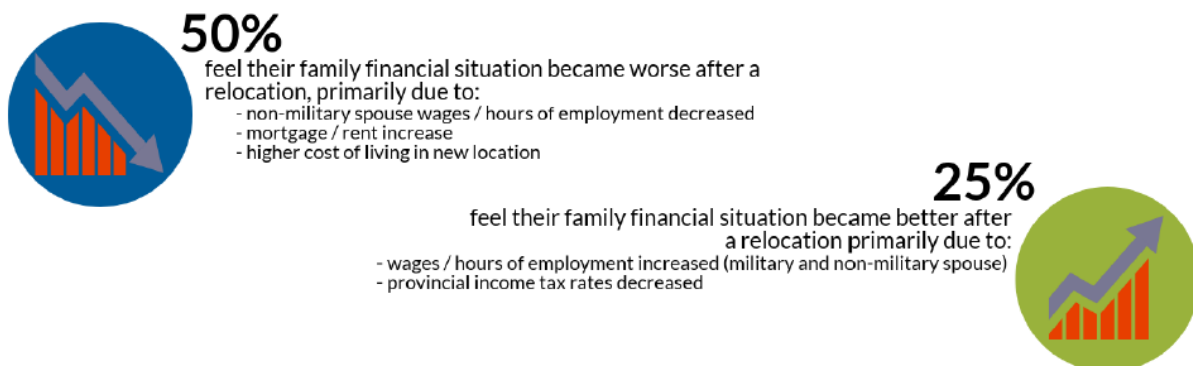


Figure 13: Impact of Relocation on Financial Situation

Financial stress was identified as the second largest challenge faced by military families in the 2016 CAF Community Needs Assessment (Prairie Research Associates, 2017a), as well as in the 2017 Military Members/Family Finance Survey (Wang, Lee, & Farley, 2018).

In the 2018 Relocations study, finding and selling the family home was identified as the most important consideration by far for families when relocating, and it was also the task that required the most time and effort. Learning about the potential financial impacts of living in the new community, and determining which neighbourhood to live in also topped the list of most important considerations for families (Manser, 2018b). All of these top considerations are related to the financial situation of the family.

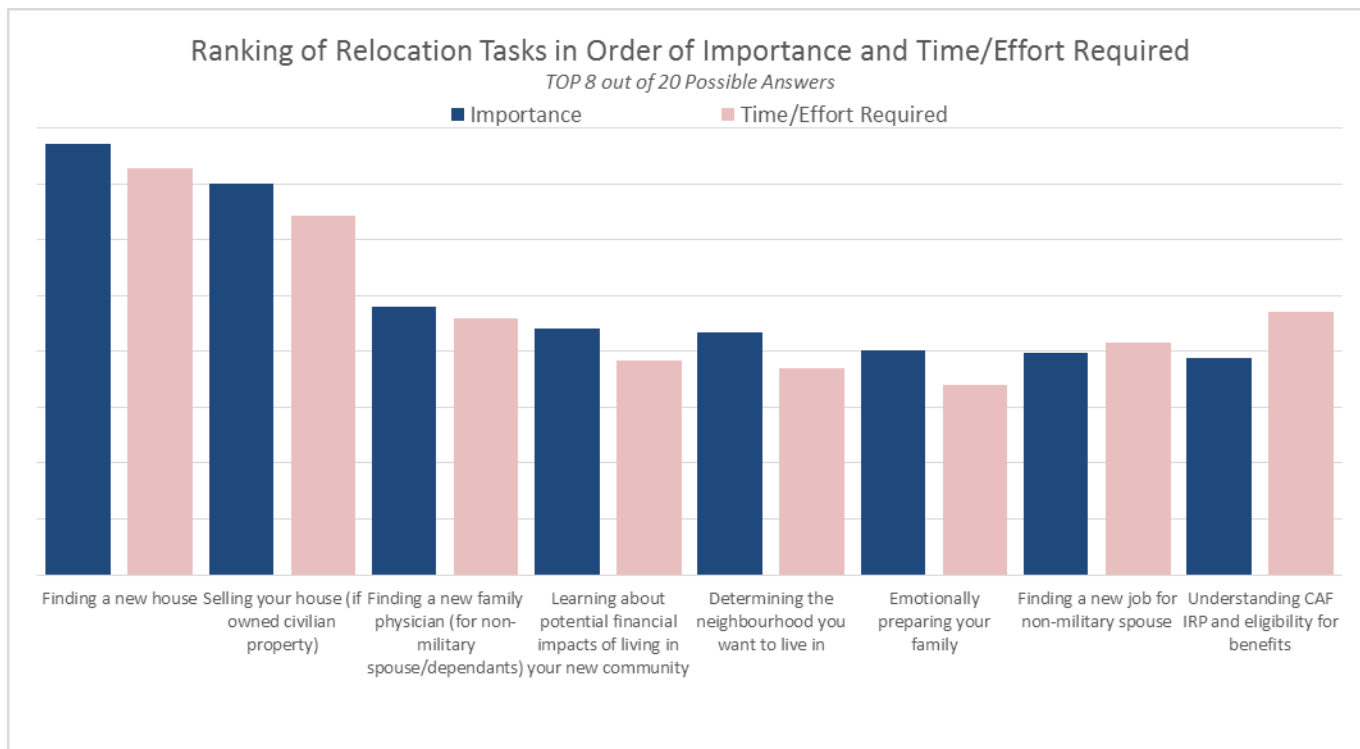


Figure 14: Top 8 Relocation Tasks

### 3.1.1.3.2 Housing Affordability

Housing affordability was also identified as a priority area for improvement in the 2017 Canadian Forces Housing Agency Occupant Survey, with 86% stating that affordability was the most important factor when choosing a home (Environics Research, 2017). Affordability is also the main reason why occupants chose to live in their current National Defence house. While 6 out of 10 current National Defence housing occupants had previous experience with buying non-National Defence housing, and a similar number considered buying or renting in the community before deciding to move into their current National Defence house, affordability was the primary deciding factor for choosing National Defence housing over civilian property. Almost two-thirds (63%) of National Defence housing occupants chose to live in National Defence housing primarily because it is more affordable and less expensive than private housing. This percentage has risen 37% since 2005.

### 3.1.1.3.3 Spousal Employment

While finding a new job for the non-military spouse ranked lower on both importance and time/effort required when relocating, and while only 7% of respondents were unemployed, it is clear that the second household income obviously affects the family's financial situation as well (Manser, 2018b).

In the 2016 CAF Community Needs Assessment, of the 43% of respondents who indicated they were having financial problems, 22% said this was in part due to difficulties finding suitable employment for the non-military spouse (Prairie Research Associates, 2017a).

### *3.1.1.4 Relocation – Impact on Intimate Partner Relationship*

The majority of respondents to the 2018 Relocations study indicated that the relocation process placed additional stressors on their intimate partner relationship causing strain (Manser, 2018b). While their relationship improved after the relocation for more than a third of respondents, more than half did not agree that their relationship improved after the relocation (21%) or felt neutral (43%).

It is important to note that challenges with intimate partner relationships or personal relationships were identified as the third largest stressor facing military families both in the 2016 CAF Community Needs Assessment (Prairie Research Associates, 2017a) and also in the 2017 Military Members/Family Finance Survey (Wang, Lee, & Farley, 2018).

### 3.1.1.5 Relocation – Impact on Health Care

#### 3.1.1.5.1 Family Physician

In the 2013 Quality of Life study, 44% of CAF spouses found it extremely difficult to re-establish medical services after relocation (Wang & Aitken, 2016). This same study showed that 24% of military spouses reported not having a family physician for themselves and 17% did not have a family physician for their children. This is lower than was found in 2009, where 27% of respondents reported not having a family physician (Darr & Doan, 2011). This study found that family physician access varies across provinces and environments, but no direct link to posting turbulence could be made. For example, it is unknown whether spouses without a family physician made any effort to seek out a family physician. However, it was quite clear that moves can disrupt the re-establishment of medical services and continuity of care, but whether or not these services include access to a family physician or specialized medical care was not clear.

Interestingly, the percentage of spouses not having a family physician (24%) in terms of total numbers of spouses (approximately 8,500) is very close to the number of families posting to a new location each year (approximately 10,000) (Manser, 2018 unpublished).

In the 2013 Quality of Life study, primary health care was selected as the second highest challenge overall for military families by non-military spouse / partner respondents (Wang & Aitken, 2016).

In the 2016 CAF Community Needs Assessment, of the 46% of respondents who indicated they were having health care system problems, 21% said this was due to getting access to health care (Prairie Research Associates, 2017a).

The 2017 Primary Health Care study found that 34% of MFRCs do not foresee a health care shortage in their area, while 56% believe that there is a shortage, but that this shortage is for the entire community and is not specific to military families (Bain & Manser, 2017). Less than half of MFRCs report that they receive requests from families seeking support in finding a physician on a weekly basis, and one-third of MFRCs receive these requests rarely, if ever, or less than a few times a year. It is possible that the local community health care providers sufficiently meets the needs of those families. Alternatively, it may also be possible that families are unaware that MFRCs can support them in this capacity, since only 35% of MFRCs have a doctor referral program. Most MFRCs at a minimum offer a list of walk-in clinics to their families, which may be sufficient to meet family needs. Several locations do not foresee an issue for their families primarily due to the fact that the province and/or region itself does not have a doctor shortage issue, or the semi-isolated nature of the military posting allows for families to access CAF physicians.

In the 2018 Relocations study, respondents ranked finding a new family physician as the third most important task when relocating, and fourth in terms of the time and effort required to do (Manser, 2018b).

#### 3.1.1.5.2 Special Needs

Access to health care after relocation can be especially significant for those who have family members with special health conditions. In a study on children with autism in military families, many of the families reported that they had a hard time getting their child's condition noticed, validated and medically diagnosed, especially when compounded with relocating (Cramm, 2017). Without the assessment and subsequent diagnosis for autism, their access to intervention services was held up significantly. Difficulties accessing care can also impact family finances. Some parents in this study said they opted to pay directly for private

assessment services rather than deal with the frustration of wait-lists and the implications of delayed services for their child's long-term development.

### 3.1.1.5.3 Mental Health Services

Using provincial health services records, one study matched 5,478 children and youth and 3,358 female spouses in CAF families newly posted to Ontario from another province between 2008 and 2013 to a comparative cohort of 35,344 members of the Ontario general population that matched by age, sex and geography (Mahar, et al., 2018 in press). With this data, the researchers compared the use of public mental health services between the two cohorts. Overall, 30% of female military spouses had at least one mental health-related physician visit following their relocation to Ontario. CAF families saw a family physician for mental health care more often than a specialist (e.g. psychiatrist). Female spouses in CAF families used the same amount or fewer mental health services than the general population. The time interval from relocation to Ontario and the first visit with a family physician for mental health reasons or a psychiatrist was similar for female spouses in CAF families as it was for the matched general population. And for children and youth, overall 20% of military children and youth had at least one mental health-related physician visit following their relocation to Ontario. Children and youth in CAF families used more mental health services than children in the general population. For children and youth in CAF families, the time interval to the first visit for mental health reasons was shorter when seeing a family physician but longer when seeing a paediatrician or psychiatrist as compared to that of the matched general population.

### 3.1.1.6 Relocation – Impact on Spousal Employment

While most spousal respondents to the 2008-2009 Quality of Life study were employed and satisfied with their family income, approximately half felt that they had made career sacrifices, and a smaller proportion reported they were underemployed, unemployed or that their career had been severely affected by their partner’s military service (Dursun & Sudom, 2009). In another study using Statistics Canada 2006 long form census data rather than survey respondents, and therefore presenting a more accurate and representative picture, the labour force participation rate of spouses of military was 78.5% and was found to be lower than their comparable counterparts - spouses of RCMP (84%), federal public servants (84.9%) and other civilians with similar socio-demographic characteristics (81.5%) (Dunn, Urban, & Wang, 2010). Military spouses’ level of income was also lower than spouses of RCMP, federal public servants or civilians with similar socio-demographic characteristics. However, the researchers also found that CAF female spouses tended to be younger, less educated and more likely to move provincially than their comparable counterparts, all of which can impact employment. In this study, the highest level of education achieved for 46% of spouses was some or all college, and for 33% of spouses was a bachelor’s degree or higher. Since this study, it appears that spouses are now more educated than they were in 2006. Compared to the 2013 Quality of Life study, the highest level of education achieved for 45% of spouses was some or all college, and for 44% of spouses was a bachelor’s degree or higher (Wang & Aitken, 2016).

In the 2013 Quality of Life study, spousal employment was selected as the highest challenge overall for military families by non-military spouse / partner respondents (Wang & Aitken, 2016).

More recently, the 2018 Relocations study found that of non-military spouse respondents, 7% were unemployed / currently seeking employment (Manser, 2018b). This unemployment rate is similar to the findings of other studies including the 2016 CAF Community Needs Assessment where 8% were unemployed (Prairie Research Associates, 2017a), the 2018 Military Family Finance study where 10% were unemployed or unable to find suitable employment (Wang, Lee, & Farley, 2018), the 2006 long form census study where 5.1% were unemployed (Dunn, Urban, & Wang, 2010), the 2009 Quality of Life study where 5.5% were unemployed (Wang, Dursun, & Truscott, 2016), and the 2013 Quality of Life study where 4.5% were unemployed (Wang & Aitken, 2016). In reality, the actual unemployment rate of non-military spouses is likely closer to the 5.1% found in the 2006 Long Form Census study, or the 4.5% found in the 2013 Quality of Life study, as the researchers used a sampling frame resulting in a more representative sample. Both the 2016 CAF Community Needs Assessment and the 2018 Relocations study relied on snowball sampling, which could have encouraged more respondents who were dissatisfied with their current employment situation than was representative of the whole population. And while the 2017 Military Members/Family Finances Survey also used a sampling frame, the higher rate of 10% reflected military spouses who were both unemployed and who were unable to find “suitable” employment (as opposed to finding any employment).

Table 22: Estimates of Spousal Unemployment Rates

<b>Spousal Employment Status</b>	(Manser, 2018b)	(Prairie Research Associates, 2017a)	(Wang, Lee, & Farley, 2018)	(Dunn, Urban, & Wang, 2010)	(Wang, Dursun, & Truscott, 2016)	(Wang & Aitken, 2016)
Unemployed / Seeking Employment / Unable to Find Suitable Employment	7%	8%	10%	5.1%	5.5%	4.5%

In the 2018 Relocations study, finding a new job for the non-military spouse ranked lower on both the importance and time/effort required when relocating (Manser, 2018b). However, respondents indicated that the non-military spouses felt most challenged finding employment that matches their experience / education



or maintaining their seniority. More than one-third of respondents felt they had to take a job that they were over-qualified for as a result of having to relocate for their spouse's military career.

### 3.1.1.6.1 Dual Service Couples

A not insignificant percentage of spouses of CAF members serve in the military themselves. Estimates in two studies have shown that anywhere from 19% to 27% of spouses of RegF members are also currently serving as RegF or ResF members themselves (Wang & Aitken, 2016) (Wang, Lee, & Farley, 2018). For families where both spouses are serving in the military, particularly in the RegF, it is presumable that they will face the reality of receiving a posting instruction requiring a relocation more often, and possibly conflicting relocation requirements at the same time. Little research could be found on dual service couples and relocations; further research will need to be conducted.

### 3.1.1.6.2 Special Needs

While limited research exists on the impacts on CAF family members who have children with special needs, secondary analysis of the 2008-2009 Quality of Life did look at differences between spouses who had children with special needs and those who didn't (Wolejszo, Dursun, & Truscott, 2014). The employment status varied between respondents who have no children, who have children without special needs, and who have children with special needs. While 64% of respondents with no children identified being employed full time, this number dropped to 51% for respondents who had children without special needs and 43% of respondents with children who have special needs. Conversely, while only 12% of respondents without children were employed only on a part time basis, 14% of spouses with children without special needs and 16% of spouses with children with special needs were employed on a part time basis.

### 3.1.1.7 Relocation – Impact on Child Care and Education

Frequent postings, frequent or extended absences of the military member, short notice scheduling changes, and postings to smaller communities or remote locations may affect a CAF member's ability to find and maintain suitable child care and can be disruptive to children's education (Sudom K. , 2012). Concerns around education include children's adjustment to new schools, disruptions in education, and availability of special education for learning disabilities. These issues may be particularly challenging for single parents, and for dual-career CAF couples in which both individuals are serving CAF members.

#### 3.1.1.7.1 Child Care

In the 2013 Quality of Life study, 44% of CAF spouses found it extremely difficult to re-establish child care after relocation (Wang & Aitken, 2016). In this same study, child care was selected as the fifth highest challenge overall for military families by non-military spouse / partner respondents.

In the 2013 study on child care for military families, a number of challenges were identified including a lack of awareness (25% of families were unaware of available child care services), caregiver shortages (the demand for early childhood educators in Canada has grown 40% compared to 15% demand growth for other occupations), relocations due to postings, on-call backup and afterhours care (CAF operational requirements create pressure for afterhours child care that is not available through civilian service providers), and inconsistencies (on-base licensed child care spaces are available for 20% of the total 0-5 year old population, but ranges anywhere from 0% to 107% in different CAF communities) (Quality of Life / Military Family Services, 2013).

