

EVENT

SUMMARY

Vanier Institute and CIMVHR Family
Roundtable: What About the Families?
A Partnership to Enhance Services and
Supports for Families of Military,
Veterans, and Public Safety Personnel

December 2022

FMRG.CA

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Acknowledgements & Appreciation

We want to acknowledge the support of the Social Sciences and Humanities Research Council (SSHRC) Partnership Development Grant (Families Matter: A partnership of partners to study, serve, and support the families of military, veterans, and public safety personnel) with partners CIPSRT, the Canadian Institute for Military and Veteran Health Research (CIMVHR), and The Vanier Institute of the Family.

We would also like to recognize and thank the group of individuals who participated in the roundtable. Finally, thanks to the large team of researchers and trainees who helped facilitate and support the roundtable discussions.

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Introduction

Ahead of CIMVHR's Forum in October 2022, Dr. Heidi Cramm (Head of Family Strategy, CIMVHR), Dr. Sophie Mathieu (Senior Program Specialist, Vanier Institute of the Family), and Dr. Margaret Campbell (Mitacs Postdoctoral Fellow) organized the roundtable to engage the broader community in a facilitated discussion about the progress and future direction of the envisioned Families Matter partnership.

They invited representatives from current and potential partner and collaborator organizations to moderate each of the ten tables and invited trainees to act as notetakers. There were several questions posed to the tables, and a representative of each group was asked to consolidate their thoughts into a "Wouldn't it be great if..." statement and share these statements at the podium.

In the following sections, we present some of the key features of the roundtable and summarize the key themes identified through the roundtable discussions.

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Attendees

There was maximum seating of 100 in the room, and additional people were waiting in line hoping to get a seat. The roundtable fostered engaging conversations that included individuals across a range of sectors and service elements and from a variety of relevant parties, including the Canadian Forces Morale and Wellness Services, Canadian Armed Forces, Canadian Institute of Public Safety Research and Treatment (CIPSRT), CIPSRT's Public Safety Steering Committee, Military Family Resource Centres, and Wounded Warriors Canada. Individuals from Canada, Australia, Denmark, Israel, England, Scotland, and the United States participated in the roundtable discussions.

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Discussion Questions

To stimulate discussion, tables were provided with a set of discussion questions to explore.

#1: What do military, Veteran, and public safety personnel families (MVPSP) need, and how do we meet those needs?

#2: What are some of the unique characteristics of MVPSP families?

#3: What do MVPSP families need from a partnership of partners? How do we collectively envision a partnership that is designed to meet these needs?

#4: When you think about a partnership that supports knowledge mobilization for MVPSP families and those that study, serve, and support them, wouldn't it be great if...

What do military, Veteran, and public safety personnel families (MVPSP) need, and how do we meet those needs?

1. Recognition: One of the most apparent issues roundtable participants identified is that MVPSP families need recognition that they matter. Families were discussed as peripheral, secondary, left behind, failed, and forgotten. Participants consistently identified how families are treated as secondary (to the job, the worker, operational readiness, etc.). This secondary status is evidenced by the fact that families often access services through the serving member. Similarly, families are rarely represented within existing resources, so they don't always see their experiences reflected in available resources. Ultimately, there is a need to recognize the long and short-term challenges families experience as well as their contributions to operational readiness and public safety more generally. Overall, this theme reflects how MVPSP families want to be recognized as essential and valuable in their own right.

2. Accessing the Most Overlooked and Underserved Families: This theme reflects how some participants problematized the ways that MVPSP families are overlooked while simultaneously highlighting that certain MVPSP families (e.g., single-income families, divorced families, queer families, racialized families, etc.) are some of the most underserved. These participants advocated for the development and evaluation of resources tailored to these families' specific needs. In a sense, these participants were asking, 'what about the families who are marginalized by forms of oppression like racism, heterosexism, etc.? How do we meet their needs, and how might they differ from other MVPSP families? How do we tap into understudied and less engaged families so we can better support them?'

3. Assistance Identifying & Accessing Support: This theme captures the ways that participants spoke to the need for a variety of strategies that are designed to help families identify and access support services. This assistance is essential given that some families are unaware of what supports are available and others struggle to access the supports they are aware of. Some institutional policies leave families with the impression that no support is available or their needs do not matter. For example, serving members may be fast-tracked to services, but families may not be. Similarly, support services tend to be tailored to the needs of the serving member, which sends an implicit message about the family's worth and supposed role. Statements like "places only help when you're connected to the member" and "I needed support, and I got none" illustrate some of the difficulties families experience when attempting to access support. Stronger messaging is necessary so that MVPSP families know services are available and that they have a right to them.

