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Supporting the bereaved families of Armed Forces personnel:

A voluntary sector initiative



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The Armed Forces has a long and established tradition of supporting the families and relatives of personnel who die in service. However, recent events in the Middle East have seen a substantial increase in operational deaths, thereby placing extra demands on existing bereavement support mechanisms. In response to a perceived need, Cruse Bereavement Care secured funding over three years from the Department of Health, to design a bespoke military bereavement support package. The main focus of the support was to train Cruse bereavement volunteers to be conversant in the ways of the military, thereby facilitating a more meaningful and beneficial interaction, be it face-to-face or on the phone. This article documents how the initiative came about and details the foundations of the supplementary support currently in place.

It is followed by a description of how the programme was put into practice by two Cruse volunteers, Beryl Austoni and Hilary Linsey,

Introduction

This article describes how an initiative started in one government department came to benefit the personnel in another government department through a collaborative venture with the voluntary sector. Cruse was founded in 1959 and is the UK's largest bereavement charity. Services to bereaved clients are provided by nearly 6,000 trained and skilled volunteers. In 2011/12 Cruse responded to nearly 100,000 requests for assistance and helped 38,922 bereaved people with one-to-one face-to-face support, and 7,198 through group support, including 5,343 children and young people under the age of 25 years (Cruse, 2012). Cruse also provides training for external organisations and for those who may encounter bereaved people in the course of their work.

The publication of the Department of Health (DH) advice document *When a Patient Dies* (DoH, 2005) (now superceded by *When a Person Dies, 2011*) highlighted areas of good practice in bereavement care. Having identified a potential need for bereavement support within the Armed Forces, particularly the bereaved families and relatives of service personnel, Cruse applied to the DH for funding to support a project.

The UK Armed Forces

The UK Armed Forces is a sizeable organisation by any standards. For example, in June 2011 the Regular Forces comprised a total of 185,830 personnel, including those who had completed, and those still undertaking, training. The Naval Service (ie. Royal Navy and Royal Marines) consisted of 37,300 personnel, the Army 106,350 personnel, and the RAF 42,180 personnel. The UK Volunteer Reserve forces numbered approximately 37,290 (DASA, 2011a). The nature of the military working environment often involves increased risk of exposure to potentially traumatic experiences, be it through rigorous and intensive training regimes, or during operational deployments such as Iraq and Afghanistan where fatalities and serious injuries have become all too familiar in the media. In 2010 there was a total of 187 deaths in the UK Armed Forces. Most of the deaths were due to: hostile action (51%, n=95); land transport accidents (19%, n=36); cancer (9%, n=16), circulatory disease (4%, n=7); other types of accidents (8%, n=15); and suicide (+open verdicts) (3%, n=5) (DASA, 2011b).

All three services have their own tried and tested support mechanisms in place for military personnel and their families, which include unit welfare services, unit medical officers, the chaplaincy, visiting officers, and community mental health teams to name but a few. There are also other military and civilian agencies that can be called upon for support following bereavement. For example, the Service Personnel and Veterans

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Agency (SPVA) welfare service provides practical support and guidance to the bereaved family following a death. The services are only able to offer support to those who are recognised dependents such as the next of kin and emergency contacts. Families are now complex units and in many cases key members are not known to the services. External organisations often play a vital role in offering support to such people. The Royal British Legion (RBL) provides a range of advice and support to exservice personnel and their families including advice on legal issues related to the death of service personnel, and advises on compensation and war pensions. It also offers independent advice for those involved with inquests. The three service widows associations and the War Widows' Association (WWA) provide the widow/widower with emotional support, advice and a 'listening ear' from other service widows/widowers. The Soldiers, Sailors, Airmen and Families Association (SSAFA) provides help and support to service, ex-service personnel and families relating to welfare and housing issues, and host the Military Families Support Groups for families especially parents and siblings of those bereaved by death in service.

Despite the above support infrastructure, not all of the professional/voluntary organisations have the resources available to meet the demands of ongoing bereavement support; counselling skills training varies, as does background bereavement knowledge. Furthermore, research indicates that personnel within a service environment are often reluctant to seek in-house support for what might be seen as stress or psychological problems, due to the perceived stigma attached (Gould, Greenberg & Hetherton, 2007; Langston, Greenberg, Fear, Iverson, French & Wessely, 2010).

Recognising this potential gap in service provision, Cruse applied for funding from the Department of Health, and received a three-year grant. The remit was to: develop specialised training for its volunteers specifically in meeting the needs of bereaved families and relatives of service personnel; to promote understanding of the issues around death in service by working with the three services welfare departments, MOD and the exservice charities; and (where feasible) to recruit and train new volunteers with a military background and understanding of the issues.

