

# *Together in Force project*

Evaluation Report



# Contents

Introduction	3
Background	4
Support agencies serving the Armed Forces, that received Cruse training	5
Findings	7
Summary of training with the agencies supporting the Armed Forces	14
Training volunteers on the Cruse National Helpline	19
Summary	20
Challenges and future research	22
References	23

# Cruse

Bereavement  
Support



# Introduction

Cruse Bereavement Support (formerly Cruse Bereavement Care) is the largest bereavement support charity in England, Wales and Northern Ireland, with a sister charity in Scotland. Historically, the organisation has had strong links with the Armed Forces (Aitken, 2009).

In 2020 Cruse was successful in obtaining funding from the Armed Forces Covenant Fund. The project was scheduled to begin in March 2020, with the intention of delivering peer support training to veterans.

The Covid-19 pandemic prevented the project from commencing on time and work finally began on 1st June 2020. Instead of providing training directly to the veterans, a variation to the grant agreement resulted in training being delivered to veteran support agencies by Microsoft Teams or Zoom. The aim of this pro-active response was to equip the agencies through increased competence in bereavement support and understanding, while enabling the veterans and family members to still receive the support they so frequently need.

*Cruse*  
Bereavement  
Support



# Background

The deaths of military personnel often occur suddenly and under traumatic circumstances (Cawkill, 2013). Common losses include death due to combat, accidental death while on training exercise, suicide, road traffic accidents, homicide, terrorism and cardiac arrest (Cozza et al, 2017; Fadeeva et al, 2023). Chaplains play a crucial role in the shorter term by providing spiritual, moral and pastoral care (Cawkill, 2013). Visiting Officers (VOs) also offer support. This comprises practical and emotional help, and assistance for next of kin with paperwork and processes – particularly during the early months following a death (Fadeeva et al, 2023).

VOs provide support with issues relating to repatriation (if relevant), housing, investigations, enquiries, pension and benefits, and the media (Cawkill, 2009). These avenues of support naturally wane when the responsibilities of the chaplains and VOs transfer to other more recently bereaved individuals. However, the pain of loss prevails.

Some bereaved veterans and their families learn to become more resilient following significant loss. Others adopt dysfunctional coping mechanisms such as alcohol, drugs and isolation, with some veterans finding themselves homeless (McGuire, 2013). The deaths can trigger a complex grief reaction, anxiety, depression and PTSD (Cozza et al, 2017; Kristensen et al, 2012). All military families are subjected to additional sacrifices, losses and pains. Examples include frequent physical moves, absence of serving personnel at important life events, and primary and secondary exposure to service-related trauma (McGuire, 2013).

Military families endure loss in terms of repeated disruptions to family system functioning and civilian reintegration (Maguire et al, 2022). Support needs can be different to those experienced in the general population as a result of the military culture (McGuire, 2013). These combined factors signify the importance of ensuring the medium-to longer-term health and wellbeing needs of grieving veterans and family members are adequately met.



# Support agencies serving the Armed Forces, that received Cruse training

In addition to the Army Welfare Service that provides frontline support to soldiers and their families, and the corresponding support provided within the Royal Navy and Airforce (Cawkill, 2009), a number of agencies can help the bereaved following a death. Some agencies provide a more specific focus while others help with a wide range of support and practical issues.

Over the three-year period Cruse anticipated delivering 72 training sessions, ie, 24 sessions per year. Despite the challenges relating to the Covid-19 pandemic, the *Together in Force* project exceeded its original aims.



A total of 960 people received training. Strong collaborative efforts by Cruse and the veteran support agencies ensured high rates of attendance. Attendance was limited to 12 trainees per session. Bespoke training was provided within each discrete session, based on issues arising from training needs analysis undertaken before the session by Cruse. Examples include: working in an advisory capacity to support new initiatives; providing guidance on informal support structures, eg a breakfast club; raising awareness of the added dilemmas of veterans in custody.

In addition to Loss and Bereavement Awareness training, further training needs were identified. Other specialist training delivered included:

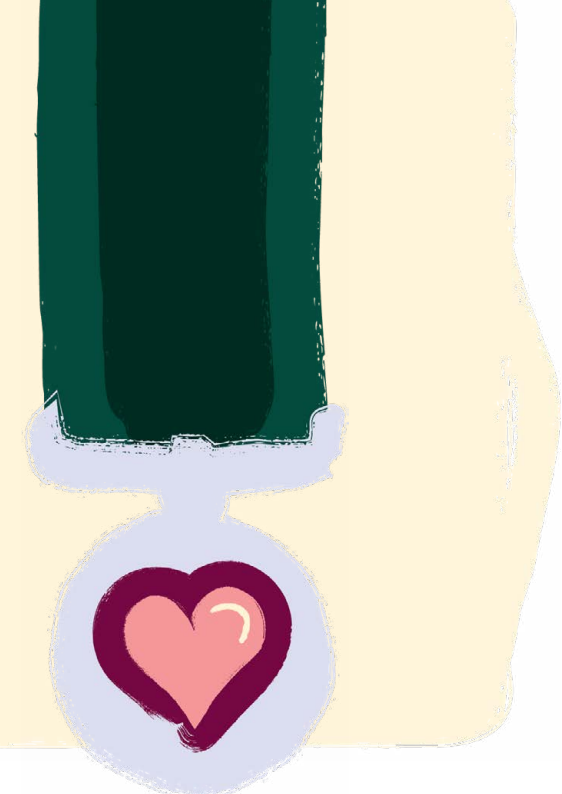
- The needs of children and young people
- People bereaved in the workplace
- People bereaved by suicide.

