

# **Bereavement Policy**

## **Document purpose**

This policy reflects the values and beliefs of St. Andrew's School in relation to the 'whole child' approach embodied in the 'healthy school' initiative. It provides a framework within which all staff, both teaching and non-teaching, work and gives guidance on how to deal sensitively and compassionately in difficult and upsetting circumstances.

## **Audience**

This policy document, having been presented to and agreed by the whole staff and the Governing Body, is distributed to all individual members of the teaching staff. A copy of the document is kept in the Office, ensuring accessibility to non-teaching staff, visiting teachers and parents.

## **Contribution to School Aims**

St. Andrew's School aims to meet the needs of all of its children and staff. When home circumstances are changed because of a death in the family and all around is 'different', our school aims to be a place that both child and family can rely on, and gain some much needed support. If the death is of a child or member of staff, the whole school community will work together with outside agencies as appropriate, to support each other.

## **Procedures**

St. Andrew's School works in partnership with parents. Before children join the school, we find out as much as possible about every child, to tailor the academic, social and emotional teaching in school to match their needs. Parents should be asked about any previous changes that might have profoundly affected their child (divorce, bereavement, moving, new babies etc). If there has been bereavement, information on what the child was told (in terms of religious beliefs etc.) should be sought, in order that the school does not say anything that could confuse or upset the child or family.

**When school is informed of bereavement or loss the following action should be considered:**

- ④ The family should be contacted for appropriate support (See Appendix 1)
- ④ The family should be asked how much and what the child already knows and how they have been involved.
- ④ It should be explained to the family how the school can be involved to support the child and family.
- ④ The importance of working in partnership will be emphasised, with both parties assessing changes in behaviour. (Eating and sleeping patterns may change or behaviour in school may deteriorate or the child becomes withdrawn.)
- ④ Communication will be clear and sensitive at all times.
- ④ Involve outside agencies as appropriate e.g. the school nurse.

It is important to stress the importance of communication between school and home. Without it ultimately both parties will fail the child.

**When the school is informed of the death of a child or member of staff, the following action should be considered:**

- ④ Discussion should take place with the family and their wishes taken into account before decisions are taken on how and what to tell the children in school.
- ④ Counselling should be available if necessary e.g. in cases of sudden or violent death (outside agencies should be involved with this).
- ④ The school may be closed, or as many people as possible released to attend funeral or memorial services if they wish to do so.
- ④ Staff and children should be supported throughout the grieving period; anyone displaying signs of stress should be offered appropriate support.

## **Resources**

It often helps to raise difficult concepts with the children through stories. Suitable books are listed in Appendix 2.

This policy will be reviewed every two years by the staff and Governing Body.

# APPENDIX 1

Before the child comes back to school - the headteacher or class teacher should explain what has happened to their classmates.

An example of suitable wording is as follows:

'------(child) has been away because -----  
----- We must all be kind to him / her, and if you are worried about them please come and tell me'.

When the child re-enters class - reassure them you know what has happened.

Explain you know 'what has happened' and that 'you are there' if they need you/want to talk.

- ④ Provide a special place for time alone in case they need it.
- ④ Watch for changes in behaviour - never be cross.
- ④ When they want to talk - find time to listen.
- ④ Listen, be caring and encouraging.
- ④ Be ready - there are always questions.
- ④ Always be honest - don't be afraid of saying 'I don't know'.
- ④ Remember saying 'You'll feel better soon' or changing the subject will only make things worse.
- ④ Show them that when someone they loved has died it is good to keep all the happy memories alive by talking about them.
- ④ Explain 'I care how you feel and we don't understand why they had to die, we only know that they loved you and that you'll never ever forget them.'
- ④ When appropriate, have a faith-based discussion, taking into the age of the child and family beliefs.
- ④ Grieving is a long process and is very personal, covering a range of emotions and allowances should be made for this.

*God loved the world so much that he gave his only Son so that anyone who believes in him shall have eternal life.*

*John 3:1*

## APPENDIX 2

Suggested book list (some of these titles are in the school office, others can be ordered from the Library service if required)

Water Bugs and Dragonflies - Doris Stickney

Questions Children Ask - Miriam Stoppard

A Child's Parent Dies - Edna Furman

Helping Children Cope with Grief - Rosemary Wells

Badger's Parting Gift - Susan Varley

I'll Always Love You - Hans Wilhelm

The Huge Bag of Worries - Virginia Ironside

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Naval Personal and Family Service  
and Royal Marines welfare.



# A Teachers Guide To Military Service Life.

**NPFS & RMW: 01752 555041**

**Advice Service: 01752 569696**



## **PREFACE**

Jane Forster, a team manager with Naval Personal & Family Service (NPFS) in Scotland in 1995, wrote the original report. It was written following the First Gulf War and was entitled "Is my daddy going to die". In the original document she explains that although the Gulf War (1991) was long since finished, there had been numerous accidents and violent incidents in this and many other countries to affect children.

The report was revised and updated by Richard Cox in 2003. This is the third revision and has arisen because British forces were and remain involved in the second conflict within Iraq. Our forces are, along with coalition forces, active in Afghanistan. There have been casualties and fatalities on all sides in the conflicts as well as on normal daily operational duties.

