

CHAPTER 24

WELFARE

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CHAPTER 24**WELFARE****SECTION 1 - PRIMARY LEVEL WELFARE****2401. Introduction**

- a. Tri Service Operational and Non-Operational Welfare Policy, JSP 770, summarises that:

'The nature of military activity and way of Service life set Armed Forces communities apart from many areas of civilian society. The critical connection between welfare and operational effectiveness affirms that the support provided for Service personnel and their family is "core" Armed Forces business.'

- b. There exists clear guidance to all Services regarding the management, development and provision of welfare. JSP 770 recognises the necessity for single service guidance to reflect the uniqueness of each service, the needs of its personnel and their families, the differing demands placed upon staff and the diversity of working environments that Serving personnel operate within.
- c. Responsibility for developing welfare policy for the RN rests with Director P&T/2SL who is a member of the Service Personnel Board (SPB). Whilst Director P&T/2SL has responsibility for policy, implementation rests with the chain of command. DACOS People Support is responsible for the collation of welfare policy in BRd 3(1), although other desks within NCHQ (such as Pers Ops and CNPS staff officers) are sometimes responsible for its actual development.

2402. Welfare Provision

- a. Welfare is provided by a number of organisations, both within the Command structure, and externally through partner organisations and Local Authority agencies (see Section 8 of this Chapter, and Chapter 32) where appropriate. Provision can be defined as either one of two distinct levels of support.

(1) **Primary.** Primary welfare support is defined as the provision of support generally available from within unit resources. Primary welfare level support can be given by Commanding Officers, the Chain of Command, Divisional Officers and the unit pastoral and medical personnel.

(2) **Secondary.** Secondary, specialist, welfare support is defined as that which cannot or should not be dealt with at the primary or unit level since it requires specialist trained staff. Within the Royal Navy such support is provided by RN Family and People Support (RNFPS).

- b. **Reserve Forces Personnel.** Welfare support, including secondary (specialist) level welfare, for Reserve Forces and their in-scope families, when mobilised, should be aligned as closely as possible with that offered to Regular Service personnel to ensure that the specific needs of the Reservist are met. This is to include the support required by Reserve Forces and their entitled families before, during and after mobilisation. Refer to JSP 753 (Tri-Service Regulations for the Mobilisation of Reservists).

2403. Command Responsibility

Welfare is a key function of command. The Commanders-in-Chief and theatre Commanders overseas are responsible for implementing policies within their own commands. There are, in addition, a number of agencies with specified roles to play that must be recognised and supported by the chain of command. The effectiveness of welfare support is dependent upon the direction and co-ordination of the work of the various specialist agencies, charities and volunteer groups (see Section 8 and Chapter 32) at the appropriate (normally local) level. This is to be achieved through a formal structure of welfare management committees, and reinforced where practical by the co-location of specialists, services and activities. Unit budget managers should be consulted to ensure that public funds are only committed to MOD funded welfare elements and that value for money and affordability issues have been fully considered.

2404. Commanding Officer's Responsibility for Personnel under their Command

- a. Welfare support to all unit Service personnel and the Service community is the responsibility of the CO. This responsibility is exercised through the chain of command, utilising specialist advisers and welfare workers, and by providing community support assets.
- b. Commanders at all levels are to undertake the following:
 - (1) Provide and maintain as a minimum the standard of welfare and community support assets as detailed in JSP 770 Chapter 1, Annex D.
 - (2) Establish a stigma-free welfare culture that encourages personnel to seek support at the earliest opportunity through the chain of command or directly through specialist welfare personnel.
 - (3) Provide or ensure access to welfare resources where normal civil society does not meet the need.
 - (4) Ensure that all appropriate personnel undergo training suitable to meet their welfare responsibilities.

- (5) Ensure that all vital information, including full details of welfare and community support services, is communicated effectively to the Service community in a way that is suitable to meet their individual needs. This is to include details of the MOD Equality and Diversity Policy, Naval Diversity and Inclusion policy (see Chapter 30) and MOD Harassment Complaints Procedures (see JSP 763), ensuring that the welfare needs of the parties to a complaint (complainant and respondent) are properly considered and that they are protected from the stresses of their situation, see JSP 770 Chapter 1 Annex D.
- (6) Seek specialist support where necessary. Timely advice and guidance should be sought from higher authority where required. Potentially high profile and contentious issues should be referred to higher authority for consideration before unit action is taken.
- (7) Maintain a close working relationship with specialist welfare organisations (ie. RN FPS) granting suitable access where required. The CO is to regularly hold formal welfare conferences run by specialist welfare staff to address current welfare issues and ensure that a seamless and coherent welfare service is available.
- (8) Institute a Carers' Forum, making use of the guidelines in Annex 24B.
- (9) Include welfare requirements within preparations for all exercise and operational deployments; this should apply equally to mobilised reservists attached to the unit.
- (10) Publish a Welfare Charter that sets out the unit welfare strategy. As a minimum, the document should cover: delivery, responsibility and funding framework. An example is at JSP 770 Chapter 1, Annex D.
- (11) Disseminate, as part of the induction process for personnel newly arrived at a unit, the following information as a minimum:
- (a) Details of the welfare chain of command. Personnel should be made fully aware of whom they or their families can contact.
 - (b) Assurances that the unit is a stigma-free welfare environment.
 - (c) MOD's Equality and Diversity policy and Naval Diversity and Inclusion policy (see Chapter 30) and the MOD Harassment Complaints Procedures (see Chapter 23).
 - (d) Details of welfare facilities both on and off base. These should include the Welfare Information Support Office (formerly HIVE) (see Para 2435,) and community centre; education and sports facilities; social and retail facilities; and youth and childcare facilities and activities.
 - (e) Details of the Unit Welfare Charter in accordance with JSP 770 Chapter 1 Annex D.

2405. Welfare within Ship, Submarine, Unit or Establishment

a. Personnel

- (1) **Chain of Command.** Welfare is a key function of command and, as such, COs have full responsibility for the welfare of the personnel and the Service community under their command.
- (2) **The Divisional Officer (DO).** The primary duties of DO include knowing their personnel and being responsible for their pastoral care and morale (For Divisional matters, see Chapter 21 and BR 2 Chapter 18).
- (3) **Unit Medical Staff.** Medical staff are present on all major military establishments and provide primary healthcare to all serving personnel and where applicable their families. For Medical matters, see Chapter 28.
- (4) **Chaplaincy (including Civilian Chaplains to the Military (CCMs)).** All Chaplains are to be actively involved in primary welfare support, principally in the context of pastoral care. Whilst they cannot offer specific religious care to members of a faith group different from their own or to those with no religion or belief, they are to offer independent advice and support to all personnel, including details of local faith group communities and centres of worship. They are to offer confidentiality according to their own Church discipline, advice and emotional support to all members of the Armed Forces and their dependants regardless of faith. The Armed Forces have appointed religious leaders (Civilian Chaplains to the Military (CCMs) from the Buddhist, Hindu, Jewish, Muslim and Sikh faiths) to act as advisers on matters specific to those faiths. (For information on Religion and Belief, see Chapter 31.)
- (5) Specialist Welfare Workers (employed within RN FPS). See Para 2412.
- (6) **Community Development Workers (CDW).** CDWs are professionally trained civil servants whose role is to act on behalf of the Services to ensure that the Service Community has access to all the support to which it is entitled at Local Authority level. See Para 2433.
- (7) **Diversity and Inclusion Advisers (D&I(A)s).** All Service units and establishments are required to have least 2 D&I(A)s (an increasing number have a network of D&I(A)s and D&I(P)s), who are available to provide impartial advice on all aspects of Diversity and Inclusion and, in particular, procedures for making complaints of discrimination, harassment or bullying. See Chapter 30.
- (8) **Royal Navy Information Officers (Formerly HIVE).** See Para 2435.

b. Welfare Committee

(1) The institution of a Welfare Committee is in no way to interfere with or prejudice the right of an individual to put forward suggestions through the DO, nor to affect the responsibility of the DO for looking after the interests of those in the division.

