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# 2021 Military Family Lifestyle Survey Comprehensive Report

## Recommendations

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The 2021 Military Family Lifestyle Survey (MFLS) explores critical issues and concerns facing military service members, Veterans, and their families. Long-term solutions to these challenges will require action from various stakeholders, including the military, VA, Congress, and community supporters. The following recommendations identify specific actions stakeholders can take to support military and Veteran families and alleviate challenges identified in this report.

## Military Leaders

**In support of overall family mental health and wellness, increase support of in-home child care and increase child care capacity at both on-installation child care facilities and fitness centers.**

### Finding: Resources/Military Quality of Life

Military family respondents have consistently identified “military quality of life” as a top-five military family life issue since the answer choice was introduced to the MFLS instrument five years ago, and military resources are intended to mitigate these issues. Results from this report offer insight into how those resources can be better tailored to address multiple areas of concern. Increasing child care capacity at fitness facilities is one such solution and is a service offered by many commercial fitness centers. Four in 10 (40%) active-duty family respondents to the 2021 MFLS identify “the opportunity to exercise” as a resource they regularly need, and results from the 2020 MFLS suggest this need is even greater and goes routinely unmet during deployments: the opportunity to exercise was identified as a top-five resource need during deployments among active-duty spouse respondents, and 24% who needed it reported they did not have it.<sup>1</sup>

Access to exercise is critical to supporting both mental and physical health<sup>2,3,4</sup> and therefore overall well-being. The Spouse Health and Well-Being Finding discusses the importance of military spouses’ overall health and well-being and highlights the lack of access to child care as one of the barriers to achieving it. These issues are inextricably linked for many military spouses: exercise and respite child care are both important elements of supporting mental and physical health, especially when the service member is deployed; however, the lack of child care options at fitness centers makes it difficult to achieve either. Expanding on-site child care at military fitness facilities (adding capacity where it does not exist and extending hours) offers an evidence-based approach to supporting military spouse well-being and directly addresses challenges active-duty spouse respondents have been raising for years in the MFLS. Furthermore, it is possible that by expanding on-site care at fitness facilities, on-installation Child Development Centers may also experience increased capacity (if spouses are currently using CDCs for fitness-related hourly care), thereby enabling increased usage for other respite or hourly care needs.

**Commission a report on families with children with special needs and their barriers to accessing child care. Include plans for hiring and training qualified providers and making CDCs accessible for children with special needs.**

### Finding: Spouse Health and Well-Being

Eight in 10 (81%) military spouse respondents report they have experienced at least one separation from their service member due to military obligations in the 18 months preceding survey fielding. Myriad challenges accompany these separations, and military spouses often step up to support their families during these military life challenges.<sup>5</sup> Frequent separations, deployments, and moves (often coinciding with stints of solo-parenting) can, and often do, take a toll on a military spouse’s mental and physical health.<sup>6,7</sup> As a result, military spouses are often at greater risk for poor mental and physical health outcomes.<sup>8,9</sup> In line with this research, military spouse respondents to the 2021 MFLS report increased stress, difficulties with sleep, and issues with their physical and mental health. In fact, only 39% of active-duty spouse



respondents with children agree that they get enough good quality sleep to function. One in 5 active-duty spouse respondents (21%) cite “parenting responsibilities” when asked, “What is preventing you from getting enough sleep to function effectively?” Child care, including respite care, can therefore help improve well-being outcomes for military spouses; however, barriers exist in accessing child care and respite care for families, including some unique barriers for those with special needs children: half (51%) of active-duty spouse respondents with children in the home report having at least one child with special needs.

In open-ended responses, active-duty spouse respondents provide insight into challenges in trying to find child care for their child(ren) with special needs, most commonly identifying availability of care (25%), Child Development Center requirements (22%), and lack of qualified/trained providers (15%) as barriers. In addition to the well-documented benefits of child care in spouse employment outcomes, respite care can also support spouses in caring for their physical and mental health.<sup>10,11,12</sup> More research is needed to better support military spouses caring for children with special needs in finding and obtaining quality child care for their special needs children, and in identifying gaps in available care – especially within the military child care ecosystem. Closing such gaps would support military spouse well-being, resilience, and overall readiness.<sup>13</sup>

## Standardize policies across service branches to clear barriers and support military spouse entrepreneurs who live in installation housing.