Although the Ministry of Defence has sold off many married quarters, there is in and around all three naval bases "married patches", where there are large numbers of naval and Royal Marines families living. One of the consequences of this is that schools may find they have large numbers of children from military families.

The original "Is my daddy going to die" has been revised to assist other professionals in helping those children who may be affected by their loved ones going away on deployment, especially in times of conflict, someone dying, being very seriously injured, missing or captured. This document will also provide information on the national and local support mechanisms, which are available to them.

Jacqui Hockaday and Olwen Taylor  
Advice Worker            Social Worker

# 1. Introduction.

During the first Gulf War (1991), parents, Naval Personal and Family Service staff, health visitors, chaplains, community workers and teachers, all reported examples of children who were affected by the conflict. There was the five year old who blamed her mother for daddy going to the Gulf; the ten year old who had nightmares about Saddam Hussein killing his father; the four year old who was obsessed with war games; the twelve year old with stomach pains, who hoped his 'illness' would prevent his father from being sent to the war; the nine year old who was taunted in the playground by school children chanting "'your dad will come home in a body bag"; and the teenage brother of a young sailor, who started to sniff glue.

Research into children's reactions since then, or following disasters such as the sinking of the Herald of Free Enterprise and the Kegworth and Lockerbie air crashes, confirm children suffer deeply. Research findings warn adults of the risk in underestimating the effects on children. Thus, Yule (1990) argued literature had suggested teachers report less psychopathology among child survivors than do parents, and both report far less than children themselves.

Research also has suggested that helpers can risk feeling incompetent in the face of war or disaster. As social workers and field workers, we agree that someone needs to help children, but then slip in the opt out clause of 'but someone with more experience than me', however it is acceptable to recognise that we do have knowledge and skills to help the majority. Gibson (1991) in describing reactions to the Kegworth air crash noted how helpers can mirror the feelings of those directly affected, and feelings of being deskilled and inadequate can also be experienced, although these dissipated when it was realised that previous training and experience in trauma work were relevant.

This report brings together some of the experiences of Naval Personal & Family Services (NPFS) staff during both Gulf Wars and relevant research findings. By identifying common reactions of children and parents and exploring possible ways of responding to them, we may be better prepared to offer families a sensitive and varied range of supports.

It is worth noting at this point some statistics on the numbers of casualties that are involved. In 2005 there were a total of 158 deaths among the UK regular Armed Forces, of which 27 were serving in the Royal Navy, 91 in the Army and 40 in the RAF. During this period 79 deaths were as the result of accidents, the largest single cause being road traffic incidents. In 2005 18 regular Service personnel were killed in action and 3 died of wounds while in Iraq.

In 2006, a total of 190 deaths occurred among the UK regular Armed Forces. Of which 33 were serving in the Naval Service, 109 in the Army and 48 in the RAF. Accidents accounted for 95 deaths (50% of all deaths) in the regular Armed Forces.

The single largest cause of death was land transport accidents, accounting for 59 deaths (31% of all deaths) in the regular Armed Forces, with 10 in the Naval Service, 37 in the Army and 12 in the RAF.

In 2006, 49 deaths were due to violent causes: 33 were deaths of regular service personnel categorised as killed in action and 14 died of wounds as a result of deployment in Iraq and Afghanistan (25% of all deaths).

March and April 2007 have been the worst months for reported fatalities amongst the armed forces in Iraq & Afghanistan.

## **2. COMMON SYMPTOMS**

Like adults, children caught up in the effects of a war or disaster can experience a spectrum of responses ranging from minor setbacks in development to major depressive and anxiety disorders – reactions which may last a matter of weeks, others, which they may carry through into adulthood. There is evidence from research studies to show that some children suffer from post-traumatic stress disorders (PTSD), especially when they have faced civil war (Sack et al 1997; Realmuto et al 1992; Yule & Gold 1993).

NPFS staff are not qualified to make clinical diagnoses, but are in a good position to be alert to symptoms which can be upsetting for adults to see, and potentially lead to more difficulties.

### ***Children & Bereavement.***

Many children experience bereavement of one parent; most commonly it is the death of a father. Statistics show that between 2-3% of pre-school children will

lose a parent, main carer or sibling. Studies suggest children are more affected, not by the actual loss but by

- ❖ The significance of the relationship with the remaining parent
- ❖ Emotional climate in which the child is assisted to come to terms with the loss

Ways in which the child may be affected: -

- ❖ The bereaved parent is grieving
- ❖ Extended adult members of the family may not be able to take on the dead parent's functions
- ❖ Lack of clear information may prevent child understanding events
- ❖ There may be house or school moves, especially within the Armed Forces
- ❖ Decrease in social contacts
- ❖ Decrease in social and economic situation if the wage earner has died
- ❖ Re-marriage of the surviving spouse before the child fully comprehends that the dead parent is not returning
- ❖ The child may be taken into care

Adults often will not be aware of what to expect and may deny a child has been affected. Sometimes they are unable to perceive or respond to a child's distress. This may be related to the adult's way of dealing with the loss.

