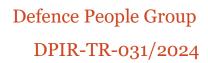




Summary report of the 2022 Australian Defence Force Families Survey





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Study participants

We particularly wish to thank all the families that participated in the survey for sharing their views and experiences. We respect and give thanks to all who have served in our Defence Force and their families. We acknowledge the unique nature of military service, and the sacrifice demanded of all who commit to defend our nation.

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https://www.legislation.gov.au/Series/C1968A00063

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⁴ http://drnet/AssociateSecretary/security/policy/Pages/dspf.aspx

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Disclaimer

Views expressed in this report are those of the individual authors and may not reflect the views of the Department of Defence, the Australian Institute of Family Studies or the Australian Government.

Preamble

Families are the fabric of the Australian community. Military service brings a range of opportunities and challenges to families with a serving member. The Australian Defence Force aims to support our members and their families to thrive, to enjoy the benefits of service, and manage the demands on time and social connection. Since 2021 the Royal Commission into Defence and Veteran Suicide has put Defence families in the spotlight, highlighting the difficulties some families experience during military life and beyond. The National Defence Strategy (NDS) sets out the Government's approach to meeting Australia's strategic challenges. The NDS details reforms focused on Defence's people, including improving mental health and wellbeing support for members and their families. Families play a vital role in supporting ADF members and veterans. Now, more than ever, it is important that our military families have the support they need.

The ADF Family Survey has been running since 2009 and is a critical source of information from families about conditions of service and its impact on their lives and wellbeing. In 2022, Defence partnered with the Australian Institute of Family Studies to conduct the Survey and received the Report in 2023. In response to the survey findings, Defence People Group has worked with Defence Family Advocates and stakeholders delivering housing, pay and conditions, and family and transition services who work to improve conditions for families. These activities led to changes to the definition of recognised families including children now recognised as family if residing with a member for at least 90 nights a year and initiation of a review into Defence childcare support services. This report has been updated to reflect these changes. The survey has also informed the development of the Defence and Veteran Family Wellbeing Strategy 2024-2029 (planned for release in 2024) which will guide the support provided to Defence and Veteran families by Defence and the Department of Veteran Affairs (DVA). The Strategy's associated Action Plan includes actions such as providing tailored communications to families, childcare and schooling support for children, enhanced support for partner employment and improved housing options. These actions were included in response to families highlighting how important these supports are for maintaining their wellbeing and ability participate in work.

Defence is preparing for the next family survey which will focus on continuing to understand the needs of families and ensure as many families as possible can participate to share their views and experiences.

Defence offers a range of supports, programs, services and events for Defence families. Defence family members seeking advice, support, connection with their local community or further details on available services can all the all-hours Defence Member and Family Helpline on 1800 624 608 or visit the <u>Defence | ADF Families</u> website.

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About this study

The Australian Defence Force (ADF) Families Survey collects information on Defence families and their support and service needs to inform Department of Defence (Defence) policy and service provision. Information on Defence families is important for the provision of effective program delivery, support and services, which, in turn, may influence retention rates and family wellbeing.

Research in Australia and other Organisation for Economic Co-operation and Development (OECD) countries consistently identifies several key characteristics of military life that are challenging for families, including the frequency of service-related relocations, separation of family members due to operational deployments and/or unaccompanied postings and the physical and mental health impacts of service on members (Defence, 2009).

The ADF Families Survey is grounded in Defence's larger focus on supporting the wellbeing of families through research initiatives, programs and policies (Defence, 2022). Examples of such initiatives include operating a Defence Member and Family Helpline, setting up and supporting community groups through the Family Support Funding Program, and conducting events and webinars. Developed as part of this larger engagement strategy, the ADF Families Survey is a research initiative where Defence can hear directly from families and identify areas for improvement. The 2022 survey is the sixth in a series undertaken by Defence, and contributes to the improvement of social and economic outcomes for families.

As in previous years, the 2022 survey collected information on families' experiences of military service life, how these relate to members' service commitment, and the services and supports Defence families use and need. For the first time, this 2022 survey included the use of multiple validated wellbeing measures, to enable population comparisons, and questions assessing the impact of the COVID-19 pandemic on ADF families. To better understand Defence family diversity and how it aligns with Defence policy definitions, it also included new exploratory questions on how participants define family and the significant relationships in their lives. This research is especially pertinent given the Royal Commission into Defence and Veteran Suicide (2022) with its accompanying focus on the wellbeing of members, veterans and their families.

Research questions

The research aimed to answer the following questions:

- 1. What are the characteristics of ADF families? How do they compare to the broader Australian population?
- 2. How is family defined by ADF members and their partners? With whom are the significant relationships in their lives? How does this align with Defence definitions of family?
- 3. What is the wellbeing of ADF families? How does this relate to family characteristics and ADF members' service conditions? How do ADF families' service experiences and wellbeing relate to their service intentions?
- 4. What are the key challenges currently facing ADF families?
- 5. How has the COVID-19 pandemic affected ADF families?
- 6. What are the formal and informal supports and services used and required by ADF families?

7. What is the propensity of families to engage with ADF services and supports, and what unmet need for services do families have?

Topics and questions included in the 2022 ADF Families Survey were based on the research questions, stakeholder consultation and theoretical frameworks underpinning the survey. In these frameworks, service factors such as ADF member workload, frequency and length of deployments and military service relocations (mobility) are key factors affecting the wellbeing of military personnel and their families; and, consequently, affecting military capability and retention (Defence, 2009). These aspects of service life can be challenging for all Defence personnel but especially for those with children and other dependents, due to the potential conflict between the demands of military service life and individuals' capacities to meet family needs and commitments. Defence policy seeks to reduce the impact of service on members and their families via the provision of services and supports to improve family adjustment to military life, family wellbeing and military capability and retention (Defence, 2009).

Additionally, the development of the 2022 survey and the analysis of results were informed by various wellbeing frameworks, including the veteran-centred model of wellbeing (Australian Institute of Health and Welfare [AIHW], 2018). In these models, individual wellbeing is seen to result from the interplay of biological, lifestyle, socio-economic, societal and environmental factors in different domains (e.g. health, housing, social support, education and skills, employment, income and finance), and service conditions are seen as potentially both protective and a risk to member/family health and wellbeing.

Wherever possible, survey measures were drawn from existing population-level surveys so comparisons could be made between ADF families and the wider Australian population. Survey measures are available, upon reasonable request, from the research team. Figure 1 provides a brief list of survey topics.

 Family characteristics •How members define arrangements/housing, family and the significant relationships in their lives including (MWD(U)) arrangements, partner ■Impact of the COVID-19 Impact of service on Key challenges of service partner employment and pandemic, including on life experienced by ADF impact of MWD(U) family separations and family members arrangements •Wellbeing, including mental and physical health, financial stress, Service intentions and preferences of ADF individual wellbeing, and life satisfaction, and child wellbeing members and partners

Figure 1: Topics addressed in the 2022 ADF Families Survey

Methodology

The 2022 survey focused on the following participant groups as they are most likely to be affected by the competing demands of service and family life:5

- civilian partners of permanent members (Defence and non-Defence-recognised, with and without dependent children)
- permanent ADF members who are part of a dual-serving couple (with and without dependent children)
- former partners of permanent ADF members who share care of dependent children
- permanent ADF members who are single parents
- permanent ADF members with other dependents only (e.g. live in, elderly parents requiring care).

