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'The family have been told'

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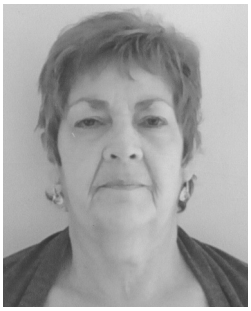

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Hearing the words 'The family have been told' on the radio or television news now has special significance for two bereavement volunteers from Cambridge Cruse Bereavement Care who, having worked with a family bereaved by a death in the services, understand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

Key issues

A military death in a foreign land usually means no possibility for the family to visit the scene of the death, now or for many years to come. Details may also not be available to the family for security reasons.

However, service families live in a protected environment and when one of their own is killed, huge support is given. The offer is made to completely organise the funeral if that is what the bereaved require. At a time of vulnerability it feels an easier option although, when feelings are beginning to normalise, the bereaved sometimes regret that decision and wish they had been able to manage the event themselves.

There is often a very public homecoming and funeral, followed later by a public inquest. Media interest is not always positive but is on-going. The anniversaries and milestone numbers of casualties are in the media, often with images of all those killed. As there is usually no warning this will be happening, it can be quite shocking and traumatic for the family to relive receiving the dreadful news. The homecoming parade and celebration day are particularly difficult for bereaved families as both operate in the military format, often leaving the bereaved feeling outside the whole occasion.

Support from the army through the visiting officer (VO) for the family we worked with was excellent. The funeral was organised by the army and financial help offered. Support from the VO was sustained until the inquest and the regimental homecoming were over.

Service families live in their own social strata and once the bereaved family leaves this unique society, it is hard to commence a new life in a new area with new neighbours and to integrate within a different social sphere. This can lead to extreme isolation and separation anxiety. The family we worked with were already slightly outside this military family as their son was a reserve soldier and so not attached permanently to a regiment. As more and more Reserves are used in conflict, this could become a problem for the grieving families. In these cases the role of the VO is even more important.

Psychological issues and loss of camaraderie may increase bereavement issues for both injured personnel and bereaved families since their respective communities have a distinct closeness.

The contradictions between the choice of career being what the deceased wanted, but not what the parents would have chosen, caused much angst. The bereaved sibling was distressed that the profession his late brother had always wanted had been only briefly enjoyed and much of the loss he felt was due to a sense that his brother had been robbed.

Local and national attitudes to the death were supportive, as shown by the family's local villagers along with national displays of respect, eg. crowds in Wootten Bassett for repatriation ceremonies, making it a very public bereavement. Without warning, photos of the deceased service personnel can appear in the media and once again, the bereaved are plunged back into the nightmare, often as intense as at the beginning of the bereavement path.

Evaluation

Working with both the father and son was the same as any other sudden death in terms of stages, method of work and male/female differences. However, media publicity often set both clients back immensely which frustrated both them and us as volunteers.

The issues for the parents around loss of a child were the same as for any parent, but with some added complications. A sibling death often means a change in family dynamics but the deceased dying 'a hero' may well present future issues within family relationships.

When a family member works away from home for long periods, the remainder of the family have to adjust as well as possible. When that person dies in action, family members struggle to accept the deceased will not return. Sometimes with a death in service there will not be a body to see, making the loss more difficult to process. It is hard as a bereaved person and for a volunteer to attempt to help the client to move forward in this situation. As a comparison, with a sudden and traumatic death such as road traffic incident, parents would be able to both visit the scene and, usually, see the body.

There are sometimes difficulties around disclosure of the exact nature of the death due to possible compromise of operations and this can cause problems in the grieving process. Although this family received excellent help and support from the VO, another case encountered was not so, leaving the bereaved unable to start working on the grief process until much later.

As bereavement volunteers, it was a difficult death with highly charged emotions and required extra supervision for initial support. There were and are the same constant reminders in the media and the statement, 'The family have been told' are still chilling words as we as BVs now understand the process of reporting the death to the family.

In the case of the father, it was a long period of work, about one year, and I (BA) sometimes found it difficult to know how to assist him to move forward when the public reminders are always there. It seemed that each time I was travelling to a session another casualty was announced on the news bulletin. The brother received four months support, cut short by his work relocation.

The circumstances of the death were like no other we had worked on before. The work heightened our awareness, increased understanding and broadened our knowledge and expertise. There is no doubt that in both our cases, the experience developed our work as volunteers. It has also helped us enormously when delivering Death in the Services training to others.