**The effect of bereavement on children.** (Symposium Denmark 2002 & Twycross et al 2003)

Physical responses

- ❖ Sleep disorders --- ---- insomnia, bad dreams
- ❖ Eating disorders ---- loss of appetite, compulsive eating, craving certain foods
- ❖ Toileting difficulties --- --- enuresis or encopresis
- ❖ Physical symptoms --- --- rashes, fevers, nausea, exacerbation of already present illnesses - eczema, asthma

Emotional responses

- ❖ Increased generalised anxiety --- --- not wanting to leave home – attend school
- ❖ Becoming more clingy and dependent
- ❖ Exaggerated separation responses --- --- intense distress when parent leaves for any length of time
- ❖ Mood swings – euphoria, aggressive, depressed, withdrawal to weeping etc

## Cognitive effects

- ❖ Poor concentration
- ❖ Loss of short or long term memory
- ❖ Change in motivation "what's the point"
- ❖ Learning difficulties --- --- a previously undiagnosed problem may become evident

## Behavioural Effects

- ❖ Withdrawal
- ❖ Aggression
- ❖ Weakening of contact with family members
- ❖ Spitefulness
- ❖ Hyperactivity
- ❖ Self-harming.

# **3.WHY DO CHILDREN REACT IN SUCH DIFFERENT WAYS?**

Fortunately no one child suffers all of the symptoms and some emerge from war or disasters with no long-term scars. Why do children react differently? What factors influence the outcome?

## **SOCIAL, CULTURAL AND RELIGIOUS FACTORS**

Research would indicate there is little known about the influence of the society, culture or religion in which the child is brought up, and how this affects children coping with trauma, conflict and war. Pynoos & Nader referring to a study of Cambodian adolescents, reports a high incidence of PTSD, but no increase in substance abuse or delinquency, however an increase in substance abuse and delinquency amongst a group of bereaved American teenagers was noted.

On this basis it would be interesting to understand whether children living on a Married Quarters Estate, sharing their experiences with other families caught up in the War, cope better or worse than children in more mixed communities. Additionally it would be useful to better understand how different family patterns affect children, given that family relationships are important to children's emotional and social survival during a war or after a disaster.

Dyregrov (1991, in discussing children's reactions to death, states "boys have more difficulty than girls in putting emotions, memories into words, and in expressing grief in general. However, anger seems to be a more "accepted" reaction in boys.

## **Developmental stages**

Children need to grieve. As adults, parents or carers we try to protect our children and shield them from the more disturbing elements of life. By protecting them from the reality of death, or trying to manipulate the reality, we could be causing more distress and harm to the child.

To enable a child to cope with a bereavement we need to be prepared to support them through their pain, sadness and anxiety. It is beyond us as adults to make things different, we cannot change what has happened, we can however make a difference.

In order for us to help support children we need to be able to understand their thought processes. Their grief will follow a different pattern to adults dependent on the child's age and ability to comprehend what has occurred. They may well turn their thoughts to the death of their loved one as they go through the various developmental stages as they mature.

### **Below the age of five years**

Children do not understand that death is final. Nor do they understand the abstract concept of death; consequently they may act inappropriately to the news of a death by carrying on with whatever they were doing.

- ❖ They may ask when the person who has died is coming home
- ❖ Will that person be cold in the coffin
- ❖ They may ask how someone can be both in a grave and in Heaven at the same time
- ❖ If someone is sleeping, why can they not wake up?
- ❖ Children seeing someone asleep naturally may become upset thinking they are actually dead
- ❖ Children may not want to go to sleep themselves fearing they too will die.
- ❖ Children may experience the belief that they caused the death because they wished it to happen
- ❖ Games where children play at being dead and then things return to normal may prompt the question as to why that is not happening now.

### **Between the ages of five and ten years**

Children will begin to understand death is final.

- ❖ Children will be reluctant to believe they themselves will die, however accept it will happen to everyone else
- ❖ They will understand the cause of death – accidents, illness old age
- ❖ They may still believe they can be heard or seen by the dead person
- ❖ There may be unwillingness to show emotion as they get older.

### **From ten years to adolescence**

In this age range the child's concept of death becomes more abstract. Developmental changes may provoke very intense reactions to death.

- ❖ There will be reflection on the justice or injustice of the death
- ❖ The awareness of death will not be dwelt upon
- ❖ Their understanding of death may be borne out of previous experiences of bereavement and explanations provided to them at the time.

Reactions can be immediate and range from

- ❖ Shock / disbelief
- ❖ Dismay
- ❖ Apathy
- ❖ Continuation of normal activities

With older children who react with shock or disbelief they may refuse to accept the death, this can be a normal reaction. Deal with their grief in short steps thus preventing the child from feeling overwhelmed.

### **RELATIONSHIPS AND LIFE EVENTS**

Children's reactions to divorce or reception into care suggest those children who are able to maintain good relationships with parents cope better than children with complicated or poor relationships. We also know children who have experienced a lot of separations and stressful events, e.g. illness, hospital stays etc., are likely to come through less well than children with more settled experiences. During a war or following disaster, these background factors are likely to affect the way children react and we should probably be particularly concerned to reach children who have difficult relationships with parents and those who have already experienced a lot of change or stress in their lives.