### Finding: Spouse Employment and Child Care

Although the COVID-19 pandemic has expanded remote work opportunities,<sup>14</sup> its effect on military spouse employment remains to be seen, and spouse employment remains a top-five military family life issue for military spouse respondents. Blue Star Families’ research has consistently found that the impact of service members’ day-to-day job demands and the lack of affordable child care (See Finding: Spouse Employment and Child Care) are top barriers to military spouse employment, and military spouses seek flexible work options.

Therefore, flexibility, career portability, and the ability to minimize child care costs make entrepreneurship an appealing alternative career path for some spouses. However, the lack of consistency in rules and regulations from installation to installation, unit to unit, across service branches, and CONUS vs. OCONUS makes it difficult for spouse entrepreneurs to maintain their portable businesses in the wake of frequent military moves. For example, types of authorized businesses – those that authorize operating permissions, permitting, registration, and tax policies – and compliance with Status of Forces Agreement (SOFA) requirements vary across service branches, installations, countries, and sometimes even unit/commands.

Standardizing rules, regulations, policies, procedures, permitting, regulations, and permissions for all military spouses living in installation housing would strongly benefit military spouse entrepreneurs and help address chronic military spouse unemployment and underemployment.





### Explore options for improving calculation of Basic Allowance for Housing (BAH), taking into consideration issues such as school district quality, housing availability, market fluctuations, and more.

#### Finding: Financial Stability and Housing

BAH is intended to cover 95% of housing costs in 2022 and to support military families by ensuring that costs are within 10% of the median rate for civilian housing.<sup>15</sup> However, more than three-quarters of active-duty family respondents (76%) report incurring monthly out-of-pocket expenses exceeding \$200.

Military families faced additional challenges in 2021 concomitant to moving during the COVID-19 pandemic amid a skyrocketing rental and housing market.<sup>16,17,18</sup> Many families found themselves navigating long military housing waitlists, scarce civilian rental housing availability, fast-rising home prices, and a competitive “seller’s market.” This caused difficulties for military families in securing housing during the height of PCS season, and this report provides evidence that BAH did not adequately keep up with the market (this survey fielded prior to supplemental BAH authorized in some military housing areas<sup>19,20</sup>). Active-duty family respondents who recently relocated report slightly lower levels of satisfaction with their housing, compared to those who did not recently relocate, despite similar levels of out-of-pocket housing expenses. This indicates that when faced with limited housing choices, families may have accepted lower-quality housing.

It is clear from the results of this report, the 2020 MFLS, and a 2020 Government Accountability Office report,<sup>21</sup> BAH calculations require modifications to more closely align with varied housing markets. Moreover, calculations currently fail to consider quality of life variables, such as school quality, and do not have a proven track record of anticipating or adjusting to future market fluctuations. Congress and/or the military services should order a report of available options to revise BAH calculations.

### Expand family building support to ensure equitable treatment and treatment options for special populations.

#### Finding: Family Building

Military families commonly experience challenges in building their family, including fertility challenges, miscarriage, and hormonal imbalance, among others. While these challenges are not unique to military families, they are often exacerbated by the military lifestyle and may impact retention. About 4 in 10 active-duty family respondents (42%) report that the military lifestyle has created challenges to having children, specifically the desired number and/or spacing of their children. These challenges may be intensified for LGBTQ+ couples, military members who choose to parent without a partner, or individuals who require alternative ways to support fertility due to disease, genetic variance, or anatomical dysfunction. In open-ended responses, some respondents also discuss financial struggles they have encountered when attempting to build their families, citing the lack of TRICARE insurance coverage for certain treatments and the scarcity of military treatment facilities that could provide these services.

Among military family respondents who have sought or used resources related to family building challenges, 73% have sought care from a civilian medical provider and 60% from a military treatment center. Of those who have sought care from a civilian medical provider, 12% report that they did not receive the reproductive support they were looking for, compared to 36% of those who sought care from a military treatment facility. An even higher proportion of LGBTQ+ active-duty family respondents report they did not receive the reproductive support they were looking for from a military treatment facility (45%), compared to 5% of those who have sought care from a civilian provider. This discrepancy is reflective of gaps in family building care eligibility under DOD restrictions, such as same-sex couples and single service members. The findings from this report identify the need to expand family building support to ensure equitable treatment and treatment options for populations currently excluded.



