

COVID-19

MILITARY SUPPORT INITIATIVE

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Pain Points Poll Deep Dive: THE IMPACT OF CHILD CARE AND SCHOOL CLOSURE CHALLENGES ON MILITARY PERSONNEL AND READINESS

FEMALE SERVICE MEMBERS, LIKE THEIR CIVILIAN COUNTERPARTS, EXPERIENCED THE IMPACT OF COVID-19 DIFFERENTLY THAN THEIR MALE COLLEAGUES.

“The force can’t return to work like ‘before’ if placing the children in child care facilities (on- or off-base) puts them at risk of coming down with the virus. Broad authorities MUST be made to accommodate parental responsibilities and the safety of the children...this specifically means moving to a highly digital and secure telework mindset. It is not just the allowance for a parent who needs to be at home to care for their children...it also needs to be socially acceptable and culturally acceptable within the force for them to do so. So long as their work gets done in an acceptable manner, their career progression should not be harmed by their need to telework.”

- Unknown Military Affiliation

It has been [well-documented](#) that [women worldwide](#) are experiencing child care challenges stemming from school and [child care facility closures](#) to a [greater degree than their male peers](#); women in uniform are no exception. This dynamic predates the COVID-19 pandemic; Blue Star Families’ [2018 Military Family Lifestyle Survey](#) found that female service members leave service earlier, largely due to quality of life and child-related issues. These findings were validated by a recent [report](#) from the Government Accountability Office (GAO), which found women were 28 times more likely to leave military service than their male colleagues. The report underscored the importance of family-related issues, such as dependent care, in influencing their decisions.

On average, across all Pain Points Poll polling weeks, a greater proportion of female service member respondents reported:

- they have reduced work hours because of school closures;
- their quality of work has declined because they are caring for children while working;

| | Female | Male |
|---|------------|------------|
| My work has not been impacted by the current crisis | 19% | 38% |
| I have increased working hours | 25% | 19% |
| I continue to work remotely / through telework | 44% | 31% |
| I have reduced hours / work to homeschool/educate our child(ren) because schools are closed due to the current crisis | 12% | 6% |
| The quality of my work has declined because I am now caring for children while working | 14% | 8% |
| I have shifted my work hours later or earlier in the day because I do not have childcare during normal work hours | 8% | 5% |
| I have reduced hours / work because we cannot obtain childcare due to the current crisis | 9% | 2% |
| | Weeks 5-10 | Weeks 5-10 |

- they have shifted work hours later or earlier in the day due to their inability to secure child care;
- they have reduced work hours because of their inability to secure child care.

Meanwhile, a smaller proportion of female service member respondents reported their work has not been impacted.

These trends are inextricably linked with deeply-entrenched gender norms and a continued reliance on military spouses (over [90% of whom are women](#)) to provide child care support for many military families – an expectation that Blue Star Families research finds is [directly linked](#) to chronic spouse unemployment. Notably, 56% of male service member Pain Points Poll respondents with children under 18 reported they had “no childcare need,” compared to only 40% of their female counterparts, indicating their family has an alternate child care plan, likely meaning the service member’s spouse. Bolstering this assumption, over half of male service member respondents (55%) with children reported no change to their child care plan, compared to 28% of their female colleagues.

COVID-19 PRESENTS UNIQUE CHALLENGES AND RENDERS SOME COMMAND-APPROVED FAMILY CARE PLANS UNTENABLE.

“[W]e cannot exercise our Family Care Plan due to travel restrictions across states, and the summer is another complete unknown. [...] Mine and my husband’s immediate bosses do not have the perspective we do, as their children are grown.”

- Active-Duty Service Member & Military Spouse

According to the Department of Defense Instruction Number 1342.19 (“[Family Care Plans](#)”), “Service members who fail to produce a family care plan may be subject to disciplinary or administrative action that may result in separation from the Service.” Unique challenges, such as the heightened risk of infection among older individuals, [renders many of these Family Care Plans \(FCPs\) unworkable](#) until the COVID-19 threat dissipates.

On average (polling weeks 4-10), 6% of active-duty family respondents with child care needs indicated they could not use their command-approved FCP. This issue also appears to disproportionately impact female service members; until week 10 of polling, **every service member respondent with child care needs who reported they could not use their FCP was female** (n=12).