4. Overhauling Support Services: This theme represents participants' ideas about how support services should be designed and delivered. Participants across the ten different tables consistently identified issues with how support services are delivered and the supports themselves. Yet, they also explored compelling ideas for rectifying these issues.

Support services should be overhauled to ensure that they are accessible, inclusive, plentiful, culturally competent, evidence-based, trauma-informed, and tailored to the unique needs of MVPSP families. Participants stressed that support should be more accessible to families and not dependent upon their level of connection to the serving member.

Participants also noted that service providers should define family in a way that is broad and inclusive. Relatedly, support services should be sensitive to the diverse needs of MVPSP families. Specifically, participants identified

the following supports as important: skill-based support programs, social enrichment opportunities (e.g., activity or arts-based programs), psychosocial supports (e.g., peer support groups), educational supports, and preventative measures. These supports need to be delivered consistently throughout different stages of the career and life course.

Finally, several tables acknowledged that service providers need training and increased cultural competency to provide occupationally- grounded support to serve MVPSP families better. These tables problematized how some service providers have little to no awareness of occupational cultures and the occupational risks and requirements associated with each sector (e.g., prolonged periods of separation, hierarchical structure of the military, moral injury, etc.). Relatedly, participants voiced concerns over whether service providers are reaching families and noted that some service providers lack the awareness that families also require support.

5. Community & Communication: Several of the participants discussed how MVPSP families may be isolated from broader society. Some of these participants suggested that MVPSP families have lost opportunities to find community and develop connections with other people. These participants advocated for opportunities for MVPSP families to develop connections with other people. Furthermore, they suggested that MVPSP families need someone they can talk to who won't judge them and who can validate their concerns.

What are some unique characteristics of MVPSP families?

1. Family Identity: MVPSP families carry a heavy mental load and must navigate a range of compound risks and requirements. Occupational risks and requirements cascade into the family unit and influence family identity. For example, family members' identities can become subsumed under the serving member's identity. Similarly, families can take on traits that are expected among serving members, such as stoicism, secrecy, and denial. Furthermore, some MVPSP families struggle with codependency or feel that their identity is eroding away. Participants discussed how family members may withhold information or refrain from expressing their emotions out of fear that doing so could negatively impact the serving family member, their operational readiness, and/or career trajectory. Issues around identity and codependency are particularly salient given that some families or particular family members don't feel like they chose this career, that their lives are secondary to members, and that they must structure their lives around the risks and requirements associated with the particular sector the serving member works within.

2. Increased Mobility: Sectors like the military must deal with frequent relocations and prolonged separation. Relocation can mean that families lose vital social services and support. For example, relocations can cause disruptions to education and create impediments to accessing healthcare and childcare. Furthermore, frequent relocations can inhibit an MVPSP family's ability and/or desire to integrate into the community because they know they will only be in that community for a short period. This feeling that one's connection to a community is temporary and fleeting could engender

and/or exacerbate a sense of isolation. These issues have emerged in some jurisdictions of other sectors as well, including RCMP.

3. Families Bear the Brunt: Participants unanimously expressed that MVPSP families bear various negative consequences associated with operational risks and requirements. They communicated that these families are on the 'front-lines', but this front-line position is rarely recognized. Families endure vicarious trauma, stress, isolation, and a complex mixture of both veneration and stigmatization.

4. Agency and Decision-Making Power: A noteworthy theme is related to the ways in which participants discussed a family's ability to make decisions. Some tables alluded to how MVPSP families' agency or decision-making power is curtailed. For example, military families don't decide where they live, and changes in service can alter the trajectory of a family's entire life. Similarly, participants identified that families often want to have structure or create plans, but operational risks and requirements impair their ability to do so. For instance, challenges associated with shiftwork can cause some families to feel as though their lives are structured primarily around the job's demands, with family work and caregiving taking a back burner. Ostensibly, these dynamics could cause or intensify feelings of resentment or work-family conflicts.

