



**Northumbria  
University**  
NEWCASTLE

**THE ARMED FORCES  
COVENANT FUND TRUST**

# War Widows **'Knock on the Door'**

**An Exploratory Study of the Experiences  
of Bereaved Military Families**

The Northern Hub for Veteran  
and Military Family's Research

September 2021

## Acknowledgements

The Northern Hub for Veterans and Military Families Research was established in 2014 and sits within Northumbria University Newcastle. It is a collective of academics, service providers and service users with an interest in improving the health and social wellbeing of Armed Forces veterans and their families. The research hub is directed by Dr Matthew D. Kiernan, Lieutenant Commander RN(Q) retired.

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## Executive Summary

This report is about the experiences of bereaved military families in the UK and the impact of their loss. For a member of the Armed Forces there is an increased risk of being exposed to serious and unsafe situations that may result in an untimely death. The *'Joint Casualty and Compassion Policy and Procedures Vol 2'* published by the Ministry of Defence outlines policies and procedures relating to death in military service, including the process of casualty notification, funeral arrangements and the roles of the Joint Casualty and Compassionate Centre, Casualty Notifying Officer and Visiting Officer. Nevertheless, there currently exists little research on the impact of a sudden loss on the families that are left behind and the War Widows Association (WWA) identified a need for an investigation into how bereaved military families are notified and subsequently cared for. The aim of this study was to explore and understand the impact that death, whilst in military service, has on the surviving family. Specifically, it focused on how casualty notification was undertaken and the impact that the current process had on the long-term wellbeing of the family.

An exploratory sequential mixed methods design was adopted for this study and comprised two phases: a qualitative phase (Phase One) consisting of in-depth interviews with family members (n=15); and a subsequent quantitative phase (Phase Two) consisting of a survey of family members (n=264). The results from each phase were analysed separately, then combined and triangulated to provide a more comprehensive picture of the research inquiry. The findings from Phase One and Phase Two were broadly consistent and the following themes were generated from the triangulation of the results: *receiving the news* (notification of death, funeral arrangements, effects on relationships); *long-term impact* (financial and administrative support, support with housing, bereavement support, welfare support); and *the media*.

### *Receiving the news*

The findings highlight that one third of participants were on their own when they received the news and half of participants did not receive all the information they needed when they were notified of the death of their partner / family member. In more recent decades, widows are still reporting that they did not receive all the information they needed at notification of death. Whilst participants felt supported with funeral arrangements, the findings suggest that children were less likely to be consulted in planning funeral arrangements and further provision is required to support parents in involving children from receipt of the news onwards. Moreover, it is evident that more recently bereaved family members have experienced detrimental effects on relationships with their wider family.

### *Long-term impact*

Findings suggest that whilst there have been improvements, in terms of financial and administrative support, only a third of the family members received financial support without seeking it for themselves and 47% of respondents who lived in military accommodation received advice or help with moving home.

In terms of bereavement support and welfare support, the findings from this report are encouraging and there have been improvements in bereavement support experienced by surviving family members in recent years. Nevertheless, a sudden or traumatic death of a

family member can lead to traumatic bereavement and this report highlights the need for improvements in the availability of peer support, access to long-term counselling, and additional support for bereaved children.

*The media*

A significant finding of this study highlights that newly bereaved family members experienced media interest following the death of their spouse or loved one. Despite best efforts to protect the grieving family from this intrusion, only 29% of participants felt that they received sufficient guidance and support to handle the media and there are many examples provided, as part of the participant interviews, of newspaper reporters and television cameras invading privacy. Thus, there is a need to consider further protection of this, particularly with regard to the risk of the bereaved hearing the news before official notification.

The findings illustrate how notification of the death of a spouse or loved one and subsequent emotional and practical support offered have long-term impacts on family members. Whilst the findings demonstrate recent improvements in the type of support and resources that participants in this study experienced, it is evident that further improvements are required. A series of recommendations are summarised below.

<b>Theme</b>	<b>Summary of Recommendations</b>
Notification of death and funeral arrangements	<p>Review of The Purple Pack information to ensure the availability of an accurate and comprehensive resource of information to help newly bereaved family members navigate the initial period following notification of death.</p> <p>Develop a working group of a cross-section of experts by experience (i.e., those families that have experienced loss) that are consulted to ensure that all ranks and services are represented. This will guarantee that the review of The Purple Pack is evidence based, and places those with the most knowledge at the centre of the solution.</p> <p>Provision of resources are needed to support parents / carers and provide guidance to involve children with funeral arrangements.</p>
Financial /housing support	<p>Consideration to be given to develop an education package, as part of The Purple Pack, which highlights the financial challenges that families might face in the future, and how to access and consider impartial financial advice.</p> <p>A review of policy to support families living in military accommodation with moving home.</p> <p>Further research is required to understand the needs of families not residing in military accommodation, and how they have been financially affected by the death of a family member.</p>

Theme	Summary of Recommendations
Types of bereavement support	<p>A review of the Purple Pack to support all family members with accessing counselling and peer support, and to enable parents to develop open and honest communication on bereavement with their children.</p> <p>A review of policy to facilitate bereaved family members with the finances to access counselling.</p> <p>Design a model of care for the bereaved to access peer support from the 'knock on the door' stage, including immediate, medium and long-term support, depending on need. Consider peer-support options that utilise existing resources (respective Military Widows Associations).</p>
The media	<p>A review of policy to equip families to manage media interest.</p> <p>Assign a media officer to provide practical support and guidance to families.</p> <p>Review of The Purple Pack to provide resources and support with handling media interest.</p> <p>Establish a working group across all ranks and services to inform this process.</p>

# 1. Introduction

## 1.1 Background

Losing a loved one is devastating in any circumstance. However, for a member of the Armed Forces, it can be very different as there are multiple complex factors to take into account<sup>1</sup>. For example, there is an increased likelihood that the deceased will be relatively young, meaning that the families left behind are also often young. Death is very often sudden, traumatic, and in the public eye with significant media intrusion. If it is an operational death in combat, there may be mixed feelings as to whether the death was a 'just cause' or not.

Due to the nature of service in the Armed Forces, there is increased risk of personnel being exposed to serious, and often unsafe situations, that may result in untimely death. The risk includes the possibility of death occurring in traumatic circumstance and by enemy action. Suffering loss that is sudden in any circumstance affects grieving relatives and, in some instances, may lead to long-term issues directly related to bereavement<sup>2</sup>.

### 1.1.1 Ministry of Defence policies and procedures relating to death of military personnel

In 2015, the Ministry of Defence (MOD)<sup>3</sup> published '*Joint Casualty and Compassion Policy and Procedures Vol 2*' outlining the policies and procedures following sudden death of military personnel. This document details the process of casualty notification, repatriation, registration of deaths and funeral arrangements, and outlines the roles of the Joint Casualty and Compassionate Centre (JCCC), Casualty Notifying Officer (CNO) and Visiting Officer (VO). The JCCC is the principal organisation for the MOD in managing and coordinating practical requirements following death of service personnel and handles enquiries relating to casualty and compassionate incidents in the Armed Forces. Each service (Royal Navy, Army, Royal Air Force) appoints CNO's and VO's who undergo tri-service training (the same training delivered to all three services). Each single service is responsible for overseeing good practice within their own organisation<sup>4</sup>. The CNO will visit and notify the next of kin of the death and provide facts of the incident (if known at that stage). The CNO will also advise of potential media interest and establish if the bereaved family requests a delay in releasing the name of the deceased<sup>5</sup>. The CNO is usually from the same service and unit or branch as the casualty and generally accompanied by another military personnel i.e., a padre<sup>6</sup>. Following the visit of the CNO, a VO is assigned to act as a representative of the MOD, and act as a focal point for families in offering assistance and advice. It is the role of the VO to provide information and advice, and to support the widow/widower/civil partner or nominated relative of a service person with funeral arrangements, headstones, Service Inquiry and Coroner's Inquest as well as updating bereaved family on procedures and responding to questions. The VO offers ongoing support and assists for as long as considered necessary. The role of CNO or VO are

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<sup>1</sup> Paul Cawkill, "Death in the Armed Forces: Casualty Notification and Bereavement Support in the UK Military," *Bereavement Care* 28, no. 2 (2009): 25–30, <https://doi.org/10.1080/02682620902996046>.

<sup>2</sup> Cawkill.

<sup>3</sup> Ministry of Defence, "Joint Casualty & Compassionate Policy & Procedures Vol 2" (London, 2015).

<sup>4</sup> British Army, "Bereavement and Aftercare," 2021, <https://www.army.mod.uk/people/support-well/bereavement-and-aftercare/>.

<sup>5</sup> British Army.

<sup>6</sup> Cawkill.



in addition to an individual's day job and they usually receive one day of introductory training to undertake this role<sup>7</sup>.

The Purple Pack<sup>8</sup> is an online resource produced by the JCCC to provide guidance, information and to signpost bereaved family members to a range of organisations to help with specific needs. Information provided within The Purple Pack includes practical support with registering the death, housing and accommodation, funeral arrangements, entitlements and benefits as well as details of bereavement and welfare support organisations.

### 1.1.2 Literature review

Cawkill highlighted a paucity of research into the impact of bereavement on significant others after casualty notification in the UK Armed Forces, with most research being carried out in the United States (US)<sup>9</sup>. Prior research from the US, highlighted that the sudden and violent nature of military deaths can lead surviving family members to experience traumatic bereavement, which is associated with enduring symptoms of both trauma and grief<sup>10</sup>. A recent review of the literature on bereavement support in the UK identified that families bereaved by death in the military service require a distinct level of understanding and sensitivity<sup>11</sup>.

As part of the Defence Select Committee inquiry into the Armed Forces Covenant in 2018, the Chair of the War Widows' Association (WWA) clearly articulated that there remains an absence of research into the experiences of families that lose loved ones in service. In particular, the WWA highlighted the need for an investigation into how bereaved families are notified and, subsequently, cared for<sup>12</sup>.

## 1.2 Aims of study

The aim of this study was to explore and understand the impact that death, whilst in military service has on the surviving family. Specifically, it focused on how casualty notification was undertaken, and the impact that the current process had on the long-term wellbeing of the family.

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<sup>7</sup> Paul Cawkill, "Death in the Armed Forces: Casualty Notification and Bereavement Support in the UK Military," *Bereavement Care* 28, no. 2 (2009): 25–30, <https://doi.org/10.1080/02682620902996046>.

<sup>8</sup> Ministry of Defence, "The Purple Pack" (London, 2020), [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/871531/Purple\\_Pack\\_Extended\\_060320.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/871531/Purple_Pack_Extended_060320.pdf).

<sup>9</sup> Cawkill.