(2) The items which Welfare Committees may discuss include living conditions in the ship, submarine or establishment, messing arrangements, recreational activities and any suggestions for the welfare of the ship's company. Responsibility for the administration of the ship's funds will also be undertaken by the Committees (see Annex 24A).

(3) General conditions of Naval Service, such as discipline, working hours, pay, allowances and leave scales and such matters as cooking and serving food from galleys, are outside the scope of the Welfare Committee.

c. Personnel under 18 and Recruits. The policy regarding the management and welfare of recruits and Service personnel under 18 years of age is contained in JSP 834 and Chapter 21. This Policy provides additional advice to COs regarding the legal requirements associated with Service personnel aged Under 18 and, whilst maturity and experience vary considerably between individuals, it is clear that under 18s may be more vulnerable than those who are older, and their care may require particular attention.

d. Care Leavers. There will also be individuals joining the Armed Forces who are care leavers and therefore subject to the provisions of the Children (Leaving Care) Act 2000. This seeks to ensure that young people aged 16-21 years, or older, if in an agreed training or education programme, or who have had a significant period of being looked after by a Local Authority (LA), continue to receive advice, support and befriending for a period of time after they cease to be formally the full-time responsibility of the LA. Under 18s who are care leavers may not have the benefit of family support that others enjoy; this may make them more vulnerable. COs are to follow the advice contained in JSP 834.

2406. Preventative Welfare - Definition

The term 'Preventative Welfare' is used to describe the work of promoting the wellbeing of individuals and families before problems become evident, of limiting the intensity and duration of problems that arise, and of supporting existing problems in order to reduce future distress and limit further damage. Through communication with members of their Division, Divisional Officers can play a key part in preventing or reducing difficulties from arising.

2407. Welfare Provision to Service Personnel and their Families

Although it is not always practical to provide the same welfare support to those who reside away from their unit, COs are to ensure that, at the very least, such personnel are presented with a comprehensive welfare information package. The package should include, as a minimum, contact details of the relevant welfare specialists, advice on what to do in given circumstances and the on-line options available.

2408. Deployed Welfare Support (DWS)

a. DWS is delivered by the Deployment Welfare Package (Overseas) (DWP(O)) or the Deployment Welfare Package (United Kingdom) (DWP(UK)). Full details are contained within JSP 770; however, the fundamental principles of Operational Welfare are as follows:

- (1) Welfare support is intended to enhance and sustain operational effectiveness.
- (2) Operational need has priority over individual welfare.
- (3) The aim of welfare spending is to make sufficient provision for personnel welfare such that an individual can concentrate on the operational task in hand.
- (4) The welfare of Service personnel is a Command function and key to sustaining the moral component. It is also important to ensure that individuals feel that their needs have been looked after from the perspective of job satisfaction and, ultimately, retention.
- (5) There must be a level playing field wherever possible such that all Service personnel know and understand what support is available to them and that no group feels disadvantaged in comparison to another.
- (6) In general terms, the provision of DWS means that individuals should not be disadvantaged financially or by lack of access to welfare facilities when deployed.
- (7) Harmonised, common and agreed tri-Service procedures should be applied rather than ad hoc single Service solutions. Disparity in terms and conditions between personnel from different Services on operations have previously been identified as a significant irritant and must be eliminated wherever possible.

- b. DWS seeks to achieve the following effects.
- (1) **Communicate.** To enable deployed Service personnel to retain contact with family and friends.
 - (2) **Entertain.** To provide for the leisure and relaxation needs of deployed Service personnel.
 - (3) **Support.** To provide for the physiological needs of deployed Service personnel.
 - (4) **Connect.** To provide support for the families of deployed Service personnel and facilitate the Service person's reintegration into the family unit.
- c. The components of the DWP(O) are:
- (1) **Communication.**
 - (a) Provision of telecommunications.
 - (b) E-mail and SMS Texting.
 - (c) Forces mail (including e-bluey).
 - (2) **Entertainment.**
 - (a) Audio visual.
 - (b) Internet.
 - (c) Printed matter and games.
 - (d) Combined Services Entertainment (CSE).
 - (e) Operational Fitness Equipment.
 - (3) **Support.**
 - (a) Shops (EFI and NCS).
 - (b) Laundry and shower facilities.
 - (4) **Connect**
 - (a) Families Welfare Grant.
 - (b) Families Concessionary Travel Allowance.
 - (c) Rest & Recuperation.
 - (d) Post Operational Leave.

2409. Welfare Provision for Operational Deployments Within the UK

- a. Full details are contained within JSP 770 Part 1 Chapter 6.
- b. UK-based operations are primarily focussed on Military Aid to the Civil Authority (MACA). This includes:
 - (1) **Military Aid to the Civil Power (MACP)**. MACP is defined as Support to the Civil Power in the maintenance of law, order and public safety (eg. support to counter terrorism operations).
 - (2) **Military Aid to Other Government Departments (MAGD)**. MAGD is defined as assistance on urgent work of national importance or in maintaining supplies/essential services eg. Op FRESCO (provision of fire service support).
 - (3) **Military Aid to the Civil Community (MACC)**. MACC is defined as the provision of unarmed military assistance in the event of a localised natural disaster or major incident eg. severe flooding.
- c. Op HERRICK identified a need to provide DWS for those Service personnel deployed in the UK in support of overseas operations.
- d. **Eligibility Criteria.** The policy is designed for those Service personnel (Regular and Reserves) who are deployed away from their base location in Formed and Non-Formed Units (including augmentees who will, by and large, 'bulge' an existing establishment infrastructure) in support of:
 - (1) A MACA operation which has:
 - (a) An operational name;
 - (b) Is supported by a CDS directive and/or has MOD Ministerial authorisation;
 - (c) Is expected to last for 7 days or more from the date of deployment or pre-training.
 - (2) Those Service personnel deployed away from their base unit in support of an overseas operation (for which DWP(O) is authorised and is supported by a CDS directive) but remain in the UK.
- e. **DWP(UK) Provision.** DWP(UK) policy mirrors the principle adopted in the DWP(O) for overseas operations in that welfare support should be publicly funded. Unlike the DWP(O), which by and large requires an infrastructure to be put in place eg. telephones, internet, post, recreational facilities etc. DWP(UK) aims to utilise the existing infrastructure in the UK.

