



Forces Support | Consultancy

Scoping Study

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Purpose of Study

- To identify and highlight the evidence base which supports the current work of Forces Support
- To highlight areas for development and make recommendations for the future based on an extensive review of the literature
- To undertake a review of current support provision in the UK and internationally for families affected by traumatic bereavement and loss
- To identify gaps in current provision for families affected by traumatic bereavement and loss
- To propose a generic model of practice to meet the needs of families affected by traumatic bereavement (including military families)



A review of the literature

Introduction

An extensive literature review has been undertaken utilising a number of key search terms. Literature from the UK and internationally has been accessed and referenced where relevant. Following a review of the literature a summary has been documented below to highlight the key texts and findings.

Defining grief, complicated grief and traumatic bereavement

Kubler-Ross as early as 1969 noted that grief may be defined as a complex set of reactions to these losses which include physical, emotional, behaviour and spiritual changes. Similarly Archer (1998) concludes that grief is “a natural human reaction, since it is a universal feature of human existence irrespective of culture, although the form and intensity its expression takes varies considerably” (1998; p 1). Certainly Bonanno and Kaltman (2001) in their research pay particular attention to the varieties of the grief experience.

There are a number of theories of grief which have been developed over time. As early as 1912 Freud argued that grief was an active process and entailed a “struggle to give up the emotional and internal attachment to a love object, a process which takes up much time and energy” (as cited in Archer, 1998, p 15). Kubler-Ross (1969) interpreted the stages of grief as denial and isolation, anger, bargaining, depression and acceptance and in more recent work has acknowledged that the stages do not always occur in that order and may sometimes be experienced simultaneously (Kubler-Ross and Kessler, 2001). Likewise Murray-Parkes (1998) notes that the grief following the permanent loss of a close attachment relationship is a normal part of being human.



However, Iype (2009) advises that “in certain circumstances, grief may become persistent and an individual may become unable to function properly with daily living” (2009, p 8). In her work Iype supposes that this constitutes a “complicated grief reaction” (2009, p 8). Similarly Wagner (2007) highlighted that research has provided significant evidence that complicated grief is characterised by a specific set of symptoms. Worden (2003) argues that this type of grief is distinct from normal grief, not by the presence of different emotional markers, but by the duration and intensity of these emotional markers.

Historically there have been a number of attempts to conceptualise complicated grief. For example Freud defined it as “the ambivalent nature of the relationship towards the deceased when living has led to an obsessive state in which the mourning individual feels that they have somehow willed the death” (cited in Bradbury, 2001 p 217). Conversely Bowlby understood complicated grief as occurring when attachment to the deceased was not properly adjusted (as cited in Field, 2006). More recently Swan and Scott (2009) have concluded that the risk of developing this type of grief reaction is increased if the death of a loved one is traumatic. This notion is reinforced by Kaltman and Bonnano’s earlier work in 2003 where they propose that violent deaths have often been implicated in excessive or traumatic grief reactions. Similarly Sanders (1993) noted that one variable frequently cited as a risk factor for poor bereavement outcomes is a sudden and unexpected death.



A summary of the literature on traumatic bereavement

Asaro and Clements (2005) note that a review of the bereavement literature concludes that those deaths involving suddenness, interpersonal violence, trauma, suicide, and most importantly acts of human design, are more likely to create exaggerated and potentially complicated grief responses. Indeed a number of authors have identified the strong correlation between sudden, violent and unexpected death and the development of a complicated grief response (Kaltman and Bonnano, 2003; Rynearson, 2006).

Interestingly a number of authors have made connections between a complicated grief response and a traumatic reaction. Horowitz et al (1997) characterised complicated grief as a combination of sustained intrusion, avoidance and maladjustment symptoms and stated that it is generically related to post traumatic stress disorder (PTSD) in the sense that it is the result of exposure to a traumatic event. Moreover Boelen et al (2007) suggest that complicated grief symptomology are maintained and exacerbated by the same three factors believed to underlie the development and maintenance of PTSD, namely the insufficient integration of the loss in autobiographical memory, negative beliefs and catastrophic interpretations of grief and finally the anxious and depressive avoidance of the loss. In addition Pfefferbaum et al (2001) cite empirical evidence which demonstrates grief to be a strong predictor of PTSD symptoms.

Walsh (2007) writes extensively about how entire families can experience the primary effects of trauma and that vital family functioning and kin networks can be disrupted. Similarly Figley (2002) notes that in addition loved ones can suffer from secondary trauma.



A summary of the literature on military bereavement

An extensive review of the literature has found very few specific studies relation to bereaved military families in the UK. In more recent years a number of researchers in the US have started to undertake research with military families (Fenell, 2008; Hall, 2010; LaMorie, 2011).

It is well established in the literature that culture more generally is a significant factor in influencing the grief response of both individuals and the wider family (Clements et al, 2004). A number of authors have argued that the military constitutes a distinct culture in its own right (Fenell, 2008; LaMorie, 2011). For example when writing about military deaths in the US, Hall (2010) notes that when the culture encourages secrecy, stoicism and denial; discouragement or punishment of expression of fears and grief, as is so often found within the military culture, families are at significant risk of developing a complicated grief response. Similarly LaMorie (2011) observes that the death of a loved one in the US Armed Forces is fraught with complexities unlike those seen in the civilian world, lending itself to a potentially prolonged distressing and complicated grief process for survivors. LaMorie (2011) identifies these factors as the sudden, traumatic and violent nature of the loss, the geography of the death, the age of the deceased, the age of the survivor, the condition of the bodily remains, their commitment to duty, military casualty and burial rites and rituals and media involvement.

Certainly occupational deaths can be considered to share many of the characteristics of a traumatic bereavement (LaMorie, 2011). Despite an element of anticipatory grief and preparedness in cases when a loved one is deployed overseas (Fenell, 2008), Hall (2010) argues that constant fear, the constant planning for disaster and the constant readiness for change does not serve as a protective factor but in fact compounds the grief response. Asaro (2001) goes on to conclude that whilst the victim's pain and suffering ends with the death, it is only the beginning for those left behind in the chaotic aftermath. Similarly when writing about military deaths LaMorie (2011) notes that those left behind can be susceptible to the effects of primary, secondary and vicarious grief and traumatisation.



Evidence based interventions following traumatic bereavement and loss

Following a review of the literature a number of recommendations have been established based on current evidence and best practice:

1. Delivery of and the mobilisation of social support networks

A review of the literature

- Kahn (1979) identified that social support protects from the impact of stressful life events.
- Walijarvi et al (2012) emphasised the importance of mobilising social support in response to a traumatic bereavement and similarly in encouraging engagement with other services/groups.
- Riley et al (2007) identified that the presence of social support contributes to an ability to progress in the grief journey and return to normal functioning or even to enhanced functioning.
- A number of research studies have examined the role of support networks in helping individuals cope with grief and have found that such networks benefit participants by providing connections with others who have had similar bereavement experiences (Walsh, 2007; Holmes et al, 2013)
- Miller (2009) highlights that many bereaved families actually seek and have the ability to engage with social support.