For the first time, the 2022 survey was open to separated or divorced partners of ADF members who co-parent a child or children. As only 16 former partners completed the survey, this group was excluded from statistical analyses but their data were analysed qualitatively to share insights where

To be in scope for the study, in each of the above groups, at least one family member needed to be a permanent ADF member or reserve ADF member on SERVOP C. This includes the following service categories and service opportunities: SERCAT 7 (permanent force, full-time), SERCAT 6 (permanent force, part-time) or SERVOP C (reserve force on a period of continuous full-time service). Other SERCATS include ADF reservists who are not serving full-time. While reservists may undertake similar roles as permanent ADF members, only permanent members provide 'unrestricted service' that requires them to respond to service needs when requested – including to move, travel and work long hours when needed, often at short notice. In contrast the other SERCATS are intended to be flexible and fit around other family, work or life commitments.

possible. The survey was promoted through relevant Defence and Defence family forums, websites and social media sites. Defence also sent ADF members a link to the online survey for completion and/or distribution to their family members.⁶

In this report, summary statistics are presented by family type (the above participant groups further broken down by whether they have children), and tests of association between key variables were conducted (chi-square tests or Analysis of Variance (ANOVAs), as applicable). Multivariate analyses were conducted on key outcomes, such as psychological distress, individual wellbeing, life satisfaction and service preferences and intentions. Predictors for multivariate analyses were selected based on three primary considerations: the predictive power of the model, theoretical relationships between the predictors and outcomes, and significant associations found in bivariate analyses. Open-text responses were also analysed and presented where relevant.

Participant characteristics

A total of 2,806 eligible people participated in the 2022 survey. Of these, 2,420 provided sufficient information to be included in analysis, by answering a small number of mandatory questions on the member's service, employment status of civilian partners and number and age of children. The largest group (66%) were civilian partners of permanent ADF members (Table 1). Around one in five participants were members of a dual-serving couple (20%), 7% identified as ADF single parents, and 7% identified as members with other dependents. These are similar proportions to previous ADF Families Surveys (Defence, 2017; 2020a).

Table 1: Participant family type

Family type of the participant	Freq.	Per cent			
Civilian partner of ADF member	1,585	66.0			
With children	1,269	53.0			
Without children	314	66.0			
Member of dual-serving couple	479	20.0			
With children	343	14.0			
Without children	136	6.0			
Single-parent ADF member	174	7.0			
Members with other dependents	168	7.0			
Total	2,404	100.0			

Note: Excludes former partners of current serving ADF members (n = 16). Source: 2022 survey, unweighted

⁶ This method produced a convenience sample, limitations associated with this approach can be found in the main report.

Other Defence-recognised dependents are persons other than partners or children that the member has an interdependent relationship with, and that relationship is recognised by Defence. Members With Other Dependants provide a home for the dependent in their posting location. Some respondents who identified as members with other dependents subsequently reported having children.

The proportion of single parents in the 2022 survey (7%) was similar to the share of single parents in the broader Defence population.⁸ However, among partnered ADF members, those with children are over-represented in the survey compared to those without children.⁹ As in previous ADF Families Surveys, the 2022 survey also over-represents members of higher rank and with longer service length and contains a higher proportion of females relative to the total population of ADF single parents (Table 2).

Approximately a quarter of participants reported they or their partner were in the Navy, and the rest were evenly split between the Army and Air Force. This appears to be an over-representation of families of Air Force personnel when considering the structure of the permanent force, as the Air Force makes up around a quarter of the permanent force compared to 51% Army and a quarter Navy. However, a much larger share of Air Force personnel are in a relationship and have children when compared with Army and Navy personnel (Defence, 2020b).

Table 2: Comparison of ADF survey participants and Defence administrative data on permanent ADF members who are partnered or single parents (%)

	ADF sing	le parents	Partnered members	Partnered participants				
	Admin data	n data		ADF Family survey				
Gender								
Male	64.3	51.6	-	-				
Female	35.7	46.4	-	-				
Rank								
Junior non- commissioned officer and other ranks	41.2	24.7	40.8	26.84				
Senior non- commissioned officer	32.2	30.6	25.9	30.03				
Junior officer	25.4	30	31.1	32.18				
Senior officer	1.1	14.7	2.2	10.94				
Length of service	Length of service							
<1	1.9	1.2	2.1	0.6				

⁸ In the 2019 Defence Census, 6% of permanent ADF members with dependent children identified as sole parents (Defence, 2020b). Defence administrative data (extracted on 30 September 2022) indicate that around 9% of all permanent ADF members with dependents under 21 are single.

⁹ Defence administrative data (extracted on 30 September 2022) show that among all partnered permanent ADF members, approximately 56% have a dependent child under 21 years (58% of male partnered personnel and 46% of female partnered personnel).

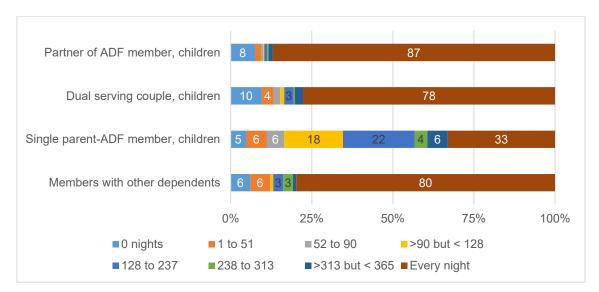
	ADF sing	le parents	Partnered members	Partnered participants
	Admin data	ADF Family survey	Admin data	ADF Family survey
1–5	14.0	10.9	19.0	12.8
6–10	14.3	8.1	20.0	16.2
11–15	17.5	18.4	18.3	20.7
16–20	19.7	19.5	14.3	19.3
21–25	14.3	20.7	9.6	12.7
>=26	18.3	21.3	16.8	17.7

Notes: For partnered participants, the ADF Families Survey data are based on reported rank and length of service of partners (and combines participants who are part of a dual-serving couple and civilian partners of serving members). In contrast, the Defence administrative data show the recorded rank and service length of all partnered permanent members. Junior Non-Commission Officer and other ranks include E3 to E6; Senior Non-Commissioned Officers include E7 to E9; Junior Officer ranks include O1 to O4; and Senior Officers include O5 and above. For more information on these ranks, refer to the Pay and Conditions Manual (PACMAN) Chapter 1, Part 3, Division 5 https://payconditions.defence.gov.au/pacman/chapter-1/part-3/division-5.

Source: 2022 survey, unweighted

Around 80% of participants had at least one child, where a child is defined to include any biological, step, adopted, foster child or ward, regardless of age. Those with children had 2.3 children on average. Of those who indicated that they had children, the majority (73%) reported that their youngest child was of primary school age or younger.

Figure 2 shows the number of nights per year the participants' youngest child lives with them, by family type. It illustrates the diversity of patterns of child living arrangements in Defence families. Single parents were significantly less likely to have children living with them all the time than participants in other family types, likely due to co-parenting arrangements.



Notes: n = 1,375. Percentages may not total exactly 100.0% due to rounding. Pearson chi-square test showed that these distributional differences were significant at p-value 0.000. Source: 2022 survey, unweighted

Figure 2: Nights per year youngest child lives with participant, by family type

Around 9% of participants said they had Defence-recognised dependents other than partners and children, ¹⁰ the majority of whom were parents or other relatives. In addition, around 8% (200) of survey participants said they had caring responsibilities for someone outside the household, the majority of whom were also parents or other relatives.

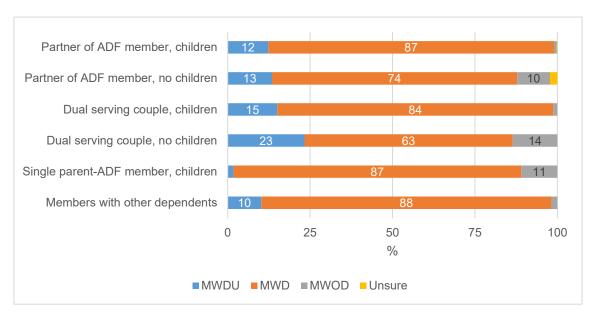
The majority of participants (83%) said they or their partner were classified as members with dependents at the time of the survey, 13% reported being categorised as members with dependents unaccompanied (MWD(U)), and 4% as members without dependents. Members without children and single-parent ADF members were most likely to be categorised as members without dependents (Figure 3). This is likely because these groups include participants in newly formed relationships that have not yet been officially recognised and single parents whose children do not live with them 90 or more nights per year. 12

¹⁰ Including the 168 who identified as members with other dependents and an additional 33 respondents in other respondent groups who said they had other Defence-recognised dependents in addition to partners and/or children.