2410. Other Welfare Funding

- a. **Commanding Officer's Fund.** The Commanding Officer's Fund has traditionally been used to promote the smooth running and efficiency of a unit by purchasing items not normally available through the supply chain. BR 18 should be referred to for further details of the operation of the CO's Fund.
- b. **Gainshare Policy.** Under PAYD (Catering Retail and Leisure (CRL)), an element of profit made by the Commercial partner is returned to the MOD as 'gainshare'. Gainshare monies can be used by Commanding Officers to enhance welfare provision at unit/station level. The gainshare return will be split between the non-public and public funds on ratio 2:1 basis ($\frac{2}{3}$ non-public funds and $\frac{1}{3}$ public). Commanders have a great deal of flexibility, within the single Service rules and regulations relevant to non-public funds, in the way that they utilise the non-public element of gainshare.

2411. Welfare of Parties to Bullying and Harassment Complaints

Refer to Chapter 23, JSP 770 Chapter 1 Annex D and JSP 763 (MOD Harassment and Complaints Procedures).

SECTION 2 - SECONDARY (SPECIALIST) LEVEL WELFARE

2412. Royal Navy Family and People Support (RN FPS)

a. **Introduction.** Unless specifically stated the following provision applies to all RN/RM personnel, including mobilised Reservists, and their families. The nature of military activity and way of Service life set Armed Forces communities apart from many areas of civilian society. The critical connection between specialist welfare and operational effectiveness affirms that the support provided for Service personnel and their families is 'core' Royal Navy business.

b. Accordingly, the RN FPS Mission Statement is:

'To provide accessible support services that strengthen and enhance the resilience and resourcefulness of Royal Navy and Royal Marine personnel, their families and communities in order to contribute to the Moral Component and optimise Operational Capability.'

c. RN FPS provides personal support, information and community-based support services to all RN personnel, reservists, and their families. RN FPS works in partnership with the Executive, Divisional and Regimental System to provide professional advice, support and recommendations to COs, including outcomes of investigations relating to compassionate action. The RN FPS seeks to develop and deploy resources to anticipate and prevent personal or family circumstances from reaching crisis point and which promote improved morale, motivation and wellbeing.

d. **RN FPS Organisational Structure.** The RN FPS is a multi-disciplinary and mutually supportive organisation which provides services for all RN and RM personnel and their families to ensure equal access to all.

(1) RN FPS has a primary point of entry for specialist welfare ie. investigations, assistance and assessments (Tel: 0800 145 6088/02392 728777/9380 28777, email: navynps-peoplesptrnfpsptl@mod.gov.uk)

(2) Para 2414 sub para a. provides the information required by the Portal team to initiate an assessment or compassionate investigation. Area teams may undertake assessments on behalf of the Portal team, retain walk-in facilities and generally take on long-term casework.

(3) RN FPS offices are embedded into the local unit command structure and provide the professional lead.

(a) **Eastern and Overseas Hub.** Has satellites in Northwood HQ, Gibraltar, HMS SULTAN/COLLINGWOOD and RM Poole. Contact details are RN FPS, Swiftsure Building, HMS NELSON, Queen Street, PORTSMOUTH PO1 3HH. Tel: 02392 722712, email: navynps-peoplesptnsfpseast@mod.gov.uk.

(b) **Scotland Hub.** Has satellites in 43 Cdo RM and 45 Cdo RM. Contact details are RN FPS, Triton House, 1-5 Churchill Square, HELENSBURGH G84 9HL. Tel: 01436 672798, email: navynps-peoplesptnsfpsscot@mod.gov.uk.

(c) **Western Hub.** Has satellites in RNAS Culdrose, HMS RALEIGH, BRNC Dartmouth, 42 Cdo RM, 47 Cdo RM, RMBS Stonehouse/30 Cdo RM and the Naval Service Recovery Pathway Hasler. Contact details are RN FPS, Fenner Building, HMS DRAKE, HMNB Devonport, PLYMOUTH, PL2 2BG. Tel: 01752 555041, email: navynps-peoplesptnsfpwest@mod.gov.uk.

(d) **Central Hub.** Has satellites in Liverpool, Birmingham, CLR, CTCRM, and 40 Cdo RM. Contact details are RN FPS, Somerset Court, RNAS Yeovilton, ILCHESTER, BA22 8HT. Tel: 01935 455277, email: navynps-peoplesptnsfpcent@mod.gov.uk.

e. Overall responsibility for the RN FPS specialist welfare provision, delivery and professional standards lies with the Head of Service , who is accountable to DACOS People Support. Email: navynps-peoplesptnsfpshos@mod.gov.uk

f. When working directly with their service users, Royal Navy Welfare (RNW) military personnel are authorised to work without the use of rank or rate; they are, however, to adhere to Service protocols and appropriate marks of respect are to be applied at all times when dealing with the Chain of Command, and those within the Divisional/Regimental system. When working face to face with service users, RNW personnel are authorised to wear smart and appropriate civilian clothing in accordance with JSP 752.

RN FPS Services

(1) A comprehensive, confidential, specialist welfare service to serving personnel and their families.

(2) A professional service to the Executive, Regimental and Divisional System.

(3) Compassionate assessments, investigations and recommendations.

(4) A link between the Service person and their family in times of crisis or need.

- (5) Provision of Visiting Officers (VOs) in accordance with JSP 751.
 - (6) Delivery of a timely, high quality, and effective service without discrimination.
 - (7) A professional link to external agencies eg. Local Authority.
 - (8) A high-quality information service, both face-to-face and across several digital platforms – see Para 2435.
 - (9) A network of community activities, organised and bespoke, including the critical area of Deployment Support.
- h. For the vast majority of cases, RN FPS is able to work alongside the Service person/NoK to achieve solutions without the need to recommend compassionate action.

2413. Confidentiality

The RN FPS code of confidentiality means that disclosure of confidential information should only take place if the prior permission of the individual has been obtained. However, if prior permission from the individual is not given, and there might be serious consequences of not disclosing confidential information, the matter should be referred to higher authority for advice. For example, such circumstances might include the following:

- a. Where there is a risk of harm to the individual or others. When assessing risk, it is essential to consider fitness for armed duties (ie. access to or being in charge of a firearm(s)), when deciding on disclosure of information to the Chain of Command. Any concerns relating to an individual's fitness for armed duties must be disclosed to the Chain of Command and line managers, and be recorded in the RN FPS case notes.
- b. In order to prevent a serious criminal act.
- c. If there is a serious contravention of military law.
- d. If there is, or is likely to be, a serious breach of national security.
- e. If an individual is unable to carry out their duties.
- f. If there are concerns relating to adult or child safeguarding issues, domestic abuse or gender based violence (including female genital mutilation (FGM)).
- g. Any such disclosure must be in line with relevant Privacy Notices and the MOD's Personal Information Charter.