- Walsh (2007) concludes that family and community networks can be essential resources in trauma recovery when their strengths and potential are mobilised.
- Holmes et al (2013) when writing specifically about military families note that providing practical and emotional support to surviving families both immediately and over time produces the best outcome. These authors go on to conclude that the family's resilience can be promoted by linking them to outside resources.

Ways in which the current work of Forces Support meets evidence-based recommendations

- Deployment of a Family Liaison Officer (FLO) to families to provide emotional support, signposting and referral to external agencies.
- Professional clinical support provided to FLO to enable the development and delivery of a tailored care plan based on the unique needs of the family and centred on the mobilisation of local and national support networks and external organisations to provide long term, accessible and sustainable intervention.
- Establishment of an active Forces Support (FS) Facebook page which encourages bereaved families to form links and share experiences.

Recommendations for the future

- Skills training for FLO in therapeutic communication and systemic/family work to enhance the delivery of current support
- Redevelopment of FS FB page to encompass psycho-educational material and links to other organisations/sources of support nationally



- Introduction of a system of monitoring of FS social media sites to ensure their appropriate use by bereaved families

2. Delivery of “concrete aid”/practical support

A review of the literature

- Dean et al (2005) identifies that one type of social support can be defined as “concrete aid” such as assisting families to deal with practical matters.
- Holmes et al (2013) argue that a combat related death has an immediate impact on the family and highlights the importance of providing practical support.
- Clements et al (2004) write extensively about the “utmost” chaos faced by families following a traumatic bereavement and advocate the need for practical support to be offered in such circumstances.

Ways in which the current work of Forces Support meets evidence-based recommendations

- Eligibility criteria currently encompasses the delivery of household/garden repairs and work that would have otherwise been undertaken by the person who has deceased.

Recommendations for the future

- For FS project team and/or FLO to undertake small practical tasks for the family such as shopping, cleaning, cooking or assisting with childcare



- For FS to offer an early intervention practical support service for families from three months post-death which focuses on the completion of minor practical tasks and the provision of emotional support in the first instance.

3. Initiation/facilitation of “meaning making activities”

A review of the literature

- Walsh (2007) concludes that coming to terms with traumatic loss involves making meaning of the traumatic experience, putting it into perspective, and weaving the experience of loss and recovery into the fabric of the individual and collective identity and life passage
- Michael and Cooper (2013) argue that a task based approach to mourning emphasis an active rather than passive engagement with the processes of personal loss and growth.
- Bray (2013) states that individuals can resolve the incongruence that follows the death of a loved one by engaging in meaning making processes.
- Kohut (2011) suggests that creations such as a memory book can provide a tangible means for healing from loss, celebrating life events and preserving family stories and legacies.
- Kaplow et al (2013) note that many children of military families feel a strong sense of meaning and purpose associated with parental combat death
- Walsh and McGoldrick (2004) state that bereavement specialists now view adaptive mourning as best facilitated through transforming losses to



continuing bonds in spiritual connections, memories, deeds and stories that are passed on across generations.

- According to Walsh (2007) suffering can be transcended in creative and symbolic expression through the arts and finding ways to express the experience of trauma and survival through writing and artwork can facilitate resilience; thus healing is aided through dedications to honour those who were lost.
- Kohut (2011) states that through the act of creation healing and hope can be fostered in grieving individuals.
- Walijarvi et al (2012) advocate interventions which facilitate opportunities for bereaved individuals to create an ongoing narrative of the death and the life of the deceased. They go on to state that the theme of creating a memorial another means of developing such a narrative.
- Niemeyer et al (2002) identified that those persons who could not in any kind of meaning in their trauma are more likely to suffer from complicated bereavement. Earlier Niemeyer (2001) stated that meaning reconstruction in response to trauma and loss is a centre process in healing.

Ways in which the current work of Forces Support meets evidence-based recommendations

- Offering bereaved families the opportunity to design and create memorial areas.
- Enabling bereaved family members to participate in this creation by working alongside the FS project team.



Recommendations for the future

- For FS to consider introducing a range of “meaning making” or remembrance activities beyond the home and the garden such as:
 - Commissioning combat teddy bears to be made from the deceased’s uniform
 - Organising and funding a star to be named in memory of the deceased
 - Supporting family members (and in particular children and adolescents) to create a memory box or book
 - Supporting the family to identify their own unique remembrance activities (such as planting a tree, naming a street or having a soldier’s named engraved in a place of significance) and offering flexibility and support to help them achieve their individual projects through the allocation of funding, time, materials and other resources as required.

4. Adopting a family-centred approach

A review of the literature

- Walsh (2007) highlight the importance of strengthening the family unit for optimal recovery following a traumatic bereavement and argue that the family network can be an essential resource in trauma recovery.
- Holmes et al (2013) argue that the family structure and function are critical to individual and familial health and that enhancing family organisation can help children to cope and thrive. The same authors go on to say that the most effective support services and resources are those that emphasis family focused care and resilience.



- Holmes et al (2013) advise that support services should be tailored to families' individual risks and strengths.
- Holmes et al (2013) recommend interventions that promote families' resilience by reducing their distress, educating them, helping them to plan for future needs, linking them to outside resources and creating a sense of hope.
- Kaplow et al (2013) describe that different family members may experience distinct grief reactions, such that individuals within the same family might each exhibit markedly different configurations or "profiles" of grief reactions which can in turn interfere with the family's capacity to communicate and emphasise with each other.

Ways in which the current work of Forces Support meets evidence-based recommendations

- FLO undertakes face to face visits and undertakes an assessment of the needs of the whole family and of individuals within the family to inform the development of tailored plans of care.

Recommendations for the future

- For FLO to undergo systemic/family therapy training (at a foundation level) to better equip them to work across the whole family unit in the assessment of needs and the delivery of emotional support.
- To implement model of practice outlined in proposal to current FS families to enable them to benefit from the evidence based approach.

5. Early intervention and identification of mental health needs



A review of the literature

- According to Litz (2004) research underscores the importance of early intervention for those who have suffered traumatic loss as relieving acute distress and mobilising resources for recovery can be crucial in preventing more serious and chronic symptoms of PTSD.
- Similarly Holmes et al (2013) note the importance of services which can identify and treat mental health problems including anxiety, depression and PTSD.
- The following citation from Holmes et al (2013) highlights the potential of early engagement; “meeting a bereaved individual soon after the loss of a loved one means not only meeting someone still suffering from the loss but also someone whom they can help not just alleviate distress but also to grow through the experience” (2013, p 30).

Ways in which the current work of Forces Support meets evidence-based recommendations

- The current all-encompassing eligibility criteria enables families to be referred at any time following a death notification.

Recommendations for the future

- FS to proactively engage with families in the immediate aftermath of a death to offer emotional and practical support via the deployment of the FLO.



- FS to consider offering different services depending on the length of time that has lapsed since the death.
- FLO to be provided with additional training and support to enable the early identification of mental health difficulties requiring referral to specialist services.