An often-overlooked fact concerns the younger siblings of service personnel who remain living at home. Their feelings and experiences can be complex. They may feel mean to criticise a brother or sister who is serving in the war zone. Who can the sibling be angry with - the older brother or sister, parents or the government? If the service person should be injured or killed, the complex pressures, adjustments and losses for the brothers and sisters at home could be profound. What happens to their room, their belongings? How do the surviving siblings cope with the reaction and mourning of parents? What new expectations will parents have of the remaining children? Again we need to be aware of all of these potential issues.

## **THE CHILD'S EXPERIENCE OF THE WAR OR DISASTER**

The final cluster of factors, which helps to explain the different reactions of different children, lies in the nature of the events themselves.

Some events will be more disturbing, more terrible than others. Some will touch children much more directly than others. Pynoos (1986) found that PTSD was more likely to occur where children had experienced acts of violence and man-made disasters, as opposed to natural disasters. He speculated that this might be due to the powerful effect of unresolved revenge fantasies. Gibson (1991) suggests the following features from analysing disasters

- ❖ Type of disaster
- ❖ Duration of the disaster
- ❖ Degree of personal impact
- ❖ Control over future impact
- ❖ Potential for reoccurrence

can, if transferred to a war scenario, show that any conflict has the ingredients of a high-risk disaster and the closer children are to the zones of fighting, the more vulnerable they are likely to be. Children in Britain during the First Gulf War may have been far from the action, but if their fathers were in the war zone and with pictures of the conflict constantly screened into their homes the degree of personal impact was still greater and their control over events non-existent. If the war had lasted longer and if casualties had risen, we could safely have predicted an increase in the severity of distress and in the numbers of traumatised children.

With the continuing conflict and the improved technological imagery that can be beamed around the world within minutes of an event occurring, together with females being on the front line the questions have been asked about the effects of this on children. The outcome may not be manifested for some considerable time to come.

## **4.HELPING CHILDREN SOME PRINCIPLES AND PRACTICAL IDEAS.**

Parents are probably the best people to help their children after a disaster or during a war. How parents respond to their children either through communication, touch or emotionally appears to be critical to the child's sense of well-being. During the First Gulf War most mothers remained very in tune with their children's needs, however sometimes their own anxiety of the child's unfamiliar behaviour created tensions and barriers within the relationship. Next to parents, many of the studies have highlighted the importance of teachers in helping children cope after a disaster.

NPFS staff may well find themselves in the position of supporting and advising other adults – parents, health visitors, Playgroup leaders, teachers etc. – who are working with or caring for children during a war or after a disaster. They are also likely to be in direct contact with affected children.

The following principles and guidelines for helping children are important for all adults to bear in mind, but especially parents: -

- ❖ Adults can underestimate the effects of wars and/or disasters on children. Teenagers especially risk being neglected.
- ❖ Children will require reassurance – to feel supported and loved.
- ❖ They need security and stability and routines.
- ❖ Encourage children to express themselves – talking, drawing or playing, this will also enable them to piece together the basic facts.
- ❖ Do not dismiss children’s feelings – do not laugh at them or make jokes about their fears or fantasies.
- ❖ Be honest in your explanations of events.
- ❖ Expect and accept some changes in behaviour – this may well be a normal reaction to an abnormal situation.
- ❖ Talk to other significant adults within the family, ensure everyone knows what is happening; this way there will be a consistent and supportive approach.
- ❖ If there is a member of the family in a war zone, maintain communication as often as is possible and keep memories of the absent person.
- ❖ It is OK to ask for support if the remaining adult suddenly feels overwhelmed by events, or there is a communication barrier with the child.
- ❖ Remember reactions may persist long after the conflict or disaster is over. Anniversaries or reminders of the event may trigger painful memories. Official inquiries may not occur for several years so be prepared for the resurfacing of feelings or thoughts.
- ❖ Finally respect the child’s need for space and privacy and also for fun and a normal everyday life.

## **Practical Ideas.**

### **Sleep difficulties.**

- ❖ Playing relaxing music at bedtime – may reduce unwanted thoughts.
- ❖ Very young children may need to sleep with their parents.
- ❖ Use a night-light, have a hot milky drink, a warm bath etc.

### **Expressing feelings and gaining control over unwanted feelings.**

- ❖ Writing a diary, letters either real or imaginary, poetry or stories.
- ❖ Drawing or painting can allow an adult to step into the child's world of feelings.
- ❖ Music – listening to music can allow children to feel a wide range of emotions. Some children may find dancing to music will release emotions.

### **To help with flashbacks and intrusive thoughts**

The following examples describe interesting techniques, which have been reportedly used by child psychologists. As this work can be quite specialist it may be prudent to refer children on to other professionals for help.

**Relaxing and listening to a tape** - Yule and Gold (1993) write about a teenage boy who, after the Hillsborough disaster, became very distressed whenever he heard a word with 'borough' in it. The psychologist working with the teenager taught him some basic relaxation skills and which then enabled him to listen to a tape with hundreds of 'borough' words on it. Following this the teenager was able to lose some of his anxieties.