2414. Referral to RN FPS

- a. Initial access to RN FPS should, where possible, be via the Portal (Tel: 0800 145 6088/02392 728777/9380 28777, navynps-peoplesptnsfpsptl@mod.gov.uk, each of which can be used to initiate/request a compassionate investigation/assessment. CoC requests for compassionate investigations should include the following information:
- (1) Serving Person's: Full name, Rank/Rate, Service Number and unit;
 - (2) Address to be visited/contacted - including key contact and telephone numbers;
 - (3) Summary of situation – any previous compassionate action (eg. compassionate leave); relevant contact details of NOK, extended family, professionals and organisations;
 - (4) Impact on the unit if the serving person is granted compassionate action;
 - (5) Point of contact within Divisional/Regimental System.
- b. The RN FPS emergency out of hours service can be accessed through OOW HMS NELSON (Tel: 02392 723875), OOW HMS DRAKE (Tel: 01752 555220), Duty Naval Base Officer Faslane (Tel: 01436 674321 Ext 4005) and Officer of the Watch RNAS Yeovilton (Tel: 01935 455444/5446).
- c. **Tri-Service Arrangements.** The provision of Specialist Welfare Support is a responsibility of the parent Service Command (in accordance with JSP 770) but there will be occasions when another Service Welfare provider (eg. the Army Welfare Service) is able to meet the needs of a Service User more effectively. The Tri-Service Specialist Welfare Agreement on mutual working and areas of responsibility (Annex 24F) applies. Compassionate action, assignments, discharge or services provided at Public expense must involve the parent Service Chain of Command.
- d. A referral for RN FPS casework services will result in a casefile being created and personal data being stored on a computer application (Joint Army Navy Information System – JANIS), which is DPA compliant and registered on the Navy Command Information Asset Register.

SECTION 3 - SPECIFIC WELFARE POLICY AND GUIDANCE

2415. Specific Welfare Policy and Guidance

A number of areas of welfare are covered by specific policy. This is covered in the following paragraphs.

2416. Events with Potential Media Interest

a. The appetite for news and the prevalence of social media means that the Chain of Command (CoC) should consider the implications of initial (incident) and subsequent related events (reports, court cases, appeals, inquests etc.) on personnel and their families. This primary welfare responsibility extends beyond the personnel directly involved to those peripherally associated with the event and their families. There have been examples of media trawling housing estates and schools in an attempt to identify individuals connected, even indirectly, with an incident or unit. The role of the CoC is to consider the potential impact of the event on the people affected and put in place proportionate communications and support strategies.

b. The scale and characteristics of these events and the commensurate response will vary considerably, and each will require a bespoke approach. A multi-disciplinary perspective is recommended and the CoC should consider engaging with People Support - RN FPS, OSM, media, service police, legal and secretariat advisers as appropriate. A mapping exercise to identify potential areas of focus may also be considered (see also Chapter 20 Section 17 - Civil Offences and Section 22 – Management of Convicted and Suspected Sex Offenders).

2417. Sensitive Case Advice Reaction Team (SCART)

The procedures for the management of Service personnel who may be 'At Risk' are contained in Annex 24C.

2418. Deliberate Self-Harm (DSH) or Suicide

a. The procedures for management of DSH is contained in Annex 24D with associated Appendices, which cover the following: Sources of Advice and Support; an Algorithm for Executive Management of DSH; Case Conferences – Guidance for Medical Officers.

b. Action to be taken on discovery of a death or serious injury in an establishment is at Annex 24E.

2419. Relationship Breakdown

a. Relationship breakdown includes marriage and civil partnerships as defined for Service personnel in JSP 752 Part 2 Chapter 1. Under the terms of the Civil Partnership Act 2004 a civil partnership is a legal relationship that can only be formed by two people of the same sex. Couples who form a civil partnership and register the partnership under the terms of the Act have the legal status of "civil partner".

- b. When a couple realises that there are serious difficulties in their marriage/civil partnership they should try consulting with a suitably qualified person, third party or organisation such as RN FPS (see Para 2412), Relate (see Para 2463 and Chapter 32), or a Chaplain (see Chapter 31 and QRRN) to take advice on their concerns and consider appropriate intervention before starting divorce proceedings.
- c. Serving personnel in PStat Cat 1C/S, whose marriage or civil partnership has broken down or estrangement is imminent, may take advantage of a 'cooling off' period. A period of up to 3 months may be allowed to permit counselling and a possible reconciliation before a change in PStat Cat is required. If no reconciliation has been achieved by then (or at an earlier stage if it becomes clear that no reconciliation is possible) the PStat Cat should be changed from that date. Details regarding responsibility for change of PStat Cat are contained in JSP 752 Part 2 Chapter 1 Section 3.
- d. Further details and information relating to SFA and SLA accommodation charges and entitlements are contained in JSP 464 Volume 1 Chapter 3 (Paras 0349 and 0350 relate to Estrangement) and JSP 464 Volume 2 Part 1 respectively. Details relating to accommodation charges are contained in JSP 464 Volume 3 Chapters 2 and 3. See also Chapter 25.
- e. Where a relationship is considered to have irretrievably broken down but difficulties remain to be resolved, then the use of conciliation services may prove beneficial. Conciliation services provide a means of resolving actual or incipient issues, clarifying confused situations, and reducing conflicts by mediating between partners; usually before formal proceedings begin and before contact through legal representatives has hardened attitudes. Conciliators will aim to foster good future parent/child relationships.
- f. Information for Divisional Officers, including with regard to financial implications, is at Chapter 21 Section 7; and Annex 21R provides a proforma for a structured interview before change of PStat Cat.

2420. Domestic Abuse (including Domestic Violence)

- a. JSP 913 is the Tri-Service Policy on Domestic Abuse and Sexual Violence. Annex 24H provides a guide on Good Practice Responses to Domestic Violence.
- b. The Information Sharing Agreement between the Royal Navy Police and RN FPS covering the sharing of information surrounding referral of Victims of Domestic Abuse, Honour Based and Sexual Violence and the safeguarding of adults and children is available on request from either organisation.

2421. Child Care

- a. Although childcare is primarily a parental responsibility, it is MOD policy to encourage the development of affordable, quality childcare provision for MOD employees. TLBs have delegated authority to provide childcare support schemes if they have a business case to do so. The management of childcare settings operating from MOD property is the responsibility of the chain of command. At base or unit level, Commanding Officers are to ensure that childcare settings within their area of responsibility are registered with the appropriate National Registration and Inspection regime and have sound management structures as either a charitable trust, company limited by guarantee or, where appropriate, a legal contract. Ofsted inspects and regulates care for children and young people, and education and training for learners of all ages. The majority of Ofsted's reports and publications can be downloaded from its website. Email: enquiries@ofsted.gov.uk Tel: 0300 123 1231 for local authority children's services, Website: www.gov.uk/government/organisations/ofsted.
- b. The MOD Childcare Vouchers Salary Sacrifice Scheme has been replaced by the Tax-Free Childcare (TFC) Scheme, which is part of a government initiative designed to help working parents pay for childcare. Details are in 2018DIN01-011.
- c. JSP 770 Chapter 3 provides MOD Policy applicable to all officially recognised youth and play activities provided through the medium of MOD Youth Centres, Youth Clubs, Projects, Play Centres, community services, Activity Centres, and gymnasiums. See 2017DIN08-008 Insurance Arrangements for Charging Activities (Income Generation Payments).
- d. Youth and Play Activities may be provided for RN/RM dependants in each of the base port areas as well as in certain other bases/units. For each location, there is a RN FPS Hub or Satellite Service Manager who acts as professional adviser to the base/unit CO and who maintains standards under the policy direction of RN FPS Head of Service. Wherever possible, activities are carried out in conjunction with the relevant Local Authority.