6. Delivery of psycho-education

A review of the literature

- Holmes et al (2013) when writing specifically about military deaths identify the need to provide education to bereaved families about coping strategies and the benefits of active coping.
- Sklarew et al (2012) similarly note the importance of providing bereaved families with psycho-educational information at the earliest opportunity.

Ways in which the current work of Forces Support meets evidence-based recommendations

- At the current time psycho-education is provided by the FLO as part of their role in delivering emotional support.

Recommendations for the future

- FLO to be provided with training to enable psycho-education to be provided to families as an integral part of role



- FS to develop psycho-education materials/literature for families in conjunction with specialist organisations such as Soldiers in Mind, CRUSE and Winston's Wish.

7. Cultural Competency

A review of the literature

- Rolls and Chowns (2014) state that bereavement present very unique challenges for military families
- Westphal et al (2015) describe the importance of "military cultural competence" and in tailoring services that are culturally relevant.
- Holmes et al (2013) argue that national education programmes are needed to teach clinicians about the unique needs of military children and families.

Ways in which the current work of Forces Support meets evidence-based recommendations

- Recruitment of FLO with military knowledge/background
- Monthly consultancy/advisory services provided by mental health professional with a background and expertise in working with military bereavement

Recommendations for the future

- Induction training for all FS staff in the military bereavement process to ensure that the organisation can demonstrate "military cultural competence"

8. Staff support



A review of the literature

- A number of authors have identified that therapists working with traumatised individuals may experience a number of negative effects as a consequence of undertaking this work (Fireston, 2007; Pulido, 2007).
- Sexton (1999) notes how the concepts of vicarious trauma (VT), secondary traumatic stress, empathetic stress and compassion fatigue are all terms which have been developed in an attempt to clarify the negative effects of working with traumatised individuals, families and systems.
- McCann and Pearlman (1990) describe how the cumulative effect of working with traumatised clients may interfere with the therapist's feelings, cognitive schemas, memories, self-esteem, and/or sense of safety.
- Saakvitne and Pearlman (1996) note how the impact of VT on therapists, if unacknowledged can present a number of ethical concerns, such as the increased potential for clinical error and therapeutic impasse as well as the compromising of therapeutic boundaries between therapist and client.

Ways in which the current work of Forces Support meets evidence-based recommendations

- Development and implementation of Staff Wellbeing Policy which offers opportunities for staff to access professional consultancy and support from an external clinical advisor.
- FLO has access to 5 hours of clinical consultancy per month which offers opportunities for case discussion (to enhance delivery of care and develop practice), to review practice and enable in-depth reflection, to support the



identification of their educational and training needs. Most crucially this consultancy has a key restorative element aimed at ensuring that the FLO remains supported professionally and personally in their role in recognition of the unique challenges they may face in undertaking work with bereaved families following a traumatic loss.

Recommendations for the future

- Continue to review Staff Wellbeing Policy to ensure that it is fit for the purposes of the organisation.
- Continue to provide opportunities for development for FLO to ensure that they have the relevant skills and training to support their role.

9. Flexible and all-encompassing eligibility criteria

A review of the literature

- Holmes et al (2013) note the importance of support services making a commitment to provide systems of support for families who may need help for decades.
- Malkinson and Bar-Tur (2000) when writing about Israeli Military families found that the passage of time has no diminishing effect on the grief of parents and nor does it relinquish their attachment to the deceased.
- Clements et al (2004) note that it is not possible to generalise the way that grief affects individuals and that survivor responses may vary based on age, cultural and religious beliefs and past experiences with loss.



- Hacker et al (2008) write about the significance of interventions which involve honouring the deceased, regardless of the cause of death in an effort to facilitate bereavement without stigmatising the manner of death.
- Walijarvi et al (2012) argue that both death and grief are unique experiences.
- Miller (2009) also refers to the different patterns of coping with loss and bereavement.
- Rando (1993) advises that recovery from a traumatic bereavement is a gradual process which occurs over time and warns that various facets of grief may alternate and re-emerge with unexpected intensity.
- Holmes et al (2013) states that providing practical and emotional support to surviving families both immediately and over time produces the best outcome.
- Ender and Hermsen (1996) when writing about US military families have identified that non traditional family arrangements may challenge those called upon to provide assistance in times of family crisis. They go on to conclude that the failure to address the postmodern family during the bereavement process may contribute further to feelings of victimisation on the part of the deceased soldier's family.
- Leichtentritt et al (2013) in their work with the Israeli military note that the closeness of non-kin relationships is neither understood nor appreciated in regard to loss and bereavement. These authors argue that this causes greater levels of depression, more severe grief reactions and lower morale in the girlfriends of deceased Israeli soldiers.



- Rando (1993) concludes that for support for the bereaved to be provided, the need for support must be recognised; the support must be available, sufficient and extended.
- Leichtentritt et al (2013) states that help offering is a clear form of social and communal acknowledgement of grief which will likely have a significant impact on the grieving of those who have previously been perceived as a less relevant group of mourners.
- Parris (2011) note that in bereavement research there has been little focus on the needs of the less immediate family, friends and community who are all affected in some way by a particular traumatic death.
- Gilrane-McGarry and O'Grady (2012) write specifically about bereaved grandparents and refer to them being the "forgotten grievers". Their study found that being a recipient of practical and emotional support boosted the bereaved grandparents participating.
- Walsh (2007) conclude that the long and varied pathways in healing emotionally and rebuilding lives require the flexible availability in professionals and the support of kin and social networks over many months and years.
- Similarly Holmes et al (2013) summarise that when a service member dies in a combat zone, the consequences for their family can be profound and long-lasting.



Ways in which the current work of Forces Support meets evidence-based recommendations

- All members of the immediate and extended family are eligible for support from FS.
- Unmarried partners and ex-partners (with children by the deceased) are eligible to access support.
- A service continues to be offered to all families following the death of military personnel since 2001, at present there is no upper time limit on this support.
- Support is offered to all families of the deceased regardless of the circumstances of the death and the same service is provided to all.
- Families are able to self-refer for project work up to three times and this will be considered on a case by case basis (this enables support to be tailored according to the needs of the deceased family over a prolonged time frame).
- FS will work across fragmented families to ensure that they have access to the same care and will support them in developing their own unique remembrance projects.

Recommendations for the future

- For FS to undertake an audit of referrals to enable them to draw conclusions regarding the demographics of those who access their services, at one point in time and how frequently. This will enable them to continue to review their eligibility criteria and ensure that it meets the needs of the specific population.



- For FS to consider offering different services at different stages of the grief process.
- For FS to proactively work with military families from three months post-death notification onwards by deploying the FLO to undertake an assessment of need to inform a tailored care plan to ensure their engagement with support services at the earliest opportunity.
- For FS to liaise with and partner with other organisations, both locally and nationally, and to support families to engage with other sources of support.