<sup>10</sup> Stephen J. Cozza et al., "Bereaved Military Dependent Spouses and Children: Those Left behind in a Decade of War (2001–2011)," *Military Medicine* 182, no. 3 (2017): e1684–90, <https://doi.org/10.7205/MILMED-D-16-00101>; Nicole Barlé, Camille B. Wortman, and Jessica A. Latack, "Traumatic Bereavement: Basic Research and Clinical Implications," *Journal of Psychotherapy Integration* 27, no. 2 (2017): 127–39, <https://doi.org/10.1037/int0000013>.

<sup>11</sup> Alistair Hewison, Shazia Zafar, and Nikolaos Efstathiou, "Bereavement Support in the UK—a Rapid Evidence Assessment," *Bereavement Care* 39, no. 2 (2020): 69–78, <https://doi.org/10.1080/02682621.2020.1728086>.

<sup>12</sup> House of Commons Defence Committee, "Armed Forces Covenant Annual Report 2018" (London, 2019).

## 2. Methodology

### 2.1 Research design

This study adopted an exploratory sequential mixed method design and comprised two phases: a qualitative phase (Phase 1); and a subsequent quantitative phase (Phase 2). Phase One of the study, conducted in 2019, developed an evidence base using narratives from those who had received a casualty notification of death in service to understand the impact that death (which was attributable to service) had on the surviving family. Analysis of interviews with 15 family members explored experiences around receiving the news, life after notification, long-term impact, and media intrusion. Findings from Phase One helped to inform the design of Phase Two.

Phase Two, conducted in 2020, is a quantitative study using a survey design, and builds on the findings from the initial qualitative study (Phase One). The findings from the interviews in Phase One of this study were used to identify key concepts that were subsequently measured in a survey of widows and surviving family members. The results from Phase One and Phase Two of this study were combined to triangulate findings and enhance the analysis and interpretation of the findings. Data are drawn from different methods to broaden the understanding of this research phenomenon (see Figure 1).

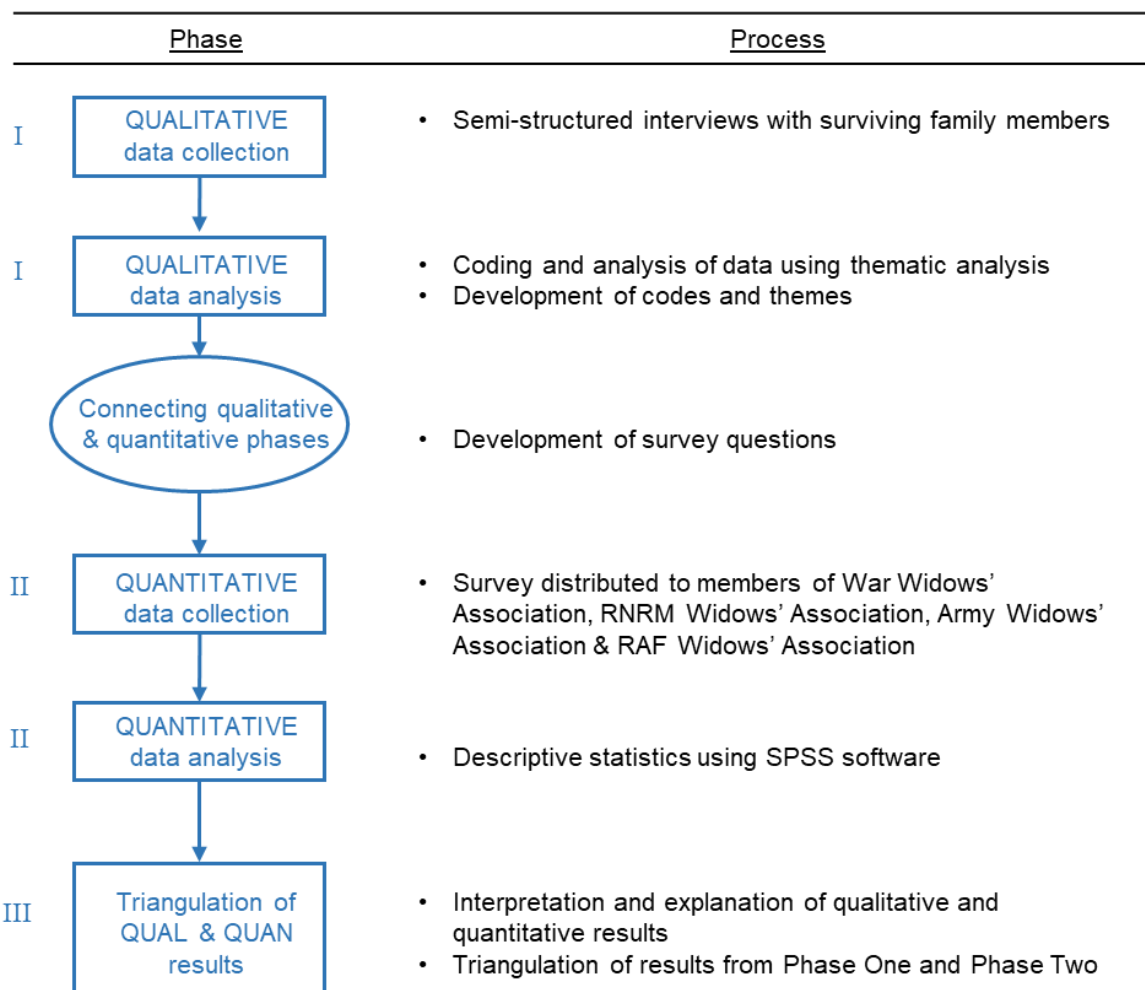


Figure 1. A visual model of the sequential mixed methods design

## 2.2 Methods

### 2.2.1 Phase One

Phase One utilised an Applied Social Policy design. This approach plays a key role in providing insight, explanations and theories of social behaviour and concentrates on finding solutions. Central to Applied Social Policy research is the focus on producing evidence for specific information requirements that can be used to influence and shape policy.

The recruitment process was supported by the Chair of the War Widows' Association (WWA), who was employed as a peer researcher in Phase One. This peer-led approach was supported more broadly by the WWA. The WWA is recognised as the United Kingdom's leading representative organisation of war widows, irrespective of cap badges, rank, or service, and is unique as it is the only association that caters for tri-service widows. Through the WWA, 15 participants were recruited from across the United Kingdom, providing access to the experiences of widows and family members (see Table 1 for participant characteristics). Participants were eligible to take part if they had lost a family member (spouse, partner, child, or parent) whose death was attributable through service.

Table 1. *Participant characteristics*

Participant characteristics	Number
<i>Gender</i>	
Female	13
Male	2
<i>Service (Casualty)</i>	
Royal Navy / Royal Marines	3
Army	7
Royal Air Force	5
<i>Relationship (to deceased)</i>	
Spouse	11
Parent	3
Child	1
<i>Nature of death</i>	
Killed in action	7
Accident	6
Ill-health	2

### 2.2.2 Phase Two

The survey drew upon evidence from the literature review, expert opinion and, most importantly, the initial analysis of the qualitative data from Phase One. The survey comprised a number of closed questions and Likert scale responses. The Likert scales enabled researchers to study particular areas of interest in depth. Open questions were also included that allowed responders to freely express their thoughts and ideas.

Throughout this process and subsequent analysis, the researchers and the War Widows Association were cognisant of the complex and challenging nature of the issues being discussed. The research team therefore took direction from the WWA and undertook extensive pilot testing before the survey was distributed nationally.

To ensure the internal validity of the survey, it was piloted using three stages.

1. Subject matter experts were invited to review the draft survey to assess both content and question wording and structure.
2. The survey was conducted one-to-one online with five pilot participants from the WWA. Working through the survey one-to-one, allowed the participants to provide feedback on the survey's length, structure, answer options, the information being gathered, and spelling/grammar errors.
3. The survey was then piloted with 10 participants and analysed for internal validity and floor ceiling effect. Final amendments were made to the survey based on these findings.

## 2.3 Data Collection

### 2.3.1 Phase One

The interview schedule was developed from two initial 'pilot' interviews and 13 semi-structured interviews were subsequently carried out with participants. Interviews lasted between 60 and 90 minutes. All interviews were recorded using a Dictaphone and were fully transcribed.

### 2.3.2 Phase Two

A convenience sampling strategy was adopted. The survey was distributed via mail to all members of the WWA, RNRM Widows' Association, Army Widows' Association, and the RAF Widows' Association. Northumbria University used Xerox Printing and Distribution, on behalf of the War Widows' Association, in accordance with GDPR regulations, meaning that no personal information was passed to the university research team.

## 2.4 Analysis

### 2.4.1 Phase One

Participants' interview transcripts were entered into NVivo and analysed using thematic analysis<sup>13</sup>. NVivo is a qualitative data analysis computer software that has been designed for qualitative researchers to work with large samples of text-based data. It helps to organise and analyse unstructured data as well as classifying, sorting, arranging information and examining relationships. Following the steps of thematic analysis, the research team immersed themselves within the transcripts to understand the depth and breadth of the narratives from the interviews. Initial codes and then themes were generated and reviewed. Themes were defined and named before producing a narrative, with direct quotes from participants as an aid to demonstrate specific points of interpretation and prevalence of themes.

### 2.4.2 Phase Two

All quantitative survey data was entered into IBM SPSS Statistics 26, where descriptive, univariate analyses were conducted. For categorical responses (e.g., Female/Male, Yes/No), frequencies and percentages were calculated. For ratio data and Likert scales, means and standard deviations were measured. Skewedness and kurtosis were used to estimate the shape of the distribution of the sample. Medians were also calculated for ordinal variables and for responses that did not follow normal distribution. Additionally, bar charts and histograms were created to demonstrate the distribution of responses by sub-groups (i.e., by the year

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<sup>13</sup> V. Braun and V. Clarke, "Using Thematic Analysis in Psychology," *Qualitative Research in Psychology* 3 (2006): 77–101, <https://doi.org/10.1191/1478088706qp063oa>.

since death of the family member and relationship to the person who passed away). Responses to most Likert scale measures ranged from 0 (*Strongly Agree*) to 4 (*Strongly Disagree*) on Likert-scale, some responses also included option 5 (*N/A*) or (*Unable to Answer*). The Cronbach's alpha was used to measure the internal consistency of the scales that consisted of several items.

#### 2.4.3 Triangulation of Results

The results from the Phase One and Phase Two were combined and triangulated to provide a more comprehensive picture of the research inquiry and to add richness and depth to the findings<sup>14</sup>. The qualitative findings from Phase One were enhanced by gathering quantitative data in Phase Two and the triangulation approach confirmed and corroborated the results from interviews and survey data. However, this does not imply that where findings intersect, a 'true' representation of the experiences of bereaved families is illustrated, nor that inconsistent data are problematic. The research team adopted a triangulation approach to examine the breadth of responses provided by bereaved widows and family members<sup>15</sup>.

#### 2.5 Ethical considerations

This project was approved through Northumbria University's Ethical Approval System prior to commencement of both phases of this study. All participants who took part in this research did so voluntarily and gave their informed consent for participation.