2422. Safeguarding Children

- a. JSP 834 contains the Tri-Service Policy and should be followed at all times. The Ministry of Defence (MOD) and Department for Education (DfE) are committed to working together to ensure the safeguarding of Service children and young people. Further guidance in all areas of safeguarding can be found in the DfE's Working Together to Safeguard Children 2018:
<https://www.gov.uk/government/publications/working-together-to-safeguard-children-2>
- b. In England and Wales, statutory responsibility for safeguarding and promoting the welfare and wellbeing of children rests with Local Authorities (LAs). In Scotland, this falls to the Social Work Department and in Northern Ireland to the Health and Social Care Trusts. When Service families are based overseas, the lead for safeguarding and promoting the welfare of children lies with the MOD, which assumes a role similar to that of LAs in England.

- c. Under the Armed Forces Act 2006 (AFA06), MOD has a responsibility to replicate, as far as is practical, the relevant sections of the Children Act 1989 (CA89) and CA04 to Service Communities overseas. Commanding Officers can therefore order the assessment and protection of children of Service families overseas under these provisions and should make such orders if the need arises.
- d. For Service children living in the UK, the designated LA will take the lead and apply the safeguarding children practice/policy as set out in regulations but will, where appropriate, involve appropriately trained/qualified MOD/Service personnel in the LSCB arrangements. For Service children overseas, the published guidance/regulations will provide the starting point for best practice but conditions/circumstances/resources within the local context will be taken into account when determining the most appropriate mechanisms for applying safeguarding children arrangements.
- e. **Child Protection.** In UK, all child protection concerns and referrals must be referred to, and dealt with by, the statutory authorities. RN FPS can offer advice and assistance in this process however, the needs of the child are paramount and immediate and serious concerns should be reported to the Civil Police and/or social services to ensure that the child is protected without delay. All child protection matters within the Naval Service should be notified to the RN FPS Portal or the local RN FPS Hub or Satellite Service Manager.
- f. The Information Sharing Agreement between the Royal Navy Police and RN FPS covering the sharing of information surrounding referral of Victims of Domestic Abuse, Honour Based and Sexual Violence and the safeguarding of adults and children is available on request from either organisation.

2423. Disability and Additional Needs

- a. JSP 820 - Tri-Service Disability and Additional Needs Policy provides guidance on the range and types of assistance available.
- b. Naval policy on assignments for welfare reasons is at JSP 820 Part 1 Section 2 - Assignment, Promotion and Career Management.
- c. RN FPS is available to assess, advise and assist on individual circumstances.
- d. The Children's Education Advisory Service (CEAS) is a service located within the MOD's Children and Young People's Directorate (www.gov.uk/government/groups/directorate-children-and-young-people), which is established to provide information, advice and support to Service parents about any issue relating to the education of their children, both in the UK and overseas. Much of the demand for the services offered by CEAS comes from Service parents who have children with special educational needs (SEN) and, in Scotland, additional support needs (ASN). In order to gain access to on-going information, advice and support about such children, Service parents must ensure that they register their children with CEAS.

2424. Sex Offenders

The Management of Convicted or Suspected Sex Offenders in the Service is detailed in Chapter 20, Section 22.

2425. Adoption and Fostering

JSP 760 directs Service personnel to the correct policies and guidelines governing adoption and fostering. It should be read in conjunction with relevant Service and Command instructions (including JSP 760 and JSP 464).

SECTION 4 - COMPASSIONATE ACTION**2426. Compassionate Action**

There are 6 types of compassionate action:

- a. Compassionate Leave.
- b. Compassionate Area Restriction
- c. Compassionate Assignment.
- d. Prolonged Shore Assignment.
- e. Permanent Shore Assignments.
- f. Compassionate Discharge.

With the exception of Compassionate Leave, all other compassionate actions must be investigated and recommended by RN FPS.

2427. Compassionate Criteria

- a. Before RN FPS makes a recommendation to the chain of command for compassionate action, they need to be certain that the Service Person's presence (ie. at home) is essential and that all other courses of action, feasible options and the opinions of other professionals (as appropriate) have been taken into account and assessed.
- b. Although no precise guidance can be laid down each case requires objective and holistic assessment. In the following circumstances a recommendation for compassionate action may be deemed appropriate:
 - (1) When the spouse/civil partner, child or in-scope relative (See JSP 751) of a Serving person is seriously ill or has died;
 - (2) When a Serving person's presence is the only means of preventing the break-up of his/her immediate family;
 - (3) Where the care of dependant/in-scope child(ren) can only be appropriately provided by the Serving person's presence;
 - (4) At other times when circumstances are assessed to be exceptional and more than usually distressing.

2428. Compassionate Leave

- a. Compassionate leave is defined as an authorised period of absence granted by the CO to enable Service personnel to attend a domestic crisis. A period of compassionate leave should not usually count against an individual's annual leave entitlement and must be recorded on JPA.

- b. The authorisation for and duration of compassionate leave rests with the individual's CO. RN FPS can assist COs in reaching decisions on compassionate leave by undertaking investigations and making appropriate recommendations; to include duration and a date by which a formal review will be undertaken, which will be a minimum of 3 days before the date of the original recommendation is due to expire. Details of requests for RN FPS investigation/assessment can be found at Para 2414.
- c. In considering requests for compassionate leave, COs should treat each case on its merit by examining a serving person's need to be present to deal with a domestic crisis; however, up to 2 full weeks will normally be sufficient in the first instance. Only in very exceptional circumstances and with a RN FPS recommendation should compassionate leave exceed 4 full weeks.
- d. Repeated periods of compassionate leave for the same/recurring situation should rarely be authorised; Service personnel are expected to resolve their personal affairs within a reasonable timescale using the welfare support available to them.

2429. **Compassionate Travel**

- a. The criteria for categorisation of compassionate travel at public expense are detailed in JSP 751.
- b. **Within UK Territorial Waters.** Authority for compassionate leave travel within the UK rests with the Service Person's CO and should only be granted when the circumstances are particularly distressing and a genuine need for travel at public expense (rather than personal) is identified.
- c. **Outside of UK Territorial Waters and Units Overseas.** Compassionate travel from outside of the UK territorial waters will normally only be considered if the case concerns 'in-scope' relatives. JSP 751 contains a list of 'in-scope' relatives. The authorisation for compassionate travel at public expense from outside of UK territorial waters lies with the Joint Casualty and Compassionate Centre (JCCC) (www.gov.uk/joint-casualty-and-compassionate-centre-jccc JCCC Tel: 0044+ (0)1452 519951; Service: 95471 7325).
- d. **Compassionate Leave Travel to Countries other than the UK.** Domiciled Collective Leave & Commonwealth Enlisted Compassionate Travel (DOMCOL & COMECT) arrangements are detailed in JSP 760.