Developing the bereavement support programme

The main objectives (most of which were agreed at the first advisory group meeting) were to:

- establish a bereavement support service dedicated to the needs of serving and ex-services personnel and their families, taking into account their special needs
- create a dedicated military family bereavement page on the Cruse website (to include the design and production of supporting documentation and electronic media)
- roll out a bespoke military bereavement training package for Cruse volunteers

 increase awareness of the needs of those bereaved through death in service.

Project advisory group

Once a project manager was appointed (Jenny Green), an advisory group was established. Its purpose was to provide a forum for relevant military and civilian/charity representatives to offer advice, have their views heard, and put forward their requirements in terms of additional bereavement support. It was also used to review work undertaken and provide direction on the way ahead. Over the course of the project the following organisations/departments were represented on one or more occasions: Cruse Bereavement Care; Soldiers, Sailors, Airmen & Families Association (SSAFA) Forces Help; Service Personnel & Veterans Agency (SPVA); Royal British Legion (RBL); Defence Science & Technology Laboratory (Dstl); Service Personnel & Policy (SPPol) Operations; and the welfare services, bereavement support departments, and chaplaincy departments from each of the three services. The inaugural meeting was in February 2009, and the group met twice a year.

Contacts made both at the advisory group and in other forums have enhanced relationships between Cruse and the service community. Information about Cruse and supporting literature for families is now distributed to all bereaved service families through the Joint Casualty and Compassionate Cell (JCCC) via the visiting officers (VOs).

The military family Cruse webpage

Cruse has its own website (www.cruse.org.uk), which provides information on such areas as: bereavement and grief; the location of local branches throughout the UK; publications and training services; news and events; supporting bereaved children and young people. As part of the project a further section was added which was devoted specifically to bereavement in the military.

The military webpage is focused on bereavement support for service families in the Armed Forces. The home page is split into three, starting with an introductory section, then a section relating to films, podcasts, and publications, and finally a section listing 22 menu items relating to many aspects of bereavement and its aftermath, both general and military specific.

There are currently four films available either on the website or through Cruse. *Behind every headline is heartache* was made with and for Cruse. The DVD is around one hour long and is divided into three sections: Behind every headline is heartache; A widow's story; Supporting repatriation — the padre.

Bereaved in the Armed Forces consists of two interviews with uniformed personnel – a casualty notifying officer (CNO), and a visiting officer (VO). They talk about their work with service families who have been bereaved.

A guide to coroners' inquests was produced by the Defence Inquest Unit to help those facing a coroner's inquest into the death of their loved one to better understand the process.

There are several podcasts ranging in length from 2-14

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minutes. They include the personal accounts of five widows, a father, bereaved service children and a bereaved sibling. One of the podcasts also involves one of the widows who was childless describing what it felt like to further lose the family dog who was her last link to her late husband. Another podcast hears how it felt to be the ex wife and first family of someone who died, when all the attention is focused on the 'new' family. Causes of death include training accidents, killed in action, and natural causes, eg. cancer. The participants are interviewed by the Cruse/Armed Forces project manager, who asks them how they found out about the death, the funeral, their thoughts and feelings relating to the event, how they coped, and where they are in their grief now.

Three of the publications are information leaflets:

Behind every headline is heartache – supporting the military family is a general leaflet providing information on coping with loss, ie. how bereaved people respond to loss mentally and physically; what Cruse is, what it offers, and how to contact the organisation. There is also information relating specifically to children and young people.

A more specific leaflet is *Cruse Bereavement Care – helping military families to support their children.* It provides information for parents and carers on supporting a bereaved and grieving child/young person; operational deaths and the child and other losses. It also provides useful contact details, eg. the Service Widow's Association, and Cruse's website for bereaved children/young people, www.RD4U.org.uk.

A specific leaflet aimed at schools is *Cruse Bereavement Care – supporting military families and helping schools support their pupils.* It provides information for teachers on what Cruse can do to support a bereaved service child; loss of an older sibling; operational deaths; repatriations and homecoming parades; and Service inquiries and inquests.

There is also a credit card sized information leaflet for a purse or wallet which attempts to normalise grief and provides phone, email and website contact details for those requiring further information or bereavement support aimed at serving personnel, and two leaflets on inquests, *Inquest – after someone dies* aimed at supporting young teenagers and *Mr Rabbit's Inquest* to help children aged 5–11 years.

Articles on the project have featured in service and ex-service journals, widening the understanding of the project and the needs of the bereaved.