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<sup>14</sup> Roberta Heale and Dorothy Forbes, "Understanding Triangulation in Research," *Evidence-Based Nursing* 16, no. 4 (2013): 98, <https://doi.org/10.1136/eb-2013-101494>.

<sup>15</sup> Alan Bryman, *Social Research Methods*, 4th Editio (Oxford: Oxford University Press, 2012).

### 3. Results

This section of the report will give a brief overview of the two phases of the study and then present the findings using a triangulated approach as described in the methods section.

#### 3.1 Phase One

As previously described in Table 1, Phase One recruited 15 participants from across the three military services. The participants consisted of 11 spouses, 3 parents and 1 child descendant. All those interviewed had lost their family member in military service suddenly, 7 were killed in action on military operations, 6 died in accidents, and 2 died from ill-health.

Widows and bereaved family members expressed their views and experiences on the impact that the death of their loved one, whilst in military service, had on the surviving family. Specifically, the interviews focused on how casualty notification was undertaken, and the impact that the current process had on the long-term wellbeing of the family. The themes and subthemes that emerged from interviews are illustrated in Table 2. Each dominant, overarching theme is discussed below with some of the sub-themes explored in detail to provide a description relevant to the aims and objectives of the study.

Table 2. *Summary of themes and sub-themes*

Overarching Theme	Sub-theme
Receiving the news	'Knock on the door' Role of the Padre Alerted before the official notification Informing significant others Honesty
Life after Notification	Funeral Widow status Finance Changing relationships
Long-term Impact	Triggers Emotional support/psychological support Shared Experienced Closure
Media Intrusion	Cross-cutting theme

#### 3.2 Phase Two

A total sample of 264 participants completed the survey in Phase Two of this study. The participants were recruited from the War Widows' Association, RNRM Widows' Association, Army Widows' Association, and the RAF Widows' Association. As discussed, the design of the survey was developed from initial analysis of the qualitative data from Phase One and thus data from Phase Two are analysed under themes that emerged from Phase One. The average age of the participants was 67 years, and the majority were spouses of the deceased. Additionally, 79.6% had children with the person who passed away. The sample covered a period from 1927 (a child descendant for the deceased) to 2019 with the longest time lapse since bereavement being 93 years and the most recent being one year (Table 3).

Table 3. Sociodemographic characteristics of participant and relationship to the deceased

Sociodemographic characteristics	Responses	Percentage
<b>Gender</b>		
Female	257	97.7
Male	6	2.3
<b>Relationship to the deceased</b>		
Spouse	238	90.5
Partner	7	2.7
Child (including step-child)	13	4.9
Parent (including step-parent)	3	1.1
Other	2	0.8
<b>Child(ren) with the deceased</b>		
No	49	18.8
Yes	207	79.6
Other (step-children)	4	1.5
<b>Ages of children / step-children when notified of death</b>		
Pre-school 0-4 years	72	35.0
Primary education 5-11 years	32	15.5
Secondary education 12-18 years	13	6.3
Mixture of Pre-school, primary and Secondary	66	32.0
Adult 19+ years	23	11.2

### 3.3 Triangulation of Results

Findings from Phase One and Phase Two were combined and analysed (see Figure 2). The findings from both Phase One and Phase Two were broadly consistent and the following superordinate themes were generated from triangulation of the results: *receiving the news* (notification of death, funeral arrangements, effects on relationships); *long-term impact* (financial and administrative support, support with housing, bereavement support, welfare support); and *the media*.

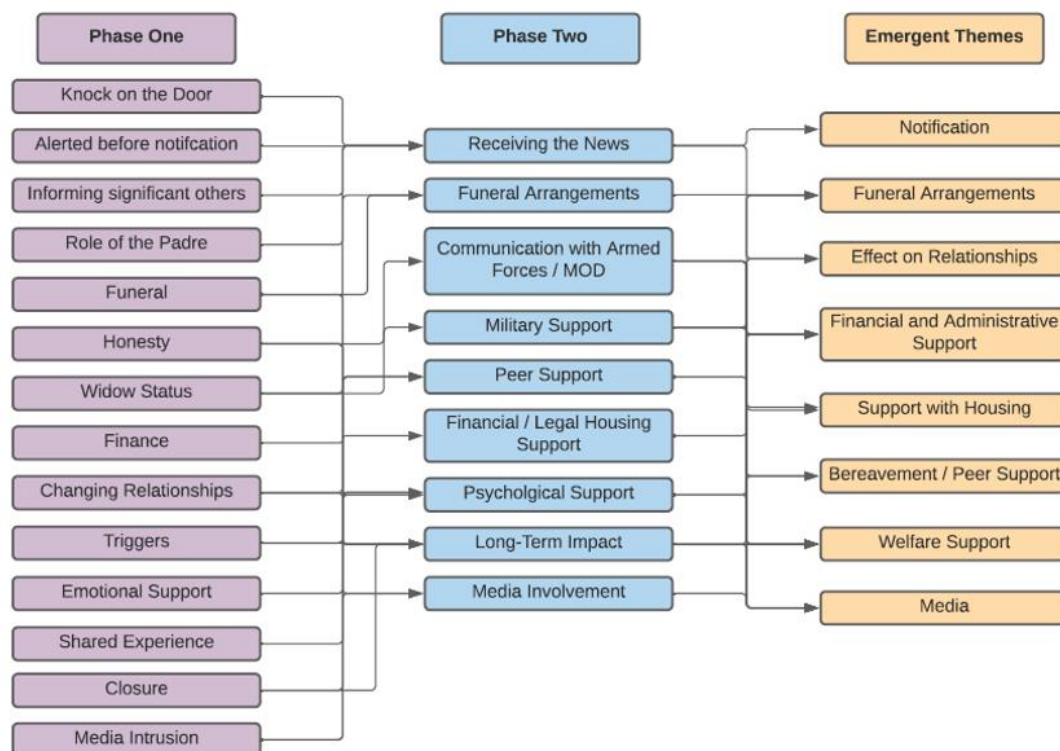


Figure 2. Triangulation of themes from Phase One and Phase Two

### 3.3.1 Receiving the News

#### Notification of death

As soon as the military is notified of a fatality, casualty notification process policies and procedures come into play. The role of the CNO is to notify the deceased's nominated emergency contact or their next of kin immediately.

Table 4 shows that just over a third of participants, 34.5% (n=87), were on their own, with no family or friends present, when they were told of their partner or family member's death. The majority of participants (n=221) lived in the UK when they were notified. Nevertheless, half of the respondents 50.4% (n=123) felt that they did not receive all the information they needed when they were notified of the death of their partner or family member.

Table 4. *Circumstances of respondent when notification of death received*

Circumstances when notified of death	Responses	Percentage
<i>Person (i.e., relative, neighbour, friend) present when notified of death</i>		
Yes	87	34.5
No	165	65.5
<i>Received all necessary information</i>		
Yes	121	49.6
No	123	50.4
<i>Country of residence</i>		
a		
UK	221	85.3
Germany	23	8.9
Cyprus	4	1.5
Other	11	4.2

When considering the information needs of families, Figure 3 illustrates how many participants did / did not receive all the information they needed, distributed by years since death of a spouse/family member. The figure suggests that participants were less likely to receive the required information the further we go back in years, however, in more recent decades (i.e., in the last 14 years) approximately a half of the respondents still reported that they were not provided with the information they needed.

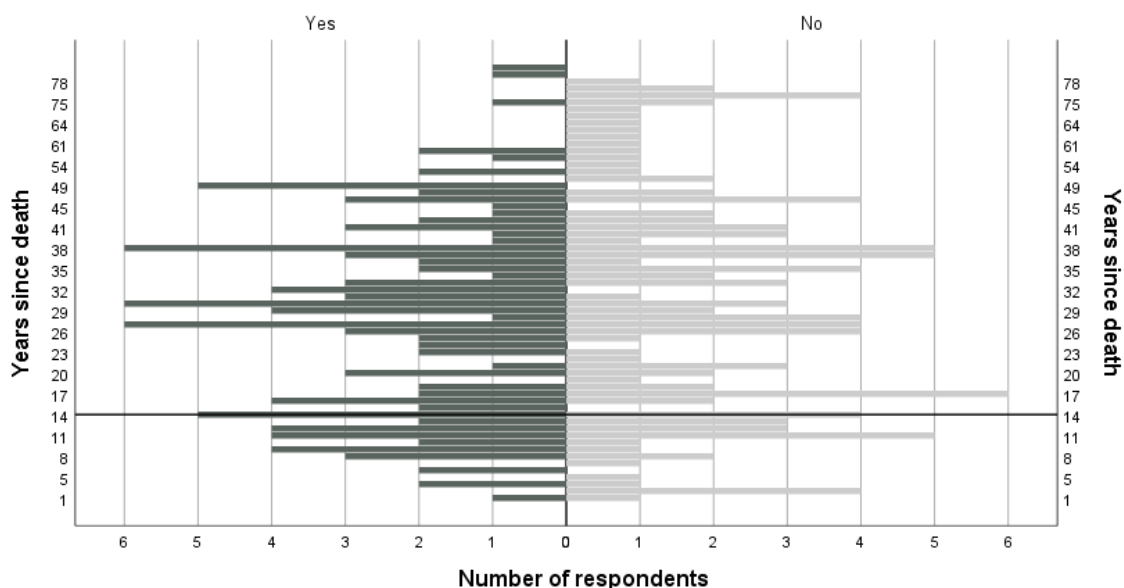


Figure 3. *Received information that was needed by years since death*



Findings from Phase One illustrate that there was limited guidance on how family members were informed of a sudden death. When the news was shared with the bereaved spouse or parent, it was a highly stressful experience.

*"I don't know whether they introduced themselves, I haven't a notion ..."* **(Participant 1)**

*"I will never forget the knock on the door"* **(Participant 15)**

Some participants described how they told their young children and, on reflection for some, this led to feelings of guilt and worry that they got this wrong.