At the time of the survey, members who provided a home for dependents but were unable to live with their dependents for service-related reasons – for example, when they post to a new location but their family remains in their current location – were classified as 'Member with Dependents Unaccompanied' (MWD(U)) (Defence, 2020a). As of 1 July 2023, Defence is no longer referring to families as dependents and has shifted to categories that refer to resident and non-resident family. The new Categorisation Framework now includes Non-Resident Family (NRF) and Recognised Other Persons (ROP). For the policy on categorisations, refer to the Pay and Conditions Manual (PACMAN) Chapter 1, Part 3, Divisions 3 and 44.

¹² Prior to 1 July 2023, for a member to be recognised as having dependent children, their children needed to be living with them for at least 90 nights per year. Single parent ADF members could have difficulty meeting this criterion if they shared care of their children with a former partner. Under the new Categorisations Framework, a child is considered accompanied resident family if they are reasonably expected to live with the member for at least 90 nights in a year. This removed the term 'normally lives with' and simplified the criteria to allow greater discretion in how the policy is

This survey under-represents non-recognised ADF partners.¹³ While only 2% of partnered ADF survey participants reported that their partner was not recognised by Defence, 8%–9% of permanent ADF members reported their partner was not recognised in the last Defence Census (Defence, 2020b). It is likely that fewer numbers of those in newly formed relationships, who may not yet have got to the stage of Defence recognition, participated in this survey. The implications of non-recognition by Defence are significant, however, as it impacts access to various services and supports.



Notes: n = 2,382. Percentages may not total exactly 100.0% due to rounding. Source: 2022 survey, unweighted

Figure 3: Current categorisation by family type

Dual-serving couples (with or without children) were significantly more likely than participants in other family types to report ever being MWD(U) (Figure 4). Around 62% of dual-serving couples with children and 55% of dual-serving couples without children reported ever being MWD(U), compared to 42.9% of all survey participants.

applied and support a wider range of families. For the policy on determining if a child is categorised as accompanied resident family, see Pay and Conditions Manual (PACMAN) Chapter 1, Part 3, Division 3 (1.3.17 and 1.3.18).

Recognition of relationships is a Defence-specific process for ADF members in relationships. The process is open to those in a marriage, a registered relationship or a de facto relationship. It involves submitting proof pertaining to a relationship, such as a marriage certificate, joint declaration or a statutory declaration, to be recorded in personnel records and thus establishing eligibility for various services and supports.

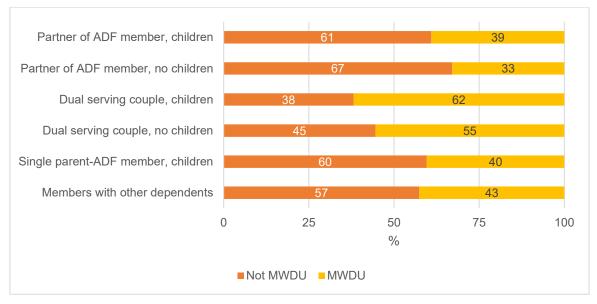


Figure 4: Ever classified as MWD(U) by family type

Key findings

Definitions of family

Participant definitions of family included blood ties and elective (non-kin) affinities such as ADF and non-ADF friends, and pets. Most Defence families, regardless of family type, included partners/spouses (94%) and children (82%), and around half (46%) included pets. Almost half (40%) of survey participants reported close ADF friends among their significant relationships, with 22% including ADF friends and 25% non-ADF friends in definitions of family. Dual-serving couples were more likely than civilian partner participants to include ADF friends in their definitions of family.

Some families found Defence definitions of family challenging, as they did not align with their own definitions or circumstances. For example, referring to civilian spouses and partners as 'dependents' was seen as outdated language. 14

Stop calling us dependents! Maybe in the 1950s this language was acceptable, but in 2022 calling a population dependent when the vast majority are women partnered with men is misogynistic and just one more example of the hyper masculinist culture that is the ADF. Children are dependent – women are not!

(Civilian partner, Navy)

This tension extended to how participants viewed family and how Defence policy defined family for the purposes of accessing services and supports. For example, separated ADF parents raised concern

¹⁴ As of 1 July 2023, Defence is no longer referring to families as dependents and has shifted to categories that refer to resident and non-resident family. The new Categorisation Framework now includes Non-Resident Family (NRF) and Recognised Other Persons (ROP). For the policy on categorisations, refer to the Pay and Conditions Manual (PACMAN) Chapter 1, Part 3, Divisions 3 and 4.

about the Defence policy that required children to be living with them 90 nights or more per year to be recognised as dependents. Some separated parents were not able to have children live with them that frequently due to posting and deployment cycles, and therefore missed out on some supports.¹⁵

Challenges experienced by ADF families

Families were asked about the key challenges they had faced in the 12 months preceding the survey due to their involvement in the ADF. The survey listed thirteen issues that have been identified as challenges in previous research, allowing participants to select every challenge they had experienced, and identify additional issues we should be aware of. ¹⁶ Comment boxes were included next to each challenge, for participants to provide further details on their experiences. These comments focused on the aspects of Defence life that families found most difficult.

The three most frequently reported challenges were:

- lack of control or uncertainty about the future (reported by 50% of participants)
- ADF members' time away from home or family (45%)
- participants' capacity to progress their careers (35%).

Lack of control

Feeling a lack of control was among the top three concerns for participants in all family types but was significantly more often identified as a challenge by civilian partners of serving members than other participants. Among those who provided comments on this experience, many linked feelings of lack of control to member absences and posting cycles and their impacts on other family members, relationships and mental health, as reflected in the following quotes.

Being told that he will be away for a week, sometime soon but not having a timeline/departure date causes undue stress. Even unable to say if it will be in the next month or later. (Civilian partner, Army)

One person sitting at a desk in Canberra deciding the future of an entire family unit. The lead-up to postings is fraught with anxiousness and worry and detrimental to relationships. (Civilian partner, Air Force)

Non-serving partners are not in control of their lives or futures as they are subject to the serving members' posting and career cycles. This makes everything about their future uncertain and with no control for long-term career or personal goals able to be achieved. (Civilian partner, Army)

¹⁵ From 1 July 2023, changes were made to how the accompanied resident family (formally dependant) determination is expressed for children. This removed the term 'normally lives with' and simplified the criteria. For the policy on determining if a child is categorised as accompanied resident family, see Pay and Conditions Manual (PACMAN) Chapter 1, Part 3, Division 3 (1.3.17 and 1.3.18).

¹⁶ See main report Section 3.1 for details.

The whole posting experience is a nightmare and does not consider members in the process. Posting is a 'parent—child' process with a total lack of collaboration and disempowerment of your members. We-have had three ADF friends who have committed suicide and the total lack of support to those members, their families, and friends pre and post these horrific situations was appalling and shameful on the ADF. (Civilian partner, Air Force)

More discussion of the comments relating to feelings of lack of control, is provided in the full report.¹⁷

Member absences

The second most frequently reported challenge was about members' time away from home, with this being identified as a challenge most frequently by civilian partners and least frequently by single parents. Consistent with previous research participant reports show single-parent ADF members spent significantly less time away than ADF members in other family types (Defence, 2017). Dual-serving couples reported the most family separations, or member absences, when considering the travel of both members. In open ended responses to this question however, single-parent ADF members reported unique challenges. Specifically, those who did not have their children with them for 90 nights a year reported that the lack of recognition and support for their children was a difficult experience, as reflected in the following quotes.