**The imaginary TV** – Dyregrov (1991), has worked with children using an imaginary TV on which was shown intrusive thoughts. Dyregrov's clenched hand represented the screen, and the child was asked to turn the TV off. The picture didn't go away, however the child was told to watch the TV 'hand' move further and further into the distance – it seemed to help.

**To keep in contact and keep memories alive when the service person is away.**

**Exchange 'remember – me' tokens** – before leaving for the First Gulf War some fathers and children exchanged special keepsakes, photos, letters or drawings – small items, but of symbolic importance to both sides during the separation.

**Letters and tapes** – During the First Gulf war even young children added a scribble or sent messages in a letter to their fathers, whilst many older children wrote detailed and regular letters. Some kept a diary or 'memory box' so that their father could catch up with everything on his return home. Families had fun compiling tapes and, on several occasions wives and children of men from a particular ship put together a joint tape to be delivered to the ship's company.

**Special time, special place rituals** – Setting aside a special time during the week to remember the relative in the war zone. Before going to bed each night, one little girl whose father was away, used to turn in his direction and send a 'good-night', 'keep-safe' message to him. Some families might arrange a special corner or shelf in the house with a photo and flowers; some may use a favourite piece of music to remember their loved one.

**Ideas from schools** – During the First Gulf War one school, with a lot of pupils from service families, encouraged the children to bring in photos of their loved ones, which were displayed on the notice board. Another class 'adopted' a ship and sent and received letters.

**To keep faith in the future** – Encourage your children's interest in:

Things that grow - planting seeds or seedlings can be the focus for discussion and hope – 'I wonder how big they'll be before .....

Things that children think are beautiful or good for the world. Things children can care for, such as looking after pets or feeding the birds.

Things children enjoy and do well at, whether it's sport or art or singing or collecting, or even funny faces and peculiar noises.

Enable older children to question 'why?' and 'how?' and to find constructive ways to channel their confusion, passion and energy. Some children may want or need to get involved in helping with the war effort or post disaster support, while others may want to throw themselves into campaigns to stop the war or prevent further disasters.

## **Coping with death.**

The risk of dying is very real in the minds of adults and children when men and women go to war. Some might consider it to be too morbid to ask their loved one to write letters to their children / siblings before they leave, to be opened should they not return. But it is something other parents have done, when faced with a life-threatening event, such as before a serious operation. Dyregrov (1991) warns us that where a death has occurred in traumatic circumstances it is important to work through both the **trauma** and the **grief**. His experience suggests that the grieving process will be slowed down or stopped if the traumatic circumstances are not worked through. Thus many of the principles and practical ideas described in this report to cope with war and disaster are relevant and may be used alongside approaches, which help children with death itself.

## **5. THE CURRENT SITUATION NATIONAL AND LOCAL PLANS**

During the First Gulf conflict, there was a perception that considerable advance thought and preparation was given to informing the next of kin, but was less systematic and comprehensive in providing a range of supports directly to families. A lot of valuable initiatives did spring up – groups for relatives, telephone help lines, leaflets – but the help was patchy and for many, difficult to access. The specific needs of the sons and daughters of service personnel or of their young brothers and sisters were even less comprehensively addressed.

Planning to meet children's needs during a war or following a disaster needs to be an integral part of a broader plan to support service personnel, their families and carers. The plans need to be underpinned by a real appreciation of children's reactions and a commitment to providing an imaginative and caring range of services. Nothing should be token or mechanical. Nor should we be trapped into an emotion driven response to a few heart-rending situations.

Lessons learned from civil disasters can provide helpful models for such plans. These can draw together experience from several disasters and makes recommendations, which are relevant to war and to a disaster occurring in a military setting. It is important, however, that any national or local plan should take account of the distinctive characteristics of a war situation. In particular the strain on service families of living with so much uncertainty about what is happening; how long the conflict will last; the likelihood of spiralling tension at times of increased danger and when casualties occur; the possibility of having to help large numbers of bereaved relatives scattered throughout the United Kingdom if casualties are high.

NPFS needs to work in partnership with schools and other relevant agencies thus ensuring there is a variety of approaches in place to help children of all ages, not forgetting those who are living far way from the NPFS base, those who are teenagers or who are the brothers and sisters of Service personnel. Sometimes we will provide the particular service and undertake the work ourselves, but often we will identify others - teachers, playgroup workers, health visitors, youth workers – who are in a good position to offer the necessary help. We need to

remember the findings from research that professionals and volunteers may feel inadequate and need encouragement and training to identify their skills and to develop and adapt them to the new situation.

#### NATIONAL RESOURCES

### **Naval Personal and Family Service and the Royal Marines Welfare. (NPFS & RMW)**

NPFS has three main offices – HMS Drake in Plymouth, HMS Nelson in Portsmouth and HMS Neptune in Faslane. There are satellite offices in Rosyth, RNAS Culdrose and RNAS Yeovilton. These offices cover the whole of the United Kingdom and some overseas stations – Gibraltar & Naples for example. NPFS staff is a mix of civilian and serving qualified social workers.

Royal Marines Welfare officers are attached to each unit and again are right across the country.