*"I think... I mean the hardest thing for me at that stage probably was telling the children [...] then of course I suppose there's guilt associated with that where you've handled that wrong because you only get one time to tell"* **(Participant 1)**

Other participants described being offered support to inform significant others, including children:

*"Someone gave me some sleeping pills... but it was still all the trying to contact other people...then it all got really confused."* **(Participant 10)**

### Funeral arrangements

The relief felt by participants receiving support to arrange and pay for the funeral was clearly articulated during all of the interviews. In the main, participants welcomed the taking away of responsibility for arranging the funeral as some felt it was too much to deal with. This was also accompanied by the importance of a military funeral, particularly where the nature of this was understood by participants who had themselves served in the Armed Forces:

*"I'd done some military funerals for people, so I knew... I'd carried one of our lads that got killed. So I knew about the whole military funeral side of things. I think just having a greater understanding of the funeral side of things. I think just having a great understanding of the whole military system."* **(Participant 2)**

*"I think it made it easier for them to talk to me... because I understood that if I asked for a military funeral that no civilian would get to touch the coffin...I think you understand the language more and you understood what was happening more."* **(Participant 1)**

For other participants, understanding the 'ritual' of a military funeral was less straight-forward:

*“So, immediately I butted heads with them when I said... I said I wanted a military funeral and the first thing they said was ... ‘he can’t have a Union Jack on his coffin’. I was sort of ‘what do you mean?’ ... ‘Well if it’s non-military personnel bringing in his coffin into the church, you can’t have a flag on it. We will put a flag on it while it’s in the church...” (Participant 3)*

The findings from the survey show that the majority of respondents (77%, n=187) reported that their family member was returned home for a funeral. Overall, the results suggested that participants wanted to be, and were fully involved, in the funeral planning, but those who lost their spouses/family members in recent years were more likely to report so (Figure 4). Nevertheless, bereaved children were less likely to be consulted in planning funeral arrangements (Figure 5).

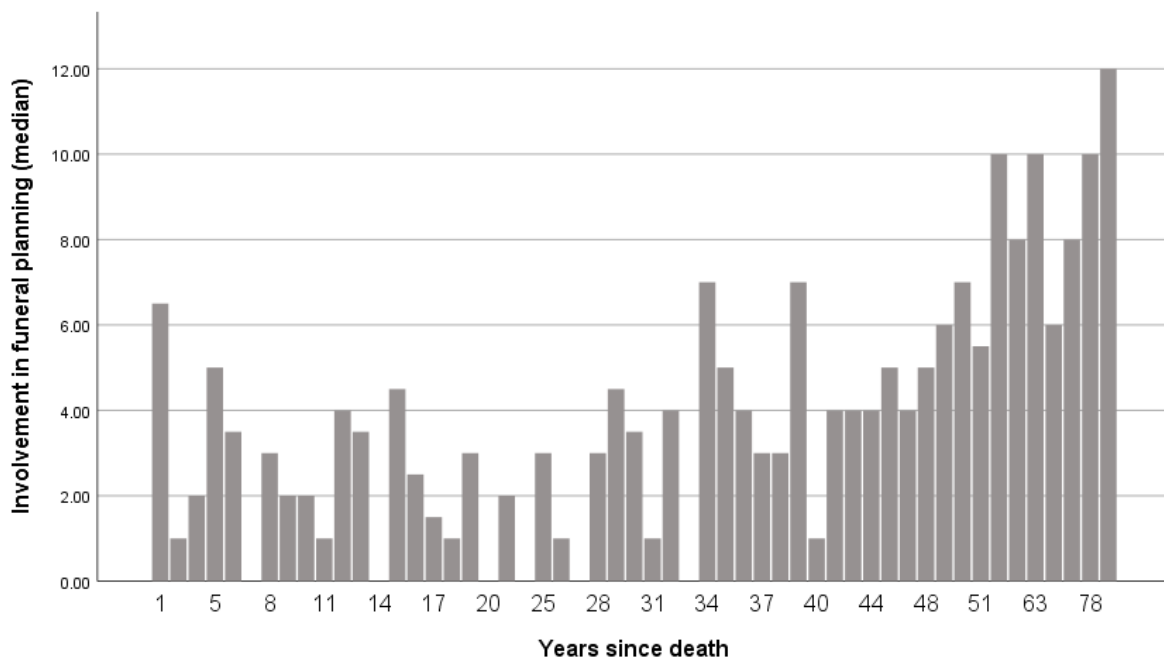


Figure 4. *Involvement in funeral planning stratified by years since death*

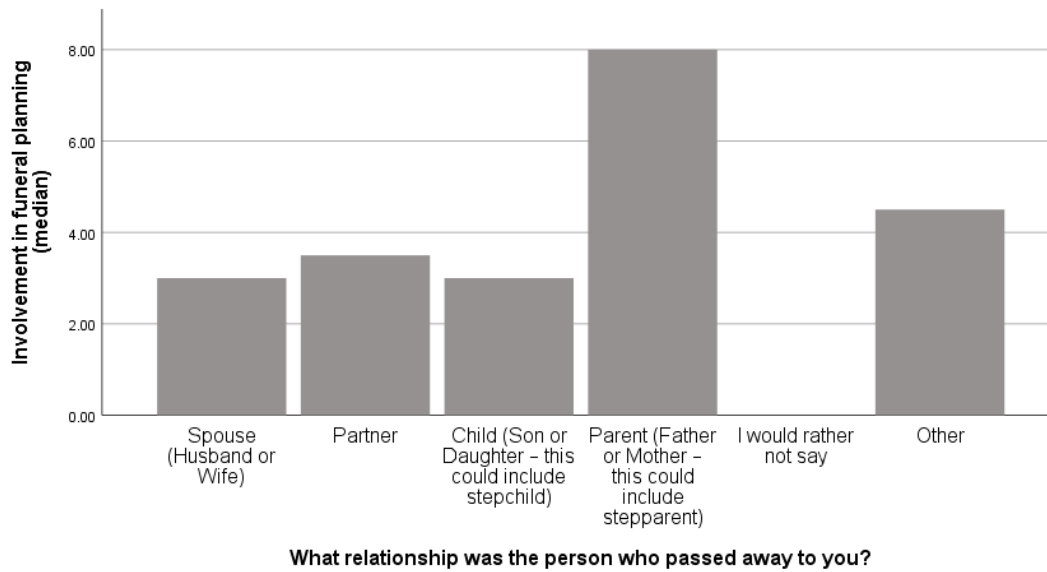


Figure 5. *Involvement in funeral planning by relationship to the deceased*

When considering the preparation for funerals, and the interaction with the military, most participants reported that they were content that they understood the military language and traditions used (Mean = 4.95, SD = 2.65; see Figure 6). Figure 6 illustrates how the frequencies of the total score on understanding of military culture was distributed. The black line shows a normal distribution curve. Total scores were calculated as a sum of responses to three Likert-scale questions. A higher score indicates a lower understanding of military culture/ language/ traditions.

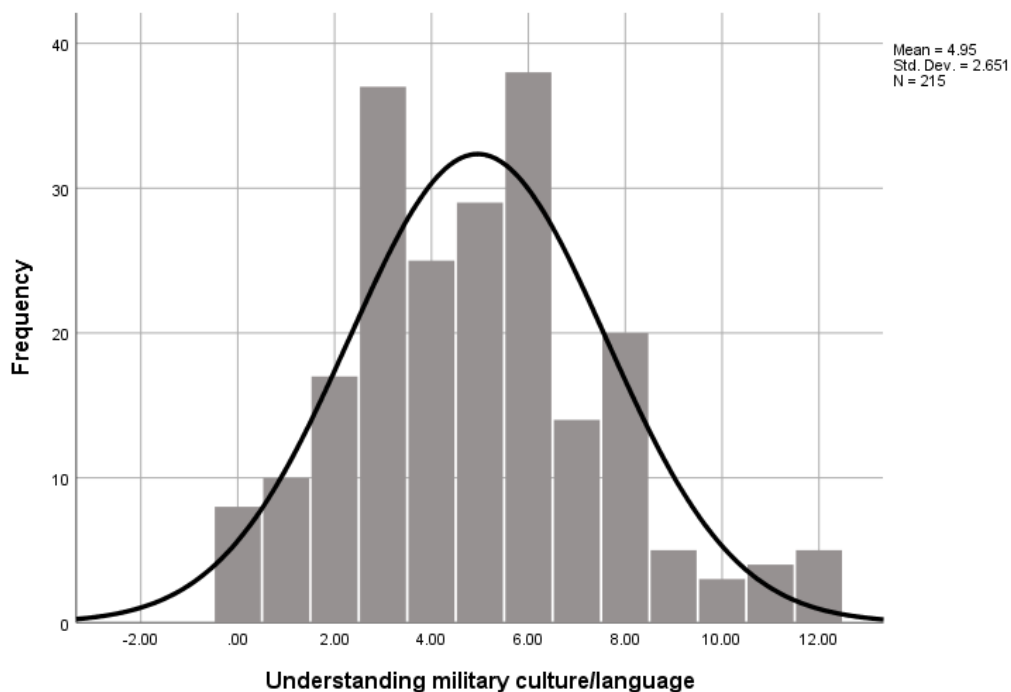


Figure 6. *Understanding of military culture*

Note. X axis – total score for understanding military culture/language scale. Y axis – frequency of occurrence of each score among the participants.

### Effect on relationships

From the interviews in Phase One, there was some suggestion that the impact of the sudden loss had, at times, a detrimental impact on the relationships within the families, suggesting a degree of estrangement:

*“I did keep in touch with them for a bit, but obviously as I started moving on and what have you, it became much more awkward”*  
**(Participant 10)**

*“[My in-laws] couldn’t understand why I couldn’t help them and I couldn’t, I just couldn’t. I couldn’t help them, I couldn’t support them emotionally”* **(Participant 14)**

This assumption was explored on the national survey and considered the impact that sudden death had on the wider relationships with family. Table 5 illustrates that there was little or no detrimental impact observed ( $M=11.44$ ,  $SD=5.74$ , Median=12.00). Moreover, relationships with respondents’ own family ( $M=2.60$ ,  $SD=1.56$ , Median=3.00), and their partner’s family ( $M=2.31$ ,  $SD=1.68$ , Median=3.00), remained stable and were less likely to be affected. Nevertheless, the findings indicated that in more recent years this trend may have changed, where younger widows are experiencing a breakdown in family relations (Figure 7).