Annual project output	
Year 1	28
Year 2	27
Year 3	25
<b>Total number of courses delivered</b>	<b>80</b>



## The beneficiary organisations

All Call Signs	HQ 3 Division Army	RAF Fylingdales
AWS Corsham	Veteran Support	RAF Veterans
AWS Cottesmore	MOD Corsham	RAF Waddington
AWS Edinburgh & Northern Ireland	MOD Veteran Services	RAF Widows
AWS Welfare Services	RAF Association	RAF Wittering
Crawley Veteran Welfare Team	RAF Benson	Royal British Legion
	RAF Corsham	The Ripple Pond
	RAF Digby	Veterans Crawley
	RAF Families	Veterans Gateway



## Key aspects of the training included:

- Reflecting on the grieving process and gaining an understanding of current models that help explain grief and bereavement
- Becoming aware of the impact of loss and bereavement on families
- An introduction to contemporary grief theories
- Consideration of the ways individuals may be assisted following bereavement
- Awareness-raising of relevant skills which improve communication
- Identification of factors detrimentally affecting the grieving process, such as sudden and traumatic loss, and the impact of Covid-19
- Knowledge of other support organisations, and understanding when to refer on

## Data collection methods

Three separate methods were used to obtain evidence to demonstrate the efficacy or otherwise of the project:

1. Online evaluation form available for people following completion of the training
2. Online focus groups
3. Online survey

Qualitative and quantitative data were collected. The training evaluation forms were completed during the life of the project. The focus groups took place in October 2021. The online survey was open to veterans for the last five weeks of the project, which ended on 31st May 2023.



# Findings

Following training, attendees from the various agencies were invited to complete an evaluation form based on their individual experience.

The following data comprises results of a random sample of 37 trainees attending Cruse Loss and Bereavement Awareness training.



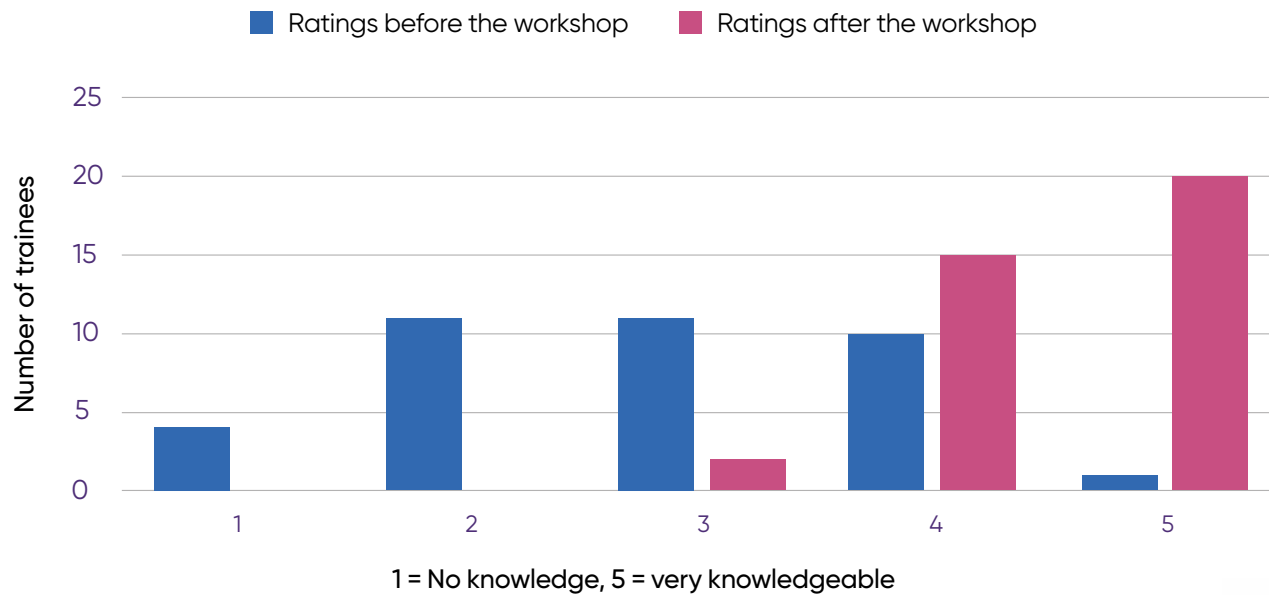
**Figure 1:** Confidence levels in ability to deal with bereaved people appropriately



Following the training, 46% of the respondents felt very confident and 54% felt quite confident they could work with bereaved people appropriately.