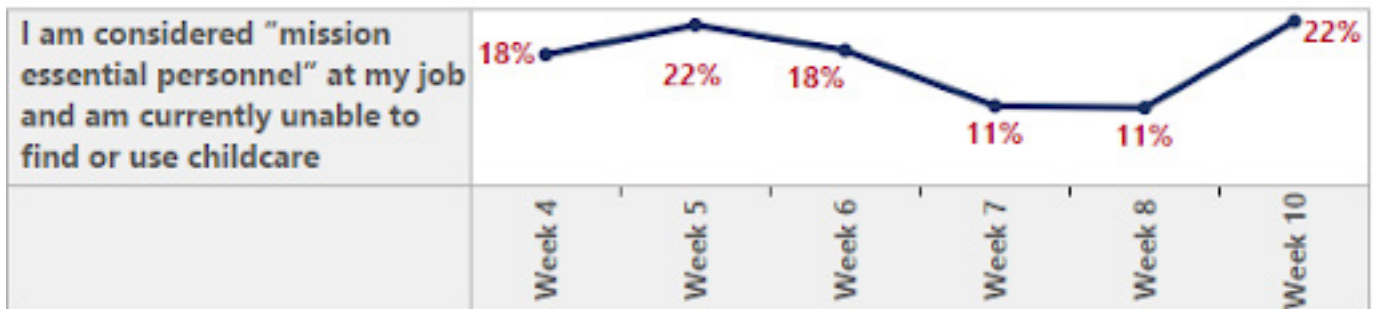
Travel restrictions and the fear of exposing high-risk family members to the virus are likely the most prevalent barriers to implementing existing FCPs based on open-ended responses. It is also possible that looming nationwide [child care shortages](#), including those among child care centers that serve families with nontraditional schedules, may further erode a family’s ability to implement their pre-COVID-19 Family Care Plan, as some rely on these centers for emergency care.

DESPITE EFFORTS TO PROVIDE CHILD CARE FOR MISSION ESSENTIAL PERSONNEL, ONE-FIFTH OF MISSION ESSENTIAL RESPONDENTS REPORTED THEY WERE UNABLE TO ACCESS IT.

“We will continue with our current plan of reducing my hours, where I work as an essential personnel at a hospital, so that I can come home 1/2 day and my husband (Guard member) can telework from home. This plan will work until my husband is required to return to his civilian job or until our daycare requires us to resume payments (which they are currently not doing).”

- National Guard Spouse

Despite multiple [DoD](#) and [state efforts](#) to provide child care for employees considered to be essential, **civilian and military mission essential Pain Points Poll respondents’ ability to find or use child care did not maintain a sustained improvement throughout the polling period.** On average, 17% of military or civilian mission essential respondents with child care needs reported this to be the case, with prevalence peaking at 22% in weeks 5 and 10. *Pain Points Poll* findings do not provide additional insight into what factors were barriers to procuring child care, beyond the ability to use a respondent’s normal child care provider.



Items for Consideration During Reopening

All families with children may face [unprecedented child care shortages](#), [continued school closures](#), and other [nontraditional school](#) formats in the coming months. These realities will likely require finding a new balance for operational and family readiness in the short-term to set the conditions for whole family resilience and well-being during the 2020-2021 school year.

There is an opportunity for military leaders to explore continuing flexible work options, such as telework, flexible scheduling, and hybrid work formats, to support military family readiness in the short-term.

“My commander has authorized reduced/flexible work hours to support child care. I have shifted [my] schedule, working afternoons on days when my wife works evenings. My wife works part-time and has shifted to [...] working mornings and evenings. It basically means one of us is always working, but it covers child care and neither of us is using leave.”