2430. **Compassionate Area Restriction**

- a. A Compassionate Area Restriction enables an individual to be present when a serving person's situation falls within the compassionate criteria at Para 2427 but can be gainfully employed during the working day, negating the need for compassionate leave.

- b. Recommendations for Compassionate Area Restrictions should be considered only when an holistic assessment has deemed that the serving person's presence is essential to provide support outside of working hours. Recommendations made should detail working hours achievable by the serving person for the duration of the area restriction.
- c. Compassionate Area Restriction must only be utilised as a short-term measure to provide essential care/support in times of domestic crisis. Recommendations should be considered initially for up to 2 full weeks and should not exceed 4 weeks. If exceptional circumstances are present which warrant further area restriction, then the situation should be assessed for compassionate assignment.
- d. The authorisation for and duration of Compassionate Area Restriction rests with the individual's CO. RN FPS is to conduct a full investigation and verification and present the CO with a formal recommendation and review date to assist the CO in reaching a decision.
- e. Repeated periods of Compassionate Area Restriction for the same/recurring situation should rarely be authorised; service personnel are expected to resolve their personal affairs within a reasonable timescale using the welfare support available to them.

2431. Compassionate Assignments

- a. Where Compassionate Leave/Area Restriction is insufficient to resolve a problem, a Compassionate Assignment may be considered. The authority for Compassionate Assignment recommendations rests with RN FPS; it will usually be for up to 3 months and not more than 6 months' duration.
- b. Commanding Officers or Assignment Authorities who consider that a Compassionate Assignment may be necessary should request an investigation by RN FPS (see Para 2414). During the course of the investigation RN FPS should, if not already involved, consult with the appropriate Assignment Authority regarding the implications of a reassignment (eg. impact on OC of resulting gap). It should be borne in mind that compassionate assignment action to resolve one person's difficulties can frequently disadvantage or significantly disrupt others, especially when a relief is sought at short notice and out of turn.
- c. During the course of the compassionate investigation and any resulting action, the Service Person is expected to fully engage with RN FPS, the Divisional/Regimental System and, where appropriate, their allocated Personnel Support Group (PSG) or Recovery Cell. On completion of the investigation, RN FPS will make one of the following recommendations:
 - (1) Compassionate Assignment is not recommended.
 - (2) Compassionate Assignment is highly desirable, even though this may seriously interfere with the requirements of the Service.

- (3) Compassionate Assignment is essential. This could be for the Safeguarding of children or vulnerable adults within the Service person's immediate family.
- d. The decision to approve the compassionate assignment recommendation rests with the CO, taking into account the Service requirement. In all cases RN FPS and the Assignment Authority are to be informed of the decision.
- e. All Compassionate Assignments are subject to formal written review carried out by RN FPS, which will provide the following:
 - (1) An assessment of the current situation;
 - (2) An evaluation of progress to date;
 - (3) Necessity for the Service Person's continued presence;
 - (4) Range of options and specific recommendations.
- f. The overriding principle is to keep the CO and Career Manager updated with progress and supplied with sufficient information in order to make considered decisions in a timely manner, benefitting the Service Person and the Service. Reviews are to be carried out a minimum of one month before the compassionate assignment is due to expire. Reviews should also be undertaken where there is a significant change to circumstances and the outcome of the review should be shared with the Command and, as appropriate, the Career and Talent Manager.
- g. RN FPS recommendations should state only the general geographical area to which a person is to be assigned eg. base port or county. The Assignment Authority should, wherever possible, seek to place the Service Person in a complement billet where the individual will work within their specialisation.
- h. RN FPS should in all cases discuss with the Assignment Authority and, wherever appropriate and possible, with the receiving Command, any circumstances that may affect or impair the individual's employability whilst in the Compassionate Assignment.
- i. Service personnel should be advised that, on completion of a Compassionate Assignment, they are subject to the requirements of the Service. They may return to their former place of duty or, where an assignment has been deferred for compassionate reasons, take up a planned or alternative assignment elsewhere that is within established assigning principles and protocols.
- j. The case for an extension to a Compassionate Assignment should be supported by a RN FPS Social Inquiry Report (SIR) and appropriate recommendation by a RN FPS Service Manager. The completed SIR will be despatched to the Commanding Officer holding responsibility for the Service Person who, in turn, will forward a recommendation to the Career and Talent Manager – who will have a copy of the full report - for a decision.

k. **Assisted Conception Services.** Guidance for those seeking stability in order to access assisted conception services (including IVF), and those in chain of command and assigning authorities, is at Chapter 60, Para 6015 and 2016DIN01-052 - Arrangements for NHS Infertility Treatment where Armed Forces Compensation Scheme (AFCS) award applies; 2016DIN01-052 - Assisted Conception and Fertility Policy.

2432. Prolonged or Permanent Shore Assignments

a. When a very serious or complex situation cannot be resolved within the limited period of a Compassionate Assignment, consideration can be given to an application for a prolonged or permanent shore assignment, or Compassionate Discharge.

b. When a Compassionate Discharge is not requested by a serving person or is deemed inappropriate (eg. within 2 years of completing relevant pensionable engagement), a case should be made to the CO for a Prolonged or Permanent Shore Assignment.

c. Prolonged Shore Assignments are usually of 6-12 months duration; permanent shore assignments normally cover the last 12–24 months of Service before Termination Date.

d. The case for a prolonged or permanent shore assignment must be supported by a Social Inquiry Report (SIR) and appropriate recommendation by RN FPS. The completed SIR will be sent to the CO who, if content, will forward a recommendation to the Assignment Authority for a decision.

e. In all cases RN FPS is to be informed of the decision.

f. Where the CO and the Assignment Authority are not in agreement, completed reports and recommendations are to be submitted to Deputy Director People Delivery (DDPD) for a decision.

g. Prolonged and Permanent Shore Assignments are subject to a formal written review by RN FPS.

(1) Prolonged Shore Assignments are to be reviewed at least every 3 months, with a final review a minimum of 3 months before the assignment is due to expire.

(2) Permanent Shore Assignments are subject to formal written review at least every 6 months, with a final review a minimum of 3 months before termination date to enable consideration for continuing welfare needs in accordance with DBS Transitional Protocols.

h. When a significant change of circumstances is reported, or the CO or Assignment Authority requests that a formal review be undertaken, a written report should be completed by RN FPS within a maximum of 10 working days of the report/request.

2433. Compassionate Discharge

a. The full terms and conditions for Compassionate Discharge are detailed in Chapter 54. In circumstances where a serving person's presence at home is deemed essential and their home circumstances have become wholly incompatible with a continued Service career as a consequence, an application may be made by the serving person, through JPA, to the CO, for Compassionate Discharge. Compassionate Discharge must be supported by a Social Inquiry Report (SIR) with a clear recommendation from RN FPS to the CO. In turn, the CO will forward a recommendation to the Assignment Authority for a decision.

b. In situations where Compassionate Discharge is not recommended, the CO is to forward the case to NCHQ Casework Cell. A final decision will be made, and the outcome passed to the Assignment Authority.