Table 5. *Impact of death on relationships*

The death had a detrimental effect on my relationships with ...	M (SD)	Median	Skewness (SE)	Kurtosis (SE)
Family	2.60 (1.56)	3.00	-0.50 (0.16)	-1.06 (0.31)
New partner	2.11 (1.79)	2.00	0.42 (0.15)	-1.18 (0.30)
Friends	2.29 (1.48)	2.00	-0.11 (0.16)	-1.08 (0.31)
Armed forces/MoD	2.17 (1.54)	2.00	0.30 (1.54)	-1.11 (0.31)
Partner’s family	2.31 (1.68)	3.00	-0.10 (0.15)	-1.38 (0.31)
Overall	11.44 (5.74)	12.00	0.02 (0.16)	-0.46 (0.31)

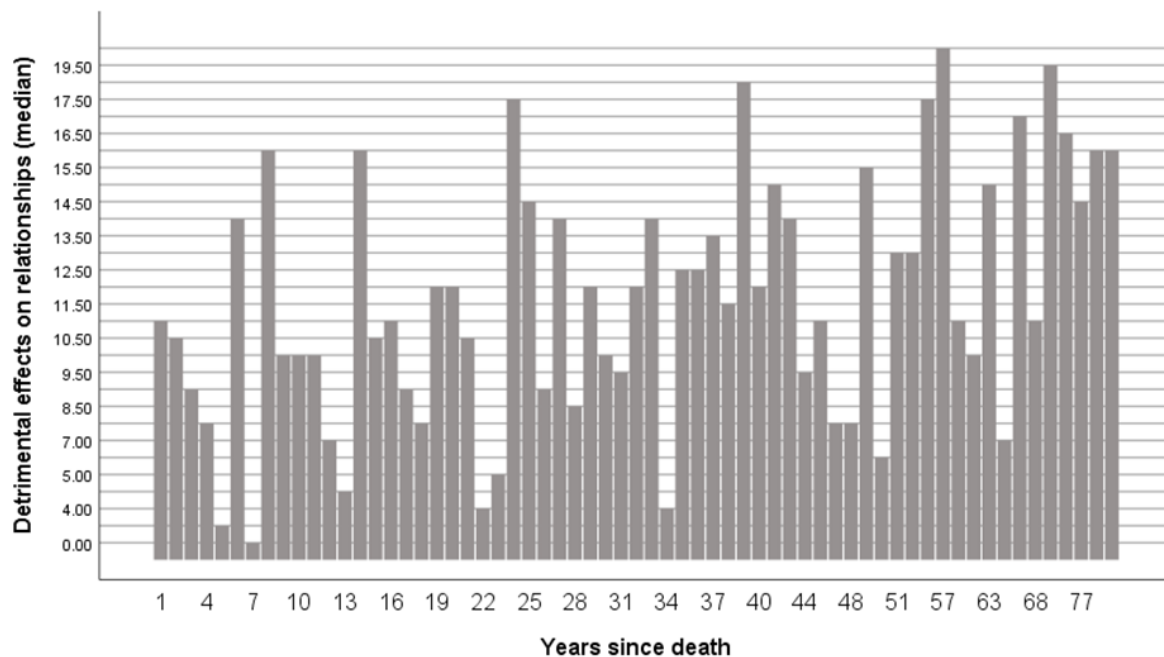


Figure 7. Detrimental effects on relationships by years since death

Findings presented in Figure 7 illustrate the reported effects of the death of a spouse/family member on relationships with others, stratified by years since the death. Each bar on the graph shows a median total score on the questions about detrimental effects on relationships for each year. A lower median score (i.e., a lower bar) suggests a more negative impact on relationships. Figure 7 suggests that participants who lost their spouses/family members more recently were more likely to experience some detrimental effects on their relationships with others.

### 3.3.2 Long-term Impact

#### Financial and administrative support

The Veterans Welfare Service Welfare Manager is responsible for dealing with financial matters following notification<sup>16</sup>. Participants described receiving practical support and this aspect of aftercare was described by participants in positive terms, with a significant level of appreciation by those who were interviewed:

*“He was very helpful with filling in the forms and dealing with the military side of things. I didn’t know where to start.” (Participant 11)*

*“My... [Visiting Officer] helped me with all that. Yes, he was great with that, yes. So yes, I did have help from him with all that from what I remember, yes.” (Participant 12)*

*“[My Visiting Officer] was very good at form filling. She knew what benefits we were entitled to. What lump sums we were entitled to and how to claim them and we were sort of just signing on the dotted line” (Participant 13)*

<sup>16</sup> Ministry of Defence, “Joint Casualty & Compassionate Policy & Procedures Vol 2.”

Findings on the type of financial and administrative support offered to respondents are presented in Table 6. The majority of participants, 91.6% (n=239), received some monetary support and for almost three-quarters of respondents (n=182), this monetary income was received within the first three months following the death of their partner or family member.

*“He came... the first thing they did, the welfare officer did was hand my sisters £200 in cash because the... the rationale for that I found out later was that they reckoned that people didn't have cash in the house and you'd need milk and bread and stuff”*  
**(Participant 1)**

*“The only way that I managed those few weeks was because [anonymised] had paid into a scheme all of the time he had been in the military whereby if you were killed your family immediately was given a £10,000 cheque”* **(Participant 6)**

Despite receipt of monetary support, only a third of respondents (n=83) were offered or received any financial advice without seeking it for themselves. Furthermore, less than half of the respondents 41.8% (n=107) received support with administrative tasks.

*“I got a financial advisor because the one thing they can't do is give you financial advice, they refuse to give you any financial advice”* **(Participant 2)**

*“My eventual Visiting Officer, as I say, he was an admin. He was very good with all that stuff. He dealt with all the forms. He filled all of the forms in. He did a lot of the notifying for me, because we only got an interim death certificate because you don't get a full death certificate until after the inquest is completed. So he wrote to lots of people and sent copies of stuff off and all that sort of thing”* **(Participant 10)**

Table 6. *Financial and administrative support*

Type of support received	Responses	Percentage
<i>Received monetary support:</i>		
Pension Only	73	28.0
Pension and other forms of financial support	156	59.8
Other forms of financial support but not pension	10	3.8
No monetary support	15	5.7
Not sure	7	2.7
<i>Receipt of monetary income following the death:</i>		
Immediate (within 3 months)	182	74.3
Longer than 3 months	25	10.2
Unable to answer/not sure	38	15.5
<i>Financial advice offered or received:</i>		
No	149	58.4
Yes	83	32.5
Not sure	23	9.0
<i>Support with admin tasks provided:</i>		
No	128	50.0
Yes	107	41.8
Not sure	21	8.2

It is evident that those who lost their spouse or family member a longer time ago, were more likely to report that they did not receive financial advice without the need to seek this for themselves (Figure 8). Figure 8 illustrates how many participants were / were not offered financial advice, distributed by years since death of a spouse / family member. The data in Figure 8 suggest that whilst participants were less likely to receive financial advice the longer the time since death, respondents who more recently lost a family member did not receive financial advice without seeking this for themselves.

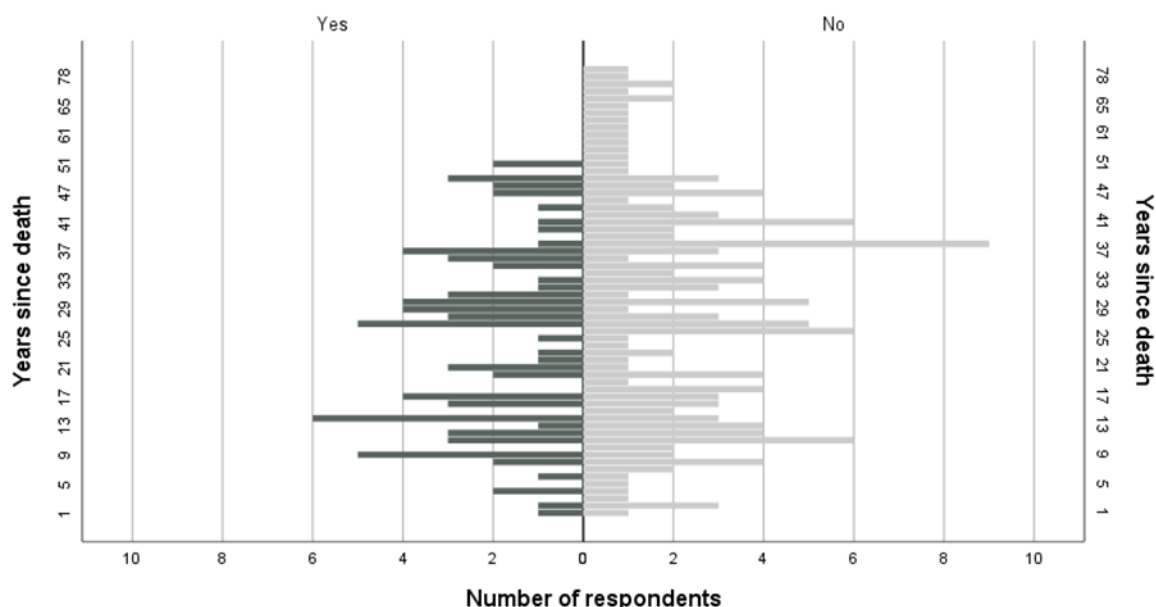


Figure 8. *Financial support offered or received (without seeking it) by years since death*

Figure 9 illustrates how many participants were / were not offered administrative support, distributed by years since death of a spouse / family member. Figure 9 suggests that

participants were less likely to receive support with administrative tasks a longer time ago, whereas in more recent years, an increasing number of respondents have received this type of support.

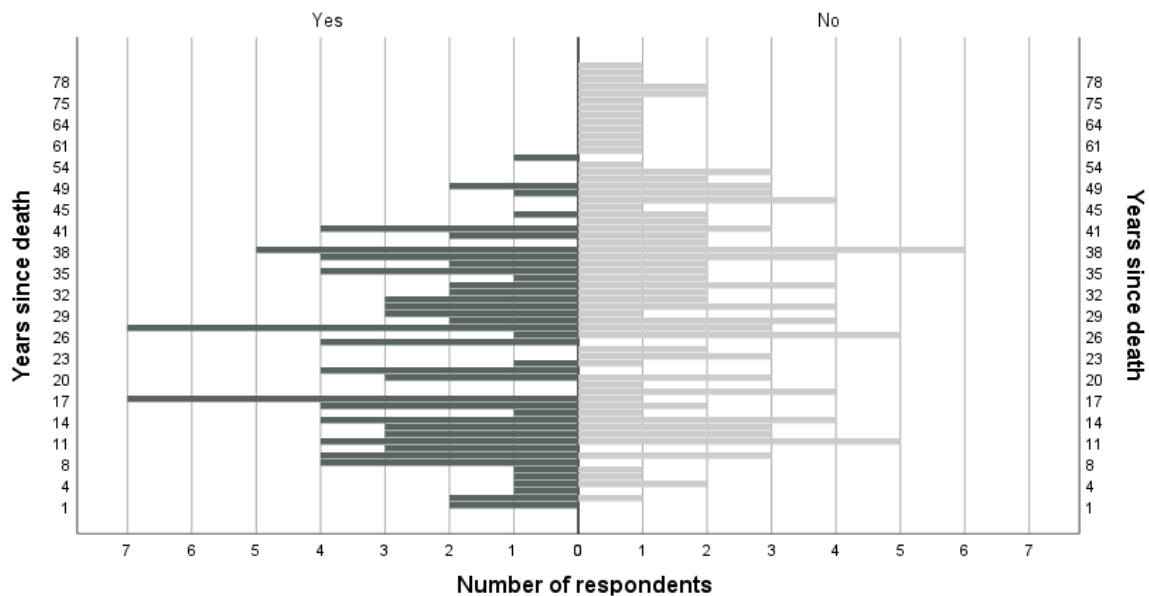


Figure 9. Support with administrative tasks by years since death

### Support with housing

Table 7 illustrates that over a third of respondents (n=97) lived in military accommodation or on a military base when they were informed of the death. Of those that lived in military accommodation, 63.6% (n=63) were given a fixed period of time to move out. However, 46.9% of respondents living in military accommodation (n=46), did not receive advice or help to move home. Notably, all participants who had lost a parent reported that they were given a fixed period of time to move out and were provided with support in moving home.