- Active-Duty Service Member

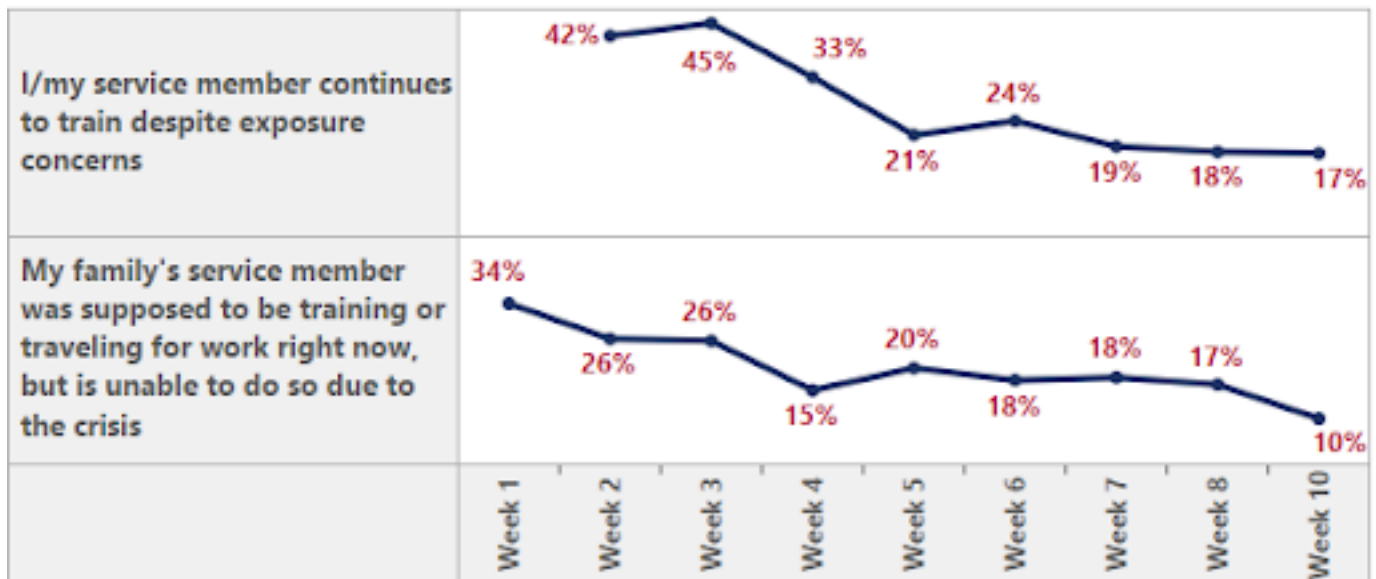
Throughout the polling period, a greater proportion of female service members (44%) reported they were teleworking, compared to their male counterparts (31%). Respondents to an open-ended question about strategies for managing child care during the pandemic most commonly reported that telework was a key strategy for both service members and spouses.

Note: *Pain Points Poll* analysis was constrained by the inability to analyze some variables, which may influence these findings, such as Military Occupational Specialty or current role.

There is an opportunity for senior military leaders to review guidance about upcoming training requirements and to consider options for relaxing or postponing overnight activities, which are not critical to maintaining essential operational readiness.

The COVID-19 Military Support Initiative (CMSI) recognizes the national security need for units to maintain operational readiness, as well as the specific position-related requirements individual service members may need to complete for promotion. CMSI also recognizes that the Stop Movement order placed additional strain on these already-difficult timelines by drastically reducing military training activities. At its peak, in the first week of polling (March 18-24), 34% of military family respondents reported their service member was supposed to be traveling for work but was unable to do so due to the Stop Movement order. Furthermore, 41% of service member respondents polled during weeks 5 to 10 reported they were at least somewhat concerned about their ability to receive a fair evaluation of their current position due to this reduction in activity.

In combination, these factors present pressure for military units to close perceived gaps on a truncated timeline. While this approach may support unit readiness, it also has the opportunity to put further stress on families if child care facilities and schools remain closed. Based on aforementioned findings from Blue Star Families’ Military Family Lifestyle Survey (2018 and 2019), the CMSI’s Pain Points Poll, and the recent GAO report, decisions to resume frequent, overnight training activities, especially near installations where schools and child care facilities remain closed or operate at a reduced capacity, will likely disproportionately impact female service members. It will also likely exacerbate military spouse employment challenges, which predate the COVID-19 pandemic.



There is an opportunity for senior military leaders to explore ways to prevent separation from service based on an inability to use command-approved Family Care Plans due to COVID-19 challenges.

Although deployability is (rightly) a paramount concern within the Armed Forces, the second- and third-order effects of the COVID-19 pandemic have made it difficult for some military families to implement the workable Family Care Plan required to maintain a deployable status. Punitive measures taken to enforce these plans under current circumstances place undue stress on families and may ultimately lead to the service member voluntarily or involuntarily leaving service. In the current environment, this is not in the long-term best interest of anyone involved. For this reason, there is an opportunity for the DoD to explore **temporarily** relaxing or modifying Family Care Plan requirements, issuing guidance

for commanders to take COVID-19 limitations into consideration when developing plans, and/or suspending separations or administrative action resulting from Family Care Plan-based nondeployability.

Additionally, there is an opportunity for service branches to explore expanding eligibility requirements for families struggling to maintain an FCP during COVID-19 to instead **voluntarily** apply for the modified Career Intermision Program (sabbatical). Modifying the career intermision program to enable short-term, immediate use for service members could mitigate the need for administrative separation or other punitive action.

There is a need for supplemental research regarding access to child care for essential personnel.