In the 2016 CAF Community Needs Assessment study, of the 52% of respondents who indicated they were having problems with their child's well-being, 23% said this was due to child care problems such as quality, distance, expense, or waiting lists (Prairie Research Associates, 2017a).

The 2018 Relocations study found that finding child care ranked low on both the importance and time/effort required when relocating, #14 and #13 respectively out of a list of 20 (Manser, 2018b). However, these items were ranked by all respondents, of whom just two-thirds had children, and of those children, only 40% were under the age of 5. Of those who had children under the age of 5, the majority stated they preferred stay-at-home parenting for the year immediately following a relocation, as opposed to any other form of child care (e.g. centre-based child care, home-based child care in another person's home, family/friend caring for child in own home, nanny, etc.).

#### 3.1.1.7.2 Special Needs

While limited research has been conducted on the impacts of relocation specific to the care and education of children with special needs, secondary analysis of the 2008-2009 Quality of Life study showed that, although rates and types of child care usage were similar between families without special needs children and families with special needs children, the latter group experienced significantly more challenges with respect to both finding child care and the impact child care had upon their employment (Wolejszo, Dursun, & Truscott, 2014).

#### 3.1.1.7.3 Education

In a study with small focus groups, parents expressed concerns with respect to the impacts of relocations on their children's education due to inconsistencies in school standards or curricula between locations

(Skomorovsky, Wang, & Wolejszo, 2016). Relocation may present unique challenges for children with special needs. For example, interrupting support and health care services during relocation may lead to inconsistent treatment that may impact the child's well-being.

In a 2018 scoping review, researchers detailed several occupational performance challenges that children growing up in military families may commonly experience (Cramm & Tam-Seto, 2018). The researchers found that they are a highly mobile group, and the number of transitions across school districts and jurisdictions can complicate students' abilities to maintain their academic occupations, develop meaningful and lasting social occupations, and engage in extracurricular occupations.

## 3.1.2 ABSENCES FROM FAMILY DUE TO OPERATIONAL TEMPO

Military members are expected to be away from home for short and/or long periods of time due to operational requirements such as deployments, missions, exercises, sea time, individual or collective training courses, temporary duty, aid to civil authorities, or disaster relief missions. These absences from family vary in length and can occur domestically in Canada or abroad. And they vary depending on occupation, rank, years of services, etc. These absences, especially longer-term overseas deployments, have long been assumed to negatively impact families, although the current research shows it is a more complex issue than just a simplistic cause and effect.

### 3.1.2.1 Absences – The Numbers

In the 2008-2009 Quality of Life study of spouses, approximately two-thirds of military personnel had spent some amount of time away or been deployed in the past year, and approximately 40% of military personnel had been away for at least 5 months (Sudom, 2010). Since the start of the relationships, approximately 70% of military personnel had experienced at least one deployment, while 17% of these had experienced five or more deployments. Total time away in one year for these respondents ranged from 69 days to 92 days (Dursun & Sudom, 2009).

Similarly, in the 2013 Quality of Life study about two-thirds of respondents reported that their CAF partners had been away from home for 1-4 months in the past 12 months while 9.2% had not been away from home (Wang & Aitken, 2016). In the five years prior to the survey (2008-2013), one-third of their military partners had not been deployed, and two-thirds had been deployed at least once.

More recently from the 2016 CAF Community Needs Assessment, of the 82% of respondents (both CAF members and spouses) who answered the question regarding deployments, 14% had returned from a deployment within the past year (Prairie Research Associates, 2017a). Over the past three years, one-third had not been deployed and one-third had been deployed less than 12 months. Less than 8% had been spent more than 12 months away on deployments. On average, those who had been deployed within the past three years had been away for 4 months.

No statistics could be located for short-term absences for operational requirements such as exercises, training, disaster relief, etc.

### 3.1.2.2 Deployments Impact

CAF members can expect to be deployed domestically or overseas at various times throughout their careers. A deployment is a temporary relocation of the military member, without their family, to an operational setting. The type and frequency of deployments depends on an individual's skill set, rank and qualifications, as well as the needs of the specific mission. Deployments can last a few days or weeks when providing disaster relief, or up to six or nine months as part of an international commitment like those in Latvia or Kuwait, or in the past like Afghanistan or Bosnia.

#### 3.1.2.2.1 Impact on Military Member

As the focus of this report is on military family members, as opposed to the military member, and that extensive research already exists in the public domain on the impacts of deployments on the well-being of CAF personnel, it is not reiterated here. The exception is for one study that looked at mental health outcomes that have been shown to affect families, along with patterns of seeking help. The 2008 Health and Lifestyle study (Director General Military Personnel Research and Analysis, 2009) showed that those CAF members with a history of deployment in the previous two years were more likely to consult with mental health professionals, but they did not have increased rates of suicidal ideation or attempts, nor were they more likely to screen positive for psychological distress, depression, or post-traumatic stress disorder compared to those without a recent history of deployment. Approximately 15% of CAF personnel consulted a health professional about their emotions, mental health, or use of alcohol or drugs in a 1-year timeframe, and those with a history of deployment in the previous 2 years were more likely to seek care (20%). Over three quarters (78%) were very satisfied or satisfied with the services or treatment received.

For single parents and dual-career CAF couples, in which both individuals are serving CAF members, it has been suggested that deployments may be especially challenging, primarily due to child care and education challenges (Sudom K. , 2012).

#### 3.1.2.2.2 Impact on Spouse / Partner

Two major Canadian studies on the effects of the military lifestyle on spouses / partners, specifically with respect to deployments, have found high levels of mastery, self-esteem, active coping strategies, and support from their CAF partner.

In one study, researchers found that levels of reported stress varied across the deployment cycle, and were highest among those whose CAF spouse/partner was currently deployed (Dursun & Sudom, 2009). However, although the deployment period was perceived as stressful, respondents reported feelings of pride and being in control. This report also noted that psychological well-being, life satisfaction, and somatic complaints remained relatively consistent across the deployment cycle.

Similar results were found in another study (Sudom, 2010). Across the stages of deployment, respondents' positive feelings of pride and being in control increased from the pre-deployment to the deployment and post-deployment phase, whereas negative feelings such as sadness, frustration, and anxiety decreased during this time. This trend was found even among those who were out of the deployment cycle (i.e., whose military partner had returned from deployment more than one year ago). These results suggest that the increased well-being in the post-deployment period may have continued past the initial reintegration period.

Although reintegration of the military member after a deployment may be stressful for families, and has frequently been assumed to be the most challenging phase, it appears from this research that spouses are

able to adapt well to this period in the deployment cycle. That said, almost one-fifth (18%) had thought about ending the relationship with the military spouse at some point during the deployment, which suggests that the deployment phase is more difficult and stressful than either the pre-deployment or post-deployment phases (Sudom, 2010).

Another study in 2012 found that most spouses indicated that they were happy, healthy and doing well in their relationships recently following a deployment and reunion (Urban & Dursun, 2012). Spouses appeared to be coping well (e.g. physically, emotionally, etc.). As with many relationships, spouses were experiencing some conflict with their partners. However the sources of conflict were not atypical of those found in many non-military marital/familial relationships (e.g. the division of household labour).

Social support from family, civilian friends and the military partner are significant predictors of better psychological health and lower levels of depression among military spouses, specifically with respect to dealing with deployments (Skomorovsky, 2014). Social support from military friends, however, was not found to be an important predictor of well-being, when the other sources of social support were already accounted for. And interestingly, social support from the military partner played a unique role in predicting well-being upon return from deployment while it did not during the deployment stage, again suggesting that the deployment phase may in fact be more difficult than the post-deployment or reunion phase.

The 2013 Quality of Life study (Wang & Aitken, 2016) found there was no difference in the stress levels of those spouses whose partner had deployed and those whose partner had not deployed.

### 3.1.2.2.3 Impact on Children

In terms of impacts on children, parents reported that while more than 50% of children exhibited pride in the deployed parent, 45% reported that their children became clingier and approximately 30% reported that their children exhibited behavioural changes such as young children sleeping with the parent, acting out, or anxiety (Sudom, 2010).

In a small qualitative study (Skomorovsky & Dursun, 2013), during focus groups children themselves identified parental deployment as the main stressor of military life. Most children described parental deployment as the most or one of the most stressful experiences they have had. The main deployment-related stressors were lack of parental support, concerns about the safety of the deployed parent, and lack of knowledge or understanding about what is happening to the deployed parent. For most children, their self-reported overall well-being dropped from 8-9 on a 10-point scale for regular days to 4-5 when the parent was deployed. Younger children in particular were more negatively affected, as compared to older children. Younger children tended to have very limited knowledge of the meaning and purpose of deployment and how long their parents would be away. Providing children with details of the deployment, in age and developmentally appropriate ways, make it easier for younger children to make sense of the absence, accept it and adapt more positively.

The different effects of deployment on different age groups was also found in another study on single parent military families (Skomorovsky, Norris, Bullock, & Smith Evans, 2016). Researchers found that older children reconnected more easily with the parent post-deployment, and experienced more positive effects of deployment including increased maturity, independence, and confidence. The researchers theorized that younger children were more at risk for lower well-being because their internal working models of attachment are only being developed, while older children can better understand the temporary nature of the separation because they are more cognitively developed.

Children also see positive aspects of deployment (Bullock & Skomorovsky, 2016). While a smaller number overall, some children found that having more time with the parent at home was a positive experience and enhanced their relationship.

#### 3.1.2.2.4 Impact on Single Parents

For single parents in the military, deployments present additional challenges. In focus groups with single parents, some parents reported their children had positive well-being in general, but experienced difficulties in coping with military demands such as deployment (Skomorovsky, Norris, Bullock, & Smith Evans, 2016). Some parents felt that a child's age influenced his or her responses toward deployment. Older children reconnected more easily with the parent post-deployment. These parents also mentioned more positive effects of deployment on older children, including increased maturity, independence, and confidence. Younger children might be more at risk for lower well-being because their internal working models of attachment are only being developed. The findings from this study suggest that single parent military families and single parent civilian families may share experiences in common that negatively affect child well-being and child-parent relationships.

#### 3.1.2.2.5 Impact on Parents of CAF Members

Very little research has been conducted on the impacts of deployments on other family members besides spouses / partners and children. One study in 2018 revealed that most parents of military personnel experienced positive or mixed emotions specifically in response to their child's deployment, working environment and/or military operational requirements (Manser, 2018d). Some also experienced fear, worry, anxiety and/or concern over their child's safety. For many, the most stressful aspect of the military career was fear that their child would be exposed to danger associated with deployments.

#### 3.1.2.2.6 Consequences

It is difficult to tell from existing research whether the majority of families are successfully managing deployments because of their inherent resilience or because of the support services provided. In the 2013 Quality of Life Survey (Wang & Aitken, 2016), more than half of respondents were aware of deployment supports provided by MFRCs (70%) or the CAF (62%), but very few used either of those services (9% used MFRC deployment support services and 5% used CAF deployment support groups). Comparatively, in the 2016 CAF Community Needs Assessment (Prairie Research Associates, 2017a), a higher percentage had participated in deployment-related briefings (13% through the MFRC and 27% through the CAF), however overall usage is still low. Given the low usage of available deployment supports, it is probable that families are successfully managing deployments primarily through their own resilience.

However, while most appear to be managing deployments through their own inherent resilience, it has been noted that, while not a statistically significant number, a small number of families do struggle with deployments, and for these families, there is research available to understand their challenges and service needs. But in general, based on Canadian research, it appears Canadian military families are inherently resilient throughout deployments (Manser, 2017).

### 3.1.2.3 Frequent Interval or Short-Term Absences Impact

Aside from extended absences from the family due to traditional deployments, some military families also must deal with frequent interval short-term absences due to a variety of reasons such as exercises, training, temporary duty, emergency taskings, and other operational requirements. Sometimes there are predictable schedules to these repeated short-term absences; other times there is no predictability.

Currently there is no conclusive research on the impacts of frequent interval short-term absences on families.

#### 3.1.2.3.1 Search and Rescue

Search and Rescue Technicians work together with many other groups (government, military, volunteer, academic and industry groups) as part of the National Search and Rescue Program. While a small number in total (approximately 140), CAF Search and Rescue crews are on standby 24 hours a day, 7 days a week. For 40 hours per week, they are expected to be airborne in less than 30 minutes after a task is received, and less than two hours at all other times. As such, they are required to be absent from their families frequently and on short-notice.

A small needs assessment was conducted by CF Health Services, Director of Mental Health, and Military Family Services in 2017 with spouses / partners of Search and Rescue Technicians, focused on understanding the impacts of the high tempo and frequent interval absences of their loved ones (Bailey, 2017). Overall, the results indicated that while many Search and Rescue families experience stress related to the high tempo/frequent separations and reunions of their loved one, most are resilient and report managing this stress well. Almost two-thirds (60%) of participants indicated that their well-being is impacted negatively when their spouse / partner is departing on occupational demands, and 40% indicated a negative impact upon return from these demands. However, 83% of participants indicated that they know how to prepare themselves for when their partner has to depart or is returning from CAF occupational demands. And 80% indicated they handle these disruptions *well* or *very well*. Three-quarters of respondents indicated that their partner is currently experiencing a high operational tempo and 61% indicated that this contributes to extra stress for the family. Spouses / partners experience mixed emotions related to this high tempo and frequent separations, with fatigue from increased responsibilities and loneliness being the most commonly endorsed emotions. With respect to relationship challenges, most family members (70%) indicated no issues with loss of control or difficulties with boundaries. Of the respondents who have children, 67% are at least somewhat worried about the impact of frequent separations on their children; however, most (79%) feel equipped to communicate with their children and help them manage the challenges.



### 3.1.2.4 Imposed Restrictions Impact

The CAF expects that its members will relocate their families when posted to a new location, but they recognize that there are factors and circumstances that may temporarily require the member to elect to be separated from the family and proceed unaccompanied to the new place of duty. This is considered an “Imposed Restriction”. Imposed Restrictions are intended to be short-term solutions to mitigate potential friction between military service and family life. While this policy effectively addresses some of the disruptions that frequent relocations can have on spousal employment, child care and education, and family medical care, it has raised other concerns about the long-term effect that extended separation may have on family members.

Of the respondents to the 2005 Your Say study (Director General Military Personnel Research and Analysis, 2016), 4% were on Imposed Restriction, of whom 58% had been on Imposed Restriction for less than 1 year. Most (73%) had only been on Imposed Restriction once.

Similarly, of the respondents to the 2018 Relocations study (Manser, 2018b), 3% were currently on Imposed Restriction, of whom 63% had been for less than 1 year. Most (75%) had only been on Imposed Restriction once.

Stability in family life, child(ren)’s education and non-military spouse / partner employment were the most common reasons for choosing Imposed Restriction in both of these studies.

While some families go on Imposed Restriction to maintain family stability, many respondents (60%) to the 2018 Relocations study felt that their family relationships became strained during the Imposed Restriction posting due to the additional stressors and physical distance (Manser, 2018b). For most, the family relationship improved after the posting: more than one-third of these respondents were neutral on their agreement with the statement “*Our family relationships improved after the Imposed Restriction posting*” while 41% agreed or strongly agreed. Only 22% disagreed or strongly disagreed with this statement.

### 3.1.3 ILLNESS, INJURY AND DEATH

It is a common presumption that for military families, the risk of injury, illness or even death, while on the job is accepted as a central tenet of the profession of arms (DND CF Ombudsman, 2013). These injuries, illnesses and deaths can happen not only in combat operations overseas, but also at home during trainings despite the many precautions and safety measures in place.

#### 3.1.3.1 Illness/Injury – The Numbers

Most current statistics suggest that approximately 9,000 RegF and ResF members leave the CAF each year, of which approximately 2,500 release for medical reasons (Standing Committee on Veterans Affairs, 2018). In 2015 it was estimated that approximately 1,000 RegF personnel released for medical reasons, with 700 military spouses and 900 children impacted (Manser, 2015). The number of family members increase when the informal family caregivers (parents, siblings, adult children, girlfriends / boyfriends, etc.) of single military members are also considered.

As the table below demonstrates, about 1,000 Regular Force personnel have been medically released in each of the five years reviewed for reasons ranging from illness, off-duty injury, training or employment issues, to severe injuries sustained during operations (Canada News Centre, Government of Canada, 2014).

Table 23: Medical Releases 2008-2013

Medical Releases, 2008-2013			
Year	Force	Total Strength	Medical Releases
2008	Regular	64,403	1,107
	Reserve	47,762	188
2009	Regular	65,897	1,074
	Reserve	48,342	189
2010	Regular	68,132	856
	Reserve	49,325	929
2011	Regular	68,251	998
	Reserve	48,566	229
2012	Regular	67,720	1,066
	Reserve	47,403	297
2013	Regular	66,968	1,190
	Reserve	56,260	276

Data on medical releases is not comprehensive. In the 2012 Auditor General's report (Office of the Auditor General of Canada, 2012), they found that the CAF does not maintain consolidated information on all ill and injured Forces members, including members with permanent medical employment limitations, those receiving case management services, those who will be released for medical reasons, and those receiving transition support services. However, there is some data related to the reasons for medical releases.