10. The need for ongoing audit and research to contribute to the field

A review of the literature

- Holmes et al (2013) state that ultimately more research is needed in the field of military bereavement as little empirical research has been done on how a parent's death, especially a combat death, affects children. In addition these authors conclude that more research is needed to guide policy for future wars and to more effectively serve the current population.
- Parris (2011) argues that traditionally bereavement research has focused on the spouse or the parents of the deceased with little focus on the slightly less immediate family and friends.
- Leichtentritt et al (2013) note that in the Israeli military the closeness of non-kin relationships is neither understood nor appreciated in regard to loss and bereavement. The same appears to be true of the US and UK Armed Forces.



Ways in which the current work of Forces Support meets evidence-based recommendations

- FS has commissioned a number of research studies in the past.

Recommendations for the future

- For FS to develop a research strategy and agenda and to encompass audit and evaluation as an integral part of its current work.



A review of current UK and international provision

A review of current provision in the UK

An extensive review of the current provision in the UK aimed at identifying gaps in the service provision. This has been collated through a review of published information and where possible speaking with individual providers and canvassing the opinion of those currently working in the field.

This review encompasses both statutory and non-statutory health and social care services and makes reference to local and national services and examples of best practice.

Fundamentally the review will identify if any organisations already provide the type of support proposed by Forces Support and by doing so will identify those organisations which Forces Support can potentially collaborate with to both receive referrals from and direct referrals to as appropriate.



Brake

www.brake.org.uk

Overview:

Brake is a road safety charity working with communities and organisations across the UK to stop the tragedy of road deaths and support people bereaved and seriously injured on roads.

Mission:

- Promote road safety awareness and usage through campaigns, community education, information and advice
- Provide support to people across the UK devastated by road death and serious injury

Origins:

Founded in 1995

How it works:

Brake works with communities and organisations across the UK to prevent road deaths and injuries. It does offer support to road crash victims which includes anyone bereaved as a result of a road tragedy and this is accessible via a helpline which offers the following types of support:

- Emotional support provided by nurse, trauma specialist or other care or bereavement worker with experience and to possibly try to find a support worker to do a home visit.
- 'I've been there' telephone service to talk to someone who has been bereaved in a similar way
- Provision of information and advocacy

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- Help to access a specialist lawyer
- Help to access counselling and support groups

Who can benefit:

Road crash victims, including anyone bereaved as a result

Successes:

National profile, working with many different types of organisations and collating relevant research.

General:

Brake's vision is predominantly to prevent road deaths and injuries. Support to victims is in addition to this.

Relevance to Forces Support:

Brake does not offer any practical day-to-day support but would be a useful resource for Forces Support to signpost to or be signposted from where appropriate.

Brake does offer a support worker and provides a signposting service to families which is similar to the role of the FLO at Forces Support.



Sudden

www.suddendeadth.org

Overview:

Supporting people bereaved by sudden death regardless of the circumstances.

Mission:

- To increase awareness and understanding of the suffering of suddenly bereaved people and their support needs.
- To help professionals and carers provide best practice services for suddenly bereaved people that meet their support needs, by sharing guidance, initiatives and research and running training, networking and professional development opportunities.
- To support and encourage partnerships and sharing of best practice between organisations caring for specific groups of suddenly bereaved people, such as murder victims, suicide victims, and road death victims.
- To help suddenly bereaved people access specialist care through the provision of free information and advice services, such as this website and Sudden literature.

Origins:

Global charitable initiative by Brake sharing best practice and resources among professionals and carers working with suddenly bereaved people.

How it works:

Sudden offers quarterly bulletins for professionals, online guidance and research papers, seminars, training and webinars, and support literature for bereaved adults and children.



Who can benefit:

Anyone who is or cares for someone who is suddenly bereaved

Successes:

Free and accessible resource

General:

Sudden is based in literature and does not offer any individual support

Relevance to Forces Support:

Sudden will be a valuable resource for Forces Support to direct their own staff to in order to develop an understanding of sudden bereavement and the aftermath and to provide referrals with the support literature where appropriate.



Winston's Wish

www.winstonswish.org.uk

Overview:

Supporting bereaved children come to terms with their loss and rebuild their lives.

Mission:

To ensure the resilience of children confronted by the death of someone important to them by providing high quality services that meet their needs.

Origins:

Established in 1992 as the first childhood bereavement charity

How it works:

Winston's Wish offers a helpline, an email service, specialist face to face support services and training and publications to support children who have been bereaved and those who come into contact with them.

Who can benefit:

Any child who has been bereaved, their families, and anyone wanting to find out more about how to support a bereaved child.

Successes:

The leading charity for childhood bereavement

General:

Extensive experience of working with Winston's Wish has demonstrated that it offers something for everyone, regardless of the child's age or the relationship of the person working with the child.



Relevance to Forces Support:

Winston's Wish suggests practical ways for a child to remember a loved one e.g. memory boxes, special places but doesn't actually implement anything. Winston's Wish will allocate case workers.

Winston's Wish will be a very useful resource for Forces Support to access before working with bereaved families with children and for directing families to.



The National Homicide Service (Victim Support)

www.victimsupport.org.uk/what-we-do/national-services/homicide-service

Overview:

The National Homicide Service is notified by the police that a murder or manslaughter investigation is underway and they then offer support to the family via the police Family Liaison Officer.

Mission:

Support people bereaved through murder and manslaughter (including those bereaved as result of terror attacks in the UK and overseas)

Origins:

Not stated

How it works:

The National Homicide Service is notified by the police that a murder or manslaughter investigation is underway and they then offer support to the family via the police Family Liaison Officer.

If the family would like to access support then a face to face meeting is arranged.

The support the National Homicide Service can offer is extensive and is tailored for the needs of the people affected by the death.

Support includes:

- help to navigate the criminal justice system
- help to access financial services
- informing organisations that there has been a death



- access to legal support
- signpost to charities and other organisations for
 - trauma counselling
 - bereavement counselling
 - restorative justice
 - debt advice
 - housing advice
 - peer support
 - legal advice
 - murder or manslaughter abroad
 - child bereavement support
 - group bereavement support
- extensive practical support such as assisting with the funeral, childcare and transportation

Who can benefit:

Anyone bereaved as a result of murder or manslaughter

Successes:

The National Homicide Team has a unique arrangement with police services in England and Wales to be informed of murder and manslaughter investigations so that they can start providing support to families as early as possible.

General:

Independent charity with 1100 staff and 3000 volunteers.

Relevance to Forces Support:

The National Homicide Service is extremely relevant to Forces Support's proposed direction. This organisation inevitably deals with traumatically bereaved families and



provides them with some practical support. The National Homicide Service also provides case workers and care plans which are reflected in Forces Support's approach.

The National Homicide Service has been contacted to enquire as to when their caseworkers feel that bereaved families may be ready to consider the establishment of a memorial in order to draw upon their extensive experience of working with traumatically bereaved families over the long term.

The establishment of a working relationship with the National Homicide Service would be extremely beneficial to Forces Support who could then become one of the organisations signposted to.