SECTION 5 - COMMUNITY SUPPORT

2434. Community Development

- a. RN FPS recognises the value of proactive and preventative work within the Service community in order to counteract potential difficulties, anticipate and prevent social and domestic problems that arise as a result of Service life, and enable individuals and families to develop robust support networks.
- b. The strength of community development is that it encourages voluntary participation; working as part of a wider integrated team, in order to develop networks of formal support (with military and civilian agencies) and informal support (families and friends) for Service families to nurture their own networks of support and coping mechanisms for the future.
- c. Community services are provided on a tri-Service basis, with accessibility that is irrespective of rank, Service or accommodation status.
- d. RN FPS Community Development work is based on a three-tier model of service delivery of universal, targeted and open, and targeted and closed provision. This is delivered primarily through RN FPS Community Development Workers (CDW) working from Community Centres located within Service Family Accommodation (SFA) estates. Whilst provision in the community facilities varies geographically, it is focused upon the key areas from the Community Policy (as detailed in JSP 770 Chapter 3). Commonly found initiatives may include pre-school children's provision, Deployed Support events, parent and child groups, youth and play activities, and family-orientated social events. In addition, facilities are widely used by other community service providers such as Health Visitor clinics, and Scout and Guide Groups. This service is accessible through the RN FPS Area offices (see Para 2412), and <https://www.royalnavy.mod.uk/community-and-support/community>.

2435. Royal Navy Website - Community and Support

The Royal Navy Website (www.royalnavy.mod.uk) seeks to meet the needs of the wider Service Community online by providing information and advice, and a Members' Area which includes Unit content.

- a. **Information Advice Communication.** Information on a wide variety of subjects including Deployment, Relocation, Resources and Community Support. www.royalnavy.mod.uk also hosts an open forum where Serving personnel and their families can seek specific guidance on a range of issues, as well as providing community events updates, an information noticeboard, specifically designed to meet the needs of the Service Community and breaking news.
- b. **Members' Area.** The Members' Area provides a Serving person and their friends/relatives membership to a password protected area where they can access ship/Unit specific discussion forums. The site is moderated by trained personnel, who monitor content to ensure breaches of security are prevented, respond to queries or concerns within the online Service Community, and ensure that the service is utilised appropriately.

- c. **Units.** Units, especially when deploying, are expected to establish and maintain a unit on-line community in partnership with www.royalnavy.mod.uk to communicate effectively with families and the wider Naval community. Annex 24G details guidance on establishing and maintaining an on-line community.

2436.RN FPS Information Support

RN FPS Information Officers and Digital Moderators offer a confidential and accessible information and advice service that will answer questions or signpost customers to appropriate sources of information and guidance. It is a service for families seeking information on most subjects including local communities, relocation, education, housing, employment/training courses, health, wellbeing and travel. The Information Officers also lead on deployment support, ensuring Units are provided with briefings as well as up-to-date information relevant to deployment. The Digital Moderators manage the official digital platforms/social media on behalf of operational units and local RN FPS areas – RN Forum and Facebook. This service is accessible through the RN FPS Area offices (see Para 2412) and www.royalnavy.mod.uk/community-and-support, rnrn-wio@royalnavymail.mod.uk.

2437. Short Term Family Accommodation (STFA)

a. In the Base Port areas and at some units a limited number of Service Family Accommodation properties are set aside for use as temporary self-catering accommodation, primarily for welfare reasons. The scheme is aimed at enabling Service personnel to utilise their facilities for both themselves and visiting friends or family members, with priority always being given to welfare/compassionate cases. Whilst use of the facilities will incur a cost to the serving person, which is in excess of standard SFA rates, it will be less than that of privately rented accommodation. Users are liable for damages incurred and other local occupancy rules may apply, such as non-access for pets. For further information, personnel are advised to contact their local RN Welfare Information Support or RN FPS Office (www.royalnavy.mod.uk/welfare/find-help/welfare-information-support).

b. The provision and support of STFA is a responsibility of Local Service Commanders as determined by JSP 464 Volume 1, Part 1, Chapter 3, Para 0351. Specialist Welfare staff may seek the utilisation of STFA for welfare/compassionate cases if no suitable surplus SFA is available in accordance with JSP 464 Volume 1, Part 2, Chapter 3, Annex B Serial 6 and Annex C Serial 5. Where Specialist Welfare staff apply for the use of STFA for welfare/compassionate cases, those responsible for the administration of STFA should allocate suitable accommodation where it is available ie. it is vacant or being used for lower priority or non-welfare reasons. In all cases the principles set out below will apply:

- (1) Any information associated with the application to use STFA will be in accordance with the RN FPS code of confidentiality (see Para 2413).
- (2) Following any initial approach, welfare/compassionate case applications will be confirmed in writing.

(3) Those responsible for the administration of STFA will provide written reasons in cases where no STFA is deemed to be available, confirming that there are no vacancies and/or accommodation is not being used for lower priority or non-welfare reasons.

(4) Where there are local criteria for the welfare use of STFA, these will apply where they adhere to these principles, however all applications will be dealt with on a case by case basis.

(5) The use of STFA will generally be in accordance with the SFA eligibility criteria set out by JSP 464, however in the case of welfare/compassionate cases a more flexible approach will apply based on the circumstances of each case.

2438. Welfare Funding and Support to the Community

Welfare is provided through a combination of public (core) and non-public (non-core) sources as well as (in the UK) Local Authority provision. Welfare support is separately delivered by a mixture of Service and civilian personnel and organisations. Information on supporting organisations may be found at Section 8 of this Chapter. Other details are contained within JSP 770 Chapter 2, which should be read in conjunction with JSPs 462 and 315 as well as single-Service regulations pertaining to Service Non-public Funds (BR 18).

2439. Use of the Defence Estate

- a. **Encroachment.** A number of welfare activities that are non-publicly funded operate from public buildings and, therefore, constitute an encroachment. Further guidance on encroachments can be found in JSP 362.
- b. **Mixing of Public and Non-Public Funding on the Defence Estate.** Both government accounting regulations and JSP 462 make it clear that the MOD has no delegated powers to incur expenditure of a novel or contentious nature without the prior approval of HM Treasury.

2440. Secondary Duties - 'Stand Behind' Policy

Any serving person engaged, as part of their duties, in Service non-public funds activities in support of unit welfare obligations, will be acting in the course of their employment with MOD or the Armed Forces. As such the MOD is vicariously liable for an individual's actions in the pursuance of his/her duty. It is essential that personnel read and fully understand the latest DINs (currently 2007DIN02-193, 2017DIN01-042 and 2016DIN01-092) that outline this policy.

SECTION 6 - CASUALTY SUPPORT

2441. Casualty Policy

Casualty policy, reporting and procedures are fully documented in JSP 751 Volume 1 (Management of the Casualty). The Royal Navy NOTICAS Directive is contained in Annex 24I.