Musculoskeletal injuries are one of the most prevalent sources of disability – between 35%-45% of CAF sick parade visits and 42% of medical releases are related to musculoskeletal conditions (Canadian Forces Health Services Group, 2014).

Other physical illnesses and injuries leading to medical release could include such things as heart disease, stroke, cancer, or any other permanent physical limitations that do not allow them to comply with the Universality of Service principles.

Mental or psychological reasons for medical release frequently fall under the CAF term “operational stress injury”. An operational stress injury is any persistent psychological difficulty resulting from operational duties performed while serving in the CAF. It is used to describe a broad range of problems which include diagnosed psychiatric conditions such as anxiety disorders, depression, and PTSD as well as other conditions that may be less severe, but still interfere with daily functioning.

According to the 2014 CAF Surgeon General’s Report, about 13.2% of serving CAF personnel were diagnosed with an operational stress injury (but not necessarily medically released) within 4.5 years of deployment in support of the Afghanistan mission. (Canadian Forces Health Services Group, 2014).

In a recent report (Poisson, 2015), administrative data from the Canadian Forces Health Services Group shows that most CAF personnel who medically released suffered from either musculoskeletal injuries (42.1%) or mental health injury or illness (41.3%). These data are reasonably consistent year by year.

### 3.1.3.2 Illness/Injury Impact

#### 3.1.3.2.1 Impact on the Family as a Whole

The majority (60%) of CAF medical releases are due to physical limitations, and approximately 40% are due to psychological limitations (Poisson, 2015). In the 2015 Military Families and Medical Releases research, it was found that there may be different impacts on the family depending on whether the illness/injury is physical (visible) or whether it is psychological (Manser, 2015). And just as there may be differences in the impacts of physical versus mental illnesses/injuries, there may also be differences in the impacts of various psychological or psychiatric conditions on families. The impacts of the illness/injury on the family vary depending on a variety of factors, including (Manser, 2016):

- Type of illness/injury (e.g. families may be more resilient in relation to visible wounds and struggle more with changes related to invisible aspects of injury, such as irritability, rapid mood swings, emotional numbing, memory loss, and behavior control);
- Experiential differences among types of operational stress injury conditions (e.g. depression and post-traumatic stress disorder have different symptom profiles and hence different potential effects on behaviour, such as perpetration of physical and/or sexual intimate partner violence)
- Gender of the releasing personnel (e.g. males report more symptoms of alcohol abuse while females report more symptoms of depression, post-traumatic stress disorder and generalized anxiety disorder);
- Severity of illness/injury and the functional impact on the injured person;
- Phase of the injury recovery trajectory (acute care, medical stabilization, transition to outpatient care, and long-term rehabilitation and recovery);
- Preferences of the person living with the illness/injury;
- Developmental stage of their children;
- Pre-existing family characteristics;
- Competing needs; and
- Availability of resources and support for the family.

Since there are different impacts, families will have different needs and different support strategies may be required depending on the diagnoses and various factors.

This variety of family responses, needs and support strategies was also identified in a 2015 review of research on military and veteran families (MacLean, Campbell, Macintosh, Lee, & Pedlar, 2015). The researchers concluded that while it was clear that families were particularly important for Veterans suffering from service-related conditions, and that they are critical to the well-being of those Veterans, one of the challenges faced by families is actually supporting those Veterans. They concluded that despite the growing body of research in this area, knowledge gaps remain, especially about both the positive and negative impacts for a broad range of families.

While much of the research on the impacts of operational stress injuries on family mental health and well-being is based on US studies, there is strong evidence for the negative effects of combat and post-traumatic stress disorder on family functioning and family well-being, as well as some evidence that family support positively impacts the diagnosis and treatment of Veterans with post-traumatic stress disorder, while family concerns can also negatively impact Veteran's mental health (Norris, Cramm, Eichler, Tam-Seto, & Smith-Evans, 2015). The bidirectional relationship between the impacts of an operational stress injury on the family, as well as the impacts of the family on the healing process of the CAF member with an operational stress injury is an area of emerging interest. One small study in 2009 found that some symptoms of post-traumatic stress disorder, specifically emotional numbing and anger, negatively affected relationships with

spouses, children, extended family members and the family unit as a whole (Ray & Vanstone, 2009). In addition, emotional withdrawal from family support created additional struggles to heal from the trauma. In a bidirectional relationship, emotional numbing can negatively impact familial relationships causing further emotional withdrawal from family, which often causes family members to withdraw social support, which in turns negatively impacts the healing process.

### 3.1.3.2.2 Impact on the CAF Member

As the focus of this report is on military family members, as opposed to the military member, and that extensive research already exists in the public domain on the impacts of the illness and injury on the well-being of CAF personnel, it is not reiterated here. The exception is for one study that compared answers of the ill / injured member to that of their spouse. This 2015 study on the well-being of ill or injured CAF members and their families explored the stress level on both the injured CAF member and on the spouse (Lee, Skomorovsky, Martynova, & Dursun, 2016). A fair proportion of CAF members reported that their days were quite stressful to extremely stressful (40%), though close to two thirds of them perceived their ability to cope with stress as good to excellent. As their main sources of stress, CAF members most commonly reported *work, transition from military to civilian life, mental health, family, physical health, and military*.

### 3.1.3.2.3 Impact on the Spouse / Partner

In that same study, by comparison to the 40% of CAF members, over one third of spouses / partners (36%) reported that their days were quite stressful to extremely stressful (Lee, Skomorovsky, Martynova, & Dursun, 2016). The most frequently cited stressors were one of the following: *partner and partner's health (e.g., physical, mental), family, work, and military (e.g., partner's medical release)*. More than two thirds of spouses / partners (79%) believed that they were coping with caring for their CAF member *generally well to very well*.

This same study also looked at the impacts of the illness/injury on the intimate partner relationship and found that both ill/injured members and their spouses reported experiencing strain in their relationship because of the challenges faced in relation to the illness or injury (Lee, Skomorovsky, Martynova, & Dursun, 2016). More than half (56%) of CAF members indicated that their illness or injury had caused strain in their relationship, while comparatively fewer (i.e., 22%) reported that their relationship had been strengthened as a result of it. Of spouses, more than half (64%) agreed that the illness or injury had caused strain in their relationship with the CAF member, while 42% agreed that their relationship had been strengthened as a result of it. The vast majority of them (81% of CAF members and 75% of spouses) reported that they had never or rarely discussed or considered ending their relationship, though 6% of CAF members and 10% of spouses reported doing so at least more than half of the time.

One of the first studies on the impact of members' physical and mental health conditions on spousal well-being and divorce considerations in Canadian military families was conducted in 2016 (Skomorovsky, Martynova, Lee, & Dursun, 2017). This study explored the mediating role of caregiver burden in Canadian families with an ill or injured military member, while highlighting the unique stressors and challenges encountered by caregivers of military members. They found that the severity of members' physical and mental health conditions predicted higher caregiver burden, which in turn predicted higher psychological distress and divorce considerations among CAF spouses. In particular, spousal perceptions of the member's mental illness and the need to care for them seem to negatively impact spousal well-being and increase the likelihood of divorce considerations. Contrary to expectations, however, the member's physical health was not related to either spousal well-being or divorce considerations. However they note a number of limitations to these results, and widespread interpretation is cautioned.

### 3.1.3.2.4 Impact on Children

In a 2014 study with parents of children of ill/injured CAF members, it was found that children had an easier time understanding physical or “visible” injuries, such as an arm injury, as compared to “invisible” injuries, such as a traumatic brain injury or post-traumatic stress disorder (Hachey, 2015). Those children who had a parent suffering from an invisible injury displayed a range of reactions including fear, anger, surprise, disappointment, and confusion. This study also revealed several resilience-based factors that enabled the children to overcome the challenges associated with having a parent who is ill or injured. These included doing well in school, the ability to express emotions, good communication between parents and children, having social supports in place (school or family), having consistent schedules, and at least one stable parent who constantly expressed love and support.

Another study on the impacts of depression and post-traumatic stress disorder of military parents on their perceptions of their children’s functioning showed that those Veterans with post-traumatic stress disorder had greater concerns over both the affect (feelings/emotions) and behaviour (actions) of their child (Duranceau, Fetzner, & Carleton, 2015). In particular, those Veterans with numbing and hyperarousal symptoms were related to both affective and behavioural concerns regarding their children. The researchers of this study suggested that the Veteran’s post-traumatic stress disorder may contribute to a familial environment conducive to the development of affective and behavioural concerns regarding children; however, post-traumatic stress disorder symptoms may also alter a Veteran’s ability to identify such concerns. They recommend that when Veterans who have post-traumatic stress disorder display concerns about their children’s emotional and behavioural functioning, clinicians should clarify whether these concerns result from the children displaying more problems, the Veterans inaccurately perceiving their children’s functioning, or both. The results from this study also highlight the importance of providing education about the relationship between mental health symptoms and family functioning to all military families. Awareness of such relationships could help prevent the development of a cyclical relationship whereby the Veterans’ symptoms and the children’s emotional and behavioural problems exacerbate one another.

### 3.1.3.2.5 Impact on Parents of CAF Members

Very little research has been conducted on the impacts of illness, injury or death on other family members besides spouses / partners and children. One study in 2018 revealed that some parents of CAF members experienced fear, worry, anxiety and/or concern over their child’s safety (Manser, 2018d). For many, the most stressful aspect of the military career was fear that their child would be exposed to danger associated with deployments.

### 3.1.3.2.6 Impact on Caregiver

The 2016 Life After Service study found that the majority of Veterans report high social support (84%), and 96% agreed they had people to count on in an emergency (Van Til, et al., 2017). For these Veterans, 71% indicated their partner was the person they can count on in an emergency for support.

Table 24: Source of Social Support in an Emergency by Age Group

Source of Social Support in an Emergency (Van Til, et al., 2017)	Age Group <35	Age Group 35-54	Age Group 55+	Total
Spouse or partner	61%	71%	76%	71%
Parent or sibling	23%	11%	4%	11%

Source of Social Support in an Emergency (Van Til, et al., 2017)	Age Group <35	Age Group 35-54	Age Group 55+	Total
Friends of neighbours	12%	13%	6%	3%
Son or daughter	F	F	6%	3%
Other extended family	F	3%	F	3%
TOTAL	100%	100%	100%	100%

In the 2016 study on the Well-Being of Ill or Injured CAF Members and their Families, the majority of CAF members reported their spouses / partners were their primary source of support for assistance, e.g. meal preparation, household chores, medication use, psychological support (Lee, Skomorovsky, Martynova, & Dursun, 2016). However, some relied on friends, other family members, health professionals and co-workers as their primary source of support.

For those spouses who were providing support, the majority reported they were coping well with providing care, but also most frequently identified the CAF member’s health as a major stressor in their lives (Lee, Skomorovsky, Martynova, & Dursun, 2016). As much as the support provided by the spouse or other family/friend caregiver helps the ill/injured CAF member, it is also important that they receive support in their role as caregivers to mitigate caregiver distress, as research indicates that caregiving spouses / partners display similar levels of psychological distress as the ill/injured service member.

### 3.1.3.3 Military to Civilian Transition Impact

Most of the current research on the military to civilian transition is focused on the experiences of medically releasing CAF personnel, however, where available, research findings are presented both for those transitioning due to medical reasons as well as those not due to medical reasons.

In terms of transitioning to civilian life and returning to work, the majority of families transition successfully. The 2016 Life After Service study found that 52% of Veterans reported an easy adjustment to civilian life, while 32% reported difficulty (Van Til, et al., 2017). Officers had a lower rate of difficult adjustment (17%), compared to 29% of Senior Non-Commissioned Members and 39% of Junior Non-Commissioned Members. Veterans with recent releases (between 2012 and 2015) had a higher rate of difficult adjustment (42%), compared to earlier releases between 1998 and 2012 (29%). And compared to those with earlier releases, these recently-released Veterans had higher rates of service in Afghanistan, fair or poor self-rated mental health and less than 10 years of military service, all factors associated with difficult adjustment. Of the almost one-third who reported difficulties transitioning, approximately 60% were not medically released, but releasing for other reasons, such as end of contract, retirement, or end of voluntary commitment to the Reserve Force (Standing Committee on Veterans Affairs, 2018).

In a 2016 Statistics Canada study, more than two-fifths (44%) of recently released members reported their adjustment to civilian life was very or moderately easy (Statistics Canada, 2018). More than a third (38%) said it was very or moderately difficult, while 18% said it was neither difficult nor easy. Finding a health care provider after transition, losing their military identity, and understanding the benefits and services available to them and their families were cited as very or extremely challenging by at least a third of recently released members. At the same time, at least one-quarter said these areas were not at all challenging, illustrating just how varied the transition experience can be for Regular Force members.

Those Veterans who reported an easier transition attributed the following factors (in order of importance) to their success (Black & Papile, 2010):

1. Satisfying employment;
2. Mental health;
3. Relationship with family; and
4. Other social support networks that support their new civilian identity and connection to community.

In another study, protective factors that supported an easier transition to civilian life included high levels of mastery, satisfaction with types of social support (friends and family), and a sense of community belonging (Hachey, Sudom, Sweet, MacLean, & VanTil, 2016). The odds of an easier adjustment were lower for those who were more stressed, who self-reported a physical health condition, or self-reported a mental health condition. The odds were also lower for those Veterans who were dissatisfied with their family relationships and/or their relationships with their friends, or who had a weak sense of community belonging.

In the 2016 Mental Health and Well-Being of Military Veterans during Military to Civilian Transition study (Shields, et al., 2016), a review of existing research identified that the family is often ground zero of transition challenges. Families act as caregivers and primary supports, and are also the first to become aware of developing problems. Strong and supported families are key to successful transition. Families also experience their own military to civilian transition journey at the same time as the service member. The differences between military and civilian life are significant and some researchers believe may be widening (Shields, et al., 2016). These differences can be disorienting and negotiating the culture shock can be a key challenge during transitions from the military to the civilian world, not just for the military member but for their family members as well.



The 2016 Life After Service study (Van Til, et al., 2017) found that for the families of medically releasing, most Veterans reported that the transition was easy for their partner (57%) and their children (60%). However, 28% of Veterans indicated their partners had difficulty with their release, and 17% reported their children had difficulty with their release.

The 2016 Statistics Canada study found that of spouses or partners living with recently released members, the experiences they frequently cited as very or extremely challenging were understanding the benefits and services available to them, and finding a health care provider after transition (Statistics Canada, 2018). Spouses or partners (35%) were less likely than the members (41%) to find themselves very or extremely challenged by finding a health care provider. Additionally, nearly 6 in 10 (59%) spouses or partners of recently released members said they were working full-time, while 8% said they worked part-time and close to 6% were self-employed. About 4% were unemployed and looking for work, 10% were retired, 12% were not in the workforce and 1% said they were in school full-time.

Overall, it appears that most families of medically releasing personnel are adjusting well to civilian life without much difficulty. However some do experience challenges and require support (Manser, 2016). Medically releasing personnel and their families require support to navigate the vast array of services and benefits available to them. Some require support establishing a new civilian identity, and connecting with new civilian service providers if additional supports are required. Most importantly, service delivery must be adaptable to meet the wide range of family needs and responses to the variety of impacts of illness/injury and transition (MacLean, et al., 2011).

### 3.1.3.3.1 Gender Differences

Women Veterans, similar to Veterans discharged for medical reasons, experience a 29%-30% decline in income after release, and as such may require additional supports (MacLean, et al., 2011). In a 2018 scoping review examining gender differences in Veteran reintegration and transition, it was found that while male Veterans experienced more combat exposure than female Veterans, both experienced post-deployment mental health issues (Eichler & Smith-Evans, 2018). During deployment, female Veterans are more likely to experience interpersonal stressors, and male Veterans mission-related stressors. Men and women seem to experience similar mental health outcomes as a result of combat exposure, but female Veterans may be underdiagnosed for post-traumatic stress disorder following deployment. The most common negative mental health outcomes of military service for female Veterans are depression, anxiety and post-traumatic stress disorder, often experienced comorbidly and due to trauma exposure such as combat and sexual violence. Research largely indicates that female Veterans experience higher rates of military sexual trauma than male Veterans. But it should be noted, however, that this scoping review includes research from the United States, which may not be relevant within the Canadian military context.

### 3.1.3.4 Deaths

In cases where a CAF member is seriously injured or loses his or her life in the service of Canada, or otherwise than as a result of wounds received in action, a board of inquiry or a summary investigation is ordered. In a report by the Ombudsman on Support to Bereaved Families (National Defence and Canadian Forces Ombudsman, 2017), it was noted that between 1 June 2014 and 1 June 2016, 54 boards of inquiry were convened and 47 summary investigations were recorded into the deaths of 101 Canadian Armed Forces members during the same period. Of the 54 boards of inquiries convened, 9 were related to accidental deaths, 35 were following suspected suicides, 2 were for serious injuries, and 8 were for other reasons.