The aim of NPFS & RMW is to support the Royal Navy and Royal Marines, it's personnel and their families in peacetime and war by helping prevent or reduce the effects of personal difficulties especially those, which arise as a result of service life, in order to optimise the military capability of the service person.

What can you expect from NPFS & RMW?

We try to alleviate the effects of the stresses of Naval life on individuals and their families by working in partnership with all those involved (including the Command, supporting agencies, medical services and Chaplaincy) to meet the RN/RM's requirements for an efficient, effective and non-discriminatory service. In support of continuous improvement we aim for consistency and quality, actively seeking comments, compliments and complaints on our service.

### **Services provided by NPFS & RMW.**

We offer direct support or working in partnership with other agencies, such as statutory social services with child protection cases, advice, counselling, support (practical or emotional), and advocacy on behalf of clients.

**If on occasion we are not able to directly help we are often able to provide information and access to an alternative local, national, civilian or services source of support relevant to your concerns.**

A confidential service, subject to civil and military law. What does this mean to you? Everything you tell us will be treated in the strictest confidence; however there will be times when there are exceptions to this. One of these is if there is a serious risk of significant/suspected harm to you or others. Another is prevention of a serious criminal act, if there is, or likely to be, a serious breach of national security and finally if a compassionate leave or draft recommendation is made to a commanding officer, then only the essential information will be passed on in order for the unit to authorise this.

Everyone working within NPFS & RMW is required to follow this confidentiality code no matter whom they are. Any written information concerning service users will conform to the requirements of the Data protection act 1998.

### **The Joint Casualty and Compassionate Centre (JCCC).**

The JCCC was set up in 2005 to harmonise the way casualties across all the armed forces were dealt with. Staffed 24 hours a day, 365 days per year, the JCCC authorises all compassionate leave travel from overseas, for service personnel, their dependants based abroad, Territorial Army and Mobilised Reservists.

Family and friends are advised that if a significant incident occurs at home and the service person is overseas (including Northern Ireland) either on a posting, at sea or on deployment, and necessitates their return on compassionate grounds (such as a death in the family, serious illness or serious family crisis) the contact number to arrange this is: -

The Joint Casualty and Compassionate Centre (JCCC)  
Innsworth, Gloucester, GL3 1HW.

+44 (0) 1452 519951

The following information will be required: Service Number, Rank, Name, Home Unit and current location of the service person. Additionally the name and full details of the relative concerned, their location and in case of medical emergency the name of a Doctor, Hospital and/or any other organisation involved with the case. Please be aware that any information will be verified with the appropriate organisations before Compassionate Leave Travel may be recommended and authorised.

Although you may wish to contact your relative or his/her parent unit for advice and support, Contact the JCCC directly, so that your case can be dealt with without delay. Your relative's Unit cannot authorise compassionate travel, and therefore any information you pass to them will have to be forwarded to the JCCC which will waste valuable time in dealing with your request.

For further information on Welfare and Community support services available to service families, see the following websites:

Rncom.mod.uk [www.army.mod.uk/servingsoldier/](http://www.army.mod.uk/servingsoldier/) rafcom.co.uk

### **Media Intrusion.**

With the availability of 24-hour news coverage, media reporting can be quite intrusive during significant events when personnel are missing or captured or heavy casualties are sustained either through accident or being deliberately targeted. This is becoming a big problem for all staff working in this area. Promulgating accurate and factual information out to the next of kin can be quite difficult.

The media do not broadcast all the relevant information, or even the truth about an incident. At times they can be speculative and often use emotive language to provoke reactions, and may well use old library footage to enhance their reporting of a story; this can be distressing and confusing for those families involved with an incident. Media Shielders are available to deflect the media away from the families and schools if requested.

If media intrusion does occur then the Naval Base Press Office or the NPFS & RMW Advice Service can be contacted.

### **The Royal Navy Community Website.**

[www.RNCom.mod.uk](http://www.RNCom.mod.uk)

During the Second Gulf War in 2003, it became apparent to the Royal Navy that many families live away from the 3 main base ports of Devonport (Plymouth), Portsmouth and Faslane.

One of the main concerns that arose were how could the Royal Navy support these families effectively? The Navy does not always have up to date details of where families live, who are the important family members to a Service person and how to get in touch with them.

Through telephone enquiries to the Naval Personal and Family Service & the Royal Marines Welfare Advice Service, it was found that there are pockets of service families all over the UK who needed support and contact with families in a similar situation.

So RNCom was born. In the two years that RNCom has been up and running it has grown beyond it's original remit and goes from strength to strength.

The website has a wealth of information, which is regularly updated, for serving personnel, their families and friends, and covers a wide variety of subjects, where any question can be asked and the answer will be found. There are secure chat room forums where families can find friends, general support, advice and help from one another. There is also a dedicated community worker to ship for liaison through deployments.

In the two years that RNCom has been up and running it has grown beyond its original remit and goes from strength to strength.

Naval Personal and Family Service and Royal Marines Welfare

### **Advice Service.**

The Advice Service is for Royal Navy and Royal Marine personnel, their family, friends, ex-service personnel and their dependants.