**Diversify bidirectional communication methods that National Guard and Reserve commands use when connecting with families in their unit, especially regarding information about eligibility for, and access to, available resources and services.**

**Spotlight: National Guard and Reserve Families**

National Guard and Reserve service members and their families experience challenges that differ both from each other and from those of their active-duty counterparts. For example, National Guard and Reserve families usually do not experience the frequent relocations that are more common among active-duty families. As a result, National Guard and Reserve service members and spouses may have more stable employment, local and ongoing social support networks, and greater knowledge of local, non-military resources when compared to their active-duty peers.

However, fewer National Guard and Reserve families reside on or in close proximity to a military installation, which can hinder access to military-related resources for a variety of reasons.<sup>22</sup> These barriers become more salient when National Guard and Reserve service members deploy, and the needs for military resources increase for families.<sup>23</sup> This has implications for communications between unit leadership, National Guard and Reserve service members, and their families — before, during, and after deployments, and beyond.

A system that diversifies bidirectional communication methods for commands to use when connecting with families in their unit could help mitigate some of the negative outcomes faced by some National Guard and Reserve families. This is particularly important during times of separation — not just through deployments and reintegration, but also during regular drill training and, in the case of the National Guard, during state activations. Communications could focus on urgent matters as well as resource availability and outreach to support unit and family cohesion. This could include family readiness leads and involve the use of multilingual communications via social media, email, postal mail, and when needed, phone calls. Regular and consistent outreach is important and could help ensure accurate and timely communications reach these often geographically dispersed families (See Finding: Resources/Military Quality of Life), therefore effectively increasing both service member and family engagement within the unit.





### **Establish and/or support affinity groups at installations, especially in less diverse areas and/or areas in which there are documented incidents of discriminatory and/or racist behaviors.**

#### **Finding: Diversity**

Consistent with Blue Star Families' 2021 Racial Equity and Inclusion (REI) report titled, *Understanding the Diverse Experiences of Military Families of Color*,<sup>24</sup> more than half of service members (54%) and nearly 6 in 10 spouses of color (59%) in the current survey report having experienced racial discrimination within their local civilian community; nearly half (47%) of active-duty service members and one-third (33%) of spouses of color report having experienced racial discrimination within their military community. It is well-established in research that discrimination can undermine a person's sense of belonging and increase feelings of isolation for those who experience it.<sup>25,26,27</sup>

Belonging is defined as a psychological sense of connection or integration into a community.<sup>28,29</sup> The benefits associated with belonging, whether it be to a group, school, or community, have been found to have lasting positive effects and are important to individual mental health.<sup>30,31</sup> The 2021 REI report findings revealed that nearly half (46%) of active-duty family respondents of color have experienced difficulty developing a sense of belonging to their local civilian community due to their family's race/ethnicity.<sup>32</sup> In the current survey, a similar finding emerged, with 45% of active-duty family respondents disagreeing with the statement: "I feel a sense of belonging to my local civilian community." There is evidence that availability and participation in affinity groups may help mitigate these detrimental effects.<sup>33</sup> Affinity groups can be a place for underrepresented people to come together to feel less isolated and more connected and to find a sense of community. Establishing and/or supporting affinity groups at installations, especially in less racially/ethnically diverse areas could make a difference, as these groups may provide a much-needed source of support for service members, spouses, and military youth of color in these communities.



#### **Congress**

### **Commission a report to assess the viability of flexible work options for service members and making leave opportunities more flexible to address short-notice and short-duration personal and family concerns.**

#### **Finding: Employment Satisfaction**

Perceived family stress can impact job satisfaction and performance among service members. For example, in one study that examined perceived stress among active-duty sailors, 81% endorsed experiencing family stress, and 51% perceived that this impacted their job/military service.<sup>34</sup> Similarly, among active-duty service member respondents who report being dissatisfied with their job, "amount of time away from family" is the top military life issue, followed by "child care challenges" and "lack of control over military career."

This dissatisfaction can have additional implications for current and future military readiness. About 7 in 10 active-duty service member respondents who report they are dissatisfied with their job also report they are likely to look for another job in the next 12 months. Dissatisfied active-duty service member respondents report being more stressed than their satisfied counterparts and are less likely to recommend service, which could undermine future recruitment.