Varying state and installation guidelines regarding child care facilities, abrupt CDC closures, and initial confusion over who qualifies as “mission essential” make it difficult to fully understand what lessons child care providers and families can learn from the COVID-19 response without a comprehensive, multi-sector After Action Review. At a minimum, additional data collection efforts are necessary to understand what barriers prevented one-fifth of mission essential Pain Points Poll respondents to consistently report they were unable to find or use child care during the pandemic. Furthermore, there are indications

that information regarding available relief options was not well disseminated to military families who needed them in a timely manner. For example, an early CMSI success was a policy change enabling military families who were unable to use their normal child care at the CDC to instead pursue temporary off-installation care and fee assistance without disenrolling their child from the CDC. By week 10 of polling, however, 4% of military family respondents continued to report they were unable to use the CDC and also not able to use off-installation care without disenrolling their child.

Methodology

The Pain Points Poll is a program of the COVID-19 Military Support Initiative. It is presented by Booz Allen Hamilton with additional support from USAA. Analysis is conducted by Blue Star Families' Applied Research Team; analysis and survey instrumentation is informed by input from military family members, advocates, subject matter experts, and policymakers who work with military families.

Polling began on March 18, and analysis is conducted on a weekly basis. With the exception of week one, when polling was conducted using a different survey platform, the response rate includes the aggregate

number of individuals who began the survey, and the completion rate represents those who completed the entire questionnaire. Week one of polling includes only those respondents who completed the entire questionnaire. The number of respondents varies by question due to skip logic that removed questions that were not applicable to the respondent (i.e., questions about child care and children's education were removed for respondents who indicated they did not have children). Participants were able to skip questions that they preferred not to answer.

| POLLING WEEK | POLLING PERIOD | TOTAL RESPONSES |
|---------------------|-----------------------|------------------------|
| 1 | March 18 - 24 | 1,321 |
| 2 | March 25 - 31 | 1,234 |
| 3 | April 1 - 7 | 690 |
| 4 | April 8 - 14 | 668 |
| 5 | April 15 - 21 | 749 |
| 6 | April 22 - 28 | 560 |
| 7 | April 29 - May 5 | 822 |
| 8 | May 6 - 12 | 562 |
| 9 | May 13 - 19 | 160 |
| 10 | May 20 - 26 | 655 |

A survey branching technique was introduced in week four of polling, whereby the answers to certain questions were a gateway to specific follow-on questions (detailed branching is available upon request). Prior to that, respondents who left the question blank or indicated it was not applicable to their experience were excluded from the analysis for that question.

Polling also included several open-ended questions; new qualitative questions were introduced at several time points. The responses to these open-ended questions were analyzed daily and coded into themes. These responses provided context for the quantitative findings and guided the development of new polling questions and policy initiatives.

Sampling

It should be noted that the sample population for this poll is not representative of the military or veteran community as a whole, due to a non-probability sampling method. The sample demographics varied from week to week, and therefore the representativeness of the sample also varied. These findings guide inquiry and can highlight trends, but are not intended to be generalized to the entire military and veteran-affiliated community. Possible biases introduced due to the utilization of a non-probability sampling method include over- or under-representation, particularly the case when looking at race/ethnicity among all respondents. Additionally,

Recruitment

Polling participation was voluntary, and information provided was kept confidential unless respondents provided permission to share their information. Participants were recruited through multiple efforts, including social media outreach, and announcements at virtual town halls and meetings held by the CMSI.

References to “family respondents” indicate that those who selected they are the service member or veteran are grouped with those who selected they are the spouse of a service member or veteran; those who selected both are only counted once based on a unique respondent identifier.

representativeness by service branch differs weekly. Spouses of active-duty service members make up the majority of the sample. This polling does allow respondents to select more than one military affiliation, so there is overlap among respondents reporting they are spouses of active-duty service members, that they are themselves service members, or that they are themselves veterans. With the exception of week one of polling, which utilized the survey functionality in Form Assembly, polling was conducted online using GetFeedback, a product of Survey Monkey, generating a self-selected, convenience sample.

Any comparisons that are made from week to week are subject to sample bias, and identified trends are most reliable for active-duty spouses and active-duty families due to the sample size of those populations. This is not a panel data set, and there is no way to distinguish whether the same individuals have taken the poll multiple times over the course of the polling period. This introduces the opportunity for dual-counting when analysis groups polling weeks to increase the response rate on a question for analysis or to look at an average descriptive statistic.

Acknowledgements

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- Armed Services YMCA
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- Military Child Education Coalition
- Military Family Research Institute
- Military Interstate Children’s Compact Commission
- Military Officer Association of America
- RAND
- Tragedy Assistance Program for Survivors
- The Retired Enlisted Association