In this same report, they found that bereaved families commonly have the following needs:

- Military families have little awareness of the key CAF administrative documents that speak on behalf of a member in the event he or she becomes a casualty. They also have little awareness to the significance of such documents.
- Military families do not have ease of access to information explaining what to expect following a CAF member's death. Families need to receive timely and clearly communicated information regarding the circumstances of a CAF member's death.
- Services and resources available to support bereaved Canadian Armed Forces families in their grief are not well known, easily accessible, or consistently available.
- Families perceive a lack of cooperation, communication and collaboration among the different individuals and offices that contribute to both investigations and Casualty Support.

Military deaths are described as representing a double bereavement for military families – the loss of a family member and the loss of a way of life and identity. For many, the military way of life is the only one they have ever known. The differences between military and civilian life are significant and some researchers believe may be widening (Shields, et al., 2016). These differences can be disorienting and negotiating the culture shock can be a key challenge during transitions from the military to the civilian world, not just for the military member for their family members as well. It has also been suspected that there may be a disconnect between military culture and help-seeking culture that makes culturally-appropriate and culturally-competent design of support services critical (Shields, et al., 2016).

## 3.2 THE FAMILY JOURNEY CHALLENGES

Aside from the challenges associated with the military journey previously detailed, each family also goes through their own “family” journey. In general, that journey starts with one’s childhood family, to moving out as a single adult, possibly through marriage and having children, in some cases a breakdown of that family and start of another new or blended family, helping children move out of home as they become adults, through to retirement. Each of these major life events requires adjustments, alters individuals, and may change the family. Sometimes these changes and challenges cause stress and hardship, negatively impacting the family’s well-being. And in some cases, these changes and challenges can result in increased family resilience and well-being.

Military families come in all different sizes and shapes, each with different needs and strengths. For instance, a new family with children under the age of 5 will face military and family transitional challenges very differently than an empty nester couple. A single member may still be intricately connected with his/her family of origin, e.g. parents and siblings. A dual service couple may face relocations and postings differently than a single parent. Therefore, research, programs and services cannot be a one-size-fits-all approach. Different research and different supports will be required by each of these different family types or “personas”.

In spite of the increase in the amount of research over the past ten years on military families, most of the existing research and demographics still focus on the military family as a single entity (e.g. examined as a common unit without differences). Future research will need to be focused on different family personas to determine how their different needs and strengths respond to different military and family journey challenges. At this time, most of the research findings are based solely on those who participated, without distinguishing among family persona characteristics.

Canadian research findings suggest the majority (82%) of military families are resilient and supported within a healthy CAF community, and only 11% felt they do not successfully meet the challenges of the military lifestyle (Wang & Aitken, 2016). Further, 88% of spouses / partners agreed that they successfully meet the overall responsibilities associated with various roles, and only 5% disagreed (Wang, Dursun, & Truscott, 2015). While most are doing well, some families need additional support to access CAF, community and provincial systems of care to develop their resilience and manage the transitions inherent with CAF operational requirements and their family journey challenges.

The 3 most commonly identified family challenges shown across Canadian qualitative research studies on military families are:

1. PERSONAL WELL-BEING AND MENTAL HEALTH;
2. FINANCIAL STRESS; and
3. INTIMATE PARTNER RELATIONSHIP.

These family challenges are presumably not dissimilar from what Canadian families in general are struggling with. However, these challenges can aggravate or be aggravated by the additional military lifestyle challenges (relocations, familial absences and illness / injury / death). As such, they can, if unsupported, become risk factors to resilience, but if supported, can become protective factors. Therefore, these major challenges must first be understood in order to understand the military family experience in its entirety.

### 3.2.1 PERSONAL WELL-BEING AND MENTAL HEALTH

Individual well-being is critical to be able to withstand the military lifestyle challenges and the family journey life-adjusting events. The CAF developed a Mental Health Continuum that helps to explain the temporal nature of mental health that fluctuates depending on one’s ability to cope with life’s stressors at any given time. It describes the spectrum of mental health concerns that may impact CAF members and their families, and the bidirectional potential to move from one end of the spectrum to another. Mental health is not an all or nothing concept – individuals are not either sick or healthy. Rather mental health exists along a Continuum, as shown below.

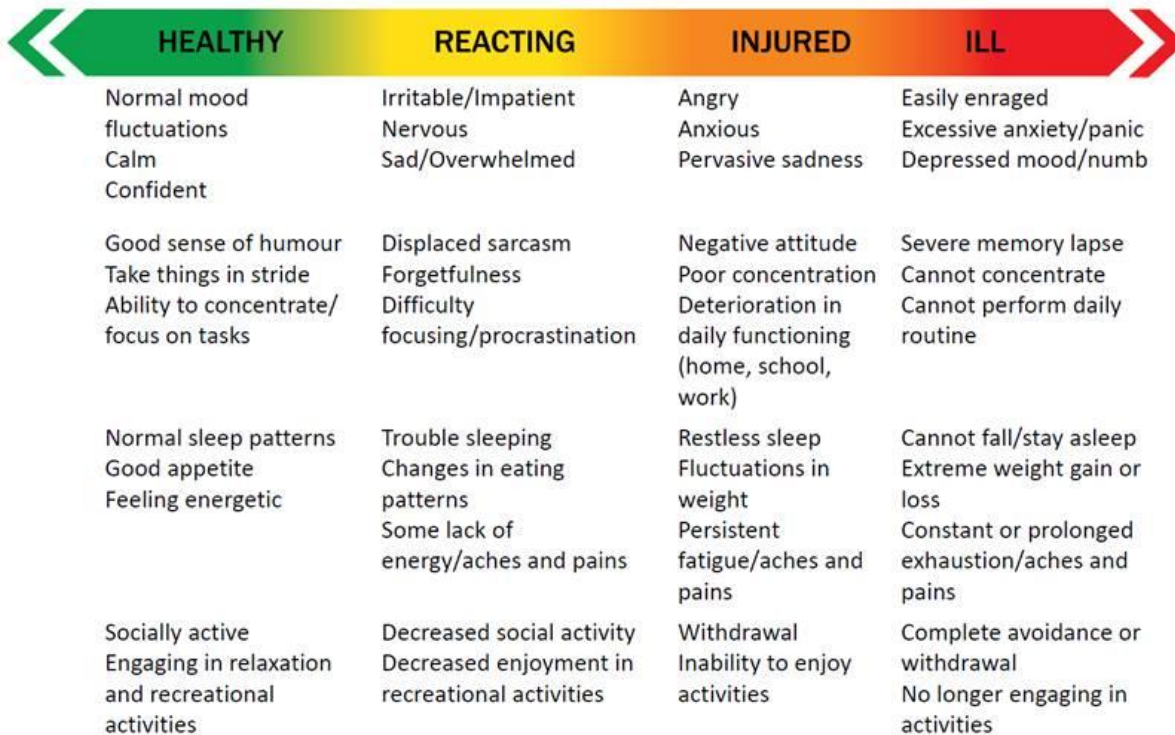


Figure 15: CAF Mental Health Continuum Model

#### 3.2.1.1 Military Member

Extensive research exists on the mental health of CAF personnel, and as such will not be reiterated in detail in this report. But as a summary, across studies, the most consistent findings are that in any given year, most CAF personnel are in good mental health, although there is always an important minority who could benefit from additional services or supports, including but not limited to clinical mental health services (Zamorski, et al., 2016a). In 2013, approximately 16.5% CAF personnel had 1 or more mental health disorders, with the most common conditions being major depressive episode (8.0%), post-traumatic stress disorder (5.7%), and generalized anxiety disorder (4.7%) (Zamorski, et al., 2016b). The prevalence of post-traumatic stress disorder, generalized anxiety disorder and panic disorder increased significantly from 2002 to 2013. Mental disorders are associated with significant impacts for the member and for the CAF as an organization (Zamorski, et al., 2016a). Distress or perceived psychosocial problems in the absence of mental disorder also have significant impacts on occupational functioning, highlighting the need to broaden our conceptualization of “need for help” to include these individuals as well as those with diagnosable disorders in prevention and support efforts.

In the 2016 CAF Community Needs Assessment, *work/life balance* was the most commonly reported significant problem experienced by 25% of respondents (Prairie Research Associates, 2017a). This was by far the biggest problem, with the next most significant problems being *problems with your own well-being* and *financial problems*, each experienced by 10% of respondents. It is important to note that 24% of respondents indicated that they did not experience any significant problems out of a list of 9 different areas, in order of most commonly reported: *work/life balance* (25%), *problems with your own well-being* (10%), *financial problems* (10%), *relationship problems* (8%), *problems with your spouse's/partner's well-being* (7%), *child well-being problems* (6%), *health care system problems* (6%), *household management problems* (3%), and *legal problems* (1%).

In this study, respondents indicated that the most common *work/life balance problems* are *mental fatigue* (50%) and *finding time for physical exercise and activity* (47%), although many work/life balance problems were selected by respondents. In fact, more than a quarter of respondents also indicated that such things as *being able to pursue learning opportunities* (37%), *maintaining a healthy diet* (37%), *finding time to spend with family* (35%), *coping with stress* (34%), and *finding nearby or affordable options for recreation* (26%) were problematic for them.

Tied for the second most common significant problem was *problems with your own well-being* experienced by 10% of respondents to the 2016 CAF Community Needs Assessment (Prairie Research Associates, 2017a). For *problems with your own well-being*, over half (56%) of respondents experienced *feeling stressed, overwhelmed, or tired*. Many respondents also had *trouble sleeping* (37%) and suffered *mood changes* (33%).

This 2016 CAF Community Needs Assessment involved 8,049 respondents with a variety of connections to the military – RegF, ResF, spouses of RegF or ResF, parents of RegF or ResF, and Veterans and their families. When the responses of just RegF members are reviewed on their own (4,637 RegF respondents), the percentages of responses listed above do not change significantly.

### 3.2.1.2 Spouse / Partner

In this same study however, when the responses of just the spouses of RegF members are reviewed on their own (1,056 spouse respondents), the percentages are slightly different, although the ranking is still the same (Prairie Research Associates, 2017a). *Work/life balance* was the most significant problem experienced by 25% of all respondents, but only 22% of RegF spouses. *Problems with your own well-being* was experienced by 10% of all respondents, but slightly higher by RegF spouses at 13%. *Financial problems* were also experienced by 10% of all respondents, but by 11% of RegF spouses. *Relationship problems* were experienced by 8% of all respondents, but slightly higher among RegF spouses at 10%. And while 24% of all respondents indicated that they did not experience any significant problems out of the list of 9 domains, only 14% of RegF spouses indicated that they did not experience any significant problems. Of the other 6 domains, RegF spouses experienced *problems with your spouse's/partner's well-being* at the same percentage (7%), but slightly higher on the other domains: *child well-being problems* (9% versus 6%), *health care system problems* (9% versus 6%), *household management problems* (5% versus 3%), and lower on *legal problems* (<1% versus 1%).

When looking at the specific types of problems experienced within the major domains, the responses of spouses of RegF members are also slightly different.

Spouses of RegF respondents indicated that the most common *work/life balance problems* are *mental fatigue* (49% of spouses compared to overall 50%) and *finding time for physical exercise and activity* (61% of spouses

compared to overall 47%). More than a quarter of respondents also indicated that such things as *being able to pursue learning opportunities* (41% of spouses compared to overall 37%), *maintaining a healthy diet* (42% of spouses compared to overall 37%), *finding time to spend with family* (35% for both spouses and overall), *coping with stress* (47% of spouses compared to overall 34%), and *finding nearby or affordable options for recreation* (29% of spouses compared to overall 26%) were problematic for them.

For *problems with your own well-being*, over half (56%) of all respondents experienced *feeling stressed, overwhelmed, or tired* compared to 73% of spouses. Many respondents also had *trouble sleeping* (37% overall versus 41% of spouses) and suffered *mood changes* (33% overall versus 46% of spouses). Perhaps most significantly, *loneliness/boredom* was experienced by 52% of spouses compared to only 28% of all respondents overall.

A 2016 survey asked MFRC mental health service providers to identify the most common mental health issues they were seeing most frequently among military families seeking support (Manser, Bain, & Swid, 2016). While this study does not speak to numbers of clients seen, by far the most common issue for which families were requesting support from MFRCs was for relationship difficulties (either “couple” or “family”), with child and youth mental health issues the next most common issue. These were followed equally by transition / adjustment difficulties, and child / youth behavioural issues. Depression, anxiety disorders, stress management difficulties and separation / divorce issues were also quite common.

In the 2013 Quality of Life study, the majority of spouses were physically and mentally healthy and have family doctors (Wang & Aitken, 2016). The majority (80%) reported their physical health to be good to excellent. The majority (78%) reported their mental health to be good to excellent. This study found that on average, spouses had low levels of psychological distress, a high sense of mastery (which reduces psychological distress and improves psychosocial adjustment to conditions), perceived a high degree of support, had average life satisfaction, and agreed that they successfully meet the challenges of military life. While the majority were healthy, a small proportion (under 20%) struggle with their well-being and mental health. A small percentage of spouses reported their physical health to be fair or poor (15%) and/or their mental health to be fair or poor (17%). And some respondents self-reported having been diagnosed with depression (24%) or anxiety disorder (17%) at some point in time over the course of their military partners’ careers.

In the 2008-2009 Quality of Life study of spouses, high correlations were found between symptoms of poor mental health (i.e., depressive symptoms, lower well-being) and high conflict between military and family life, conflict between the respondents’ work and family life, lower relationship confidence, lower self-efficacy, and lower levels of perceived social support (Sudom, 2010). In addition, poor mental health was correlated with the use of more emotionally-focused and avoidant coping strategies, such as behavioural disengagement and self-blame.

There has been very little research on domestic violence in the Canadian military, but in general intimate partner violence predicts psychological distress – the studies that are currently available are detailed in the Intimate Partner Relationship section.

Using provincial health services records, one study matched 5,478 children and youth and 3,358 female spouses in CAF families newly posted to Ontario from another province between 2008 and 2013 to a comparison cohort of 35,344 members of the Ontario general population matched by age, sex and geography (Mahar, et al., 2018 in press). With this data, the use of public mental health services was compared between the two cohorts. It is important to note, however, that this study does not measure the prevalence of mental health conditions or behavioural problems, nor the need for services, but simply the use of public mental health services. Psychiatric emergency department visits and hospitalizations were rare for all CAF

family members. Suicide and self-harm were extremely rare for all CAF family members. Overall, 30% of female spouses had at least one mental health–related physician visit following their relocation to Ontario. CAF families saw a family physician for mental health care more often than a specialist (e.g. psychiatrist). Female spouses in CAF families used the same amount or fewer mental health services than the general population.

### 3.2.1.3 Special Needs

While limited research exists on the impacts on the personal well-being of CAF family members who have children with special needs, secondary analysis of the 2008-2009 Quality of Life data did look at differences between spouses who had children with special needs and those who didn't (Wolejszo, Dursun, & Truscott, 2014). When compared to respondents who had children without special needs, and respondents with no children, respondents with children who have special needs convey higher levels of resentment toward their partner and toward the CAF related to their employment status, and experienced lower levels of support for their employment pursuits. Respondents with children who had special needs had higher levels of depression and lower levels of psychological well-being than respondents who had children without special needs and respondents with no children. Respondents with special needs children had lower levels of self-efficacy than respondent with no children. Respondents with children who had special needs experienced lower levels of support from both their own family and the family of the military member than was experienced by respondents who had children with no special needs and respondents with no children. Respondents with children who had special needs also received less support from non-CAF friends than their counterparts with no children. Interestingly, the support received from other CAF spouses by respondents with special needs children was not significantly different from either of the other groups.

### 3.2.1.4 Children

A 2016 survey asked MFRC mental health service providers to identify the most common mental health issues there were seeing most frequently among military families seeking support (Manser, Bain, & Swid, 2016). While this study does not speak to numbers of clients seen, by far the most common issue for which families were requesting support from MFRCs was for relationship difficulties (either “couple” or “family”), with child and youth mental health issues the next most common issue. These were followed equally by transition / adjustment difficulties, and child / youth behavioural issues. Depression, anxiety disorders, stress management difficulties and separation / divorce issues were also quite common, from both the perspectives of the adults and the children in the family.

In the Ontario health services record study, overall 20% of children and youth in military families who had recently relocated to Ontario had at least one mental health–related physician visit following their relocation (Mahar, et al., 2018 in press). Children and youth in CAF families were significantly more likely to visit a family physician for mental health reasons, less likely to see a paediatrician, and as likely to see a psychiatrist or visit the emergency department as the matched general population. The absolute difference between the military children and the comparable cohort was about 4% for visits with a family physician and less than 2% for visit with a paediatrician. Children and youth in CAF families used more public mental health services than children in the general population, specifically physician visits in categories related to non-psychotic disorders (e.g., depression), childhood psychoses (e.g., autism), and hyperkinetic disorders of childhood (e.g., attention deficit and hyperactivity disorder). Children aged 15-19 in particular had a greater risk of a visit related to adjustment reaction (e.g., post-traumatic stress disorder). Boys were more likely than girls to visit a family physician or a paediatrician for mental health reasons. Boys and girls were equally likely to visit a psychiatrist or have a mental health-related emergency department visit.