5. Barriers to Support Services: This subtheme distills the ways that participants problematized how some families struggle to access resources and the barriers that they encounter. MVPSP families navigate a range of barriers when attempting to access support. A lack of communication (on behalf of the serving member, service providers, or other MVPSP families) can erect barriers to support. The messaging that supports are available needs to be clear, consistent, and available to everyone. Similarly, families can experience stigma when attempting to access services. Accordingly, there must be efforts to reduce this stigma. Some tables discussed how

families often access services through the serving member, which is problematic, especially if they are experiencing issues like family violence. Time constraints, financial barriers, geographic location (e.g., living in a rural environment), and a lack of available/appropriate resources were also identified as hindrances that can impede a family's ability to receive support. Finally, bureaucracy can also be a barrier to services. Participants noted that support providers and social systems like the medical health or education system are siloed and advocated for better integration and communication across them.

What do MVPSP families need from a partnership of partners? How do we collectively envision a partnership that is designed to meet these needs?

1. A Platform: This theme captures the importance of providing MVPSP families with a platform that elevates their voices. A few tables noted that the voices of MVPSP families are absent insofar as they are often muffled or silenced by the voices of both clinicians and researchers. Participants unequivocally expressed that it is important to get input from MVPSP families about what services they need, the effectiveness of existing services and that MVPSP families should inform research. This platform could help represent the diverse roles and identities of MVPSP families.

2. A Meaningful Role in the Partnership: The partnership should include or be grounded in the lived realities of MVPSP families. If MVPSP families are incorporated into the partnership in a meaningful and fulsome manner, it is

more likely that these families will relate to and trust the partnership. In a way, this theme represents discussions that considered the difference between a partnership for MVPSP families versus a partnership with MVPSP families. There were also discussions about how to engage and include MVPSP families who are not typically represented to ensure that their needs are also met through the partnership. There was a strong sense that incorporating MVPSP families into the partnership would help to make it more authentic.

3. A Network: Roundtable participants emphasized the importance of creating a dedicated space in which MVPSP families can share their experiences, as well as learn from and connect with other MVPSP families. In other words, participants advocated for a network for MVPSP families. This network could help to bridge gaps between services and could help connect people to resources. Using the network to connect MVPSP families could present opportunities for peer support, which may help validate their experiences. Within this network, there should be formal mechanisms that direct MVPSP families to resources and supports that have been vetted by qualified professionals. The network could also operate as an inroad to families. This is especially important for researchers and service providers who expressed that they don't have the means to connect with families, even though they would like to access them.

4. Results: This theme reflects responses indicating that MVPSP families need to benefit from the partnership. The partnership should offer some tangible benefit to families (e.g., resources, networks, opportunities, etc.). Similarly, research generated by the partnership should be readily available to MVPSP families. Three tables suggested that the partnership should not just be problem-focused but also make room to attend to the strengths and resilience of MVPSP families. Doing so would help to round out the large volume of research that identifies issues MVPSP families encounter.

5. Collaboration, not Competition: Participants expressed that the partnership should foster collaboration. Moreover, the partnership should cross sectors, different forms of service provision, and academic disciplines. Participants problematized how organizations are often siloed off from one another (e.g., lack of communication between defence scientists and academic researchers) and the hesitancy to acknowledge that individual organizations can't do it all themselves. These silos lead to gaps in communication and collaboration between different sectors, service providers, researchers, and organizations. Participants indicated there is tension and competition among organizations, service providers, and academic disciplines. To bridge separation, the partnership must encourage collaboration as opposed to competition. To this end, the partnership should endeavour to include a broad spectrum of partners. This will require buy-in from a variety of partners positioned across different sectors at different levels.

When you think about a partnership that supports knowledge mobilization for MVPSP families and those that study, serve, and support them, wouldn't it be great if...

While there were ten responses, there was much overlap and repetition across the statements. We have distilled out the patterns here in the following integrative statements:

#1. ...the partnership could help increase public awareness of the service and sacrifice of MVPSP families by elevating the voices of MVPSP families.

#2. ...the partnership includes a diverse array of MVPSP families in a meaningful way and offers them tailored support.

#3. ...the partnership ensures that families receive the same level of support as the serving member via a unified, federally funded, evidence-based, upstream, preventative suite of resources that are championed by key leadership and offered via a resource hub.

#4. ...the partnership works to inform policy and best practice.

#5. ...the partnership fosters collaboration rather than competition and uses a variety of different mechanisms to facilitate, sustain, and maintain this collaboration.