Flexible work options and an increased opportunity to utilize leave could address some of these concerns and others. To this end, the military should commission a report to understand the relationship between the utilization of flexible work options (e.g., flexible scheduling, remote work, etc.) and overall work satisfaction and willingness to remain in



service. The same study should also explore service members' ability to use the leave allocated to them, and the possibility of expanding leave opportunities to address short-notice and short-duration personal and family concerns. These findings could potentially address service member and family concerns such as burnout, family support, and mental health and wellness outcomes.



## State

### **Increase access to crucial mental health care by facilitating the enactment of interstate compacts that allow for practice via telehealth and for provider license acceptance across state lines.**

#### **Finding: Military Children's Mental Health**

While many active-duty family respondents report that the average mental health of the children in their family is "good," there are some notable exceptions. For example, 41% of active-duty family respondents rate their adolescent oldest child's mental health as "fair," "poor," or "very poor." Those experiencing a separation from their service member from TDY/training/ other military-related separations and geobatching and those who report concerning relationship behaviors in their family also report lower average child mental health, and 5% of active-duty family respondents report their child has expressed suicidal thoughts within the past year.

While military children as a whole can be resilient, they share similar mental health challenges as their civilian counterparts, particularly in light of the COVID-19 pandemic. The impacts of physical distancing and increased virtual presence during the pandemic may have had a disproportionate effect on adolescents, an age group for whom peer interaction is developmentally important.<sup>35</sup> Mental health provider shortages and access issues were also of increasing concern during the pandemic,<sup>36,37</sup> and this holds true among respondents to the 2021 MFLS. Nearly one-third (29%) of active-duty respondents rate behavioral health in their local community as "inadequate," and 44% of TRICARE members report difficulties accessing mental health care for their children.<sup>38</sup> Furthermore, caregivers of TRICARE-covered children who had a mental or behavioral health care need report substantially more difficulty accessing specialty care than families with children who do not report having mental health needs. They identify challenges such as difficulty getting referrals (38%) and specialist care (39%).<sup>39</sup>

One reason for this provider shortage, apart from increased need due to the pandemic, is the lack of licensure reciprocity among all 50 states for counselors and psychologists, and the need for flexibility to provide telehealth across state lines. Interstate compacts have been introduced to help with this shortage; however, only two states have enacted this legislation for counselors,<sup>40</sup> although 18 states are pending enactment, 28 have signed on to the psychologist interstate compact,<sup>41</sup> and nine states are beginning to introduce legislation.

Access to crucial mental health care for children, adolescents, and families could be increased by facilitating enactment of these interstate compacts across all states to allow for practice via telehealth, and for provider license acceptance across state lines.<sup>42</sup> This could help to address and ameliorate the provider shortages for all military families and mitigate the effects of poor mental health on military children and adolescents.



**Allow homeschooling military families to utilize their “home state of record” instead of their current residence for homeschooling education requirements, to maintain continuity across relocations.**

**Finding: Military Children's Education**

Thirteen percent of active-duty family respondents with children enrolled in K-12 education report that they homeschool their oldest child, a proportion that may be up to two times greater than the proportion in the general U.S. population;<sup>43</sup> nearly 4 in 10 (38%) of those report that they plan to homeschool their child until they graduate from high school. The top three reasons active-duty family respondents cite for this choice reflect actions families are taking to adjust to issues unique to military life: “to stabilize their children’s academic experience” (52%), “greater flexibility to spend time together as a family” (36%), and “to avoid poor quality school options” (35%). This indicates that for many active-duty military family respondents, homeschooling is a viable long-term choice, even after COVID-19 pandemic school attendance protocols are lifted.

Unlike their homeschooling civilian counterparts, the frequency of military moves makes homeschooling more challenging for military families, because regulations can change from state to state and from CONUS to OCONUS duty stations. “Roadschooling”<sup>44</sup> is one alternative model, which could be adapted to cover homeschooling military families. This type of homeschooling allows transient families to utilize a “home state of record” to stabilize the requirements instead of having to change as they move from state to state. Similarly, allowing homeschooling military families to also use their home of record – rather than their current residence – would help them maintain educational continuity across relocations and ease burdens associated with moves.





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