Cruse volunteer training package

To help raise awareness of the issues around military bereavement, all volunteers are asked to watch *Behind every headline is heartache* (every Cruse branch has copies), and to spend some time familiarising themselves with the military section of the website.

A one-day 'training the trainers' module was developed, aimed at volunteers who had additional training and/or supervisory responsibilities. The module assumed that all participants had previously undertaken the Cruse Awareness

in Bereavement Care Foundation Training Course (ABC) or equivalent, and the additional 'sudden and traumatic death' and 'a child's grief' and CPD modules. By focusing on trainers and giving all the training information and resources to them, it was hoped that they would deliver similar training courses within their branches, thereby cascading the information to as many volunteers as possible in a cost- and time-effective manner.

Building on feedback and increasing demand, the one-day course was amended and made accessible to any Cruse volunteer. Specific changes involved (where possible) using serving personnel such as medical officers, casualty notifying officers, visiting officers, welfare staff, and bereaved family members to give firsthand accounts of their experiences. This added a well received dimension to the day, and enhanced the working relationship between Cruse volunteers and service members working in the military support system.

Media reporting of operational deaths, and the many TV programmes on the subject, have increased both public interest and awareness within Cruse's volunteers. There has been a commensurate interest in improving their understanding of the issues that follow a military death, and Cruse has developed an e-learning package that is unique in both content and format. It addresses the problems of having a dispersed and often geographically remote cohort of volunteers who can find it difficult to get to training sessions. Volunteers can share their comments with others taking the course.

A gap was also identified in Cruse's understanding of the needs of bereaved service children, and the long term impact a service death has on them. A training DVD Death in service -a focus on children has been completed and enhancements made to the Cruse military web pages and the Cruse children and young people website.

The work of this project and the training is, of course, ongoing: all those working in Cruse, the services and the exservices organisations should have an enhanced understanding of how 'death in service' can complicate the grieving process. Long after hostilities have ended and the public's focus has shifted, the need for bespoke bereavement support for the relatives of the UK Armed Forces will continue.

Conclusions

The funded element of the three-year project has ended. What has been achieved in that time is the laying down of a bespoke military bereavement support infrastructure provided by Cruse, which the Armed Forces can call upon when needed. It is still too early in the process to be able to measure any meaningful uptake or benefits of the programme. It needs to be advertised appropriately within the existing military welfare/medical support mechanisms and chain of command. However, initial anecdotal evidence from within the military suggests that there is an awareness of it, and the website, supporting publications, leaflets, and films are valuable and relevant.

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'The family have been told'



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Hearing the words 'The family have been told' on the radio or television news now has special significance for two bereavement volunteers from Cambridge Cruse Bereavement Care who, having worked with a family bereaved by a death in the services, understand all too well what these words really mean.

Background

In June 2009 three bereavement volunteers from our Cruse branch attended a pilot of the Death in the Services (DIS) training course. We came away inspired and made plans to take it forward in our own area.

We supported our own research with the DVD Behind every headline is heartache, and made contact with local SAFFA and British Legion (BL) branches and the welfare department at our local army barracks. Our contact there, a senior welfare officer (SWO), had been Cruse trained some years previously and therefore understood our organisational aims. From her we were able to identify more of the differences between bereavement support for the general public and for service families.

Using the format from the pilot, we worked with the SWO to broaden the programme and have since delivered four DIS training courses to a total of 41 delegates, with future courses planned annually. The SWO has worked with us on each of the courses and her attendance has proved invaluable. Delegates' questions received an instant response from one who knows and experiences military life on a daily basis. As a result of the working relationship between the SWO and our Cruse branch there is an

arrangement that mutual support will be given, if possible, should either experience an overload of service families requiring help. SSAFA or a BL volunteer also delivers a slot on each course to explain the role of their organisation.

An experienced bereavement volunteer (BV) was called by the branch helpline in January 2010 and asked to do an assessment visit to a bereaved father whose son had been killed in November 2009. She conducted the visit and placed him on the waiting list. The BV then offered to work with him and the allocations team agreed to prioritise this case as his need was great. The BV also liaised with a military friend about protocol and ideas about managing the work.

Days later another BV was asked by the branch allocations team if she would be prepared to work with a sibling of the soldier within the same family.

Practice

In such circumstances, using the expertise gained from the Cruse 'Sudden and Traumatic Death' training is a good starting point for the work of the BV.

The family were dealing with their grief at different stages and at times some members were in crisis. The wider family and friends were often in the house in the early days, including army friends. During the period of support we gave, a young friend of the family was badly injured on active service and lost limbs. This threw the whole family into further confusion and intense work was needed to support them. They were all able to visit the injured man and gradually cope with the range of feelings they were experiencing.