**Figure 2:** Knowledge of the challenges and issues facing bereaved people

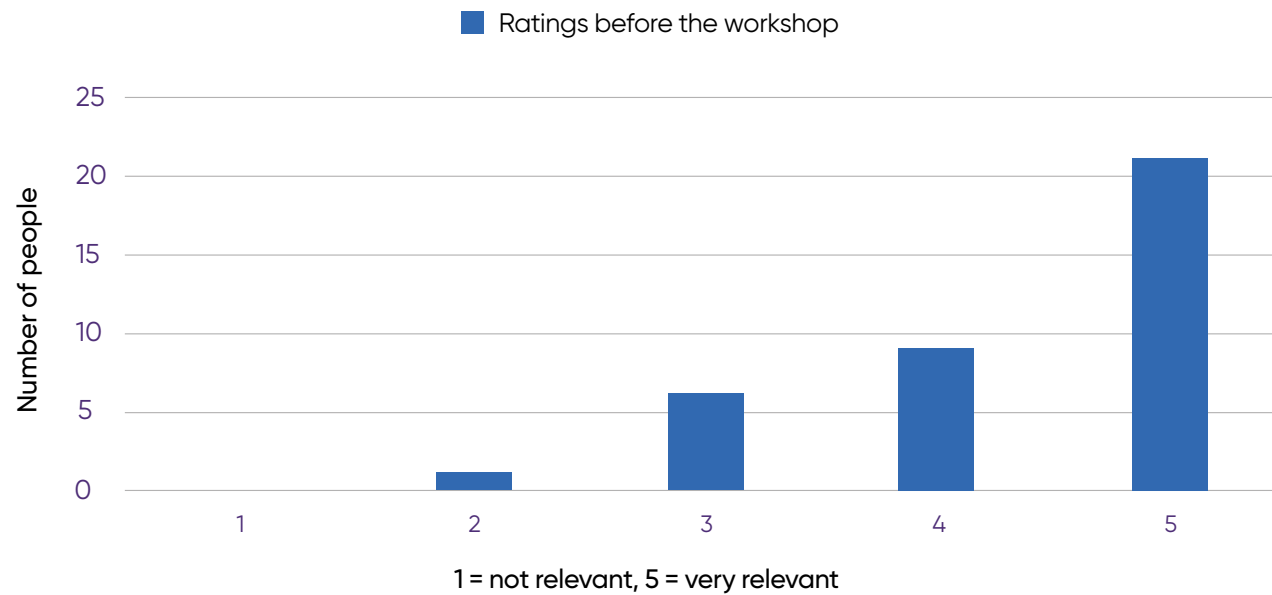


Having engaged in the training, 54% of the trainees felt very knowledgeable, 41% felt quite knowledgeable, and 5% felt knowledgeable about the challenges and issues bereaved people are confronted with.





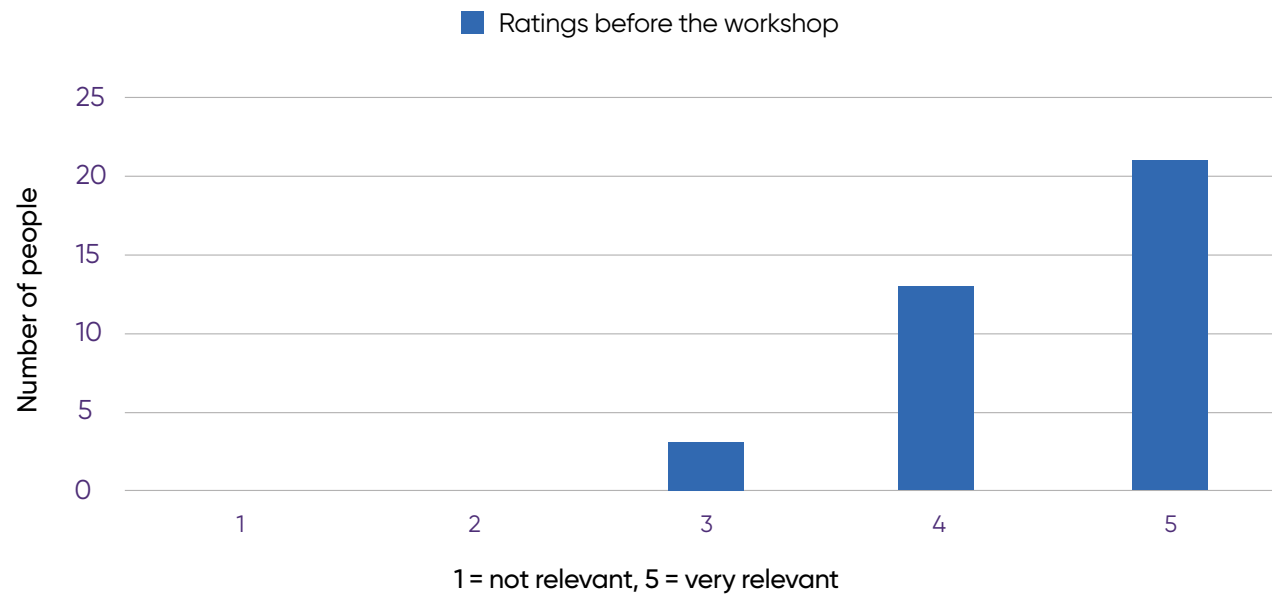
**Figure 3:** How relevant were models of bereavement to your role?



There were 57% of people who felt models of bereavement were very relevant, 24% believed them to be quite relevant, 16% thought they were relevant, with 3% feeling they were not so relevant.