The Advice service is often the first point of contact for Naval or Royal Marine families seeking information on a wide range of topics. The Advice Service holds information on a vast number of subjects and endeavour to always find the answer to a query. You may be surprised at the breadth of the queries we are able to answer, at the moment the main queries are around how to communicate when units are deployed, but this can change at any time.

There is an Advice Service office in the 3 base ports of Devonport, Portsmouth and Faslane. Opening hours are 8.00 – 16.30 Mondays to Thursdays and 8.00 – 16.00 on Fridays.

Contact details are: -

Advice Service (West), Fenner Block, HMS Drake. PL2 2BG. 01752 569696.

Advice Service (East), NPFS Community Resource Team, 177 St Nicholas Avenue, Rowner, Gosport, Hants. PO13 9RJ. 02392 524511.

Advice Service (North), NPFS Family Centre, Churchill Square, Helensburgh, Argyll and Bute. G84 9HL. 01436 679526.

### **Link Letter Scheme (LLS) & the Families Information Link Line (FILL).**

#### **The Link Letter Scheme (LLS).**

The Link Letter Scheme has been developed as a means of providing family and friends with relevant information about a units forthcoming deployment.

Any subsequent changes to the unit's programme or adverse press reports, then the Advice Service will contact the unit, by email to give notice and the LLS will be activated.

All personnel are in the scheme unless they tick the 'opt out' option on the enrolment form. (This is because of the Data Protection Act 1998)

The Service person does not have to nominate their next of kin, and each person may have up to 2 nominees and letters addressed to children can be sent if requested.

The frequency of the letter to be posted out is up to the individual unit. Initially a deployment letter is sent, along with the units programme, and then subsequent letters are posted every 2-3 months depending on the type, length of the deployment and what is happening on the international scene.

Along with the deployment letter and the RN/RM family guides are posted including information on Communication, email and bluey's (Airmail letters) and information on FAFDU and ---

[www.rncom.mod.uk](http://www.rncom.mod.uk)

All mailshots are despatched by 2<sup>nd</sup> class post unless otherwise requested.

### **The Families Information Link Line (FILL).**

Along with the LLS the Advice Service also administers the Families Information Link Line (FILL). Families and friends can access a recorded message about the current deployment.

The Advice Service records the messages onto a dedicated link line using the – **08453** numbers and calls last for a maximum of 2 minutes and cost 5p per minute (the Government set the charges).

News of how the deployment is going is broadcast and personal messages from the unit can also be added, so if there is an anniversary, birthday or someone back home is doing an exam then the service person can add a small message at the end.

The FILL can be accessed 24 hours a day and comes into it's own if the deployed unit has a programme change especially at short notice. But because the FILL numbers are in the public domain the messages are checked before recording as the media do monitor the messages and have used them when reporting on the Navy.

**Coping with Separation**  
**And**  
**A parent's perspective.**

Coping with separation is a publication that the RN uses; Kathleen Vestel Logan for the US Naval Proceedings, compiled this booklet first in America in February 1987.

"Studies in America have helped to shed light on the emotional hurdles facing Navy Families as a result of deployment – these worthwhile findings are equally relevant to the families of Royal Navy servicemen and women..."

This book is sent out to families and it explains the cycles of separation family's experience, and also it is natural to have these feelings and emotions whilst a loved one is away.

"The Emotional Cycle of Deployment" (ECOD) model describes changes in Naval spouses behaviour and emotions during deployments of three months or more. Although it was initially developed for wives, the model has been useful in working with husbands and children.

Some people have expressed concern that there seems to be too much emphasis on "negative" feelings. First, feelings are neither good nor bad, they simply exist. Only actions can be negative. For example, there is nothing inherently wrong with feeling angry; ways of coping with the feeling, however, can vary from abusing a child (negative) to discussing solutions to the problem (positive). Some feelings – like loneliness, resentment, depression, anger and anxiety – are harder to identify and share. But they are a part of naval life too, and will not go away simply because people try to ignore them. Acknowledging the whole range of feelings is the first step towards dealing with them in a healthy manner.

Preparing for deployment starts long before the service person actually walks out of the door. For a period of time the one left behind tends to ignore the deployment, fantasising that somehow it will not happen: "Surely the ship will sink or he'll get drafted ashore". Eventually, something will trigger recognition of the reality of departure, something as simple as turning over the page on the calendar so that the date is visible. At this point the Emotional Cycle Of Deployment begins..."

**Pre-deployment:**

Stage 1: Anticipation of loss – Duration 1 – 6 weeks before deployment.

Stage 2: Detachment and withdrawal - duration last week before deployment.

**During deployment:**

Stage 3: Emotional Disorganisation. - Duration the 1<sup>st</sup> six weeks of the deployment.

Stage 4: Recovery and Stabilisation. -Duration occurs between stages 3 with variable duration.

Stage 5: Anticipation of Homecoming. - Duration six weeks before the end of deployment.

**Post – deployment:**

Stage 6: Renegotiation of Marriage Contract - Duration: six weeks after the end of deployment.

Stage 7: Reintegration and Stabilisation- Duration: 1 – 12 weeks after end of deployment.