Foundation4Peace

www.foundation4peace.org

Overview:

The foundation works nationally to support those affected by terrorism and violent conflict. It is not political or faith based and does not pursue causes such as justice or truth.

Mission:

Helping communities to prevent, resolve and respond to their own conflicts, breaking the cycle of violence and supporting those affected by terrorism and violent conflict.

Origins:

Set up in memory of Johnathan Ball and Tim Parry who were killed in 1993 IRA bombings.

How it works:

The information as to how the Foundation4Peace support bereaved families is not detailed on their website however conversations with the organisation show that they will support families in the aftermath of a death with family liaison officers. One such example is the families of the Tunisian terror attack in 2015.

Who can benefit:

Individuals who have been affected by terrorism and violent conflict (including survivors, those who have been bereaved and the veteran population)

Successes:

Foundation4Peace remains completely independent and is called upon to deliver training and seminars.



Relevance to Forces Support:

It has been made very clear during conversations with the organisation that the caseworkers feel that the establishment of a memorial space 3 to 6 months after the death would be extremely beneficial to families. At present this is encouraged by families themselves setting up spaces.



Family Activity Breaks

www.fabcamps.org.uk

Overview:

Providing fun and challenging activity holidays around the UK for bereaved military families.

Mission:

Providing bereaved military families with adventure and a welcome break to meet and socialise with others who have experienced a similar loss.

Origins:

Set up in 2008 and piloted with 24 families in 2009

How it works:

A tri service charitable initiative in partnership with YHA, FAB uses two locations to provide families with a break and is staffed by volunteers from the Armed Forces, Defence civilians and ex-Service personnel who are all trained by a bereavement counselling service.

Who can benefit:

If a family has a child under 19 and has experienced the loss of a loved one who was serving in the Armed Forces then they may be eligible for a FAB camp.

Successes:

FAB has increased the number of families benefitting from the breaks to 50 per year.



General:

Extremely positive feedback given by families who have attended the breaks.

Relevance to Forces Support:

Forces Support have already worked with FAB and this working relationship will continue to be relevant to Forces Support even in a revised direction as supporting traumatically bereaved families will continue to encompass bereaved military families. This organisation highlights the benefits of the practical provision of a break to traumatically bereaved family.



Grief Encounter

www.griefencounter.org.uk

Overview:

Helping every bereaved child in the UK, and their family, to access support.

Mission:

Help children find ways out of the abyss of grief.

Origins:

Set up in December 2003 by a mother who had lost both her parents at a young age.

How it works:

Support resources for children and teenagers and the people who support them.

Who can benefit:

Any child who has been bereaved, their families, and anyone wanting to find out more about how to support a bereaved child.

Successes:

Lots of press coverage

Relevance to Forces Support:

An additional resource for working with bereaved children



Lullaby Trust

www.lullabytrust.org.uk

Overview:

Support for those affected by the sudden and unexpected death of a baby.

Mission:

To provide support for those affected by the sudden and unexpected death of a baby and to provide information about caring for babies.

Origins:

Not stated

How it works:

- Helpline
- Discussion Forum
- In memory website
- Family days
- Signposting

Who can benefit:

Anyone affected by the sudden and unexpected death of a baby

Successes:

Celebrity endorsements

Relevance to Forces Support:

A resource for working with families who have experienced the sudden death of a baby



Cruse Bereavement Care

www.cruse.org.uk

Overview:

Somewhere to turn to when someone dies

Mission:

All bereaved people will have somewhere to turn when someone dies. Cruse offers support, advice and information to children, young people and adults when someone dies, and to enhance society's care of bereaved people.

Origins:

Founded in 1959

How it works:

Cruse offers the following services:

- Telephone support
- Email support
- Face-to-face support
- Support for children and young people
- Early intervention project
- Publications
- Bereavement Care Journal
- Local drop in sessions

Who can benefit:

Cruse offer support regardless of the circumstances of the death and offers support to both adults and children. The organisations has a partnership with Samaritans to



work with people bereaved by suicide, a project to support bereaved military families and training programmes for employers to manage bereaved employees.

Successes:

UK's largest bereavement charity and last year

- Gave 29,803 bereaved people one-to-one support, and 5,483 in groups
- Supported 4,948 children and young people
- Enabled over 5,700 volunteers to give over 500,000 hours of their time.

General:

Cruse is the first port of call for referring a bereaved person for support. Our experience of the organisation has shown that they are extremely approachable and effective.

Relevance to Forces Support:

Forces Support already refers individuals to Cruse and we would expect this to continue to be their first port of call going forward. The all encompassing nature of Cruse Bereavement Care makes it a particularly appropriate and valuable resource to Forces Support in the event that they too support families who have been bereaved in various different circumstances.

Cruse offers counsellors for individuals but does not offer a family centred approach and would not develop individually tailored care plans signposting people to other resources.



Support after Murder & Manslaughter (SAMM)

www.samm.org.uk

Overview:

UK Charity supporting families bereaved by murder and manslaughter.

Mission:

Provide support people who have been traumatically bereaved as a result of murder and manslaughter and reassure them that they are not alone.

Origins:

Set up as Parents of Murdered Children (POMC) in 1988 and changed the name in 1992/4

How it works:

Confidential non-judgmental support to anyone affected by murder or manslaughter via a telephone helpline, a secure on line forum, non-religious weekend retreats and seminars. All specially trained volunteers have been bereaved by murder and manslaughter.

Who can benefit:

Families and friends who have been bereaved as a result of murder and manslaughter

Successes:

At the beginning of 2013, the membership stood at over 4,000 nationwide and SAMM is now one of the longest established and most experienced charities working specifically in the field of supporting families and friends bereaved by homicide.



General:

SAMM will accept referrals from other organisations. Also offers training to professionals and other organisations.

Relevance to Forces Support:

SAMM could be a useful training resource to access in the event of working with families bereaved in this way as well as being an organisation to refer families to.



Missing Abroad

<http://www.lbtrust.org/#!death-abroad/c1tqf>

Overview:

Supporting British Nationals in crisis overseas

Mission:

Providing families with information, liaison, advice and support throughout a missing person's case overseas

Origins:

Formed after the killing of Lucie Blackman in Japan in 2000

How it works:

Among other aspects such as providing advice for safe travel abroad and in the event that someone goes missing abroad, the charity works to provide practical support in the event of a death abroad.

Who can benefit:

Families whose loved one is missing or has died abroad.

Successes:

Partnerships with FCO and National Homicide Service.

General:

Missing Abroad contains a lot of information and appears to be approachable and flexible.



The level of practical and administrative support offered by Missing Abroad appears to be quite unique and unlike anything which is offered by organisations supporting families who have been bereaved in the UK. While inevitably the information on the practical aspects of dealing with a death in the UK is widely accessible the Missing Abroad organisation does raise the question as to whether or not there is scope for an organisation to offer the equivalent practical administrative support in one place following traumatic bereavement in the UK e.g. how to arrange a funeral, help managing press, arranging legal support etc. The National Homicide Service do make reference to this level of support however it is only for those bereaved as a result of homicide and not all traumatic bereavement.