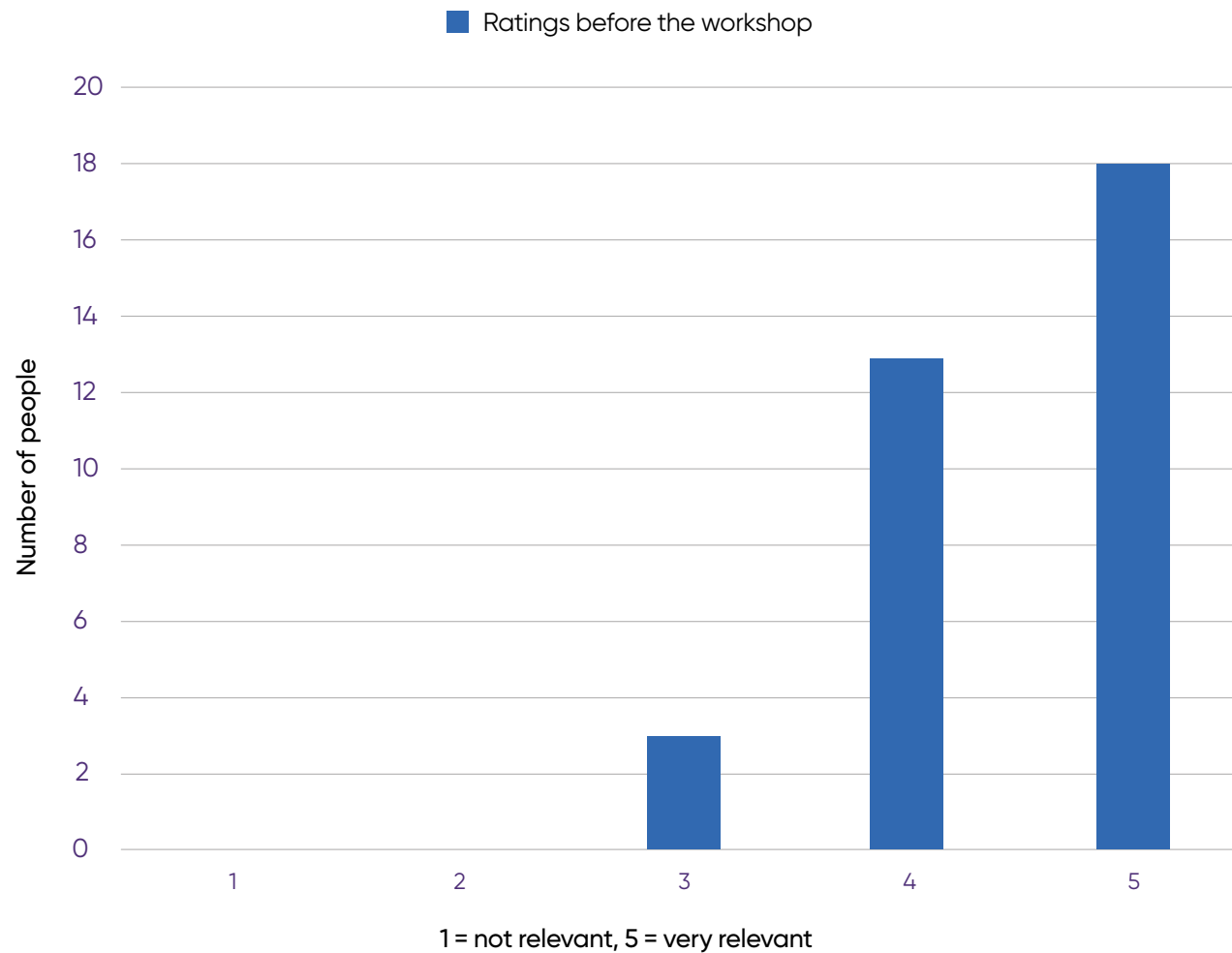
**Figure 4:** Relevance of *what to say/what not to say*



The evaluation found 57% of trainees believed *what to say/not say* was very relevant, with 35% believing it was fairly relevant and 8% recognising it was relevant.



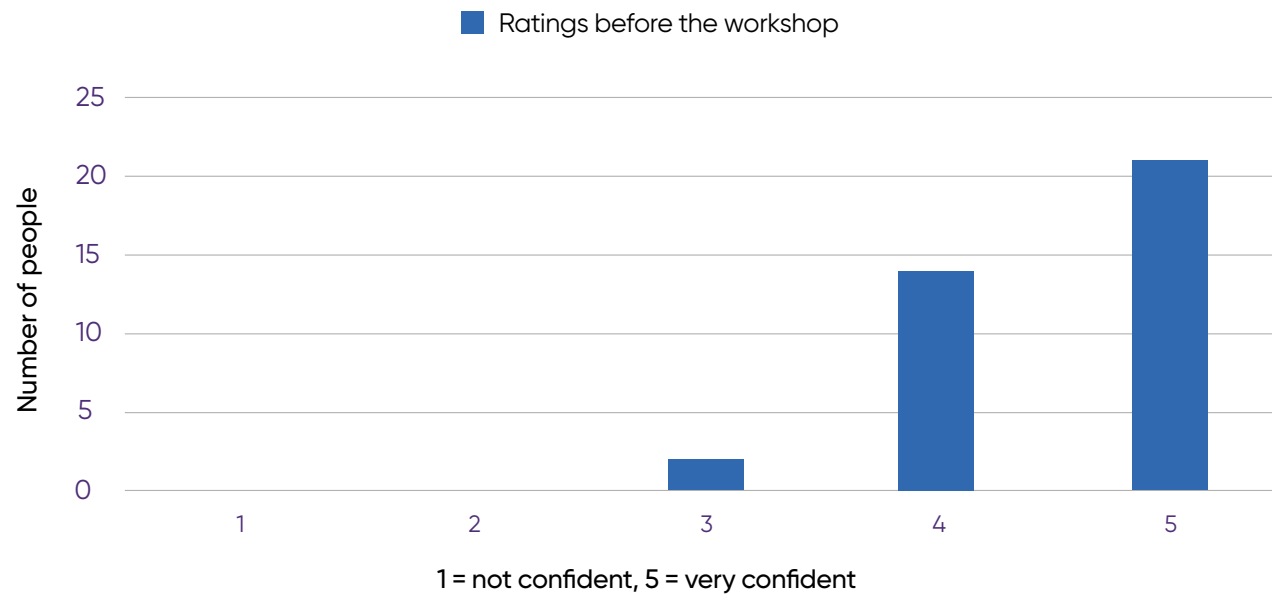
**Figure 5:** Relevance of knowledge on self-care and resilience



Given the nature of the topic, 53% believed that knowledge on self-care and resilience was very relevant, with 38% of respondents feeling it was quite relevant and 9% recognising it as relevant.