A follow-up study in 2018 to the 2016 MFRC Mental Health Services study explored the requests for child and youth counselling in more detail (Manser, 2018e). This study found that the most common reasons families were requesting mental health support for the children from MFRCs were for *behavioural problems*, followed by *impacted by parent's mental health issues, anxiety disorder, family conflict, parents going through separation and divorce, school adjustment difficulties (social or academic), and misconduct / temper outburst / aggression*.

### 3.2.1.5 Elderly Parent Caregiving

Very little research has been conducted on the experiences of CAF members who are caring for elderly parents. One study in 2018 revealed that the majority of respondents (both RegF and spouses) who were caring for an elderly parent felt their emotional health, and to a lesser extent their physical health, suffers as a result of their caregiving responsibilities (Manser, 2018c).



### 3.2.2 FINANCIAL STRESS

In the 2013 Quality of Life study, financial stability was selected as the fourth highest challenge overall for military families by spouse / partner respondents (Wang & Aitken, 2016).

In the 2016 CAF Community Needs Assessment, tied for the second most common significant problem was *financial problems* experienced by 10% of respondents (Prairie Research Associates, 2017a). In this study, respondents indicated that the most common *financial problems* are *finding suitable employment for non-military spouse* (22%), *unable to afford extracurricular activities* (20%), and *having trouble paying debt or bills* (18%).

This 2016 CAF Community Needs Assessment involved 8,049 respondents with a variety of connections to the military – RegF, ResF, spouses of RegF or ResF, parents of RegF or ResF, and Veterans and their families. When the responses of just RegF members are reviewed on their own (4,637 RegF respondents), the percentages of responses listed above do not change significantly.

However, when the responses of just the spouses of RegF members are reviewed on their own (1,056 spouse respondents), the percentages are slightly different, although the ranking is still the same. For spouses of RegF, *finding suitable employment for non-military spouse* was experienced by 41% of spouses (compared to 22% overall), *unable to afford extracurricular activities* (24% versus 20%), and *having trouble paying debt or bills* (26% versus 18%).

Geographical relocations resulting from postings have financial impacts on the family, primarily due to changes in cost of living and employment changes. For many, this is a negative impact – approximately half of families (43% of military members and 52% of spouses) who relocated felt their financial situations became worse after the move (Manser, 2018b). Less than one-third of these respondents felt their financial situation improved after a relocation (33% of military members and 27% of spouses), and almost one-quarter didn't know or felt the relocation had no impact on their financial situation (24% of military members and 22% of spouses). Similar rates were found in the 2018 Military Family Finance study, where about half (57%) of personnel who had been posted to a new geographic location reported that their financial situation had become worse, while about one-quarter (24%) reported their situation had improved, and the rest reported no impact or didn't know (Wang, Lee, & Farley, 2018). The most frequently given reasons for improved financial situation were CAF career promotion and a change in the cost of living. A change in cost of living was also the top reason CAF members gave for their worsened financial situation.

Financial stress was identified as one of the two most frequently reported sources for CAF members' day-to-day stress in the 2017 Military Members/Family Finance Survey (Wang, Lee, & Farley, 2018). The other most frequently reported source of day-to-day stress was work situation (e.g. working conditions).

Of respondents to the 2017 Military Members/Family Finance Survey, about 80% of CAF members earned between \$40,001 and \$90,000 annually from all sources, before taxes and deductions (Wang, Lee, & Farley, 2018). The median individual total income (\$77,500) was within the range of \$65,001–\$90,000 and was higher than \$43,223, the median individual total income of persons aged 25 to 54 in the general Canadian population, although the general population also include non-employed individuals. About half (52%) of CAF households earned between \$65,001 and \$115,000 annually from all sources, before taxes and deductions. The median of CAF household total income was located in the range of \$65,001–\$90,000. The median household total income in the general Canadian population, \$70,336, is also located in this range. However, the CAF survey included employed military personnel only, whereas the Census data included non-employed families. Therefore, a precise comparison would require measuring CAF households against the rest of Canadian households.

Comparing the personal income of military spouses, studies have shown a substantial increase from 2009 to 2013 (Wang, Dursun, & Truscott, 2016). The total personal income of spouses who were employed, unemployed and not in the labour force significantly increased from \$30,551 to \$34,342 and the total personal income of the spouses who were employed significantly increased from \$36,606 to \$42,854.

Of respondents to the 2017 Military Members/Family Finance Survey, the average total debt for all CAF households (including single CAF members and married/common-law families with or without children or other dependants) was \$152,482, while the average total debt was \$187,216 for CAF families made up of married/common-law partners with children or other dependants (Wang, Lee, & Farley, 2018). These numbers are higher than the Canadian population's household debt loads. The average total debt for all Canadian families was \$114,400, and \$144,600 for Canadian families made up of married/common-law partners with children or other dependants.

In this same study, about half of CAF members reported that they and their immediate family had been struggling to keep up (43%) or falling behind (7%) with all bills and other financial obligations. Among those who reported financial problems, 29% perceived a moderate negative effect on their ability to perform their jobs, while 12% perceived more than moderate negative effect. One-quarter of CAF members (25%) had taken a part-time job at some point for financial reasons since joining the CAF.

While finding a new job for the non-military spouse ranked lower on both importance and time/effort required when relocating, and while only 7% of respondents were unemployed, the second household income obviously affects the family's financial situation as well (Manser, 2018b).

In the 2018 Relocations study, finding and selling the family home was identified by far as the most important consideration for families when relocating, and it was also the task that required the most time and effort. Learning about the potential financial impacts of living in the new community, and determining which neighbourhood to live in also topped the list of most important considerations for families (Manser, 2018b). All of these top considerations are related to the financial situation of the family.

Housing affordability was also identified as a priority area for improvement in the 2017 Canadian Forces Housing Agency Occupant Survey, with 86% stating that affordability was the most important factor when choosing a home (Environics Research, 2017). Affordability is also the main reason why occupants chose to live in their current National Defence house. While 6 out of 10 current National Defence housing occupants had previous experience with buying non-National Defence housing, and a similar number considered buying or renting in the community before deciding to move into their current National Defence house, affordability was the primary deciding factor for choosing National Defence housing over civilian property. Almost two-thirds (63%) of National Defence housing occupants chose to live in National Defence housing primarily because it is more affordable and less expensive than private housing. This percentage has risen 37% since 2005.

A significant amount of Canadian research has recently been conducted on the financial well-being of CAF members and their families, the results of which are pending publication. In particular, 12 research articles on various aspects of financial well-being and family well-being are currently being considered for a special edition of the Journal of Military, Veteran and Family Health. At the time of writing, no publishing date was available, and as such, the research results are not yet available. However, once this Canadian journal issue is released, the current knowledge base on the financial stress for military families will be enhanced and solidified. Specifically, the research articles being considered as part of this special edition journal cover a wide variety of issues that will be extremely useful in future policy and program development, such as:

- The unique military-related factors contributing to financial well-being;
- The connection between financial satisfaction and psychological outcomes;

- The impact of socioeconomic groups (e.g. divorced individuals) on financial strain;
- The likelihood and longevity of female spousal employment;
- The roles of financial well-being and financial strain in service couples' marital satisfaction;
- The impact of financial strain and external locus of control on psychological distress among single parent CAF families; and
- The connections between financial stress, financial stability and military spousal well-being.

### 3.2.3 INTIMATE PARTNER RELATIONSHIP

In the 2013 Quality of Life study, on average spouses were satisfied with the quality of their marriage and did not feel distress with respect to their intimate partner relationship (Wang & Aitken, 2016). The majority were also very supportive of their military partner's service. However, less than half were supportive of their partner being deployed in the near future.

More recently, a 2016 survey asked MFRC mental health service providers to identify the most common mental health issues there were seeing most frequently among military families seeking support (Manser, Bain, & Swid, 2016). While this study does not speak to numbers of clients, by far the most common issue for which families were requesting support from MFRCs was for relationship difficulties (either "couple" or "family"). Separation / divorce issues were also quite common.

In the 2016 CAF Community Needs Assessment, *relationship problems* was the third most significant problem experienced by 8% of respondents (Prairie Research Associates, 2017a).

In this 2016 CAF Community Needs Assessment, respondents indicated that the most common *relationship problems* are *problems communicating/expressing feelings* (26%), *arguments* (23%), *growing apart or in different directions* (19%), and *little or no physical affection* (18%).

This 2016 CAF Community Needs Assessment involved 8,049 respondents with a variety of connections to the military – RegF, ResF, spouses of RegF or ResF, parents of RegF or ResF, and Veterans and their families. When the responses of just RegF members are reviewed on their own (4,637 RegF respondents), the percentages of responses listed above do not change significantly.

However, when the responses of just the spouses of RegF members are reviewed on their own (1,056 spouse respondents), the percentages are slightly different, although the ranking is still the same. For spouses of RegF, *problems communicating/expressing feelings* were experienced more commonly (34% of spouses versus 26% overall), *arguments* were experienced similarly (25% versus 23%), *growing apart or in different directions* (21% versus 19%), and *little or no physical affection* (21% versus 18%). Spouses also experienced the following *relationship problems* at higher rates: *changing roles/responsibilities in the family/marriage* (23% of spouses versus 13% overall), *not enough contact with spouse/partner during a deployment* (15% of spouses versus 9% overall), and *trouble reuniting/reconnecting after deployment* (14% of spouses versus 7% overall).

A follow-up study in 2018 to the 2016 MFRC Mental Health Services study explored the requests for relationship counselling in more detail (Manser, 2018e). This study found that the most common reasons couples were requesting relationship counselling from MFRCs were for *communication problems / trouble expressing feelings*, and for *anxiety*. Other issues challenging relationships at similar rates included *not enough contact due to Op Tempo*, *challenges with children*, *depression*, *infidelity*, *little physical intimacy* and *changing roles*.

Interestingly, in this same 2018 Mental Health Services study, when asked the reasons why families were requesting mental health support for their children, *family conflict* and *parents going through separation and divorce* were the fourth and fifth top reasons. While family conflict was fairly low among the reasons couples were seeking support, it was fairly high among the reasons why services were being provided to children and youth. This could be a reflection of the state family breakdown, that is, families may be seeking mental health support for their children and youth as they are already in the process of separation and no longer requesting support to maintain the intimate partner relationship. Additionally, while infidelity was lower on the reasons why services were being sought by couples, many MFRCs noted this was an increasing trend.

In terms of the impact of military challenges on the intimate partner relationship, specifically relocation, the majority of respondents to the 2018 Relocations study indicated that the relocation process placed additional stressors on their intimate partner relationship causing strain (Manser, 2018b). While their relationship improved after the relocation for more than a third of respondents, more than half did not agree that their relationship improved after the relocation (21%) or felt neutral (43%).

In terms of the impact of another military challenge on the intimate partner relationship, specifically deployment, the 2010 study results suggest that although reintegration of the military member after a deployment may be stressful for families, and has frequently been assumed to be the most challenging, it appears from this research that spouses are able to adapt well to this period in the deployment cycle (Sudom, 2010). That said, almost one-fifth (18%) had thought about ending the relationship with the military spouse at some point during the deployment, which suggests that the deployment phase is more difficult and stressful than either the pre-deployment or post-deployment phases. Similarly, social support from family, civilian friends and the military partner are significant predictors of better psychological health and lower levels of depression among military spouses specifically with respect to deployments (Skomorovsky, 2014). However, the social support from the military partner played a unique role in predicting well-being upon return from deployment, but it did not during the deployment stage, again suggesting that the deployment phase may in fact be more difficult than the post-deployment or reunion phase. This study found, similar to other research on long-distance relationships, that relationship maintenance is strongly supported by a wider social network. That is, it is highly important for spouses / partners to have access to support systems, specifically family and civilian friends, during deployment. Interventions for military spouses, targeting not only spousal support building, but also social supports to spouses during deployments, would help them reduce or prevent the development of psychological health problems.

In terms of the impact of another military challenge on the intimate partner relationship, specifically absences due to Imposed Restrictions, many respondents (60%) to the 2018 Relocations study felt that their family relationships became strained during the Imposed Restriction posting due to the additional stressors and physical distance (Manser, 2018b). For most (41%), the family relationship improved after the posting. But more than one-third of respondents were neutral, and 22% disagreed or strongly disagreed with the statement "Our family relationships improved after the Imposed Restriction posting".

In the 2008-2009 Quality of Life study of spouses, respondents who had a military partner with a mental health diagnosis (depression, anxiety disorder, post-traumatic stress disorder, adjustment disorder or other stress-related physical or psychological problem) were asked how this affected them (Sudom, 2010). It was found that 12.4% were fearful of their partner and his/her behaviour, 21.2% were fearful of triggering symptoms in their partner, 27.8% feared breakdown of the relationship with their partner, and 21.3% were fearful of the breakdown of other relationships within the family.

There has been very little research on domestic violence in the Canadian military. In the 2008-2009 Quality of Life study of spouses, approximately 5% of respondents reported that their military partner had been violent toward them, while 3.5% reported violence toward children (Sudom, 2010).

In the 2008-2009 Health and Lifestyle Survey of CAF members, of the 81% of the research sample population in a current relationship, perpetration of any physical and or sexual intimate partner violence was reported by 9% and victimization was reported by 15% (Zamorski & Wiens-Kinkaid, 2013). Emotional and/or financial abuse was more prevalent, with 19% reporting perpetration and 22% reporting victimization. Physical/sexual abuse often co-existed with emotional and/or financial abuse, and perpetration and victimization were often mutual. Less physically injurious forms of abuse predominated. Mental disorders, high-risk drinking, relationship dissatisfaction and remote deployment were independently associated with abuse outcomes.

A 2011 study on intimate partner violence in the Canadian military showed that intimate violence had an important impact on the psychological well-being among CAF personnel (Skomorovsky, Hujaleh, & Wolejszo, 2015). Specifically, emotional intimate partner violence served as a unique and significant predictor of depressive symptoms. The results also revealed that work-family conflict and marital dissatisfaction were significant predictors of emotional and physical violence. Marital satisfaction was found to partially mediate the relationship between work-family conflict (when unmanaged occupational demands interfere with efforts to fulfill family duties and commitments) and family-work conflict (when family responsibilities make it difficult to meet occupational requirements) and intimate partner violence. This finding suggests that relationships between spouses or partners could suffer as a result of conflicting work and family roles, which, in turn, increases the risk of violence occurring between partners in conjugal relationships. The research emphasizes the importance of moving beyond individual level outcomes of work-family conflict and looking at couple and family level outcomes of work-family conflict. This study has shown that unmanaged work-family conflict contributes to the occurrence of partner violence in military families.

A study on the role of individual factors and psychological distress among Canadian military spouses within the context of intimate partner violence showed that violence significantly predicted psychological distress among spouses of CAF members (Skomorovsky & LeBlanc, 2017). Specifically, emotional violence served as a unique predictor of psychological distress. Physical violence was not a unique predictor. Coping, mastery, and perceived social support, entered together, significantly predicted psychological distress among spouses, over and above the role of violence. Specifically, emotion-focused coping, mastery, and social support remained unique predictors of distress. Furthermore, perceived social support buffered the negative impact of emotional violence on psychological distress.

### 3.3 SUMMARY PROFILE OF THE MILITARY FAMILY EXPERIENCE

In summary, there are 63,269 Regular Force members posted in Canada. More than half of all RegF personnel posted in Canada are under the age of 35 (54%) or have less than 11 years of service (54%). Combined, those under the age of 35 with less than 11 years of service represent 44% of all RegF personnel posted in Canada.

Almost half of all Regular Force members are single (44%, of which 8% have dependent family members), and just over half (56%) are in a legal relationship (married or common-law). Almost half of all Regular Force members posted in Canada (47%) have children.

In addition to the 63,269 Regular Force members posted in Canada, there are 94,279 other family members (including spouses = 34,906, children = 57,639 and other family dependants = 1,734).

Almost 40% of all Regular Force personnel posted in Canada live in Ontario. More than 80% of all Regular Force personnel live on or within a 30-minute drive away from the base they are posted to.

Military families commonly face three military journey transitional challenges and three family journey challenges: geographical relationships due to postings, absences from family due to operational tempo, illness / injury / death, personal well-being and mental health, financial stress, and intimate partner relationships. The vast majority of families manage these challenges successfully and are resilient (80%). A small percentage (10%) struggle.

Of all Regular Force personnel, approximately one-quarter are required to relocate to a new location each year due to a posting. Given just over two-thirds of Regular Force members have dependants (children, spouse or other dependent family members), it can be estimated that approximately 10,000 families are required to relocate each year, presumably of which approximately 8,000 must move to a new province or territory. While relocations appear to be the biggest challenge for military families, and the consequences of relocations are stressful and challenging to address (e.g. financial, intimate partner relationship, health care for non-military family members, spousal employment and child care / education), the majority manage relocations successfully with little external support. Some family personas face more difficulties with relocations than others (e.g. single parents, caring for elderly parents or special needs children, adolescents, dual service couples), and may require additional external supports.