Relevance to Forces Support:

This type of administrative support would have to be available in the very early stages following a death and may not be appropriate for the direction Forces Support would like to go in, however the organisation as a resource and the flexibility of their approach could be applied by Forces Support.



Child Bereavement and Trauma Service

<http://www.chums.uk.com/>

Overview:

Providing support to bereaved children, their parents and carers across Luton and Bedfordshire

Mission:

Tailor made support for children delivered by a committed team

Origins:

Inspired by a local Macmillan Nurse 13 years ago who realised that there was very little support in the area for bereaved children. CHUMS was an NHS service for 12 years and launched a trauma service in 2008.

How it works:

Access via referral form, telephone or e-mail.

Who can benefit:

Any child who has been bereaved, their parents and carers.

Successes:

Many services developed and now receives 1500 referrals each year across all services.

Relevance to Forces Support:

While CHUMS does not operate nationally it is a good example of how charities can evolve to fill gaps in provisions. The success of this charity in one specific area



highlights the need for similar organisations to adopt this approach in other areas of the country.



Rainbow Trust

www.rainbowtrust.org.uk

Overview:

The Rainbow Trust provides practical and emotional support to families who have a child with a serious illness through diagnosis, treatment and beyond.

Mission:

One day every family who has a child with a life threatening or terminal illness will have access to Rainbow Trust's care.

Origins:

Not stated

How it works:

Families request support from the moment of their young person's diagnosis. Support includes:

- Sibling support
- Home support
- Hospital support
- Bereavement support

Who can benefit:

Support for the whole family including parents, carers, siblings, grandparents and other relatives

Successes:

Rainbow Trust supports over 25% of the 6,000 families in England who have a child aged 0-18 years of age with a life threatening or terminal illness and need the



bespoke support offered. They support the whole family 24/7, 365 days a year, regardless of diagnosis.

General:

The Rainbow Trust supports the whole family in a variety of different ways and seems to be tailor made to the family. Perhaps most significantly they are the only organisation which is present before as well as after a bereavement.

Relevance to Forces Support:

The bespoke nature of the Rainbow Trust's provision to entire families via case workers and care plans is similar to that provided by Forces Support. The Rainbow Trust is also one of few organisations reviewed which offers practical support depending on the needs of the family and has no time limit on how long they will work with a family for.

The website for the Rainbow Trust is inspiring and when the new direction for Forces Support is established it would be worth contacting them to see how collaborative working can be achieved.

The Rainbow Trust has been contacted to enquire as to when their caseworkers feel that bereaved families may be ready to consider the establishment of a memorial in order to draw upon their extensive experience of working with traumatically bereaved families over the long term.



Jigsaw4u

www.jigsaw4u.org.uk

Overview:

Supporting children and young people through trauma, loss and bereavement, bringing together young people who feel alone and different.

Mission:

Jigsaw4u aims to give young people a voice, empowering them to make decisions about their own lives.

Origins:

Grief support project formed in 1997 and other services added as service users and professionals identified additional needs.

How it works:

Jigsaw4u offers a number of services for young people among which is their post bereavement service which can be accessed via referral form from the family, school or GP or the organisation can be contacted directly. The post bereavement service aims to offer children and their families:

- An initial meeting in the family home or at Jigsaw4u.
- Opportunities for families to talk together.
- Six weekly support groups where parents, children and young people can meet others in similar situations, and share experiences and feelings. These groups are divided into children, teenager and adult groups.
- A weekend where there is time to talk, grieve and celebrate the life of the person who has died. Time to form new relationships with other families and have fun.
- A volunteer 'buddy' scheme to help the families achieve these aims.



- Training for schools and professionals to help bereaved families.
- On-going parent/carer support.
- Quarterly events for all the family.

During the groups a practical activity is completed each week which is used as a tool for encouraging communication within the group, extending to the family home. The activities vary on a weekly basis; one example of this is the creation of a memory box.

Who can benefit:

Children and young people suffering from bereavement or in the time before they are bereaved.

Successes:

Expansion of services and partnerships with organisations such as Macmillan. Over the course of 12 years have helped over 20,000 children and young people.

Relevance to Forces Support:

Jigsaw4u will be a useful organisation to refer to and accept referrals from.



Mother Against Murder and Aggression

www.mamaa.org

Overview:

To Provide An All Inclusive Practical/Emotional Support & Advocacy Service to Those Affected by Serious Violent Crime & Homicide

Mission:

Every individual affected by serious violence and/or homicide receives a nationally agreed, standard level of support and advocacy across the UK

Origins:

Established in 1993

How it works:

MAMAA recognise the individual needs of families of homicide victims tailor support around this.

MAMAA do not only support immediate family members of a victim of violent crime. Also supported are cousins, uncles, aunts, friends and community members.

MAMAA states that a support worker will be dedicated to a family and their needs above all else and that a action plan will be devised.

Examples of support include:

- A 24/7 telephone support line, for however long is needed.
- Daily support for long periods of time.
- Periodic support, as and when needed.
- Court attendance/accompaniment for court hearings/trials, where requested.
- Practical support such as cleaning, shopping and childcare.



- Liaison with other agencies such as FLO's, coroners, local authorities, funeral homes and schools.
- Addressing housing, medical and legal issues and advocating on behalf of the victim.
- Assisting with funeral arrangements.

Who can benefit:

MAMAA support all and any victim of violent crime, and those affected by homicide or manslaughter. It doesn't matter how a loved one was taken, or their lifestyle prior to the murder, and supports all age groups and ethnicities.

Successes:

Not listed but partnerships formed detailed in the News section of the website

Relevance to Forces Support:

As with the Rainbow Trust MAMAA indicates that it has an all inclusive approach to the family requiring support and provides a level of practical support as well. The allocation of a support worker, development of care plans and absence of timeframe on the provision of support are all aspects of the service which reflect the Forces Support approach.



Survivors of Bereavement by Suicide

Uk-sobs.org.uk

Overview:

As a self-help organisation SOBS will provide a safe environment where people bereaved by suicide can share experiences and feelings and gain support from one another.

Mission:

SOBS aims to meet the needs and break the isolation experienced by those bereaved by suicide.

Origins:

Founded in 1991 by Alice Middleton MBE who placed an advert seeking support following the death of her brother.

How it works:

- Local support groups meeting monthly run by volunteers who have been affected by suicide
- Helpline
- E-mail support
- Publications and resources
- Retreats

Who can benefit:

Anyone over 18 who has been affected by suicide.



Successes:

SOBS has grown to become the only national charity supporting adults who have been bereaved by suicide.

General:

Also provides training and guidance for professionals

Relevance to Forces Support:

SOBS will be a useful resource to gain further information about the complex needs of people bereaved by suicide and an organisation to refer to and accept referrals from.



Local hospice provision

Overview:

Local hospices offer a huge amount of support to bereaved families and individuals. In many cases the bereavement service offered deals with all bereavements not just those through illness or can at least provide a signposting service. A hospice bereavement service can offer a variety of post bereavement support options for both adults and children including one to one counselling, family therapy, drop in sessions, peer group support and lots more.