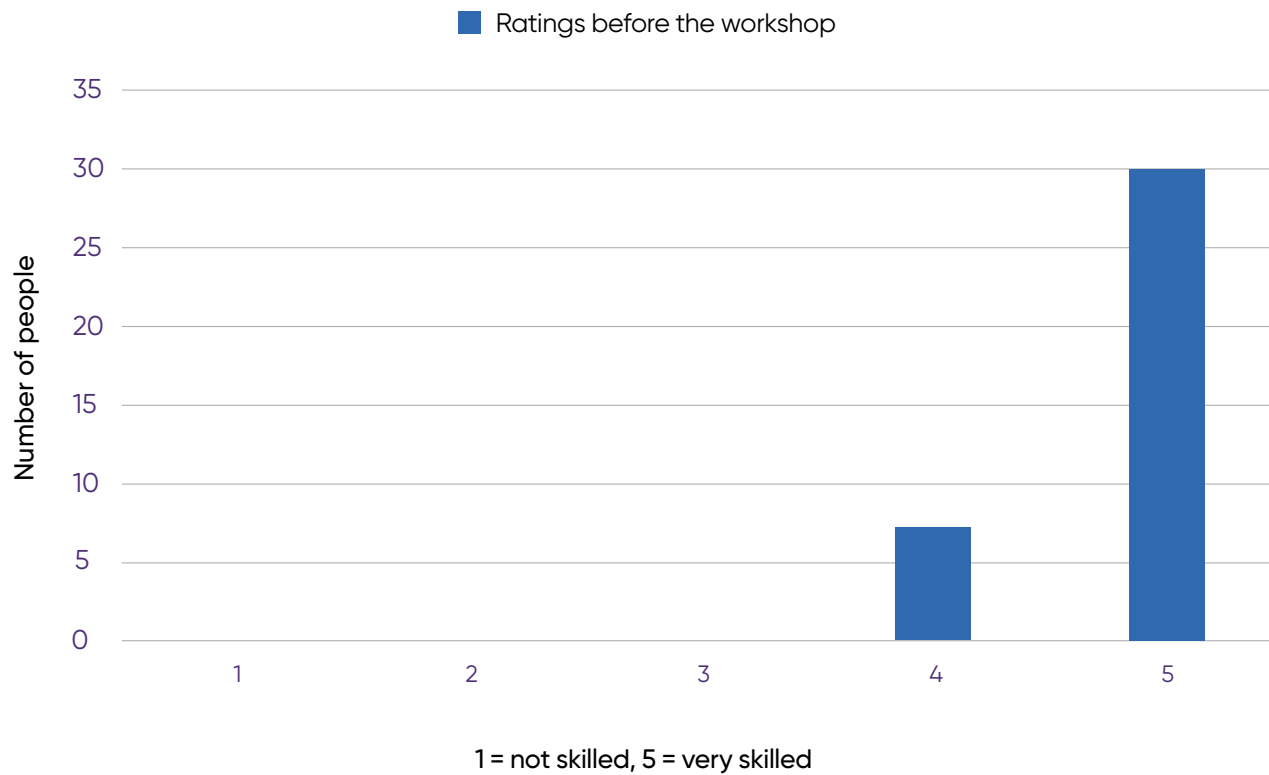
**Figure 6:** How confident do you feel applying your learning in the future?



Following the training, 57% felt very confident, 38% felt quite confident and 5% felt confident about applying their learning in the future.



**Figure 7:** Overall, how skilled was your trainer in helping you to learn?



Of those attending, 81% found the Cruse trainer to be very skilled, with 19% believing the trainer was skilled.

**Additional comments collated from the sample include:**

"Very helpful, trainer who used her wealth of experience to deliver a excellent package to our military group."

"Definitely feel more confident in having honest, empathetic conversations with people who have been bereaved."

"I don't often say this, but it could have been longer!! It was so interesting I could have heard more."

"The workshop worked very well as a Microsoft Teams event."

"It has given me a better understanding and new skills to take away and use on a day-to-day basis with service users and individuals in relation to bereavement."



# Summary of training with the agencies supporting the Armed Forces

The sample data collected from the online evaluation forms suggests that initially, trainees possessed little-to-moderate confidence in being able to work effectively with bereaved people.

Following the training, the confidence levels of all attendees had increased considerably. Inability to openly discuss another's bereavement can lead to a sense of discomfort, with the topic becoming stigmatised and the loss disenfranchised. Feeling stigmatised is often derived not from other people's direct actions or words, but from their tone of voice or body language, however, stigma can be mitigated by compassion (Walter et al, 2017). Also, bearing in mind the frequency of sudden and traumatic loss amongst military personnel, responses and approaches may be different to those losses from natural death (Kristensen et al, 2012). The Cruse training resources incorporated all these elements to better equip the trainees.

Providing support on a regular basis to bereaved people can be emotionally challenging, especially when the *giver* is coping with additional personal challenges at the same time. Helpers must be aware of the possibility of overwhelming stress, burnout and trauma-related issues (Cawkill, 2013). The trainees recognised the importance of self-care, and the responses reflect this.

Overall, the ratings and additional comments indicate that the training fully achieved its objectives.



## Data obtained from Focus Groups

Cruse ran six focus groups, each comprising four – five veterans, to elicit additional information, to further improve the resources used. Expectations were met by all participants, and in some cases exceeded. The strongest theme related to the demonstration of compassion while interacting with a bereaved person. Learning about contemporary grief theories and models was valued, with some people expressly wishing to learn more. Attachment theory was discussed, and this was particularly relevant, given the inherent nature of the wider *armed forces family*. Prior assumptions were challenged. Attendees felt better equipped to communicate effectively.

Respondents felt that developing a peer support programme such as a bereavement group for veterans would be beneficial. This form of support has been found to reduce grief symptoms, increase wellbeing and personal growth (Bartone et al, 2017). The approach is particularly valuable for those willing to engage following a military suicide loss (Harrington-LaMorie et al, 2018). Peers possess inbuilt empathy, and well understand experiences of loneliness and feelings of social isolation (Johnson et al, 2023). Peer support presumes benefits will be felt not only by the receiver, but also the person providing the support – particularly in terms of resilience-building (Castellano, 2012).

Some were curious as to how peer support would work practically, given the geography and numbers of volunteers in relation to the number of referrals. The veteran community is still very much *rank* structured. Concern was expressed regarding how a veteran may respond to a volunteer who was of a different rank or from a different service. This could impact the integrity of the supportive relationship. While Cruse discourages self-disclosure for its volunteers, it was recognised this may occur unintentionally.