For families of Regular Force personnel, approximately two-thirds experience periods of absence from their loved one due to operational requirements. The frequency and length of absences vary greatly. While absences appear to increase the stress level for family members, specifically during the deployment phase as opposed to pre- or post-deployment, the majority of families quickly return to regular functioning after the deployment, without the requirement of external formal supports. Similarly, for families affected by Imposed Restriction absences, more than half felt the absence strained their relationships, but most believed their relationships improved after the posting. Spouses and partners (the family member most studied) show high levels of mastery, self-esteem, active coping strategies and support from their CAF partner with respect to absences. Some family personas face more difficulties with absences than others (e.g. single parents, parents of CAF members, younger children, dual service couples), and may require additional external supports.

While only approximately 1% of military families are affected by illness / injury resulting in medical release from the CAF, the impacts of the illness / injury on these families can be significant. These impacts vary depending on a wide variety of factors. For most medically released Veterans, their spouse / partner was

their primary caregiver. In general, injured members and spouses both found the following most stressful on a day-to-day basis: *physical / mental health, work, family, and the military release*. While the majority make the military to civilian transition successfully, some do struggle. This applies to both the military member and their family members, as the family also goes through the transition from a military family identity and culture to a civilian identity and culture.

About one-quarter of military families are concerned with their work-life balance, and to a lesser degree, their personal well-being and mental health. But the majority are physically and mentally healthy. Those caring for special needs children or elderly parents feel their emotional well-being suffers more as a result of the increased caregiving burden. Children in military families may be using public mental health services more than children in the general population.

Financial stress affects some military families. About 10% of families say financial problems are their biggest challenge. Challenges contributing to their financial stress include *finding suitable employment for the non-military spouse, unable to afford extracurricular activities and trouble paying debt or bills*. Relocation negatively impacts the financial situation of about half of families who must move due to a posting. Housing and cost of living are the two major contributors to financial stress specifically related to relocations, with non-military spousal employment a lesser contributor.

While the majority of military couples are satisfied with their intimate partner relationship, a small percentage (8%) are concerned with it. Most commonly, couples who are concerned with their relationship are having *problems communicating / expressing feelings, arguments, growing apart or in different directions and little or no physical affection*. Relocations, deployments, Imposed Restrictions, and illness/injury all place additional stressors on the intimate partner relationship, though most recover quickly afterwards. A small percentage (5%) have experienced some sort of family violence. Work-family conflict and marital dissatisfaction were found to be predictors of emotional and physical intimate partner violence. Emotional intimate partner violence negatively impacts psychological well-being.



### 3.3.1 Exacerbating Impacts of Compounding Challenges

As is seen from the research, the challenges associated with the military journey and those associated with the family journey can affect each other. For example, relocations can impact a family's financial stress, as well as the non-military spouse's employment and emotional well-being. Absences can impact the intimate partner relationship and the child's well-being. Illnesses, injuries and death can affect the mental health and well-being of individual family members. The personal mental health and well-being of one family member can affect how that family manages a relocation. Financial stress can impact individual mental health as well as the intimate partner relationship. The intimate partner relationship can impact how well families manage deployments. And so on.

When the military journey and the family journey combine, at times these transitional challenges can compound or even collide, impacting the family more intensely. And depending on the family (where they are on their journey, what their composition is, what state their collective resiliency is at, etc.), each transitional challenge will be experienced and reacted to differently.

For example, the prospect of relocation for a family in the midst of experiencing financial stress and intimate partner relationship challenges will be experienced much more negatively than a family who is not also dealing with those additional stressors.

Even the stress faced by one member of the family can affect the whole family. Stress experienced by a deployed member could affect the caregiver at home, which in turn may disrupt parenting quality; conversely family stress at home can lead to performance issues at work and ultimately operational readiness and effectiveness (Masten, 2013).

Each stressor can increase the risk of negative outcomes, and the occurrence of one kind of stressor may increase the likelihood that others will occur. Stressors that "pile up" are more likely to exceed the resources that individuals or families have to manage those stressors – prior experience with stressors, instead of being helpful, may contribute to pile-up if the coping resources are inadequate or there is insufficient time for recovery (MacDermid, Samper, Schwarz, Nishida, & Nyaronga, 2008). These researchers suggest that, as stressors have different characteristics, and coping with particular kinds of stressors may require particular kinds of skills, it is essential to identify the most common characteristics of the stressors faced by military families to be able to develop strategies to maximize the development of skills that are a good match to those stressors.

### 3.3.2 Family Personas with Additional Needs

Despite the fact that most of the existing research and demographics focus on the military family as a single entity (e.g. examined as a common unit without differences), families are not a single distinct entity. Military families come in all different sizes and shapes, each with different needs and strengths. For instance, a new family with children under the age of 5 will face military and family transitional challenges very differently than an empty nester couple. A single member may still be intricately connected with his/her family of origin, e.g. parents and siblings. A dual service couple may face relocations and postings differently than a single parent. A family caring for a child with special needs or an elderly parent will experience deployment much differently than a couple without dependants. These are just a few examples of the myriad of experiential differences. Different family personas will experience the common military journey and the family journey challenges very differently. Therefore, support services cannot be a one-size-fits-all approach as each family has distinct needs and strengths. Different supports will be required by each of these different family types or “personas”.

For the development of the Comprehensive Military Family Plan, the following unique family “personas” have been identified to date as having unique strengths and needs:

- Single Member and Family of Origin;
- New Family / Young Children;
- Middle Family / Elementary School-Aged Children;
- Mature Family / Youth;
- Couples without Children;
- Empty Nesters;
- Families Transitioning to Veteran Status;
- Single Parents;
- Dual Service Couples;
- Same Sex Couples;
- Families with Special Needs Dependants;
- CAF Members Responsible for Elder Care; and
- Families in Breakdown.

Unfortunately, current research does not provide much detail on the different experiences of these different personas. Future research should consider how different military families may experience challenges differently.

## 4. WHAT MILITARY SUPPORTS ARE FAMILIES USING?

In the 2013 Quality of Life Survey, close to one third of CAF spouses perceived that the CAF looks after military families, while one third did not think so, and 28% were neutral (Wang & Aitken, 2016). Comparing their level of satisfaction with CAF support over the previous 5 years, only 17% were more satisfied, while 32% were less satisfied, and 42% were neutral. The three services that spouses most frequently reported being less satisfied with were post living differential allowances, posting and relocation services, and communication of changes affecting families. The top three well-known programs and services were the MFRC Deployment Support program (70%), Emergency Child Care service (68%) and the CAF Padres program (64%). Overall participation rates in programs and services were 10% or lower. The top three programs and services that they most frequently participated in or used were the MFRC Parenting and Children's Programming (14%), Welcome Packages (12%) and Information and Referral services (9%). The majority of those respondents who used programs and services were satisfied with the service they received, and perceived that the services used assisted them in coping with their situations.

Specifically with respect to services and supports for relocations, the 2018 Relocations study found that respondents most commonly sought additional support from BGRS, the contractor who manages relocation services (Manser, 2018b). A smaller percentage sought support from MFRCs, but for the most part most respondents indicated they did not receive any assistance from the MFRC to connect them with services in their new location.

Specifically with respect to services and supports for deployments, it is difficult to tell from existing research whether the majority of families are successfully managing deployments because of their inherent resilience or because of the support services provided. In the 2013 Quality of Life Survey (Wang & Aitken, 2016), more than half of respondents were aware of deployment supports provided by MFRCs (70%) or the CAF (62%), but very few used either of those services (9% used MFRC deployment support services and 5% used CAF deployment support groups). In the 2016 CAF Community Needs Assessment (Prairie Research Associates, 2017a), a higher percentage had participated in deployment-related briefings (13% through the MFRC and 27% through the CAF). Specifically for parents of CAF personnel, more than two-thirds of respondents had not participated in any deployment-related briefings, and less than half had accessed any specific military family support services (Manser, 2018d). Of those who had not used any services, the most common reasons included that there were no supports near to where they live, that they did not believe or were explicitly told they were not eligible for services, or that they did not know about available services. All of these service usage rates are much lower than in the 2008-2009 Quality of Life study which showed that almost half of respondents had used at least one CAF service during a deployment, with the most frequent service used being MFRC mail drop-off and deployment information packages (Sudom, 2010). For the more than half of the respondents who had not used any services during a deployment, most indicated it was because they had no need (71%), they were not aware of the available services (12%), or the type of support they required was not available (10%). Given the low usage of available deployment supports, it is probable that families are successfully managing deployments primarily through their own resilience.

There is little conclusive research on the use of services specifically in relation to illness / injury / death, mental health, financial stress, and intimate partner relationship challenges, from the perspective of families vice service providers.

The 2016 CAF Community Needs Assessment explored the usage of MFRC and PSP services specifically (Prairie Research Associates, 2017b). Overall, 59% of respondents had *participated in MFRC or PSP activities in the past year*. Among them, respondents reported having many reasons for participating, with most selecting two or three reasons, indicating there is not a sole driver for participation. Most commonly,

respondents reported using MFRC and PSP services to *get in shape/improve health* (49%), with many other options grouping around 30%, including *spending time with family* (35%), *meeting new people* (31%), *reducing stress* (30%), and *getting involved in their community* (30%). When rating the relevance of programs to their lifestyle, respondents (whether they had participated in any MFRC or PSP activities or not) rated *PSP programs* highest (scoring 5.9 out of 10, with 1 being not relevant at all and 10 being very relevant) with *MFRC programs* rating the lowest in terms of relevance to their lifestyle (4.6 out of 10). When rating their satisfaction with *the ability of the programs to meet the needs of their communities*, of just those respondents who had actually participated in any MFRC or PSP activities, they rated *PSP programs* highest (scoring 6.8 out of 10, with 1 being not able to meet the needs at all and 10 being able to meet the needs very well) and *MFRC programs* slightly lower at 6.3 out of 10.

In terms of understanding how families tend to seek support, the 2016 CAF Community Needs Assessment found that when identifying the help CAF members or their spouses required to deal with problems, the help often matched the problem (Prairie Research Associates, 2017a). For example, with work/life balance, the most common help required was activities (e.g. fitness, recreation, stress relief), whereas for personal problems (e.g. intimate partner relationship or child well-being), respondents most commonly sought counselling or emotional support.

In this same study, when members or their spouses were asked what support or services they used to deal with their issues, in most cases the majority did not use any. Even when they did, the most common tended to be non-military sources, such as personal networks, private doctor/counsellor, or the internet. When asked why respondents did not access military supports, the most common reason tended to be that they did not think the support was required to deal with their problem, perhaps indicating they did not believe the issue was serious enough to require supports. Smaller secondary reasons included the program/service did not meet their needs or they were not aware of the support.

Overall, usage of existing available CAF services is low among families. Common reasons for this low usage across studies include families not requiring the services that exist, the services not being aligned with their needs, families not being aware of the services, families not knowing how to access the services, and the services that they need not being available.

The CFMWS Comprehensive Military Family Plan team concurrently mapped all of the CAF services available to families, which numbered over 200 different services (including those offered through MFRCs, which while third-party entities, are publicly funded to provide family services to CAF personnel). These 200 include only services by categories (not all the different variations of services within a category), and only those that are offered across the country (not the additional ones that are offered in only one or a few locations). As part of this mapping, all those services at the community and provincial levels that currently exist for military families were also compiled. This work informed both the development of the Comprehensive Military Family Plan, but also the impacts these services have on the overall resilience of families. This work also provided a necessary collection of information to increase the awareness of families of all the supports and services that they have access to.

## 5. WHAT IS THE WAY-AHEAD FOR MILITARY FAMILIES?

### 5.1 Canadian Military Family Resilience

While many definitions and theories exist on resilience, it can generally be seen as the “positive adaptation, or the ability to maintain or regain mental health, despite experiencing adversity” (Herrman H, 2011). In other words, resilience is the process that allows an individual to remain functional in the face of developmental or transitional experiences, adversity, and positive challenges; the outcome of which is resiliency (Bowen & Martin, 2011).

Given the challenges of the military lifestyle, especially those that are a direct result of operational requirements and that have a direct impact on operational readiness, we need our CAF personnel and their families to be resilient; however that does not mean they automatically are or will be (Cramm, Norris, Smith-Evans, Hill, & Mahar, 2018 in press). Canadian research findings suggest the majority (82%) of military families are resilient and feel supported within a healthy CAF community, while only 11% feel they do not successfully meet the challenges of the military lifestyle (Wang & Aitken, 2016). Further, 88% of spouses / partners agreed that they successfully meet the overall responsibilities they have in their lives, while only 5% disagreed (Wang, Dursun, & Truscott, 2015).

To date, very little conclusive research exists or has even been conducted to better understand the factors that are contributing to the high level of resilience among military families in general. Most research to date has been focused on identifying the “problems” and “challenges”, or in other words, the risk factors. While these challenges are common across many military families, the vast majority are managing these challenges successfully without relying on external supports. Understanding these protective factors better would go a long way in increasing the effectiveness and efficiencies of existing military family support services and programs – ensuring they build on the inherent / personally developed strengths of families, rather than trying to provide packaged solutions to the “problems” and “challenges”.

While most families are doing well and require no external supports, a smaller number of families are not doing well. These families need additional support to access CAF, community and provincial systems of care to enhance their resilience and manage the transitions inherent with CAF operational requirements and their family journey challenges.

As well, just like any family, any military family can be resilient under the right conditions, but should they experience enough stressors, they can become at risk for a variety of poor outcomes. So a “resilient” family that has successfully managed a number of military or family challenges in the past, may not manage a similar challenge in the future if conditions change or compound. Resilience, like mental health, is a continuum – it is not an all or nothing concept. With resilience, there is always a bidirectional potential to move from one end of the spectrum to another – more or less resilient at any point in time because of the various factors at influence.

Family resilience has been described as “...the path a family follows as it adapts and prospers in the face of stress, both in the present and over time... resilient families respond positively to these conditions in unique ways, depending on the context, developmental level, the interactive combination of risks and protective factors, and the family’s shared outlook.” (Hawley & DeHaan, 1996, p. 293). In a review of military family resilience models, the RAND Corporation recommends the following definition of family resilience for military families, based on the 2005 work of Simon, Murphy and Smith (RAND Corporation, 2015):

*“Family resilience can be defined as the ability of a family to respond positively to an adverse situation and emerge from the situation feeling strengthened, more resourceful, and more confident than its prior state.” (Simon, Murphy, & Smith, 2005)*

In a review of existing research on military families and resilience, it appears that little is known about the practices and processes enacted by resilient military families (Cramm, Norris, Smith-Evans, Hill, & Mahar, 2018 in press). Resilience, or efforts to be so, involves ongoing work through bi-directional interactions across multi-systemic levels mediated through boundary maintenance, shared identities, family belief systems, organizational patterns and communication processes. This work is often invisible to those outside the family, and thereby its significance on the individual, familial, and community levels is not acknowledged or understood. By applying an ecological-systems theory to resilience, it can be seen that resilience is not merely an outcome resulting from individual resistance to, or recovery from distress, nor an adaptation by systems beyond the individual, but evolves through the synergy between individuals and their environments and the capacity of each to adapt (Ungar, 2013). Military family resilience transpires through the inherent and dynamic interdependence between the family and the institution. As such, while it is incumbent upon the military family to take responsibility for their own resilience, the military institution can also take responsibility for their families’ resilience through the development and implementation of relevant policies and programs (Cramm, Norris, Smith-Evans, Hill, & Mahar, 2018 in press).

To conceptualize Canadian military family resilience within this ecological perspective, the following figure was developed by the CFMWS Comprehensive Military Family Plan team to show the various levels and influences involved within military family resilience.