Relevance to Forces Support:

Local hospices and their bereavement services will be a valuable resource for Forces Support and source of reciprocal referrals. Research into some hospices show that they will encourage a lapse in time before families embark on a programme of remembrance. One such example is the STARS programme run by St Helena Hospice (www.sthelenahospice.org.uk) which states that families will usually have been bereaved for at least 6 months before attending the group. This is particularly pertinent to Forces Support and their objective of establishing memorial spaces for bereaved families.



A review of current provision internationally

Research into organisations overseas providing any significant bereavement support in the form which Forces Support does or even an equivalent to the organisations listed above has yielded very little. While the support for bereaved families is plentiful in the United States this predominantly takes the form of social media groups and, in a few cases, physical group sessions. One exception is the Wendt Center for Loss and Healing in Washington which offers among other things support to traumatically bereaved families. The details are set out below:

Wendt Center for Loss and Healing

<http://www.wendtcenter.org/>

Overview:

Helping people in the Greater Washington area rebuild a sense of safety and hope after experiencing a loss, life-threatening illness, violence or other trauma.

Mission:

Helping children, youth and adults rebuild their emotional lives after loss, illness, violence and trauma.

No one should ever have to grieve alone.

Origins:

Established in 1975 by Reverend William Wendt

How it works:

Provision of individual and group therapy in programmes supporting a variety of people and issues from adults grieving the loss of a loved one or facing life threatening illness to



treatment for children and adults victimised by violence and suffering the consequences of trauma.

The RECOVER Program in particular supports the families who, as a result of the traumatic nature of their bereavement inevitably come into contact with the Office of the Chief Medical Examiner in order to identify remains or assist with an investigation. The RECOVER Program offers on-site professional grief counselling free of charge for up to a year.

Who can benefit:

RECOVER services are available to every family entering the Office of the Chief Medical Examiner.

Other services are available on a sliding scale basis according to need and insurances are accepted.

Successes:

Nationally recognised for expertise in grief, trauma and mental health.

The RECOVER Program provides counselling to 2500 individuals per year.

General:

Offers a variety of programs and forms of support to form a comprehensive support service to those who may need it.

Relevance to Forces Support:

The Wendt Center highlights the need for a very specific and innovative type of support to be provided to traumatically bereaved families.



Findings from review of current provisions

- The review of provision in the UK shows that many organisations acknowledge the therapeutic value of the establishment of a memorial space/item when families have been bereaved for a few months but none of these organisations provide this as part of their services.
- Organisations offering a more substantial level of support to bereaved families allocate case/support workers to them. The review of such organisations does seem to indicate that a support worker working with a family or individual will inevitably lead to the development of a comprehensive tailored care plan which draws on their own organisation's resources as well as those elsewhere. This is reflected in Forces Support's approach.
- Some organisations are proud to have no exit strategy i.e. to continue to support families for as long as they are needed which is reflected in Forces Support's own strategy.
- The all inclusive nature of the family approach is applied by several organisations, reflecting Forces Support's approach.
- In many cases the undertaking of practical tasks is alluded to, especially for those organisations who work with bereaved families immediately e.g. the National Homicide Service, Rainbow Trust etc however the details of these tasks are difficult to ascertain and are entirely dependent on the individual families needs - childcare, shopping, housework etc.
- Guidance for friends of bereaved families and individuals issued in Victoria, Australia, highlights the importance of a social network being mobilised to undertake these



tasks to demonstrate support in the very early days following a bereavement which may go some way to explaining why there is not an organisation/need to provide this as a service alongside those organisations which already do it as part of their initial all encompassing support to families.



A review of cases from Soldiers in Mind

Following a review of the 27 families which were supported by Soldiers in Mind a number of activities have been identified as being of benefit to families from the point of death notification onwards:

- Initiating remembrance activities in collaboration with the family (which include the naming of a star, commissioning combat teddy bears to be made from the deceased's uniform, supporting children to develop memory boxes, commissioning a bench and renaming a home).
- Undertaking an assessment of the needs of the whole family as identified by the Next of Kin.
- The development of an individualised care plan for each member of the family which focused on engaging people with specialist services, both locally and nationally, and mobilising social support networks. The care plans considered the needs of the individual across a number of domains including their social, employment, health, mental health and financial needs.
- The early identification of individuals requiring formal psychological support and subsequently liaising with the GP and local trauma therapists to mobilise this support.
- Consultation, training and support to military personnel deployed to assist the deceased family to ensure that they were supported in their role and that interventions were delivered in collaboration with the Regiment.
- Liaison with specialist services such as the Royal British Legion's Independent Inquest Advisory Service to ensure that families were support through the inquest process.



- Liaison with external sources of funding such as the Army Benevolent Fund (Families of the Fallen Fund), Regimental charities and service benevolent funds to subsidise aspects of the care plan such as specialist psychological treatment for family members.
- The delivery of training and education to other professionals and organisations to ensure “cultural competency” when working with military families.
- The delivery of training to Unit Welfare Officers to ensure that they were trauma-informed in their approach to bereaved families and were support in their welfare roles.

Evidence Base of Soldiers in Mind

The theoretical basis for SiM's practice was centred on the principles of Critical Incident Stress Management or CISM. This consists of an integrated, comprehensive and multicomponent crisis intervention approach to critical incidents (Everly and Mitchell, 1999) and offers a clinically efficacious and cost effective alternative (Everly, 2000). Emerging from this model is that of the family crisis intervention which utilises crisis intervention principles to augment family resources and empower family functioning (Flannery, 1999). The purpose of family crisis intervention strategies are to resolve the symptoms associated with psychological trauma; to restore the disrupted domains of mastery, attachment and meaning, to lessen the possibility of the onset of PTSD and ultimately to lay the foundation for the re-emergence of good physical and mental health at a later point in time (Flannery, 1999). Just as the CISM approach aims to identify individuals who would benefit from additional support services or a referral for psychological treatment (Mitchell, 2004), SiM's priority was to assess the needs of family members and to identify early those who might require more formal mental health intervention.



Learning lessons from practice

- The importance of adopting a whole family/systemic approach and considering the varying needs of individuals within the family as well as encouraging resilience and fostering social support within the family.
- The importance of developing an individualised plan of care which mobilises social support networks and actively engages other local and national support services.
- The significance of remembrance activities in providing opportunities for meaning-making following a bereavement.
- The importance of working in collaboration with the Military in the delivery of care and support to enable the family to feel that they are still part of the “Military Family” and that the loss of their loved one was honourable and significant.
- The value of being able to identify early those individuals who required formal psychological intervention and the capacity to liaise with GP services to make clinical recommendations for care.
- The importance of being able to actively promote and engage families with the Independent Inquest Advisory Service (at the current time this service is only able to accept self-referrals or referrals from other agencies, their service is not well-known or promoted by the Military).
- The need to provide training and education to other professionals and organisations to ensure that they were culturally competent to provide care to military families.