Table 7. Support with housing

Living arrangements	Responses	Percentage
<i>Lived in military accommodation or military base when informed of death</i>		
No	159	60.9
Yes	97	37.2
N/A (i.e. parent of deceased)	5	1.9
<i>Provided with a fixed period of time to move out of military accommodation</i>		
No	23	23.2
Yes	63	63.6
Not sure	13	13.1
<i>Provided with advice or help to move home</i>		
No	51	52.0
Yes	46	46.9
Not sure	1	1.0

### Bereavement and peer support

The findings presented in Table 8 show that approximately three-quarters of respondents, 75.6%, (n=195), were offered support by the military (i.e., VO, welfare support officer or



someone from the military unit or wider military organisation) during the initial period following the death of their partner or family member. Those who lost their partner or family member a longer time ago (i.e., 57-77 years ago) reported that they were not offered anyone to support them. By contrast, all participants who lost their spouses/family members since 2007 (i.e., 1-13 years ago) were offered bereavement support (Figure 10).

Table 8. *Type of bereavement support offered by the military*

Type of support	Responses	Percentage
<i>Offered someone to support them</i>		
No	54	20.9
Yes	195	75.6
Not sure	9	3.5
<i>Gender of the person who were assigned to support</i>		
Male	162	83.9
Female	26	13.5
Both	5	2.6
<i>Preferences for the gender of the support person</i>		
No	121	61.7
Yes	24	12.2
Not sure	51	26.0

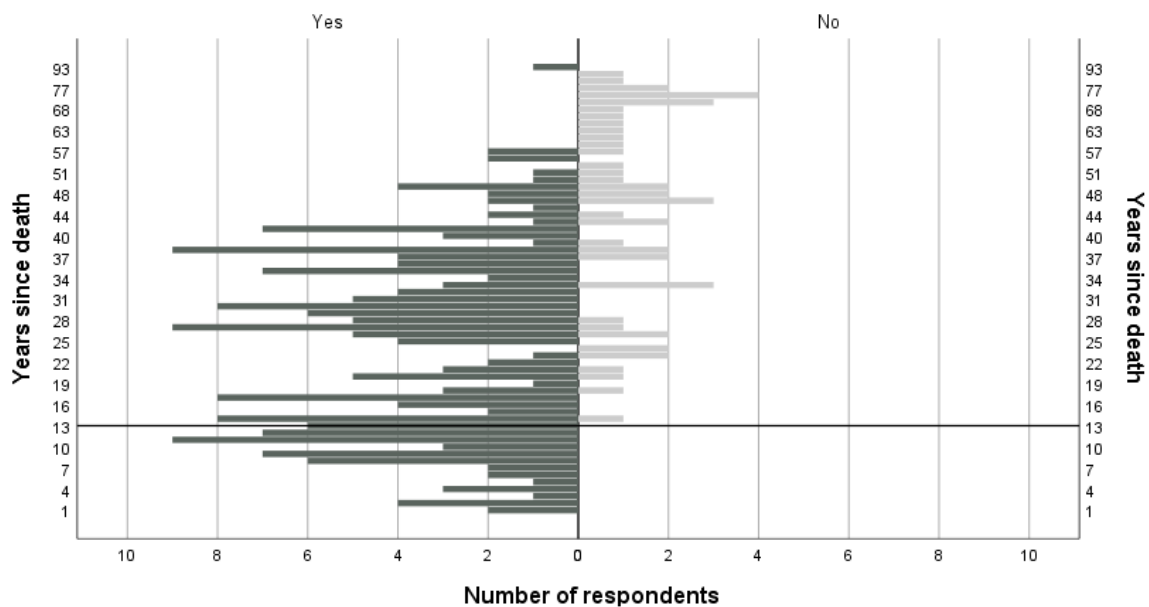


Figure 10. *Bereavement support offered by years since death*

Table 9 illustrates that families would have liked access to peer support<sup>17</sup> ( $M=1.76$ ,  $SD=1.25$ , Median=2.00) and to speak with someone who had been through similar experiences ( $M=1.09$ ,  $SD=1.08$ , Median=1.00). In addition, the results suggest that many respondents are in need of ongoing long-term support ( $M=1.41$ ,  $SD=1.28$ , Median=1.00).

<sup>17</sup> Peer support involves people with similar backgrounds providing emotional, social, or practical support to each other and delivered by charities, organisations or support groups.

Table 9. *Experiences of peer support*

Type of peer support	M (SD)	Median	Skewness (SE)	Kurtosis (SE)
1. I received peer support	1.45 (1.45)	1.00	0.65 (0.16)	-0.97 (0.31)
2. I would have liked more peer support	1.76 (1.25)	2.00	0.12 (0.16)	-0.94 (0.32)
3. I would have liked to talk to people who had similar experiences	1.09 (1.08)	1.00	0.75 (0.16)	-0.10 (0.32)
4. I was able to talk to people who had a similar experience	2.41 (1.43)	3.00	-0.42 (0.16)	-1.23 (0.33)
5. I needed long-term peer support	1.41 (1.28)	1.00	0.56 (0.16)	-0.74 (0.32)
Overall satisfaction with peer support (statements 1-5)	8.32 (4.06)	9.00	-0.32 (0.17)	-0.38 (0.33)

More importantly, the results suggest that the participants experienced limited access to ongoing psychological support or counselling ( $M=3.50$ ,  $SD=1.32$ , Median=4.00; Table 10) and these findings were reflected in the interviews.

*“I couldn’t get any counselling for the children at all. So they have had no counselling” (Participant 9)*

*“... no emotional support from the (service)...there was nothing for us at all, nothing” (Participant 12)*

*“...my daughter and I have been stuck because we never grieved properly and I’ve spent an absolute fortune in counselling for both of us” (Participant 14)*

Table 10. *Access to psychological support / counselling*

Access to support	M (SD)	Median	Skewness (SE)	Kurtosis (SE)
Had access to psychological support / counselling	3.5 (1.32)	4.00	-1.22 (0.16)	-2.8 (1.7)
Did not want psychological support / counselling	4.0 (1.70)	3.00	0.78 (0.32)	-1.23 (0.33)

Notably, many participants disagreed with the statement that they did not want psychological support ( $M=4.0$ ,  $SD=1.70$ , Median=3.0). Furthermore, respondents who had lost their spouse or family member a longer time ago were often more dissatisfied with access to psychological support.

Figure 11 illustrates the level of satisfaction with access to psychological support by years since the death of a spouse/family member. Each bar shows a median score for each year since death. A higher median score (i.e., a taller bar) suggests a lower satisfaction with psychological support, whereas a lower score represents better access to support. Thus, the findings shown in Figure 11 suggest improvements to overall access to psychological support / counselling in more recent years.

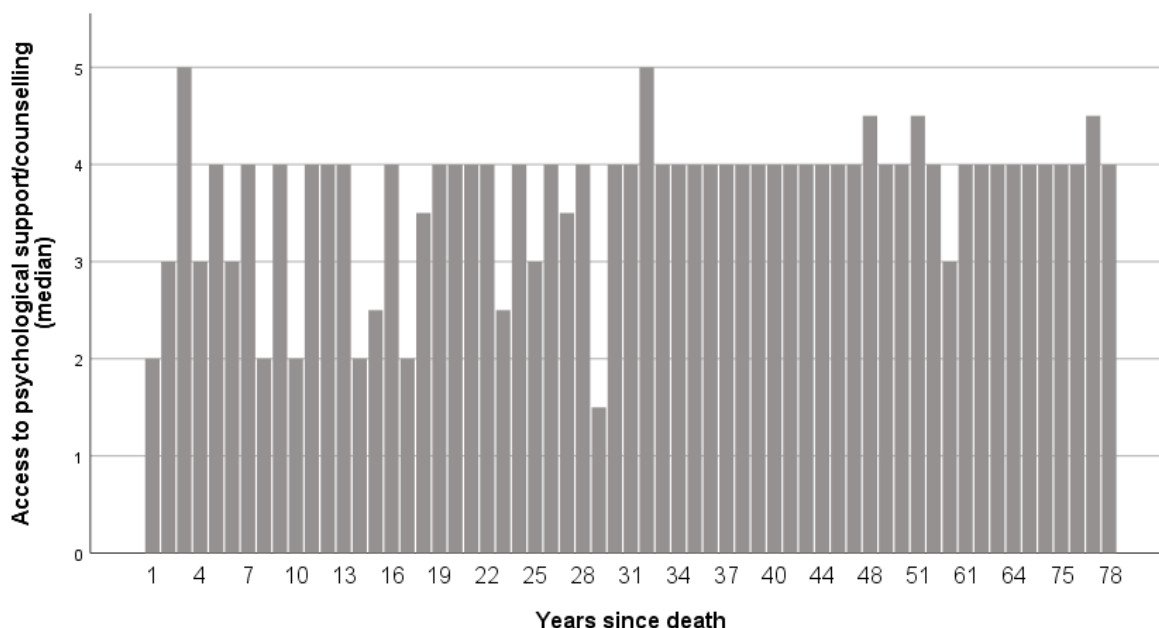


Figure 11. Access to psychological support by years since death

### Welfare support

The satisfaction with welfare support was measured with a Likert-scale. The response options ranged from 0 (*Strongly Agree*) to 4 (*Strongly Disagree*) on a statement “*The welfare support I received from the Armed Forces/Ministry of Defence was excellent*”, and therefore lower scores indicated a greater satisfaction with welfare support.

The findings illustrate that overall, participants were satisfied with the welfare support offered following the death of their partner or family member ( $M=1.47$ ,  $SD=1.48$ ,  $Median=1.00$ ). Figure 12 illustrates the satisfaction with welfare support by years since the death of a spouse/family member. Each bar on the graph shows a median score for the question on welfare support for each year since death. A higher median score (i.e., a taller bar) suggests a lower satisfaction with welfare support, whereas a lower score represents a greater satisfaction.

Therefore, a higher number of smaller bars (median scores 0-2) up to 18 years ago suggests a greater satisfaction with welfare support in more recent years. However, participants who either lost their partner or parent a longer time ago, were likely to be less satisfied with the level of welfare support they received following the death of a loved one (Figures 12 and 13).