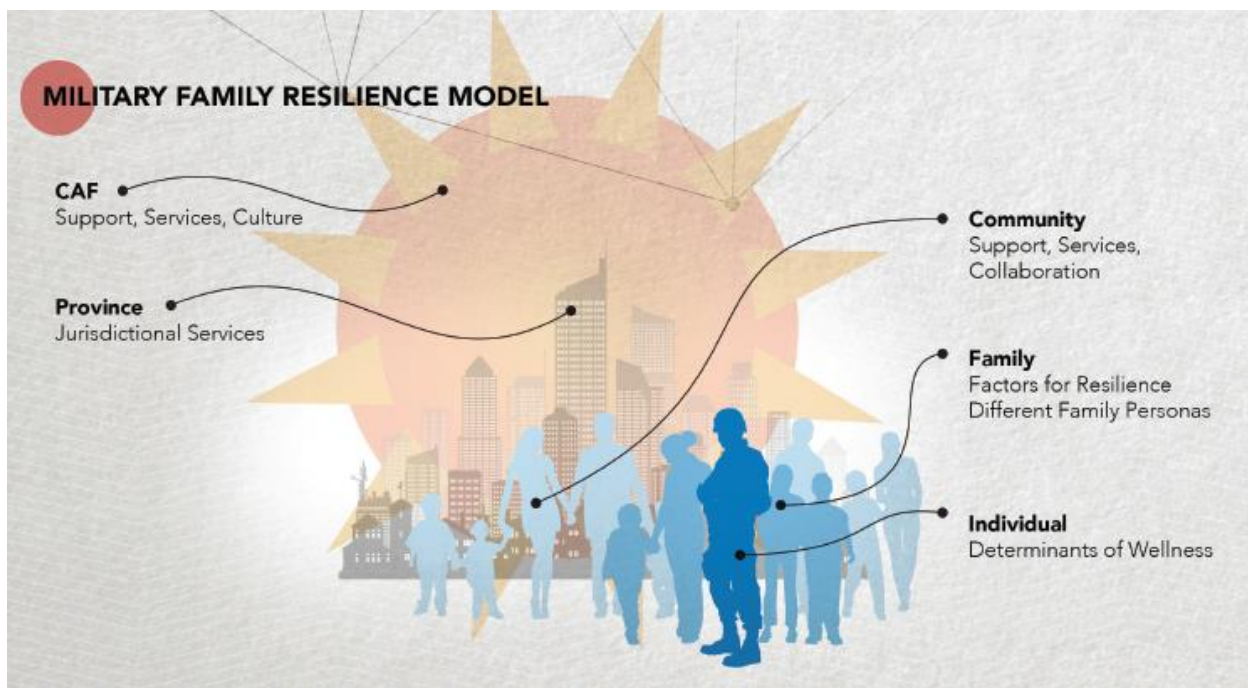


Figure 16: The Comprehensive Military Family Plan’s Military Family Resilience Model

The various levels and influences involved within military family resilience, specifically individual, family and community, are described in more detail in the following sections.

## 5.1.1 Individual Well-Being and Resilience

At the individual level, being physically and psychologically healthy is critical to be able to withstand the military lifestyle challenges and military journey life-adjusting events. Different services can provide support to enhance the well-being of individuals, thereby increasing their ability to positively adapt to the military journey transition events and challenges. There are many evidence-based models of wellness and well-being (e.g. World Health Organization Social Determinants of Health, World Health Organization Quality of Life Domains, Canadian Index of Well-Being, Canada Public Health Agency’s Determinants of Health, etc.). The National Wellness Institute’s Dimensions of Wellness Model (developed by Dr. Bill Hettler) defines six dimensions of wellness (emotional, occupational, physical, spiritual, social and intellectual) that are evidence-based and measurable. An additional two dimensions (financial and environmental) have also been used by various models to provide a more comprehensive and holistic approach to understanding wellness. These eight determinants align most closely with military family support needs and CAF family services and programming areas. The terminology of these determinants have been adapted to reflect the terminology used in other CAF and VAC models.

Table 25: Comprehensive Military Family Plan’s 8 Determinants of Individual Wellness

Comprehensive Military Family Plan Determinants of Wellness	
1.	<b>Physical</b> = <i>health, fitness, nutrition, medical care, self-care, stress management</i>
2.	<b>Psychological / Emotional</b> = <i>mental health, emotional awareness and management, coping skills</i>
3.	<b>Intellectual</b> = <i>education, learning, creativity, problem-solving, culture</i>
4.	<b>Social / Familial</b> = <i>family, friends, support networks, community participation, recreation and leisure</i>
5.	<b>Occupational</b> = <i>working conditions, work/life balance, job satisfaction, performance</i>
6.	<b>Spiritual / Moral</b> = <i>values, beliefs, sense of meaning and identity, purpose, world view</i>
7.	<b>Financial</b> = <i>financial security</i>
8.	<b>Environmental</b> = <i>community infrastructure, assets and resources, housing</i>

Military family support programs and services should be designed or enhanced to support these eight determinants of well-being. If these program and services are enhanced and engaged, it will assist families to better manage the military journey transitions and challenges.

Individual resilience is generally defined as the ability to “bounce back” after experiencing stress, and assume that stress negatively affects the well-being of individuals and that individuals manage stress through coping (RAND Corporation, 2015). Resilient individuals typically display hardiness (personality characteristics that assist in handling anxiety and strain to prevent negative outcomes), a sense of coherence (comprehensibility – how they understand and think about events in their lives; manageability – the degree to which they believe they can handle events in their lives; meaningfulness – the way they attach meaning or importance to the events in their lives), and thriving or post-traumatic growth (ability to grow from a stressor and function even better after the stress than before).

## 5.1.2 Family Resilience

Resilience in individuals affects not only their own long-term outcomes, but those of their family members (MacDermid, Samper, Schwarz, Nishida, & Nyaronga, 2008). These researchers suggest that parents who model resilience improve their children’s skills and abilities to be resilient, and that spouses who respond to adverse circumstances with resilience make it easier for their partners to weather challenges, and in doing so, reduce the negative consequences for other family members. So the resilience of each individual will enhance the resilience of the family unit.

But at the family level, while not conclusive across all research, there are also some consistent domains or areas within the family that can be developed to assist them to deal with transitions and enhance the resilience of the family unit to withstand challenges. To provide guidance to services providers in order to better support military family resilience, the following six domains and factors have been adapted by the CFMWS Comprehensive Military Family Plan team, predominantly using the work of the Search Institute’s Family Assets (Search Institute, 2018), RAND Corporation’s Definitions, Models and Policies of Family Resilience in the Military (RAND Corporation, 2015), Walsh’s Family Resilience Framework (Walsh, 2002), Saltzman’s Mechanisms of Risk and Resilience in Military Families (Saltzman, et al., 2011) and informed by the review of family resilience research still in progress (Cramm, Norris, Smith-Evans, Hill, & Mahar, 2018 in press).

Table 26: Comprehensive Military Family Plan’s Domains and Factors for Military Family Resilience

Comprehensive Military Family Plan Domains and Factors for Military Family Resilience	
Domain	Factors
<p><b>1. Aligning Family’s Belief System</b> <i>(Shared belief systems mobilize agency and self-determination to reinterpret adversity as a challenge that can be mastered rather than a pathological state.)</i></p>	<ul style="list-style-type: none"> <li>• Interpreting adversity with meaning</li> <li>• Sense of control (feeling they have power and influence over what happens to them and how they react to situations)</li> <li>• Sense of coherence (comprehensibility – how they understand and think about events in their lives; manageability – the degree to which they believe they can handle events in their lives; meaningfulness – the way they attach meaning or importance to the events in their lives)</li> <li>• Confidence that the family will survive and flourish no matter what</li> <li>• Positive outlook, optimism</li> <li>• Shared family identity (unique, shared concept of what the family is as a unit; for military families, this may include identification as a military family)</li> <li>• Transcendence and spirituality (having a way to think about the world that incorporates belief in a system that extends beyond the physical observable world but that does not need to be an organized religion)</li> <li>• Worldview (having a system or set of beliefs that make sense and give meaning to the world)</li> </ul>
<p><b>2. Developing Family Organizational Patterns</b> <i>(Clear and consistent organizational patterns reassure family members that the structure of the family is continuous,</i></p>	<ul style="list-style-type: none"> <li>• Flexibility (ability to change and adapt, e.g. adapting parental roles during deployments)</li> <li>• Connectedness, cohesion, emotional engagement</li> <li>• Family time together for bonding</li> <li>• Shared recreation</li> <li>• Routine and rituals, traditions</li> </ul>



<p><i>dependable and strong, despite stress and adversity.)</i></p>	<ul style="list-style-type: none"> <li>• Family member accord and nurturance (how families get along together emotionally)</li> <li>• Effective parenting (a style that increases the chances of a child becoming the most capable person they can be, encompassing many techniques and skills like acceptance, warmth, fairness, etc.)</li> <li>• Social and economic resources (monetary, and social resources like community services)</li> <li>• Sound money management (the ability to manage financial resources to cover the family's basic needs)</li> </ul>
<p><b>3. Nurturing Family Communication / Problem-Solving Processes</b> <i>(Clear and unambiguous messages that are openly shared encourage collaborative problem-solving and conflict resolution.)</i></p>	<ul style="list-style-type: none"> <li>• Clarity of communication (clear, consistent messages in both words and actions, as well as awareness of the need to clarify ambiguous signals)</li> <li>• Open emotional expression (sharing of feelings and emotions, mutual empathy, tolerance for differences, being able to express feelings without fear of being embarrassed or punished)</li> <li>• Emotional responsiveness (ability to respond to another with appropriate feelings)</li> <li>• Interest and involvement (showing interest in and valuing the activities and interests of individual members, balancing interdependence and independence)</li> <li>• Collaborative problem-solving (using all family members to resolve issues)</li> </ul>
<p><b>4. Supporting Physical and Psychological Health of Individual Family Members</b> <i>(Optimal health of individual family members enhance their personal wellness which in turn support the overall health of the family.)</i></p>	<ul style="list-style-type: none"> <li>• Emotional health</li> <li>• Behavioural health</li> <li>• Physical health</li> <li>• Mastery (self-efficacy, feeling confident and confident)</li> <li>• Hardiness (combination of commitment, control and challenge that together provide the courage and motivation needed to turn stressful circumstances from potential calamities into opportunities for personal growth)</li> </ul>
<p><b>5. Connecting to Family Support System</b> <i>(Family members actively support one another instrumentally, emotionally or financially, and are also able to rely on supports from outside the immediate family.)</i></p>	<ul style="list-style-type: none"> <li>• Family and intimate relational support network (support from immediate close family and close friends)</li> <li>• Extended social support network (support from extended family, coworkers, peers and less-connected friends, neighbours)</li> </ul>
<p><b>6. Maintaining Expectations and Boundaries</b> <i>(Resilient families maintain clear and appropriate expectations among their members, and maintain semi-permeable boundaries with external environments.)</i></p>	<ul style="list-style-type: none"> <li>• Dependability (family members know what to expect from one another day-to-day)</li> <li>• Openness about tough topics (family members openly discuss sensitive issues, such as sex and substance use)</li> <li>• Fair rules (family rules and consequences are clear, consistent and reasonable)</li> <li>• Clear expectations and defined boundaries (clearly articulated expectations and limits that are reasonable, consistent and developmentally age-appropriate)</li> <li>• External boundary maintenance (ability to filter out any external influences that are incompatible with the values and goals of the family, while incorporating those external influences that are seen as beneficial)</li> </ul>

These factors have helped civilian families cope with financial distress, divorce, physical and psychological illness, addictions and exposure to trauma or natural disasters (RAND Corporation, 2015). Military families face all these problems as well, in addition to facing the stressors and challenges of the military lifestyle. While the types of stress that families may face differ, the resources needed to combat stress in general do not. Therefore, military family support programs and services should focus on supporting these family resilience domains and factors using evidence-based practices tailored to the needs of different family personas.

There are some evidence-based strategies for improving military family resilience, focusing on the domains previously detailed. In particular, the FOCUS program, a brief intervention for military families contending with single or multiple trauma or loss events, has been administered nationally to thousands of American military family members since 2008 and has been evaluated significantly with specific intervention strategies proven effective at improving military family resilience (Saltzman, 2016). Specifically, the program combines methods from strength-based family systems approaches and organizes around five core elements based on family resilience principles:

Table 27: Sample of Evidence-Based Strategies for Supporting Military Family Resilience

Sample of Evidence-Based Strategies for Supporting Military Family Resilience	
Evidence-Based Strategy	Description
<b>1. Eliciting Family Systemic Goals</b>	<ul style="list-style-type: none"> <li>Eliciting and distilling each family member’s core concerns and making sure all the family members feel heard.</li> </ul>
<b>2. Providing Family Psycho-Education and Developmental Guidance</b>	<ul style="list-style-type: none"> <li>Normalizing and contextualizing distress reactions with a developmental lens to understand expectable emotional and behavioral reactions for children of specific ages, thereby enabling parents to normalize and distinguish transient and expectable reactions from more worrisome presentations that may require professional attention.</li> </ul>
<b>3. Developing Shared Family Narratives</b>	<ul style="list-style-type: none"> <li>Providing a structured opportunity for each family member to tell and share his or her story moving from individual “silo-ed” stories to a shared understanding of what they have been through together. The simple process of sharing and bearing witness to each other’s narrative in a safe and structured way initiates a process whereby family members are able to gather essential context, clarify distortions and misattributions, bridge estrangements, and begin to rebuild or strengthen communication, cohesion, and support.</li> </ul>
<b>4. Supporting Open and Effective Communication</b>	<ul style="list-style-type: none"> <li>Encouraging direct, clear, consistent, and honest communication and the capacity to tolerate open expression of emotion among family members, which is especially important for families experiencing stress and change, given that unclear, distorted, or vague communication can rob family members of the essential tools for successfully adapting to these challenges.</li> </ul>
<b>5. Enhancing Selected Family Resilience Skills</b>	<ul style="list-style-type: none"> <li>Specific parent skill sets and family-level coping strategies can help families anticipate and mitigate the impact of stressful events and situational triggers and improve child adjustment. Modeling and facilitating core transactional skills in stress management and emotion regulation, collaborative goal setting and problem solving, and managing trauma and loss reminders, fitting each family’s unique strengths and areas of needed growth.</li> </ul>

Distinct from many family-centered and parenting intervention models that focus on child outcomes as the primary targets of prevention, the underlying ecological framework of this intervention included attention to the reverberating impact of adversity as potentially disruptive to any combination of individuals and

relationships within the family system, addressing stress at the level of the family unit. Evaluations on these five strategies in particular have shown that participation in the interventions provided durable improvements in parent and child psychological health outcomes (Lester, et al., 2016). Given that parental psychological adjustment has been identified as a consistent and robust mediator of child adjustment, the reduction of parental symptoms is particularly important at both an individual and a family level. Both civilian and military parents reported significant improvements in family adjustment following the intervention, reflecting positive changes in domains associated with family-level resilience and positive child outcomes, including communication, problem solving, and emotional relatedness consistent with the intervention's theoretical framework.

Evidence-based strategies such as these, that have proven to help families develop their resilience to manage challenges, should be integrated into any military family support services and programs.

### 5.1.3 CAF Community Resilience

Individuals and families do not exist in isolation. They are intricately integrated into, and supported by, larger communities – their local geographical neighbourhood, other intentional like-minded communities, the larger military community, the provinces they live in, and the CAF as an institution. This social organization (the exchanges and reciprocity of networks of people) can also act as a protective factor for resilience – at the individual, family or community level.

In a 2015 review of the impact of operational stress injuries on family mental health and well-being, questions emerged about the capacity of the military as a community to serve as a protective factor for military Veterans and their family members experiencing stress and health issues, particularly post-traumatic stress disorder and secondary trauma (Norris, Cramm, Eichler, Tam-Seto, & Smith-Evans, 2015). According to these researchers, the theory of community action and change holds promise for understanding how communities can be a resource for families affected. This theory is based on the premise that families are open systems nested within formal and informal community networks.

As families participate in these formal and informal community networks, community identification and attachment are fostered. The effects of this are two-fold: 1) social-psychological equilibrium within the family is developed and maintained, and 2) social capital evolves which, in turn, contributes to the development of community capacity. Community capacity mobilizes collective responsibility for the well-being of the community and collective competence in managing stresses and adversity.

This type of community resilience can be enhanced through the development of social capital and community capacity (Cramm, Norris, Smith-Evans, Hill, & Mahar, 2018 in press). Social capital emerges from the networks of social relations, institutions and political structures that facilitate the achievement of goals through collective action. Community capacity develops over time and emanates from within, not from an external authority, but when community members demonstrate shared responsibility for the well-being of others in the community and collective competence to address needs and priorities.

Social capital and community capacity are reciprocally related, whereby social capital stimulates the development of community capacity and in turn community capacity builds social capital.

At this point, we know little about the extent to which either the current community capacity within the military or the current social capital serves as a social-psychological mediator to military family resilience and post-traumatic growth.

## 5.1.4 Enhancing Resilience to Deal with Military Challenges

To enhance the resilience of families to better manage the military journey transitions and challenges, military family support services and programs should be aligned (or designed) to address the eight determinants of wellness, and community and provincial supports should be engaged to support these determinants as well. And to enhance the resilience of families to better manage their family journey transitions and challenges, military family support services should be enhanced (or designed) to address the six domains of family resilience, and community and provincial supports should be engaged to support these domains as well.