Note: Only the out line of the model is included here. All the symptoms and behaviours are not included. A description of them can be found in 'Coping with Separation and a parents perspective.'

The model's primary usefulness seems to be in the area of prevention: many problems in Navy families could be avoided or minimised simply by understanding the process of adjustment. For example, lack of sexual intimacy just before deployment could be accepted as a natural reaction to difficult circumstances rather than being viewed as personal rejection. Arguing during that time may be tolerated instead of perceived as evidence of a deteriorating marriage. It also helps to know that it is perfectly normal to feel somewhat strange with each other when the sailor first comes home. Almost everyone feels reassured just knowing that their range and fluctuations of emotions are normal.

Key personnel (eg. Commanding Officers, Divisional and Welfare Officers, Family Counsellors and Chaplains) could use the model to be alerted to potential problems at stages, or to distinguish between temporary situation problems and those requiring more in-depth attention.

## **A Parents Perspective.**

This booklet has been produced as a result of a rise in the number of queries that were received by the Naval Personal and Family Service and the Royal Marines Welfare Service and the RN and RM Advice Service from parents who had young people deploying, possibly for the first time. Also, from parents who had young people joining the military.

This booklet has been designed to assist you understand some of the feelings you may have and also provide some practical advice. It is possible you may experience some, all or indeed none of the feelings below and can be reassured that all of these reactions are perfectly normal.

The real value of the research is in examining natural patterns of emotion – which nearly everyone goes through whilst experiencing separation. Realising that these emotions are natural – and that you are not the only family experiencing them – can go a long way towards helping you cope with the difficulty of being apart.

## **LOCAL RESOURCES**

### **Friends and Families of Deployed Units.**

#### **(FAFDU)**

“If they are away for more than one day ...please come along”

FAFDU was set up by the Naval Community team and is run by Naval family volunteers, as a way to support families when units are away on deployment or the Service person is on a course.

At present there is a group in Plymouth, and the Royal Naval Air Station Yeovil is in the process of starting a group. A new group is in the process of starting in Helensborough (Faslane) with Chaplain support, so the support is growing slowly.

With the development of RNCom we have been able to promulgate information, dates and events to a wider audience and this useful tool has been instrumental in the swelling numbers now attending the events that are put on for the Families.

Events are family based from Coffee mornings to events on a Sunday with entertainment provided for the children. Sunday's were identified as a particularly hard day for families to cope with when a loved one is away, so these get-togethers were started so families could meet people in a similar situation and gain support or visits to local attractions or shopping trips.

## **Royal Naval Community Organisation.**

### **(NPFS & RMW)**

The Naval Community Service is another part of the NPFS & RMW agency with a team of 4 Community Workers, qualified youth, pre-school and crèche workers.

NPFS has 3 community centres each with a dedicated qualified Community Worker and also a designated social worker within the Plymouth area, at Crownhill, Plymstock and Torpoint. The Community Office is at Plympton, and there are also family centres at the 2 Air stations of Cudrose and Yeovilton.

The centres have bar facilities and an annually elected centre committee run by its members. They provide support, care and activities for Service families who live on either the married quarter estates or in their own homes. As well as the Family Centres there are also Royal Navy Pre-Schools, serving both Service personnel and their families on their local areas.

These Pre-schools provide a secure and stimulating environment for children to play and learn in, and most are situated in purpose built separate buildings close to the Naval Family centres. They are Ofsted inspected and offer a healthy eating policy and provide a healthy snack at the morning and afternoon sessions. All the staff have experience and are qualified and hold First aid certificates.

Some groups also provide a lunch club facility so there is an opportunity for children to stay all day if this is required.

Another way the Naval Community service supports Naval families is through the use of Alexandra House.

## **ALEXANDRA HOUSE.**

### **What do we do?**

- We have a Day Nursery for children from 0 – 5 years old, open to all.
- Places for Service Children are subsidised.
- Provide emergency short-term residential care and accommodation.
- Support and assist service families in the care of their children.
- Treat children individually and respectfully.
- Hold informal meeting groups for parents.
- Hold networking groups for service families.

### **Who are we?**

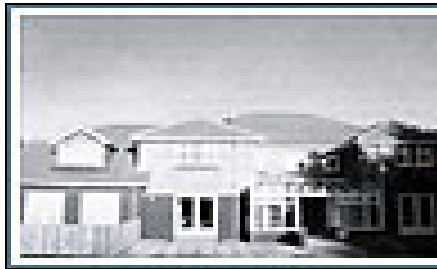
We are a team who are trained to a minimum of Nursery Nurse Examining Board Level, and our role is to fill the gap, and support the serving person and their dependants through any short-term problems that may occur.

We are registered with the Commission for Social Care and with OFSTED as a day care provider.

## **Aims**

To support and assist service families in the care of their children and to facilitate their continuing ability to care for their children. To work in close partnership with parents and carers and to treat children respectfully and individually. To provide a homely, family environment at times of need. To support families temporarily by providing short-term care when families are under stress or in crises, or in an emergency.

Contact details are: -  
Telephone and Fax 10752 781888



Alexandra House,  
20 Crownhill Fort Road,  
Crownhill,  
Plymouth. PL6 5BX.

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