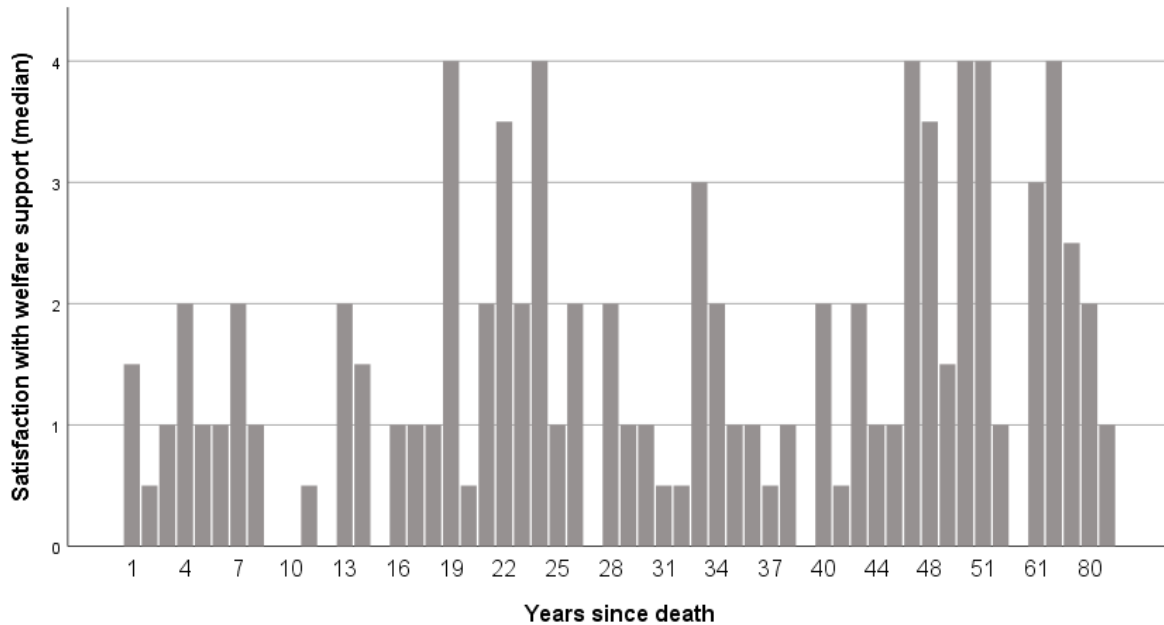


Figure 12. Satisfaction with welfare support by years since death

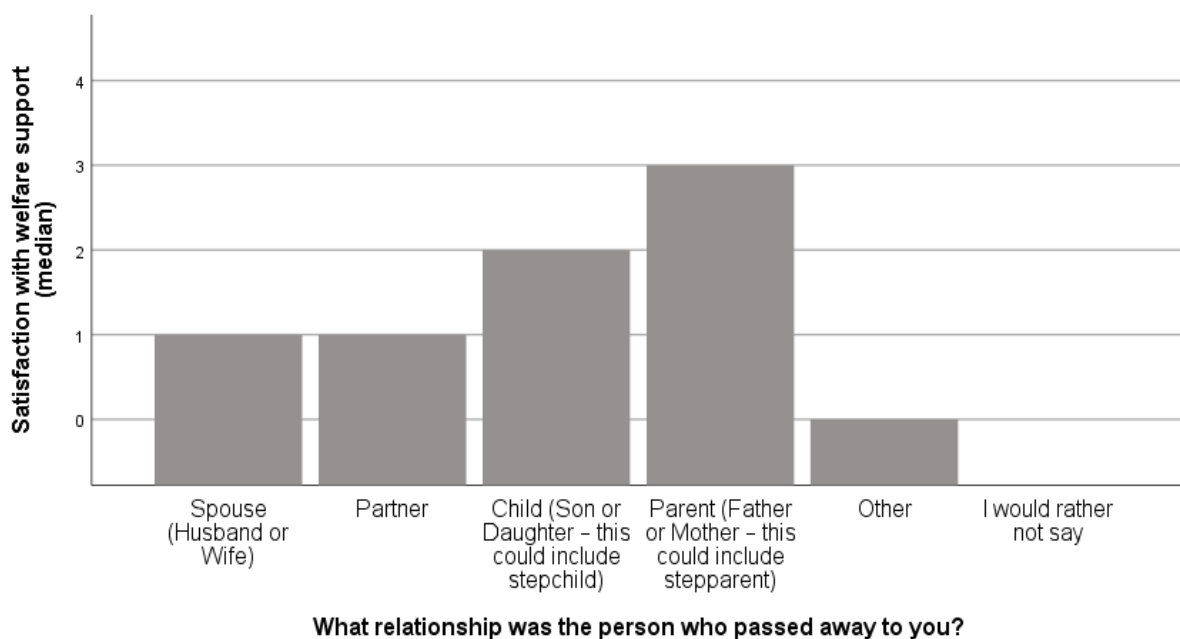


Figure 13. Satisfaction with welfare support by relationships with the person who passed away

### 3.3.3 The Media

Media coverage of tragic consequences that occur in UK military is inevitable. Participants described their own experiences and talked about their significant concern that close family members and/or friends may find out about the death via media:

*“So obviously they told me what happened. They thought that I might have heard something because apparently, I think it had been on the news around lunch time when it happened that there*

*had been an accident, because it was such a huge thing.”*  
**(Participant 13)**

*“...of course with Facebook and social media she had been contacted by a friend that said, ‘Something has happened. There has been a crash in the (service)’”* **(Participant 7)**

*“I got a phone call from my mother in law during the day to say, ‘Have you heard from (anonymised)? It’s on the radio that there is an aircraft crashed’”* **(Participant 10)**

Table 11 illustrates that over half of the participants 60.8% (n=155) reported that following the death of their family member there was interest from the media (i.e., newspapers, TV, social media).

Table 11. *Media interest and guidance*

Media guidance	Response	Percentage
<i>Interest from the media</i>		
No	95	37.3
Yes	155	60.8
Rather not say	5	2.0
<i>Received guidance on how to respond to the media interest</i>		
No	116	70.3
Yes	48	29.1
Not sure	1	0.6
<i>Guidance from whom</i>		
Military Personnel	9	34.6
Press	2	7.7
Military PR	1	3.8
Military	9	34.6
Various	2	7.7
Police	2	7.7
Family	1	3.8
<i>Media guidance would have helped</i>		
No	4	22.2
Yes	13	72.2
Not sure	1	5.6

The interest was usually in relation to the events surrounding the death and the funeral arrangements, a period of time when the family members were experiencing the impact of the loss the most.

*“We got to the church and there were 100’s and 100’s of people and I just felt like we were totally alone because somebody hadn’t explained that was what was going to happen. Television cameras right in your face and people standing beside you going, oh this is really terrible, isn’t it. They started asking me questions, they were actually reporters. You know trying to get... you’re just standing there obviously traumatised and these people are trying to get a reaction out of you. I was really shocked by that actually. It’s quite cruel”* **(Participant 2)**

*“So that’s why it became big news so quickly I guess because it was a really public and inhabited area that they had crashed on to a village, on the very edge of the village” (Participant 10)*

Most significantly, only 29.1% (n=48) felt that they received the support and guidance to manage media interest. Figure 14 illustrates how many participants received / did not receive guidance on how to manage media’s involvement, distributed by years since death of a spouse/family member. The findings presented in Figure 14 suggest that whilst over three-quarters of respondents did not receive support, the number of respondents receiving guidance had improved in more recent years.

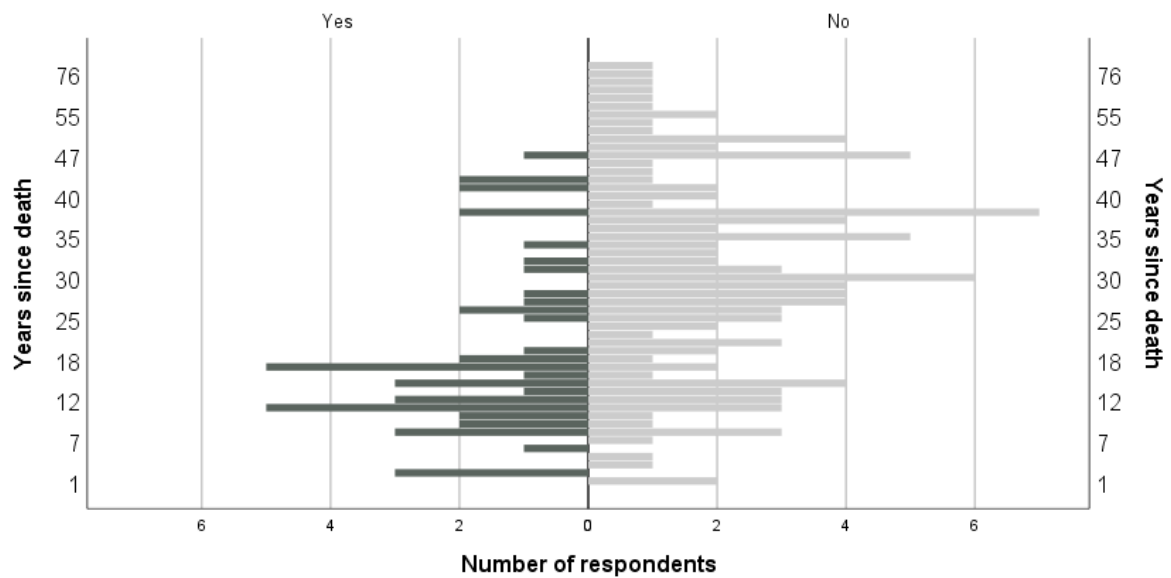


Figure 14. *Received guidance to manage media involvement by years since death*

## 4. Discussion and Recommendations

### 4.1 Discussion

The aim of this study was to understand and ascertain the impact that death, whilst in military service, has on the surviving family. Specifically, this study focused on how casualty notification was undertaken, and the impact that the current process had on the long-term wellbeing of the family. Data from the initial qualitative phase (Phase One) and subsequent quantitative phase (Phase Two) were combined to enhance the analysis and interpretation of the findings.

#### 4.1.1 Notification of death and funeral arrangements

The *'Joint Casualty and Compassion Policy and Procedures Vol 2'*, published by the MOD in 2015, is the most recent report of the MOD's policies and procedures relating to death in military service and outlines the process of casualty notification, funeral arrangements, and the roles of the JCCC, CNO and VO<sup>18</sup>. In addition, The Purple Pack produced by JCCC provides guidance for bereaved families<sup>19</sup>.

The findings suggest that in more recent years (i.e., since 2004), the younger widows from Phase Two of this study did not receive all the information they needed at the notification of death. This would indicate that The Purple Pack would benefit from a review in light of the findings of this study. Prior research on wider bereavement support highlights the importance of the availability of an accurate and comprehensive resource of information for bereaved family members at the time of death<sup>20</sup>. When considering a review of the current information within The Purple Pack, it is strongly advised that a cross-section of experts by experience (i.e., those families that have experienced loss) are consulted to ensure that all ranks and services are represented. This will guarantee that the review is evidence based, and places those with the most knowledge at the centre of the solution.