There was also some concern around ensuring the safety of both the veteran and the bereavement volunteer due to the levels of clients who would present with complex mental health issues. A robust assessment process would be essential to understand who could be supported and who would need signposting to more specialised support.

Focus group members recognised that telephone support may be a useful means of communication in terms of geography (however, see page 16, figure 9).

It was highlighted that some veterans had such a negative experience while serving, they may be resistant to speak with another veteran about it. Veterans are often reluctant to share their experience of combat and other events due to the military culture (Flanagan-Kaminsky, 2013). Critically, stoicism, which is commonly found amongst veterans and military families, can hinder the grieving process (McGuire, 2013). Some suffer with guilt and shame due to the legitimacy of some of their actions, causing internal conflict (Flanagan-Kaminsky, 2013). The grieving process becomes interrupted when individuals are unwilling to seek support (Mitchell, 2014).

### **Additional training needs included:**

- Anticipatory Grief – some people needing support have life-limiting illness or are caring for them.
- Bereavement by Suicide
- Veterans living with Dementia
- Case study learning to highlight the issues facing military personnel.

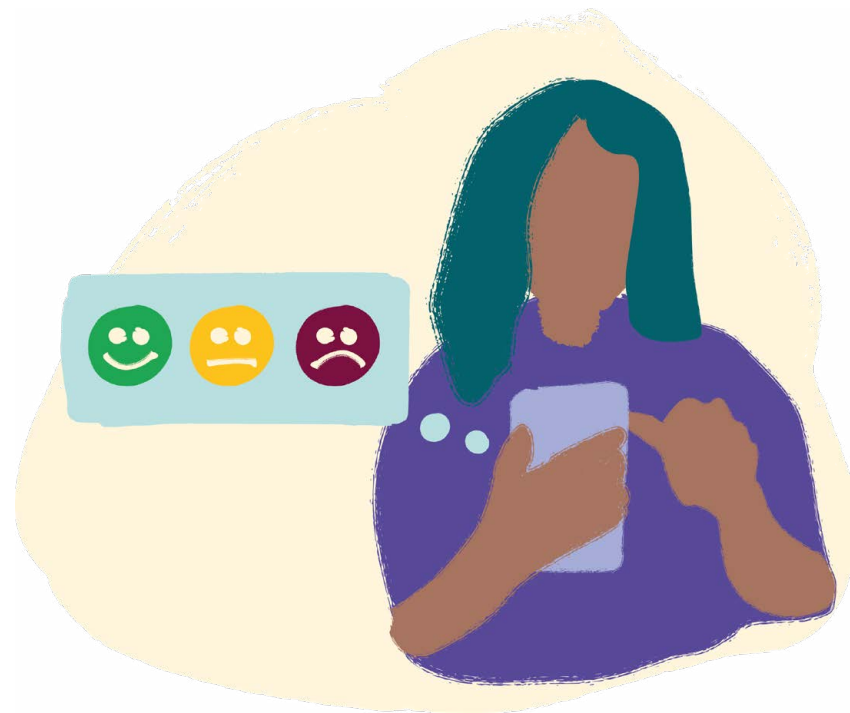


## Online survey

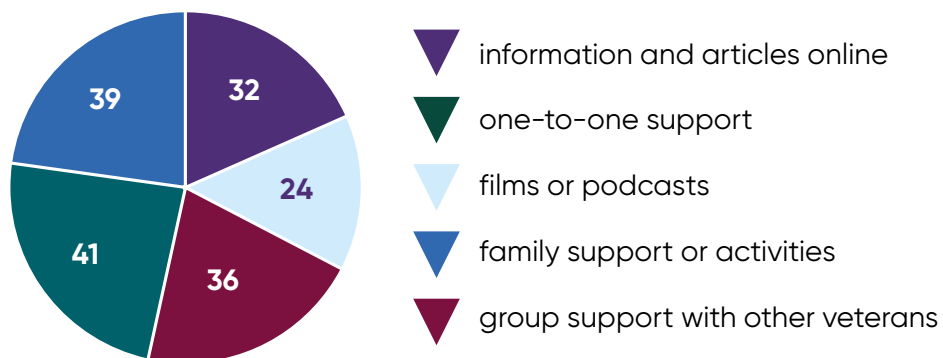
Forty-eight people completed an online survey that was open for five weeks during the last three months of the project. Twelve respondents had previously used a bereavement support service, while 36 people had not. The range of service provision taken up included Cruse Bereavement Support, Hospices, GPs, Winston's Wish for children and young people, civilian work-related support, and Combat Stress/NHS Psychology Services. There were mixed results concerning whether the support had met participants' needs. Five people recorded that it had met their needs, however, for seven people it had not.

Examples of areas needing improvement from some organisations included: enhanced listening; insufficient awareness of military life; and better information and advice from the GP.

Participants were also asked the following questions:

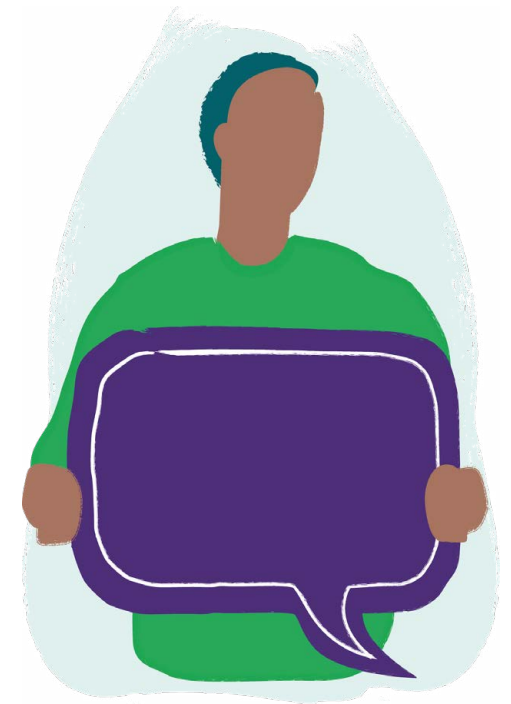
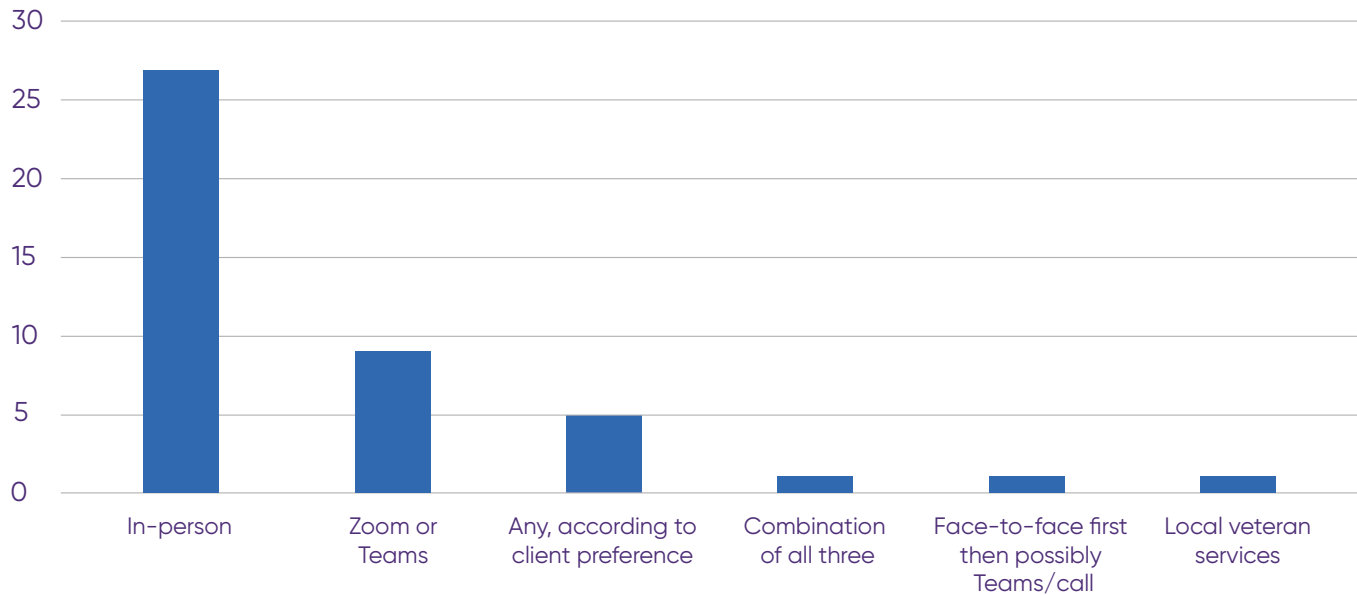


**Figure 8:** What would you like to see from Cruse to support veterans and/or their family following a bereavement?



The most popular choice indicated was one-to-one support, followed closely by family support or activities, and then group support with other veterans. Responses demonstrate that human interaction was preferred over reading or watching information. However, wherever possible, a range of support to meet a diverse range of needs – demonstrated by the small margins between the most popular choices – would provide optimum satisfaction.

**Figure 9:** How would you most like direct support to be delivered (over the phone; in person; using a digital platform; other)?



The most popular reply was in-person support (59%), followed by an intervention using a digital platform such as Zoom or Microsoft Teams (20%).

Interestingly, three respondents who provided an answer to the following question (below), indicated that their second choice would be online support. Surprisingly, no respondents highlighted telephone support as being a preference, especially given the sudden prevalence of this method for support and counselling during the pandemic.

A study undertaken jointly by the University of Birmingham and Cruse Bereavement Support found that in the case of **both** in-person and telephone support, clients generally reported that their distress and vulnerability decreased (Efstathiou, Langford and Howarth, 2022). The veterans may have become more familiar with digital platforms when conversing with family, and perhaps don't recognise some of the unique benefits telephone support can have over other mediums.

## Improvements for Cruse to provide the best service possible

Finally, respondents were invited to suggest improvements, to enable Cruse to provide the best service possible to support veterans in the future:

- Offer both face-to-face and online support
- Cruse should train up veterans – they respond best to veterans
- Use the veterans' own resources and ideas to support one another, for example, by facilitating groups or using experts by experience
- Online via Microsoft Teams or Zoom if in-person is not possible
- More visible and easier access to support
- Better sibling support for children and young people, and adult siblings
- Appoint regional *Bereavement Champions*
- Specialised leaflets
- Organise Insight days and provide additional training on what the terms *veteran* and *family* mean
- Drop-in centres
- Group meetings
- Link up with NHS IAPT services
- Shorter waiting time to receive support
- Follow-up support after a few years

The above comments highlight important themes. It was recognised that a range of approaches to provide support following loss are needed. When undertaking a study with UK bereaved military families, Fadeeva et al (2023) found there was a real demand for both peer support and psychological support. They assert that peer support has the potential to reduce feelings of isolation and develop positive coping strategies. However, traumatic and violent deaths can become a risk factor for complicated grief (Rynearson et al, 2013), with the risks to military personnel and their families becoming more prevalent during periods of conflict and high operational activity (Dooley et al, 2019). For these reasons, a range of support is preferable.

In terms of defining *family*, this is particularly important for the provision of services and benefits (Gribble et al, 2018). Gribble et al assert that traditional ideals of family structure are recognised by default, despite changing social attitudes and nuances between the definition and function of what *family* means.