Proposed model of practice following a traumatic bereavement

Aims and objectives

1. To provide a family centred approach to delivering practical and emotional support to the deceased's family following a traumatic bereavement.
2. To undertake an assessment of the needs of individuals across the whole family.
3. To develop and implement care plans tailored to meet the specific needs of these individuals which are centred on mobilising social support and promoting engagement with local and national specialist support services.
4. To deliver practical support to families in two areas:
 - i. Undertaking practical household tasks during the immediate aftermath of a traumatic bereavement (such as childcare, shopping, washing and general repairs in the house)
 - ii. Undertaking repairs to the home and garden (which would otherwise have been undertaken by the deceased)
5. To support families to develop remembrance/memorial projects in two areas:
 - i. Working with the family to undertake meaning-making/remembrance activities such as the naming of a star, commissioning teddy bears to be made from the deceased clothes and the creation of a memorial box or book
 - ii. Supporting the family to design a larger remembrance/memorial project and enabling the delivery of this project (i.e. memorial garden/play area)



6. To deliver emotional support over a sustained period to ensure that the needs of the family are met, that the care plan has been successfully implemented and that any mental health needs are identified at the earliest opportunity.
7. To work in collaboration with a range of other organisations to ensure a joined up approach and that the service complements current provision.

Eligibility Criteria

Family members affected by a traumatic bereavement which includes those bereaved by:

- Murder/manslaughter
- Suicide
- Accident (including road traffic accidents)
- The death of a child (under the age of 18)
- Sudden illness resulting in a death
- Political violence/conflict related death

Referrals will be accepted from 3 months onwards for practical support and support will be provided to families who have been bereaved since the launch of the service (or in the three-month period preceding the launch of the service).

Activities

1. FLO to work with locally recruited volunteers to provide the family with support for practical household tasks during the immediate aftermath of a traumatic



bereavement (such as childcare, shopping, washing and general repairs in the house)

2. FLO to work with locally recruited volunteers and/or project support team to arrange repairs to the home and garden (which would otherwise have been undertaken by the deceased).
3. FLO and Project Team to support families to develop remembrance/memorial projects in two areas:
 - i. Working with the family to undertake meaning-making/remembrance activities such as the naming of a star, commissioning teddy bears to be made from the deceased clothes and the creation of a memorial box or book
 - ii. Supporting the family to design a larger remembrance/memorial project and enabling the delivery of this project (i.e. memorial garden/play area)
4. FLO to provide up to five face to face visits to families to undertake the following:
 - a. Initial assessment of the needs of the family to inform care plan development and to arrange volunteer practical support activities as required
 - b. Implementation of care plan and delivery of education about active coping strategies
 - c. Review of the care plan and continued assessment of needs (care plan to be updated accordingly)
 - d. Design and delivery of the remembrance activities
 - e. Final review and closure
5. Between visits the FLO will continue to maintain contact with the family via telephone, letter, email and social media sites (as appropriate) to ensure that the family remain supported and that their needs are continually review and the care plan updated.



6. The aims of the face to face contact from the FLO are as follows (Holmes et al, 2013):
 - Reduction of distress
 - Delivery of education about active coping strategies
 - Helping them to plan for future needs
 - The mobilisation of social support systems both within and outside of the family unit
 - Linking them to outside resources (via the care plan)
 - Early identification of mental health difficulties and referral to professional services
 - Facilitating “meaning-making”/remembrance activities
 - Creating a sense of hope
 - Supporting the development of sustainable systems of support

7. Development of psycho-education literature focused on active coping, basic advice about the logistical processes involved in a traumatic bereavement and information on support organisations available nationally.

8. Development of a research, audit and evaluation agenda to enable the impact of the model of practice to be evaluated continuously and to facilitate and commission specific research projects to inform the field.

Staff

Family Liaison Officer (FLO) Manager

- To provide line management and support to regional FLOs and volunteers



- To develop partnerships with other organisations and design and deliver a pilot initiative in the first instance

Regional FLOs

- 5 members of staff to be appointed to work within the South, East, West, Central, and North regions of the UK
- FLOs will provide emotional and practical support to families and facilitate the design and delivery of larger remembrance projects in conjunction with the FS project team

Regional Project Teams

Project teams to be recruited and trained to work across the regions to deliver larger remembrance projects for families following referral from the Regional FLO

Regional Volunteers

A network of specially trained volunteers will be recruited regionally and nationally to enhance the work of the FLOs in providing practical and emotional support and to supplement the support that is mobilised via the care plan.

Project Manager

- To provide administrative support to FLO Manager, Regional FLOs and Project Support Teams
- To pursue opportunities for funding
- To support the development of tailored care plans in conjunction with the Regional FLOs by undertaking extensive research and referral activities



Training

FLO Manager and Regional FLOs

- Systemic/family approaches training (how to work across the family, with individuals in the family with different needs and how to promote resilience within the family)
- Trauma awareness training (including traumatic loss, compassion fatigue, vicarious trauma, self care and working in a trauma informed way)
- Communication skills training (including developing therapeutic relationships, managing boundaries and facilitating endings)
- Mental Health awareness training (how to identify common mental health needs and when and how to refer to professional services)

Volunteers

- Trauma awareness training (including traumatic loss, compassion fatigue, vicarious trauma, self care and working in a trauma informed way)
- Communication skills training (including developing therapeutic relationships, managing boundaries and facilitating endings)
- Mental Health awareness training (how to identify common mental health needs and when and how to refer to professional services)

Project Team

Trauma awareness training (including traumatic loss, compassion fatigue, vicarious trauma, self care and working in a trauma informed way)



Project Manager

- Project Management training
- Professional fundraising qualification to be undertaken

Staff Support

- All staff (including volunteers) working on the project (regardless of their role) should be provided with access to monthly supervision
- Regional FLOs, FLO Manager and Project Manager should attend monthly case discussion meetings with external mental health consultant/advisor for the following purpose:
 1. To inform the development of care plans.
 2. To discuss any mental health concerns which may have arisen during contact with the families
 3. To provide additional support to the FLOs in their direct work with families
 4. To identify additional training needs
- FLO Manager will provide monthly case discussion meetings with regional volunteers and FLOs to ensure that they remain supported in their role and to address any issues arising.

Innovation

The proposed model of practice can be considered to be innovative in a number of ways:



- At the current time there is no other organisation in the UK works with families following a traumatic bereavement regardless of the cause of death
- The model of practice proposed is an amalgamation of best practices from a number of organisations currently operating in the UK and combines the delivery of both practical and emotional support
- The model of practice builds on the expertise of FS by offering families the opportunity to embark upon a “meaning-making”/remembrance project (this is not currently offered by any other organisation in the UK)
- The model of practice focuses on the mobilisation of social support and promotes the active engagement with other support organisations to ensure that relevant and effective care is provided over the long term
- The model of practice recognises the uniqueness of the grief experience, the importance of promoting family resilience and the need to adopt a family centred approach.



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