Having children less than the 90-day threshold makes them effectively invisible to Defence. If asked by prospective ADF members in my situation today about family support (regarding children) I would advise strongly against joining the ADF with any expectation of support services targeted at families. You are treated as single, and my children feel no connection to Defence. They feel excluded and are subsequently resentful. (Single parent, Navy)

ADF refuses to allow MWD(U) for [my] children. The ADF would have recognised some random chick I picked up in a bar and asked to move in with me, more than they will recognise my own children. I find this utterly appalling. (Single parent, Army)

Career opportunities

Challenges regarding capacity to progress one's own career were most commonly reported by civilian partners with and without children and members of dual-serving couples who had children. Partnered participants were also asked whether they felt they had made employment sacrifices due to their partner's military career. Civilian partners were significantly more likely to agree and agree strongly with this statement than members of dual-serving couples (Figure 5). Around 20% of civilian participants were not in paid work at the time of the survey, and some attributed this to their partner's military career.

¹⁷ The Royal Commission into Defence and Veteran Suicide commenced in 2021, and has highlighted the wide range of issues that negatively impact the mental health and wellbeing of members, veterans, and their families. This includes issues mentioned here such as the provision of timely or compassionate support after losing a loved one to suicide, the stressors of the relocation processes, and other aspects of service life and deployment.

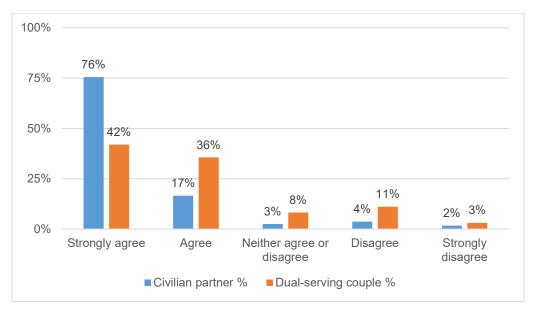


Figure 5: I have made career sacrifices due to my partner's military career Other challenges

The next most frequently reported challenges related to the health, including mental health, of the participant or another family member (35%), and the health, including mental health, of partners (29% of partnered participants). When asked to discuss challenges, families linked poor mental health of members to a range of issues including high work demands, work related stress, post-traumatic stress, and perceived poor treatment and/or lack of support at work (e.g. bullying). A range of further factors were identified as influencing the mental health of members and their families, including separation from family and other support networks, lack of control over life or uncertainty about the future, and lack of access to timely or appropriate support and treatments. A few participants noted they had family members or friends that had died by suicide, or were at risk of suicide, and commented on the lack of adequate support. While this did not come up frequently, the Royal Commission into Defence and Veteran Suicide has highlighted the significance of suicide and suicidality among serving and ex-serving members, and complex interaction between service conditions, suicide and mental health.

Other challenges commonly identified by participants included lack of community ties or support networks (26%) and children's education (26% of participants with children). Around one in five participants reported challenges regarding lack of access to suitable housing, child care or other services in the past year. Challenges relating to family financial instability or insecurity were reported by 16% of participants.

Some families reported difficulties managing care of pets due to the member's absence, securing Defence housing suitable to accommodate pets, finding adequate pet care when visiting an MWD(U)

¹⁸ For a more detailed discussion of these issues, refer to Section 3.1 of the main report.

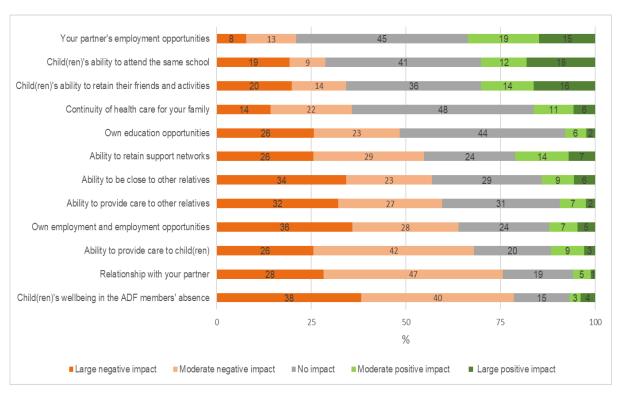
¹⁹ The Royal Commission into Defence and Veteran Suicide recognises the unique nature of military service, and the ongoing impact such service may have on the physical and mental health of defence members and veterans. Their findings, as outlined in the interim report published in August 2022, highlight the impact of issues such as inadequate support provision, post-traumatic stress, and health challenges on the mental health and wellbeing of members and veterans.

partner, and challenges relocating pets. This finding is especially pertinent given that around half (46%) of survey participants included pets in their definition of family.

Around 8% of participants were carers for elderly parents or other family members living outside their household. Participant comments on challenges suggest that many would have liked to be able to provide more care and support to extended family outside the household but were unable to due to geographic distance and COVID-19 travel restrictions.

Impact of MWD(U) arrangements

Figure 6 shows the reported impacts of being MWD(U) on families according to civilian partners who participated in this survey. Some reported benefits of MWD(U) arrangements were for the member's employment, stability of children's schooling and family members' ability to retain their friendship and support networks. On balance, however, civilian partners described the impacts of MWD(U) as more negative than positive, with especially negative impacts reported on children's wellbeing in the ADF member's absence, participants' relationship with the serving member, their ability to provide care to their children, and participants' own employment.



Note: At the time of the survey, members who provided a home for dependents but were unable to live with their dependents for service-related reasons were classified as 'Member with Dependents Unaccompanied' (MWD(U)). As of 1 July 2023, Defence is no longer referring to families as dependents and has shifted to categories that refer to resident and non-resident family.

Figure 6: Impacts of being MWD(U) on family life according to civilian partners Impact of the COVID-19 pandemic on ADF families

Participants reported mixed impacts of the COVID-19 pandemic on their families but more negative than positive. Many participants experienced family separations that were longer (15%) or a lot longer (15%) due to COVID-19 lockdowns and travel restrictions. In contrast, around 9% reported

experiencing fewer family separations because of COVID-19, due to restrictions on member travel and a shift to home-based work or training.

Some families found increased family separations under COVID-19 restrictions very difficult, especially partners and children who were unexpectedly cut off for long periods, or experienced shutdowns on their own or without the ADF member due to MWD(U) arrangements or deployments, and parents who home schooled children without the support of their ADF partner.

Myself, my husband and my adult children spent two years in lockdown in Melbourne. My stepchild spent the same time living in Qld unable to see his father due to prolonged lockdowns. Lockdown in Melbourne severely impacted my marriage. (Civilian partner, Army)

Border closure meant we had no family support with the birth of our child. This impacted so much on us after a traumatic birth and having no support in the first 5 months of our child's life. (Civilian partner, Army)

Due to COVID-19 border closures, my partner and I were locked down in separate cities and did not see each other for four months during the first set of lockdowns (2020). However, for the second set of lockdowns, he was able to pre-empt a likely border closure and returned to our home location so we could lockdown together.

(Member of dual-serving couple, both Navy)

Around 20% of participants reported that they or another family member's employment was negatively affected because of the COVID-19 pandemic (they worked less hours or lost a job), and 27% reported a negative impact of the COVID-19 pandemic on family income. Civilian partners were significantly more likely to report that their own employment had been affected by the COVID-19 pandemic than participants in other family types. Members of dual-serving couples were least likely to experience negative impacts on family employment or finances.

Families also experienced adverse impacts on physical and mental health due to the COVID-19 pandemic, with 41% reporting adverse impacts on their own health, and 23% and 21% reporting adverse impacts on their child's and partner's/family member's health respectively. Civilian partners were significantly more likely to report negative impacts on their own mental health than other family types, and less likely to report negative impacts on their partner's mental health than members of dual-serving couples.