The results from this study illustrate that whilst spouses wanted to be, and were fully involved in funeral arrangements, bereaved children were less likely to be consulted on funeral arrangements. Prior research has shown that despite a child's willingness to take part in the decision making or planning of a funeral, family members often become protective of the child and exclude them from this process<sup>21</sup>. Nevertheless, children who are excluded from the decision making have a tendency to present with anger, regret, hurt and frustration in later years<sup>22</sup>. Therefore, it is a recommendation of this study that information is made available to help newly bereaved family members with the initial stages of bereavement. For those with children, it is also recommended that support is offered to involve the children in funeral arrangements and help is given to the parent regarding speaking with their children about loss and bereavement.

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<sup>18</sup> Ministry of Defence, "Joint Casualty & Compassionate Policy & Procedures Vol 2."

<sup>19</sup> Ministry of Defence, "The Purple Pack."

<sup>20</sup> Hewison, Zafar, and Efstathiou, "Bereavement Support in the UK—a Rapid Evidence Assessment."

<sup>21</sup> Phyllis R Silverman, "Lessons I Have Learned," *British Journal of Social Work* 43 (2013): 216–32, <https://doi.org/10.1093/bjsw/bct028>.

<sup>22</sup> John Holland, "Should Children Attend Their Parent's Funerals?," *Pastoral Care in Education* 22, no. 1 (2004): 10–14.

#### 4.1.2 Financial and housing support

Findings from this study demonstrate that further improvements can be made in supporting families with the practical financial challenges following the death of a spouse or loved one. In particular, the findings illustrate that, since 2010, there are still bereaved family members who lost a family member and did not receive financial advice without seeking this for themselves. The issues around financial advice is quite difficult, and it is clearly understood that those without the correct qualifications and level of independence, should not be involved in offering any advice. However, what remains is a situation where potentially significant sums of money are paid with little thought given to how the bereaved family are informed or educated regarding what financial challenges they might face in the near future. This report suggests that consideration be given to developing an education package, as part of The Purple Pack, which highlights the financial challenges that families might face in the future and how to access and consider impartial financial advice.

Findings from Phase Two of this study highlight that just under half of participants living in military accommodation received support or help with moving home following the death of a spouse / partner. In response to the findings on housing support, a recommendation of this report is that policy needs to be reviewed to ensure support is provided to newly bereaved families, living in military accommodation, with moving home following the death of a partner or family member. Additionally, further research is needed to understand if the living arrangements of families, who were not residing in military accommodation, are affected by the death of their family member.

#### 4.1.3 Types of bereavement support

The findings from this study on bereavement support are encouraging and demonstrate that there have been improvements in support in recent years. Indeed, recent research has shown that following an evaluation of death notification and bereavement support in the British Army, the Army Inquiries and Aftercare Support Cell (AIASC) was responsive and have made improvements in the selection and training of VOs since 2008<sup>23</sup>. Nevertheless, the findings of this study highlight some concerns around access to counselling support, support for bereaved children, access to peer support, and longer-term psychological support overall.

A sudden or tragic death of a family member can lead to traumatic bereavement with enduring thoughts of trauma, intrusive thoughts, and grief<sup>24</sup>. Research has shown that bereaved family members need support with developing coping resources to process their traumatic loss and that social support is important in the grief process<sup>25</sup>. The findings from this study highlight that the grief process not only has an impact on the individual but can affect and put a strain on relationships with friends and family. It is suggested that further access and provision of psychological support or counselling for bereaved relatives is required to help them with the grief process. This can help bereaved family members work towards maintaining positive relationships with family and friends. A recommendation of this report is that current support needs to be reviewed to better support families with seeking psychological support or counselling, including the availability of financial resources to enable families to access this type of provision. It is also important to consider this support in terms of short, medium, and

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<sup>23</sup> Cawkill, "Death in the Armed Forces: Casualty Notification and Bereavement Support in the UK Military."

<sup>24</sup> Barlé, Wortman, and Latack, "Traumatic Bereavement: Basic Research and Clinical Implications."

<sup>25</sup> Barlé, Wortman, and Latack.



long-term with those families that need it. In addition, we recommend a review of The Purple Pack resources to ensure bereaved relatives are signposted to counselling services offered by military and civilian agencies.

It is evident from the findings in this study that younger widows are satisfied with the level of welfare support and this has improved in recent years, however further support is required for bereaved children. Whilst it is acknowledged that organisations exist in the third sector to deal with service-children who have lost a parent, it is not clear how soon that support is offered to the child. Prior research on bereaved military dependents in the US has shown that the loss of a parent can lead to anxiety, depression, and post traumatic symptoms in children<sup>26</sup>. Recent research illustrates that newly bereaved families are often unsure of how to speak to their children about bereavement and loss<sup>27</sup>. Moreover, as the surviving parent copes with the grief of losing their partner, this can disrupt family life and affect the needs of the child<sup>28</sup>. Prior research has demonstrated that the loss of a parent in childhood can lead to negative outcomes in adulthood, particularly if the child experiences further disruptions to their family life, i.e., a change of school and relocation, or a lack of communication and adequate social support following the death of a parent<sup>29</sup>.

Thus, a recommendation of this report is that current policy needs to be reviewed to better support the needs of bereaved children. Based on existing research of childhood bereavement, further support is required to help bereaved children remain in the same school and neighbourhood, where possible, and to engage with bereavement organisations to ensure both practical and emotional support are available for all children in need<sup>30</sup>. To better acknowledge this research, bereavement resources that are provided as part of The Purple Pack could be reviewed to facilitate parents and families to promote open and honest communication on bereavement, appropriate to the child's level of understanding. It is evident that the loss of a parent, regardless of the age of the child, will have long-term consequences. Whilst these recommendations on welfare support have focused on dependent children under the age of 19 years, further research is required to understand the needs of adults who have lost a parent.

Finally, findings from Phase Two of this study suggest a need for bereaved family members to access peer support and speak with someone who went through similar experiences. Thus, there is a need to regularly review third sector provision for bereaved service families, to ensure they have easy access to resources and organisations offering peer support (i.e., emotional, social, or practical support) and enable bereaved family members to connect with people with similar backgrounds. Further work needs to be undertaken on how to best identify

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<sup>26</sup> Cozza et al., "Bereaved Military Dependent Spouses and Children: Those Left behind in a Decade of War (2001–2011)."

<sup>27</sup> David J Schonfeld and Thomas Demaria, "Supporting the Grieving Child and Family," *Pediatrics* 138, no. 3 (2016): e20162147, <https://doi.org/10.1542/peds.2016-2147>.

<sup>28</sup> Cozza et al., "Bereaved Military Dependent Spouses and Children: Those Left behind in a Decade of War (2001–2011)."

<sup>29</sup> Jackie Ellis, Chris Dowrick, and Mari Lloyd-Williams, "The Long-Term Impact of Early Parental Death: Lessons from a Narrative Study," *Journal of the Royal Society of Medicine, Supplement* 106, no. 2 (2013): 57–67, <https://doi.org/10.1177/0141076812472623>.

<sup>30</sup> Ellis, Dowrick, and Lloyd-Williams.

and update peer support services i.e., Veterans' Gateway, The Royal British Legion, SSAFA, Samaritans.

#### 4.1.4 The Media

The subject of media intrusion is extremely prevalent. Despite best efforts to protect families from this intrusion, there are many examples provided as part of the participant interviews where newspaper and television reporters invaded privacy. In addition, there is most certainly a need to recognise the ease at which members of the public, and people who may witness an accident, can share this via social media. It is acknowledged that this is difficult to manage but there is a need to consider further protection of this, particularly regarding the risk of the bereaved hearing the news before an official notification.

A significant finding of this study highlights that newly bereaved family members have experienced media interest, and possible intrusion, following the death of their family member. Consideration should be given to undertake a comprehensive review of current policy on how the MOD supports and protects bereaved service families from unwanted media intrusion. Based on the findings of this study, it is recommended that thought be given to the current support provision in this area, both physical support (assigned media officer) and policy, not only at the time of death, but also in the months following bereavement. Any development of support in managing the media would then need to be included in The Purple Pack, and we recommend an approach as described previously, where experts by experience across all ranks and service support and inform this process.

#### 4.2 Conclusion and Summary of Recommendations

This mixed methods study examined the impact of death, whilst in military service, on surviving family members. The findings highlighted a number of themes, following notification of death, including support with funeral arrangements, financial and housing support, types of bereavement support, and the media. It is evident that the sudden death of a family member can lead to traumatic bereavement and this can impact the long-term wellbeing of the surviving family. Whilst the findings demonstrate improvements in the types of support experienced by participants in this study, a series of recommendations were highlighted and are summarised in Table 12.

In the absence of literature on bereaved military families, the current findings offer a unique insight into the experiences of bereaved family members. Whilst the findings of this mixed methods study provide a useful starting point for further investigation into the impact of death on surviving family members, the data were collected from a non-probability purposive sample and therefore cannot be generalised. Whilst the majority of participants in this study were bereaved widows or partners, future research would benefit from focusing on children and parents of the deceased. There is an increased likelihood that the deceased are relatively young, meaning that families left behind will also be relatively young. Consequently, extending the scope of this current investigation would help to develop a more comprehensive understanding of the impact of death on the wider family. Despite some minor limitations, this study provides a useful insight into traumatic bereavement, and helps to inform policy and procedures.

Table 12. *Summary of recommendations*

Theme	Summary of Recommendations
Notification of death and funeral arrangements	<p>Review of The Purple Pack information to ensure the availability of an accurate and comprehensive resource of information to help newly bereaved family members navigate the initial period following notification of death.</p> <p>Develop a working group of a cross-section of experts by experience (i.e., those families that have experienced loss) that are consulted to ensure that all ranks and services are represented. This will guarantee that the review of The Purple Pack is evidence based, and places those with the most knowledge at the centre of the solution.</p> <p>Provision of resources are needed to support parents / carers and provide guidance to involve children with funeral arrangements.</p>
Financial /housing support	<p>Consideration to be given to develop an education package, as part of The Purple Pack, which highlights the financial challenges that families might face in the future, and how to access and consider impartial financial advice.</p> <p>A review of policy to support families living in military accommodation with moving home.</p> <p>Further research is required to understand the needs of families not residing in military accommodation, and how they have been financially affected by the death of a family member.</p>
Types of bereavement support	<p>A review of the Purple Pack to support all family members with accessing counselling and peer support, and to enable parents to develop open and honest communication on bereavement with their children.</p> <p>A review of policy to facilitate bereaved family members with the finances to access counselling.</p> <p>Design a model of care for the bereaved to access peer support from the 'knock on the door' stage, including immediate, medium and long-term support, depending on need. Consider peer-support options that utilise existing resources (respective Military Widows Associations).</p>
The media	<p>A review of policy to equip families to manage media interest.</p> <p>Assign a media officer to provide practical support and guidance to families.</p> <p>Review of The Purple Pack to provide resources and support with handling media interest.</p> <p>Establish a working group across all ranks and services to inform this process.</p>



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