# Training volunteers on the Cruse National Helpline

A further outcome of the project was to provide training to the Cruse National Helpline volunteers – who are frequently the first point of contact for bereaved people seeking support.

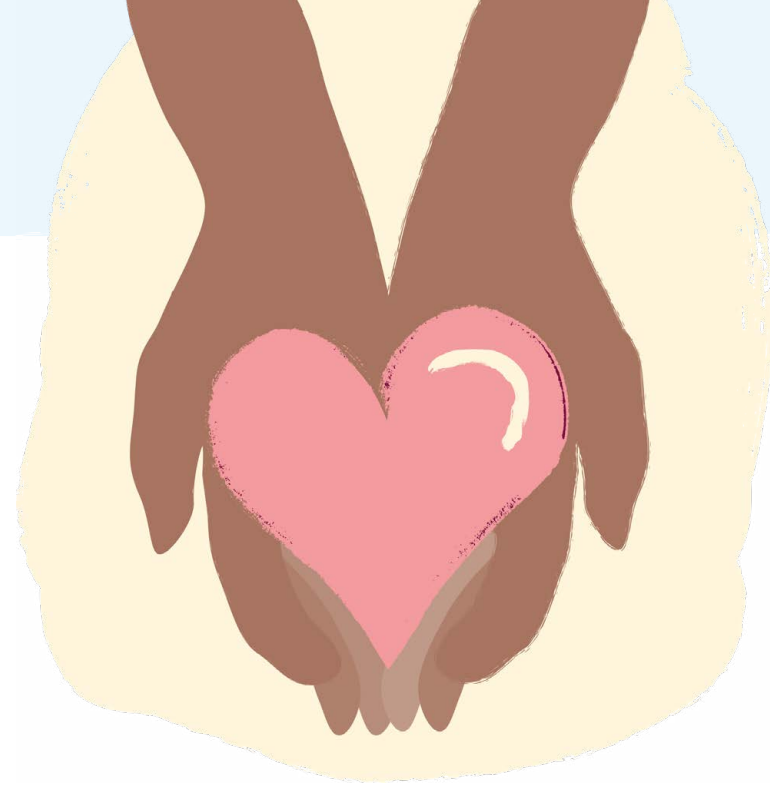
Training included recognition that interactions may differ from other callers, and the types of support that would be most beneficial to the military family. With over 31,000 helpline calls answered in the previous year, together with the receipt of over 7,000 emails, it is estimated that based on the number of trainees, 200 callers to Cruse could have received improved support.



# Summary

The *Together in Force* project exceeded its aims, training up 960 people from veteran support agencies to be better equipped when supporting bereaved veterans and other people forming part of the military family. The training should have helped them to provide more specialist and timely support through early interventions, preventing their bereavement becoming more complex. Based on the expectation that everyone who received the training each supports at least five bereaved people from the military family, it is estimated there will be 5,000 indirect beneficiaries as a result of the project.

Both Cruse and the trainees involved in the project recognised that losses within the military should be given special consideration to lessen the possibility of a problematic grief outcome (Cozza et al, 2017). Awareness was raised of veterans not wishing others to perceive them as being vulnerable and unable to cope. This was linked to service personnel's military training and stoicism – with a reluctance to unburden oneself – even in the presence of fellow veterans. Such a response can hamper the grieving process and efforts should be made to address this. Veterans often experience significant challenges in terms of additional losses, at the same time that the effects of a bereavement take hold. This holds true for partners and other family members. An early empathic intervention and a realisation they are not alone could lessen these negative effects.



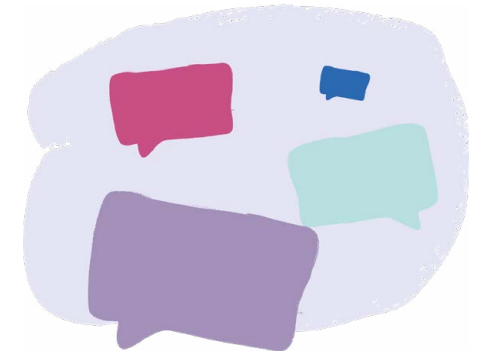
Respondents highlighted mixed experiences in the quality of bereavement support received, from a variety of sources. Support to help with the processing of grief can be beneficial, however, the need for such support and the lack of this support were commonly experienced (Mitchell, 2014). Organisations offering bereavement support to the military need to ensure extensive training is provided to fully meet the needs of this discrete group of people.

It was recognised that it is beneficial to have sustained connections with the military community following the death of a family member, who understand the military culture (Cozza et al, 2017).

The tight bonds within an Army unit can result in a collective wound being keenly felt following a death (Cawkill, 2013) – and veterans' comments illuminated their passion for the topic, and keenness to provide support wherever possible, using a range of different means. A peer-based approach can offer a non-threatening mode of support that lessens the person's sense of isolation and develop a feeling of hope (Dooley et al, 2019). Access to well-informed community support and services has the potential to facilitate integration of one's grief and adapt to the loss in a more positive manner (Cozza et al, 2017).

Respondents particularly asked for training in Bereavement by suicide. Research suggests factors associated with military suicides include mental health issues, substance abuse, combat exposure, post-traumatic stress, financial problems, stress, chronic pain and disability (Mitchell, 2014). This is a loss that warrants far greater attention.

Finally, participants acknowledged that those in a caring capacity should be mindful of the importance of their own health and wellbeing. The need to adopt a healthy work-life balance, with adequate family/social/occupational support (Cawkill, 2013) cannot be overstated during bereavement training.





# Challenges and future research

A key challenge was the logistical issues encountered due to not being able to readily provide in-person support. To ameliorate this, Cruse delivered training remotely. This mode of delivery proved to be extremely successful.

Future research is needed, to look at next steps for bereaved veterans and their families in terms of support provision, that builds on the training delivered as part of the *Together in Force* project.





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*You're not alone*

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