We all suffered mental impacts from the stress of lockdowns and home learning, namely significant anxiety and depression. My child and I suffered the most and I required crisis support through Open Arms. My child's physical health suffered as he could not see a doctor in person, which resulted in undiagnosed chronic asthma problems. (Civilian partner, Army)

The extended time apart caused excess stress on both of us, which exacerbated my depression and anxiety and my husband needed to seek out psychological services. (Member of dual-serving couple, both Air Force)

In terms of overall family wellbeing, single parents and members with other dependents were most likely to report negative impacts from the COVID-19 pandemic. It may be that these families had unique challenges such as being cut off from supports outside the household or region during

lockdown and restriction periods, with single parents most likely to report having children attend school at home.

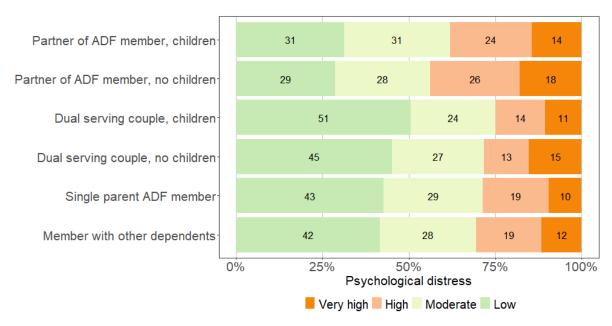
Wellbeing of ADF families

General health

Around 51% of participants considered themselves to be in excellent or very good health, and 17% to be in fair/poor health. This is similar to general health rates reported by Australians in the 2017–18 National Health Survey (Australian Bureau of Statistics [ABS], 2018). All family types reported similar proportions of fair/poor health, ranging between 14% and 20%.

Psychological distress

Experiences of psychological distress were comparable to Australian population norms (ABS, 2018; Klein, Tyler-Parker, & Bastian, 2020; Slade, Grove, & Burgess, 2011). Participants reported higher average distress compared to 2007 and the 2017–18 National Health Surveys, which use face-to-face or Computer Assisted Telephone Interviewing methods (ABS, 2018; Slade et al., 2011). ADF survey participants reported a mean score of 20 (SD 7.93), compared to mean scores of 14.5 (SD 0.1) and 15.83 (SD 6.45) in the 2007 and 2017–18 National Health Surveys respectively. However, ADF Families Survey participants' average distress scores were lower than those found in online surveys with representative samples of Australians (ADF survey participants reported a mean score of 20 (SD 7.93) compared to 21.33 (SD 8.96) (Klein et al., 2020)). This difference may be due to mode of administration; that is, respondents may be more reluctant to disclose distress in a face-to-face or telephone survey than in an anonymous online survey.



Notes: n = 2,243. Numbers are percentages of participants who reported low, moderate, high and very high K10 scores. Source: 2022 survey, unweighted

Figure 7: Psychological distress (K10) scores by family type

Figure 7 shows levels of psychological distress by family type. Logistic regressions were conducted to test the influence of family, demographic and service factors on the likelihood of participants

experiencing high psychological distress.²⁰ Age was significant in predicting distress for civilian partners and members. As a civilian partner or member aged, their odds of experiencing high distress were 4% and 3% less likely respectively. This may be because partners get better at managing the demands of service life over time. This may also be a selection effect; that is, members may remain in service longer if their partner is coping well.

Civilian partners and members with higher levels of informal social support from family, friends and significant others were 41% and 40% less likely to experience high distress. Civilian partners and members who had crisis support were 32% and 47% less likely to report experiencing high distress compared to those who did not have such support (p < 0.10).

Members in the Navy were 51% less likely to be distressed than those in the Air Force, when controlling for the other variables in this model. This difference between services was not evident in bivariate analysis and may be due to other characteristics of the Navy and Air Force members who happened to participate in this survey, rather than a generalisable finding pertaining to service types. In bivariate analysis, a slightly higher proportion of participant members in the Air Force reported high/very high distress compared to participant members in the Navy.

Members ranked at the officer level (but not the highest officer levels, i.e. at the junior officer level) were 54% less likely to be distressed than those ranked at the lowest level (i.e. junior non-commissioned officer level). Members who had undertaken four or more deployments in the past four years were 80% more likely to be highly distressed compared to those who had undertaken no deployments; however, this was not statistically significant (p < 0.10).

Individual wellbeing and life satisfaction

Individual wellbeing and life satisfaction are distinct concepts, although they are related. Life satisfaction measures participants' appraisal of different domains of their life and their life as a whole. Individual wellbeing captures how participants function in the world including their positive emotions, sense of agency, optimism, meaning and purpose, resilience, vitality, self-acceptance, positive relationships and pro-social behaviour.

Participants in this survey reported higher average individual wellbeing on the Wellbeing Pro (mean score 93 (SD 18.5)) when compared to a community sample of Australian adults (mean score 86) (Burns & Butterworth, 2021). However, it is difficult to draw conclusions from this about how ADF family wellbeing compares to the wellbeing of families in the wider Australian population.²²

Average life satisfaction scores for participants and those aged 35–44 years were lower than comparable domain scores of Australians surveyed in the HILDA surveys (Wilkins, Botha, Vera-

Separate models were developed for civilian partners (with or without children) and serving members (dual-serving members with and without children, single parents, and members with other dependents) as it was hypothesised that social and organisational environments and predictors of health and wellbeing were different for these groups. Separate models for different types of ADF members – single parents, members with other dependents or dual-serving – could not be developed due to sample size constraints. Variables in all models were chosen based on the predictive power of the model, bivariate analyses and theoretical relevance of predictors.

There are broadly four rank levels in the ADF, which are listed as follows from the lowest to the highest: junior non-commissioned officer or other ranks; senior non-commissioned officer; junior officer; and senior officer.

 $^{^{\}rm 22}$ See main report for further details of measures, methodology and their limitations.

Toscano, & Wooden, 2020). This was the case for all life satisfaction domains for which HILDA data were available: jobs, finances, housing, safety, leisure, health and overall satisfaction (Table 3).

Table 3: Mean life satisfaction scores in the 2022 ADF Families Survey compared to other population studies

Domain	Mean: Aged 35–44 years (ADF Families Survey)	Mean: Aged 35–44 years (HILDA 2020)	· ·	
Job	4.7	7.6	4.8	7.7
Finances	5.3	6.5	5.3	6.7
Housing	5.8	7.7	6	8.1
Safety	6.9	8.2	6.8	8.3
Leisure	4.1	5.9	5.4	6.7
Health	5.4	7.2	4.4	7.1
Overall	6.1	7.7	6.2	7.9

Notes: The Household, Income and Labour Dynamics in Australia (HILDA) Survey is a household-based panel study that collects information on economic and personal wellbeing and family life from around 17,000 Australians. The overall measure of life satisfaction reported here was a single item measure. This is different from the composite (i.e. total) score of life satisfaction reported in analyses subsequently. Source: 2022 survey, unweighted; Wilkins et al., 2020

Linear regressions were undertaken to test the influence of family, demographic and service factors on the individual wellbeing and life satisfaction scores of participants, for ADF members and civilian partners separately.

Age was a statistically significant and positive predictor of wellbeing and life satisfaction for members and civilian partners: as they got older, their wellbeing and life satisfaction increased. Likewise, informal social support and family satisfaction predicted a substantial and significant increase in wellbeing and life satisfaction for members and civilian partners. Housing was also a statistically significant and positive predictor of life satisfaction for members and civilian partners, with those living in their own home reporting greater life satisfaction compared to those living in service homes.