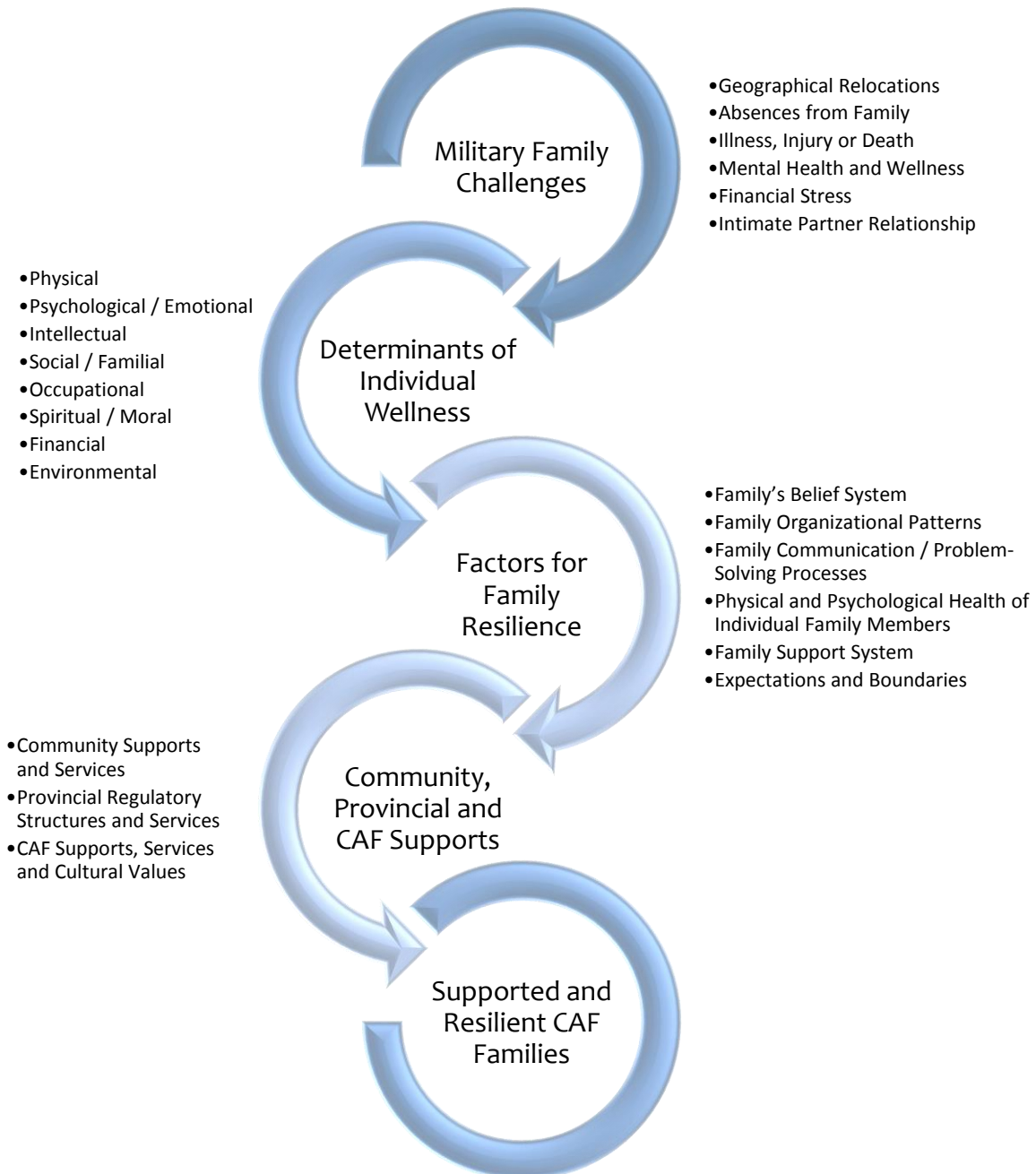


Figure 17: Enhancing Resilience at the Individual, Family and Community Level to Mitigate Negative Impacts of Military Challenges

## 5.2 Implications and Recommendations

This report is a synthesis of the most common challenges facing CAF RegF members and their families (spouses, children and other dependants) as identified in various Canadian research studies, primarily over the past 5-10 years. Some research on Veterans and their families is also included.

It is intended to serve as a reference tool for professionals who develop policy or deliver programs and services to military members, Veterans and their families. It is also intended to serve as a reference tool for researchers to inform strategic directions for future research required to address the unmet needs of military family populations that may require more support.

### 5.2.1 Implications

Using this research as a basis, the CFMWS Comprehensive Military Family Plan team compiled detailed information on the scope of the issues, the scale of the number of families affected by those issues, and potential recommendations and strategies to improve their experiences. As such, the development of the Comprehensive Military Family Plan is focused on “comprehensive” solutions that are evidence-based rather than anecdotal or simplistic to best address the unique challenges inherent in the military lifestyle. Ultimately, the vision of the Comprehensive Military Family Plan is a stabilized family life for CAF members who constantly face the unique demands and conditions of a military lifestyle by increasing awareness and support from various systems of care.

Military families must go through many transitions associated with the military journey. From recruitment through training and temporary duty, through postings and deployments, possibly through injury, and finally through to release, families must adapt to the challenges that may arise from these transitions.

Outside the military journey, the family unit also goes through their own journey. That journey starts with one’s childhood family, to moving out as a single adult, possibly through marriage and having children, possibly family breakdown and starting a new or blended family, helping children moving out as they become adults, though to retirement. Each of these major life events requires adjustments, alters individuals, and may change the family. Sometimes these changes and challenges can cause hardship, negatively impacting the family’s well-being. And in some cases, these changes and challenges can result in increased family resilience.

When the military journey and the family journey combine, at times these transitional challenges can compound or even collide, impacting the family more intensely. And depending on the family (where they are on their journey, what their composition is, what state their collective resiliency is at, etc.), each transitional challenge will be experienced and reacted to differently.

These major transitional challenges are now better understood as a result of the research recently conducted in Canada. As such, we can better understand the military family experience in its entirety. The military journey transitional challenges are most commonly geographic relocations due to postings, absences from family due to operational tempo, and illness / injury / death. The family journey challenges most commonly facing military families are personal well-being and mental health, financial stress and intimate partner relationships.

With this information, we know that military family support programs and services need to be aligned or enhanced to support the eight determinants of well-being. As well, community / provincial supports

program should be engaged to support the eight determinants of well-being. Then, theoretically, if these program and services are enhanced and engaged, we will be able to assist families to better manage the military journey transitions and challenges. And our CAF support programs and services should support the six domains and factors for family resilience and the community / provincial supports should be engaged, to also enhance the six domains and factors for family resilience. Then, theoretically, if these programs and services support the factors for family resilience, it will assist families to better manage their family journey transitions and challenges.

Our CAF supports need to be tailored to the different military journey transition points and to the different family personas. Some CAF families will require higher support interventions, therefore, specific programs for the higher intervention populations (i.e. single parents, dual service couples, special needs children, family breakdown, illness / injury / death, etc.) needs to be addressed.

The CFMWS Comprehensive Military Family Plan team developed the following framework to show the interrelations between various systems of care with the military journey and determinants of wellness, and the family journey and factors for family resilience.

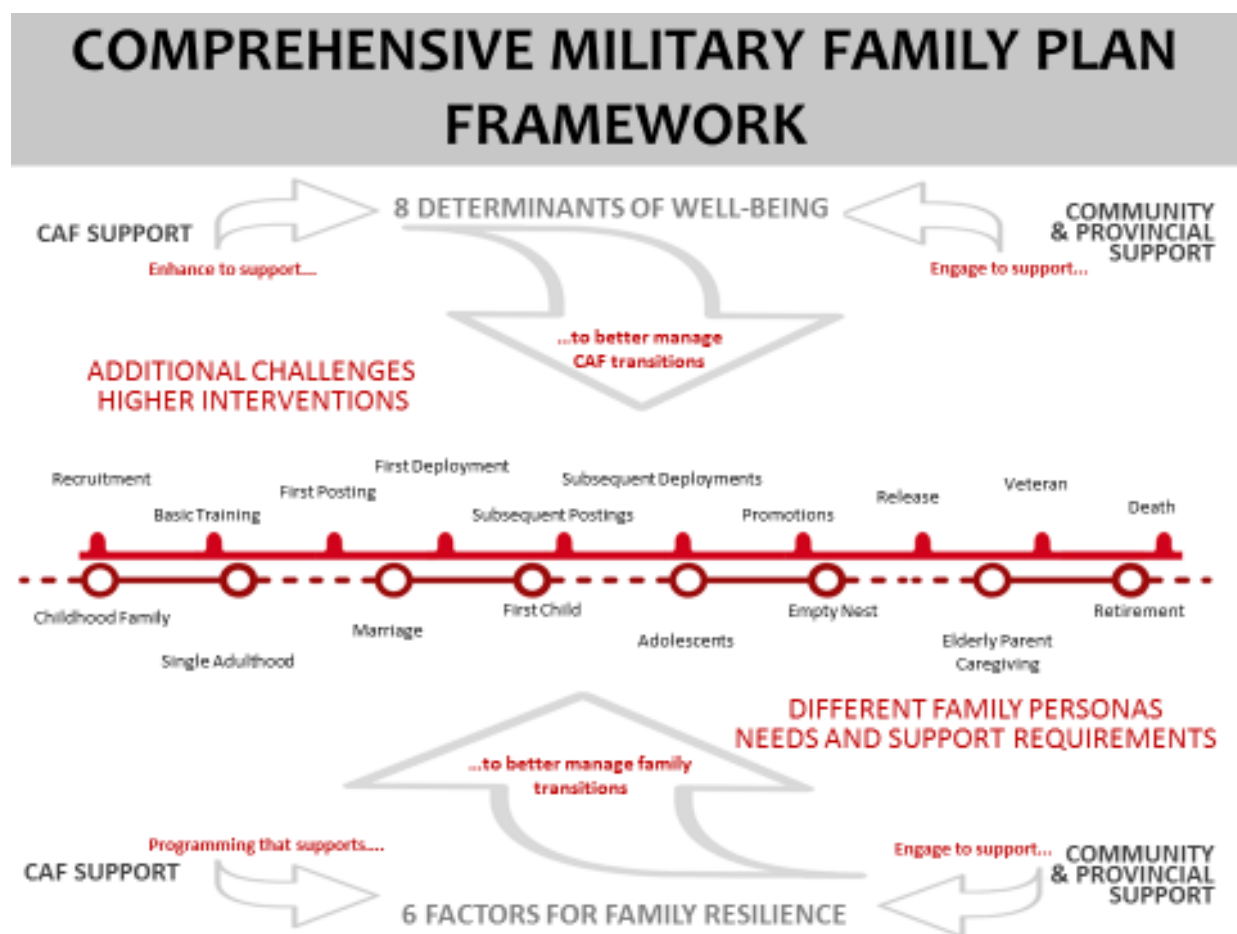


Figure 18: The Comprehensive Military Family Plan Framework

Moving forward, the research detailed in this report has been used to develop the Comprehensive Military Family Plan in its entirety. Combining the current needs of families as evidenced through this research, with the demographics of Canadian military families and evidence-based models of wellness and resilience, the

Comprehensive Military Family Plan team was able to assess where the gaps are in relation to the concurrent mapping of all existing services in order to better meet the needs of CAF personnel and their families. Ultimately, with the development of the Comprehensive Military Family Plan, families will be aware of, and able to advocate for services that are available and aligned with when, where and how they need them. This background context and way-forward for the Comprehensive Military Family Plan is visualized in this final figure.



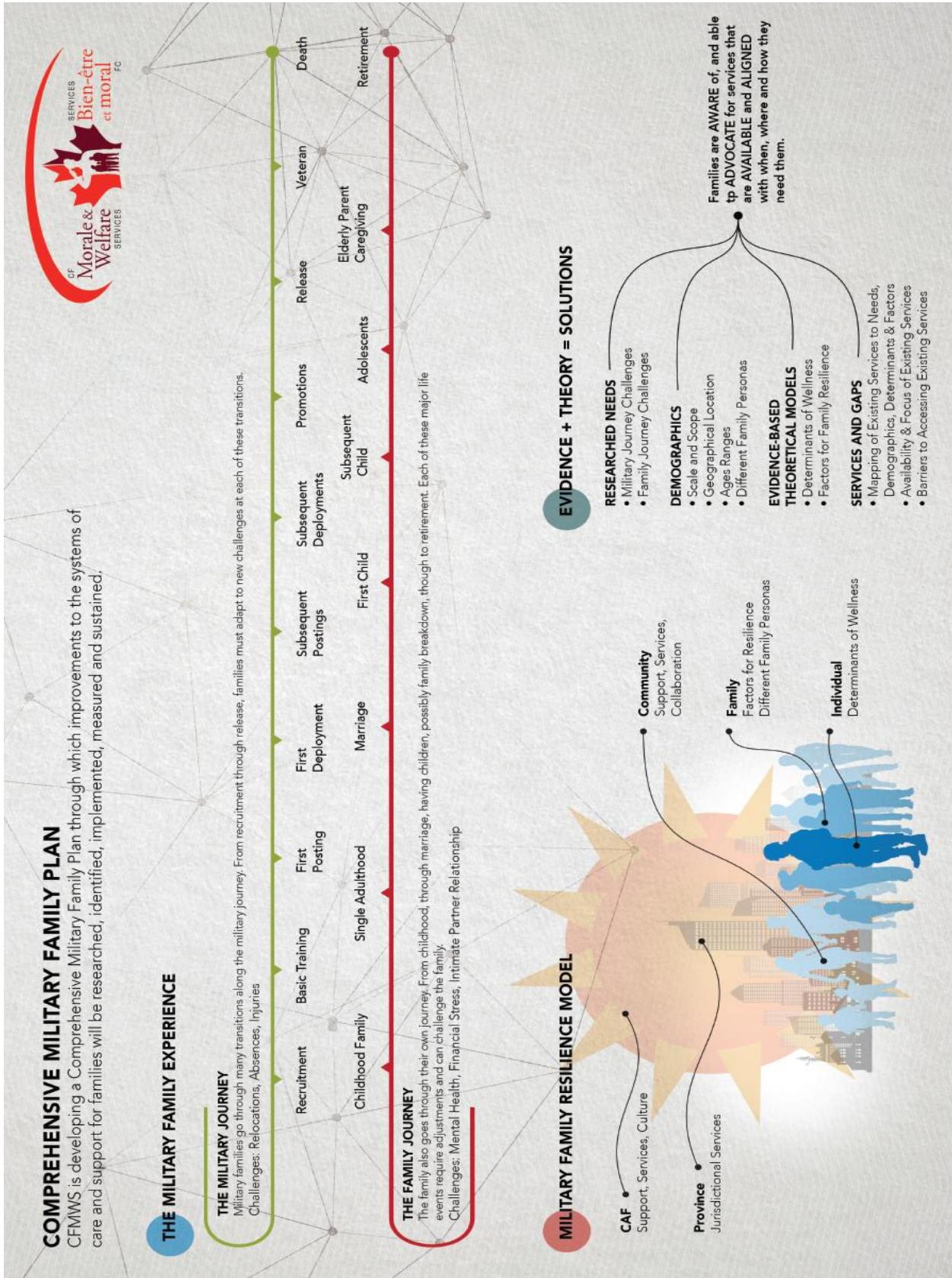


Figure 19: Comprehensive Military Family Plan Background

## 5.2.2 Recommendations for Researchers

While the amount of research conducted over the past 10 years on issues facing military families is extensive, there are still many gaps in the overall knowledge base, including the basic demographics of military families. Research to date has mostly focused on families as a single entity (e.g. examined as a common unit experiencing the same issues), but families are not a single distinct entity. Future research needs to examine different types and personas of families, especially those that may have higher needs (e.g. single parents, special needs, etc.). Research is also needed on the interaction of various factors, rather than simple questions on primary challenges. Research is needed to better understand the protective factors at play that seem to be inherently contributing to the high rate of military family resilience without systemic interventions or supports. And finally, research needs to be conducted acknowledging the ecological framework that families exist in, looking not only at the individual or the family unit, but also the communities they are part of, the provinces they live in, and the CAF itself as an institution and a culture.

## 5.2.3 Recommendations for Service Providers

There is a clear and basic requirement for existing services to be aligned with the current research on family needs and challenges. Services must be focused on these current needs, reflecting both the numbers of families affected, and the locations where those needs are being realised. The 200+ CAF services need to be communicated more effectively to families, to ensure that when they need assistance to be more resilient, they know where to access those supports, and that their resiliency is not hindered by a lack of knowledge of where help is available. Services need to be aligned not only with the needs of families, but also delivered using evidence-based practices and strategies that support the determinants of wellness and the domains and factors for resilience, at the individual, family and community levels. Ultimately, services for families need to be aligned with their realities, families need to be aware of those services, families need to know how to advocate for themselves and others on how to access those services, and if services are not available to address their needs, then we seek to develop them collectively.

## 5.2.4 Recommendations for Military Families

The vast amount of current Canadian research shows that there are common challenges faced by many military families. And that there are many supports available to help families with those challenges, though these are not often used. Military families are encouraged to research the existing supports so they know what is available to them if they have need for extra assistance. Understand the military culture and the expectations on families to be operationally ready – the more you know, the more you can anticipate and prepare to adjust to the inevitable transitions that you will experience. Have a backup plan – know where to find information and supports and know what advocacy routes you have to get help when you run into barriers. Know your collective strengths – the vast majority of military families do well despite the challenges, and there is a strong community of support among military families that can be relied and mobilized when those challenges build up. Make continual efforts to develop your social support networks, regardless of your location. Ultimately, the CAF is committed to supporting families. The development of the Comprehensive Military Family Plan is part of that commitment – to ensure that families are aware of and are able to advocate for services that are not only available but aligned with when, where and how you need them.

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