Being employed was a positive predictor of wellbeing and satisfaction for civilian partners: those who were employed full-time or part-time were significantly likely to report better wellbeing and life satisfaction compared to those who were not employed. Civilian partners with children reported significantly greater individual wellbeing compared to those without.

ADF members at higher ranks; that is, at junior and senior officer levels, were significantly more likely to report greater wellbeing and life satisfaction compared to those at the lowest rank; that is, junior non-commissioned officer level²³.

²³ Members were classified into four rank groups from highest to lowest: Senior officer, junior officer, senior non-commissioned officer, junior non-commissioned officer. In the multivariate models, member rank was not a significant predictor of individual wellbeing scores for civilian partners.

For members, the number of deployments had a statistically significant and negative relationship with life satisfaction. Those who had undertaken one to three deployments in the past four years reported lower life satisfaction compared to those who had undertaken no deployments.

Relative to other factors, informal social support and family satisfaction had the greatest effect on the individual wellbeing of members and civilian partners (for life satisfaction, housing additionally had a substantial positive effect).

Table 4 illustrates findings from all multivariate analyses relating to psychological distress, individual wellbeing and life satisfaction for civilian partners and ADF members.

Table 4: Key family, demographic, service and environmental characteristics associated with psychological distress, individual wellbeing and life satisfaction for civilian partners and ADF members

Psychological distress	Individual wellbeing	Life satisfaction					
ADF member absences over 90 days in the past year (for civilian partners)	Having children (civilian partners only)	Undertaking 1–3 deployments (for ADF members)					
Undertaking 4 or more deployments (for ADF members)		Living in one's own home					
Having access to support in a	Increase in fan	nily satisfaction					
crisis	Full-time or part-time civ	ilian partner employment					
	Being on MWOD arrangements (greater individual wellbeing for civilian partners and members; life satisfaction for members only)						
Being at higher ranks (generally, from senior non-commissioned officer and junior officer levels							
onwards) ^a							
Increase in social support from family and friends							
Increase in age							

Notes: Table illustrates results of logistic (distress) and linear regressions (individual wellbeing and life satisfaction) run separately for civilian partners and ADF members; sample size ranging from n = 407 to n = 1,285. Results are illustrated based on unstandardised estimates (linear regressions) and odds ratios (logistic regressions). ^a The following ranks were significantly associated with distress and wellbeing outcomes: ranked at junior and senior officer levels was associated with reduced distress (for civilian partners and members); ranked at senior non-commissioned officer level onwards was associated with greater individual wellbeing (for members only); ranked at senior non-commissioned officer and junior officer level onwards was associated with greater life satisfaction for civilian partners and members respectively.



Child wellbeing

ADF survey parents' reports of their children's wellbeing, on a range of measures, were worse than a nationally representative sample of parents experiencing relationship breakdown (see Table 5; Kaspiew et al., 2015). Measures included how their children were progressing with their learning or schoolwork, how they were getting along with other children their own age, and how they were doing overall

Table 5: Proportions of child wellbeing in the 2022 ADF Families Survey compared to a representative sample of Australian parents experiencing marital separation

Domain	2022 ADF Families Survey (Percentage) Worse wellbeing		2014 cohort in Experiences of Separated Parents Study (percentage) Worse wellbeing		2022 ADF Families Survey (percentage) Better wellbeing		2014 cohort in Experiences of Separated Parents Study (percentage) Better wellbeing					
	4–11 years	12– 14 years	15– 18 years	4–11 years	12– 14 years	15– 18 years	4–11 years	12– 14 years	15– 18 years	4–11 years	12– 14 years	15– 18 years
In most areas of their life (Overall wellbeing)	11.3	20.5	18.7	8.0	9.0	11.0	35.5	36.0	37.4	39.0	38.0	38.0
Getting on with other children (Social wellbeing)	15.5	18.5	21.7	9.0	8.0	7.0	34.9	29.0	32.5	42.0	44.0	42.0
Learning or school work (School wellbeing)	18.1	28.5	33.0	12.0	11.0	13.0	35.9	33.0	28.6	48.0	46.0	44.0

Notes: The Experiences of Separated Parents Study drew on two nationally representative survey cohorts of separated parents in Australia. Source: 2022 survey, unweighted; Kaspiew et al., 2015.

Multinomial logistic regressions were conducted to identify the key variables associated with participants reporting that their child/ren's wellbeing was better or worse overall, relative to other children their age²⁴. The likelihood of reporting worse child wellbeing was associated with increased child age, ADF member absences for more than 90 days in the past year and higher parental psychological distress. As the 2022 survey data are collected at one point in time, it is difficult to determine causality; that is, the extent to which parental distress is caused by child wellbeing or vice versa.

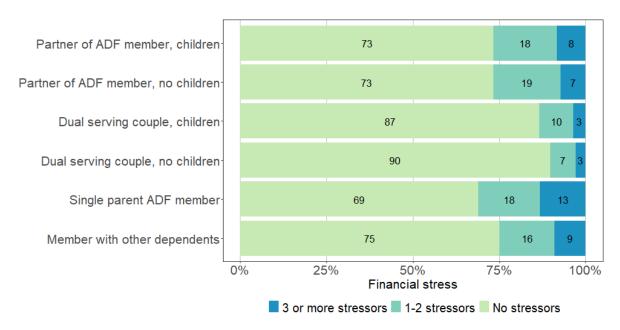
Children who were part of families on MWD(U) arrangements generally reported that their children had the same wellbeing as other children their age (i.e. their wellbeing was not better or worse than average). Better child wellbeing was also associated with higher levels of parental social support.

²⁴ This analysis focused on participants' youngest child. See full report for details of methodology and results.

Financial stress

Most participants reported low financial stress (Figure 7). Financial stress was measured using seven questions covering whether participants could pay electricity, gas or telephone bills on time and whether they asked for financial help from friends or family. The scores were summed to create categories of no stressors, 1–2 stressors and 3 or more stressors. Around 13% of single parents, 9% of members with other dependents and 8% of civilian partners with children experienced 3 or more financial stressors. A greater proportion of dual-serving couples (87% and 90% with and without children respectively) experienced no financial stressors than participants in other family types.

Financial crisis was measured using the following question: 'If all of a sudden you had to get two thousand dollars for something important, could the money be obtained within a week?' Across the sample, 16% of participants reported experiencing financial crisis, which is lower than rates of financial crisis reported in the wider Australian population (19%) (ABS, 2019). Experiencing financial crisis was concentrated among civilian partners with children and single parents, this may be because they are more likely to be part of single income-earner families. These participant groups were also most likely to report financial challenges in the 12 months preceding the survey. Financial crisis was more commonly reported among those in Army families.



Notes: n = 2,404. Figure reports percentages of no stressors, one to two stressors, and three or more stressors for family types. Categories may not equal 100.0% due to rounding. Source: 2022 survey, unweighted.

Figure 8: Financial stressors by family type

Services and supports used by ADF families

Almost all participants said there was someone they could turn to for support in a time of crisis (88%), with the majority (84%) of participants able to rely on support from family, 45% saying they could rely on support from an ADF friend and 63% saying they could rely on support from a non-ADF friend. These figures are similar to those found in general population surveys, except for the share who reported having no one they could turn to for support, which was higher (12% of ADF Families Survey participants compared to around 5% in general population surveys).

The services most often used by ADF families were medical services, with over two-thirds (70%) reporting they had used GPs or other medical services (including specialists) in the 12 months preceding the survey. In addition, 29% of participants reported that they had used adult mental health services and 17% reported they had used child mental health services.

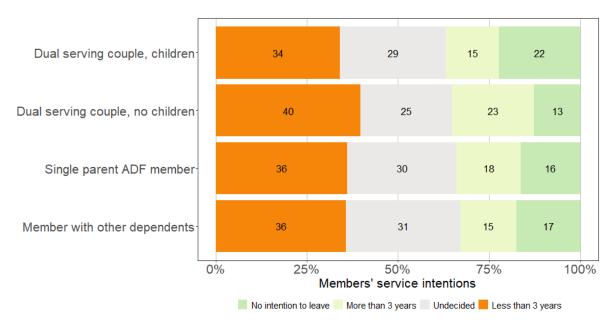
Most of the housing services used by participants were ADF-specific services. Participants used a mix of ADF and non-ADF provided medical services, adult mental health services and counselling services. Most of the other services used by participants — child care, parenting support, child education support and child mental health — were reported to largely be mainstream services.

The top reason for not accessing a Defence support was not being aware that it was available (30%), followed by not being able to get support in a timely manner (e.g. waiting lists) (19%). Generally, unmet need for services for ADF families was fairly low. Unmet need for services was highest for medical services (12%) (especially medical specialists, according to participant comments), and this was exacerbated by the COVID-19 pandemic; followed by adult mental health services (8%), child/young person mental health services (7%); and child care services outside standard hours (7%).

Service intentions and preferences of ADF families

ADF members were asked about their current intentions about staying in the ADF. A significant proportion of members either reported that they intended to stay for less than three years (38%) or were undecided about their intentions (29%). The rest were roughly split between intending to stay for more than three years (17%) and having no intention to leave (19%).

A higher proportion of dual-serving couples with children reported having no intention to leave the ADF (22%) than members in other family types (Figure 9).



Notes: n = 697. Percentages refer to members' service intentions by family type. Source: 2022 survey, unweighted

Figure 9: Member service intentions by family type

However, female ADF members who were part of a dual-serving couple without children and aged 30 years old were most likely to report an intention to leave the ADF in less than three years. Gender may be a driver of this finding. Family priorities, such as deciding to have children, may be a key factor in plans to leave for this group, given that the average age of first birth for Australian women is 29.6 years (AIHW, 2022).

Among members, a slightly higher proportion of those in the Air Force reported having no intention to leave (21%) when compared to those in the Army or Navy (18% and 16%). Among dual-serving couples with children, a much higher proportion of those in the Air Force (33%) reported having no intention to leave, compared to those in the Navy (11%) and Army (21%).

Partners of serving members were also asked how long they would prefer that their partner remain in the ADF. A third reported being undecided about the member leaving (35%), closely followed by similar proportions wanting their partner to stay until retirement age (22%) or leave in less than three years (21%). Around 11% had wanted their partner to leave for some time. A higher proportion of partners with members in the Army reported they had wanted their partner to leave for some time than partners of members in other service types (13% compared to 10% for Navy and Air Force). A higher proportion of participants with partners in the Air Force wanted their partner to stay until retirement age (26%), compared to other service types (21%).

Multinomial logistic regressions were conducted to explore the effects of family, service and demographic factors in members' service intentions and partners' service preferences. For ADF members, one characteristic predicted an intention to leave compared to being undecided: member's psychological distress. When the member experienced greater psychological distress, they were more likely to intend to leave the ADF compared to members who were undecided about their intentions.

On the other hand, when a member felt they were able to maintain a balance between their working and personal life (compared to those who did not feel they had good work–life balance), they were more likely to intend to stay in the ADF, relative to members who were undecided about their

intentions. Due to sample constraints, how service intentions vary for ADF members in different family types was not examined in multivariate analyses.

For partners, two characteristics predicted a preference to leave compared to being undecided: frequent relocations for service-related reasons and one or more financial stressors. Partners who were neutral about work–family balance were more likely to be undecided than to want to leave but this was not statistically significant (p < 0.10).

Partners who experienced more family relocations were significantly more likely to want their member to stay in the ADF than to be undecided. This could be because these responses come from families who have adapted to ADF life and would prefer to stay. When the partner experienced good work—family balance, they were more likely to be undecided about staying in or leaving the ADF. This could mean that while good work—life balance was important to partners, it alone was not enough to convince them to stay in the ADF.

Summary

The 2022 Families Survey has contributed numerous key insights into what is known about ADF families. This survey asked new, exploratory questions on the nature and meanings of family and significant relationships for survey participants. It generated valuable findings into the importance of elective relationships in the lives of ADF families. The 2022 survey also included more extensive assessment of the wellbeing of ADF families using validated measures, which allowed for comparisons to be made between ADF families and other Australians on multiple family and child wellbeing outcomes. Analysis identified the family characteristics, demographic and service conditions that predict the wellbeing and service intentions of ADF families. The 2022 survey also captured the unique experiences and challenges of ADF families during the COVID-19 pandemic.

Overall, the findings from this survey show that the ADF families that participated in this study continue to face unique challenges because of military service life, and that some of these challenges; for example, relating to family separations and relocations and mental health, were exacerbated by the COVID-19 pandemic. While it is not possible to generalise these findings to the broader population of Defence families, this survey has shown that participants fared relatively well on some wellbeing measures but less so on others, when compared to other Australian families. For example, participant reports of their overall health and experiences of psychological distress are comparable to Australian population norms (ABS, 2018; Klein et al., 2020; Slade et al., 2011).

Participants reported poorer life satisfaction on some measures, such as the Personal Wellbeing Index (Wilkins et al., 2020), when compared to Australian population norms, and higher rates of poor child wellbeing, when compared to a nationally representative study of parents experiencing relationship breakdown (Kaspiew et al., 2015). In contrast, participants reported better individual wellbeing on the Wellbeing Pro, when compared to participants in another non-representative survey of Australian adults (Burns & Butterworth, 2021). Generally, ADF families reported doing well financially. But experiences varied by family type, service type and rank (Figure 10).

Experiences of different family types

- ☐ Civilian partners were significantly more likely to report challenges in most areas of life than participants in other family types, including a lack of control over their life, and lack of ability to advance their own career.
- Civilian partners were more likely than other family types to not use an ADF service if they were unaware it was available or unsure of their own eligibility for the service.
- Dual-serving member families were significantly more likely to be or have been on MWD(U) arrangements than other family types.
- □ Dual-serving members were least likely to report financial stress and most likely to report difficulty obtaining suitable child care. They also either made the most use of child care servies or did not use ADF services as they were concerned about the impact on their career.
- ☐ Dual-serving couples without children, reported greater family separations usually and longer separations during the COVID-19 pandemic.
- ☐ Single-parent ADF members reported the lowest overall levels of informal support when relationships with family, friends and significant others were considered, along with civilian partners with children.
- □ Single parents were among the most likely to report financial challenges. They were less likely to deploy or travel for work than ADF members in other family types, which could affect their ability to progress their careers, with long-term financial consequences.
- Single parents were more likely to use child mental health services, family/couple counselling and other counselling services than other family types.

Experiences of different services and ranks

- © Families with a:
- member in the Army reported more financial instability and more concern about a lack of control over their lives.
- number in the Air Force experienced reduced financial stress and less time the member was away, consistent with previous research showing the Air Force to be the most 'family friendly' of all services.
- member in the Navy and/or at lower ranks experienced longer family separations.
- member ranked at the junior officer level faced more challenges relating to service access, member's time away from home, financial instability, housing and the partner's capacity to progress their career, than families with members at more senior ranks.
- member ranked at the senior officer level were more concerned about their children's education and health, which may be due to their children being older compared to members at lower ranks.

Figure 10: Summary of experiences of different family types, service types and ranks

Implications

Implications for policy

This research has highlighted several aspects of service and support systems that require modification to improve family wellbeing and retention. The findings and implications reflect policies at the time the survey was conducted and do not provide an assessment of the current state of policies and activities across Defence.

As a substantial proportion of participants definitions of family extend beyond legal and blood ties to include pets, friends, neighbours and work colleagues; policies and entitlements relating to relocation, reunion travel and care (including of pets) during the member's absence need to better engage with elective and diverse family relationships. In addition, this research shows that policies that only recognised ADF member's children when they spent 90 nights or more with the ADF member a year posed significant challenges for single or separated ADF members who did not have primary care of their children. This survey also identified a need to engage with families and advocates to identify appropriate language for use in Defence policies. Since the survey was conducted, Defence have changed the 90-night rule and begun phasing out all terminology that refers to families as dependents (such as Members with Dependents (MWD), or Members with Dependents Unaccompanied (MWD(U)))²⁵. These changes, which enable Defence to recognise a broader set of family structures and situations and facilitate greater flexibility required to support members and their families, should be monitored for their impact.

For civilian partners, being employed and having access to informal social support were associated with higher levels of wellbeing and life satisfaction in multiple domains; however, these domains are also most affected by the disruptions of service life. Supporting partners to secure and advance employment, offering families greater choice over posting locations and enhancing community support networks is likely to have substantial and long-lasting impacts on family wellbeing. In addition, parental wellbeing, family separations and social support were significantly associated with child wellbeing, so reducing family separations and the psychological distress of parents may promote the wellbeing of children in Defence families. While this survey has generated practicable and unique insights into ADF families' experiences and wellbeing, longitudinal research and program evaluation may generate even better evidence on how impacts on service life on children could be moderated by specific policy and program supports.

While participants reported more negative than positive impacts of Members with Dependents Unaccompanied (MWD(U)) arrangements on their families in their descriptive comments and responses, being on MWD(U) arrangements was not significantly associated with partners' or members' reported distress levels, individual wellbeing, life satisfaction or child wellbeing in multivariate analyses. While long family separations (for various reasons – posting, training, other ADF member assignments) have generally been found to have negative impacts, families on MWD(U) arrangements may experience mixed effects and trade-offs. Such trade-offs may include the stability and financial benefit of MWD(U) arrangements. Families may also diverge widely in their experiences of MWD(U) or experience both positive and negative aspects to this arrangement, including financially. Living in one's own home was associated with increased wellbeing and life satisfaction for ADF families, so policies that support home ownership and enhance experiences of service accommodation may promote family wellbeing.

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²⁵ The new Categorisation Framework, introduced on 1 July 2023, now includes Non-Resident Family (NRF) and Recognised Other Persons (ROP). Recognised Other Persons include individuals such an adult child (aged 21-25 years old), a live-in carer, guardian or housekeeper, and older parents who might provide or require support. Recognised Other People are now eligible for inclusion in housing benefits if they reside with ADF personnel. For the policy on categorisations, refer to the Pay and Conditions Manual (PACMAN) Chapter 1, Part 3, Divisions 3 and 4. For details of policy on determining if a child is categorised as accompanied resident family, see Pay and Conditions Manual (PACMAN) Chapter 1, Part 3, Division 3 (1.3.17 and 1.3.18).

As many dual-serving female members aged 30 stated they intended to leave the ADF in less than three years, it would be helpful to engage with this group about appropriate policies to promote retention. This may extend to enhanced parental leave, flexible work arrangements and preservation of rank and career trajectories in the first year or two after birth. Dedicated career managers, including joint managers for dual-serving couples, who support parents returning to work, and greater access to family and friendship networks are also potentially impactful policies. There is also a need to raise awareness of services and supports available to ADF families, especially for civilian partners, who were less likely to use services due to reduced awareness about the availability of services or their eligibility. Findings highlight the need to increase access to specialist medical services, for ADF families that need them, adult and child mental health services and child care services, especially outside standard hours.

Implications for further research

While the 2022 ADF Families Survey has provided important insights into the experiences, wellbeing and service intentions of ADF families, longitudinal research and repeat, representative cross-sectional surveys may shed even better light on causal relationships between service experiences, family outcomes, service intentions and changes in ADF family wellbeing. This is because longitudinal research follows the same group of people over time, and so can provide powerful insights into what factors cause specific outcomes and the pathways families take towards varied service outcomes (AIFS, 2022). Repeat, representative cross-sectional surveys of ADF families also enable generalisable findings to be generated about changes in ADF families' wellbeing and experiences over time.

Further, while the survey highlighted important family, health and service characteristics associated with family wellbeing and service intentions, it would be useful to understand how these factors interact with other organisational predictors, such as perceived leadership and supervisory support, social support from colleagues, work overload, role conflict and military work culture.

Finally, while this study included a substantial number of LGBTQ+ participants, comments indicate they face some unique challenges, and further research on their experiences as couples and parents in the ADF would shed light on this under-researched population. In addition, while this survey was, for the first time, open to non-recognised partners of ADF members and former partners of ADF members who continue to share care of children with an ADF member, very few survey respondents who completed the survey belonged to one of these groups. Reaching enough people in these groups to ensure their views and experiences are well represented is likely to require targeted recruitment in future.

What will be done with these findings?

What Defence has done with the research

The 2022 ADF Families Survey findings provided evidence-based insights for the purpose of informing Defence actions to improve the experiences of Defence and Veteran families.

In the time since receiving the report, Defence has held follow- up consultation sessions with key stakeholders including those who had been approached at the outset of the research. These stakeholders were from relevant areas across Defence, DVA, the Defence Families Advocate (DFA) and the Veterans Family Advocate (VFA). These sessions shared the findings of the survey and

provided an opportunity for stakeholders to provide insights on recommendations and the key themes of the research.

The findings have informed and supported Defence initiatives such as the Housing Policy review, changes to family categorisations, DMFS program delivery, and changes made by Defence People Policy and Employment Conditions (PPEC). The insights from the ADF Families Survey have also informed the development of the Defence and Veteran Family Wellbeing Strategy.

How the results will continue to be used

The issues highlighted in this research will help Defence respond to the growing external focus on recognising the impact on families from supporting the wellbeing of ADF members and the demands of service life. The Royal Commission into Defence and Veteran Suicides has highlighted the need to care for families in their own right in addition to supporting families to support members. The 2022 ADF Families Survey, as part of the Defence Family Research Program, will provide crucial insights for years to come. The survey responses reflect a point of time for families, but the issues faced by families are enduring and the evidence supports this.

With the release of the Defence Strategic Review and the National Defence Strategy comes potential challenges for families. The associated large-scale movements of personnel could accentuate enduring issues for families around housing, education, childcare, and partner employment. The survey findings deepen understanding of these potential impacts, the concerns of families, and the potential aggravation of existing issues.

Where can ADF families get support?

Defence Member and Family Support (DMFS)

DMFS provides a range of programs and services to help Defence members and their families manage the military lifestyle. Families can also seek support or referrals any time of the day or night from the Defence Member and Family Helpline on **1800 624 608**. The Helpline operates 24 hours a day, 7 days a week and is staffed by qualified human services professionals, including social workers and psychologists, who can provide assessments, assistance or referrals. They also have an email Helpline on <u>DefenceFamilyHelpline@defence.gov.au</u> and will respond within 24 hours.

Open Arms Veterans & Families Counselling Service

Open Arms Veterans & Families Counselling provides nationwide, 24-hour, free and confidential counselling and peer support to anyone who has served at least one day in the Australian Defence Force, their partners and families. Former partners are also eligible for support for up to five years after separation or while they are co-parenting children with a veteran.

The Open Arms Veterans & Families Counselling phone number is **1800 011 046** and there is an online contact form at www.openarms.gov.au/get-support/how-get-support.

The ADF Mental Health All-Hours Support Line

The ADF Mental Health All-Hours Support Line is a confidential 24-hour telephone service for ADF members and their families. Telephone number: **1800 628 036**

At Ease

At Ease helps serving and transitioned ADF personnel and their family members to recognise the symptoms of mental health issues or concerns, locate self-help tools, mobile applications and advice, and access professional support: www.at-ease.dva.gov.au

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