2442. Visiting Officers

The role and responsibilities of the Visiting Officer (VO) are detailed in JSP 751 Volume 2 Chapter 5 Section 5. In the Royal Navy the VO role is fulfilled by trained RN FPS staff.

2443. Casualty Visiting Officers

At times of high operational tempo or in a mass casualty scenario a cadre of Casualty Visiting Officers (CVO) will be trained and supported to undertake the VO role and will usually deal with cases that present as less serious or complex. CVOs are primarily drawn from shore establishments, reserve units and rear parties.

2444. Visits by Relatives and Friends to Sick and Injured Personnel in Hospital

Arrangements for visits by relative and friends, including Dangerously Ill Forwarding of Relatives (DILFOR), are detailed in JSP 751 Volume 1 Part 1 Chapter 6. 2009DIN01-095 outlines the accommodation available for family members of Service patients at the Royal Centre for Defence Medicine (RCDM) in Birmingham.

2445. Casualty and Hospital Welfare Support

Primary Welfare support of patients remains the responsibility of the Unit. Where there are complex welfare needs, specialist welfare support may be engaged. Serious and complex cases may have a Visiting Officer assigned and guidance of the management of the patient group can be found in JSP 751.

2446. Welfare Assessment

A Welfare Assessment may be undertaken at any time following admission and automatically after being admitted for 7 days if an in-patient is considered to have additional needs beyond those of basic primary welfare. Welfare Assessments are to be undertaken by specialist welfare services and a Welfare Co-ordinator will be appointed.

2447. Welfare Co-ordinator

The Welfare Co-ordinator will be appointed to manage the assessed welfare needs of the patient group and is usually part of the chain of command eg. Recovery Cell staff. If the welfare needs are complex or require specialist input, a worker from RN FPS can be appointed.

SECTION 7 - DECEASED PERSONNEL**2448. Management of the Deceased**

JSP 751 Volume 2 (Management of the Deceased) covers the additional procedures to be adopted when death occurs in-service.

2449. Deaths in Ships, Units and Establishments

Initial action to be taken by non-police personnel on discovering an incident involving a death or where death is likely is contained in Annex 24E.

2450. Funeral Officers

- a. If a Service Person dies, it is MOD policy to arrange a funeral at public expense or provide funding towards the cost of a private funeral, dependent upon the wishes of the Next of Kin (NoK).
- b. Within the Royal Navy, Funeral Officers (FO) are appointed to work closely alongside the NoK, via the VO, to make arrangements for the funeral. FOs are appointed by the Naval Service Casualty Cell (NSCC) and are drawn from a pool of trained and available personnel from the Naval Bases, larger shore establishments and RM units. FOs should be of CPO/CSgt rank or higher.
- c. The FO role requires application of sensitivity as it can be an emotionally charged process. To assist with selection and appointment of FOs, and to avoid potential for being overwhelmed, the following criteria should be taken into account:
 - (1) Has the FO experienced a recent bereavement?
 - (2) Does the FO have a close family member or friend with a terminal or life-threatening illness?
 - (3) Has the FO been involved in a significant traumatic event eg. serious road traffic incident, an incident involving death or near death, disaster relief?
 - (4) Does the FO have close family/significant other who is involved in hazardous duties?
- d. FO training is co-ordinated and provided by the NSCC.

SECTION 8 - ADVICE AND SUPPORT

2451. Welfare and Charitable Organisations

There are many organisations that may assist Naval personnel and their families – these fall into three broad categories:

- a. MOD Agencies and organisations funded by MOD (see Section 9);
- b. Organisations not funded by MOD (see Section 10);
- c. Charitable organisations (see Chapter 32).

2452. Defence Housing Assessments

- a. In the first instance, housing applications and requests to transfer should be referred and supported, where necessary, by Primary Welfare providers ie. Divisional Officers/Regimental system.
- b. If there is a clear requirement for Specialist Welfare input and support (eg. the case is complex), RN FPS can be requested to undertake an assessment of need. If RN FPS's assessment concludes that there is a need, a supporting letter will be produced. This letter will give a clear explanation as to why the application is/isn't supported by RN FPS, the anticipated effects on the family and the Service, and the associated risks if the application is not approved by Defence Infrastructure Organisation (DIO).
- c. If an applicant(s) states a welfare need and requests specialist welfare intervention, they should be advised that before their request can be supported, a RN FPS case file needs to be opened.

**SECTION 9 - ADVICE AND SUPPORT: MOD AGENCIES AND ORGANISATIONS
FUNDED BY MOD****2453. Defence Business Services (DBS) Veterans Welfare Service (VWS)**

The DBS VWS provides help and advice to veterans and is able to direct them to a range of government and charitable services. It also provides an integrated web-site and free helpline. The DBS VWS can be contacted via the website on www.gov.uk/government/organisations/veterans-uk.

2454. Hospital Welfare Service

The Hospital Welfare Service (HWS) is currently provided under contract to the Defence Medical Welfare Service (DMWS). The HWS assists commanders with the delivery of Primary Welfare to Service personnel in hospital and their families.

2455. Medical Social Workers

The Defence Medical Rehabilitation Centre (DMRC) Stanford Hall maintains a team of qualified social workers in order to assist injured Service personnel and their families in coping with injuries and, where appropriate, in preparation for discharge on medical grounds.

2456. HIVE

In addition to the RN FPS Information Support Team network, personnel and their families have full access to HIVE in Army and RAF locations.

2457. Children's Education Advisory Service

The Children's Education Advisory Service (CEAS) exists to provide information and support to Service families and eligible MOD civilians on all aspects of the education of their children in the UK and overseas. Contact details are as follows:

Children's Education Advisory Service
Trenchard Lines
Upavon
PEWSEY
SN9 6BE

Tel: 01980 618244
Mil: 94 344 8244

Email: enquiries@ceas.uk.com
www.gov.uk/guidance/childrens-education-advisory-service

2458. Joint Service Housing Advice Office

The Joint Service Housing Advice Office (JSHAO) (www.gov.uk/government/collections/joint-service-housing-advice-office-jshao) provides Service personnel and their families with information and advice on the increasingly complex range of civilian housing options. The JSHAO provides a focal point for housing information and advice to all Service personnel and their families, in particular for those about to return to civilian life, and to ex-Service personnel who remain in Service Families' Accommodation.

SECTION 10 - ADVICE AND SUPPORT: ORGANISATIONS NOT FUNDED BY MOD

2459. MoneyForce

MoneyForce is a programme designed to improve the financial capabilities of members of the Armed Forces. The MoneyForce website (www.moneyforce.org.uk) provides easy to digest Armed Forces specific information to help personnel and their families plan their finances.

2460. The Royal British Legion

The RBL provides support to the Armed Forces Community who may need financial support. The RBL website is: <https://www.britishlegion.org.uk/get-support/financial-and-employment>)

2461. Seafarers' Advice and Information Line (SAIL)

SAIL is an advice service dedicated to all seafarers and their families across the UK. It is run by Greenwich Citizens Advice Bureau on behalf of the Seafarers Hospital Society and is funded in partnership with Seafarers UK and Greenwich Hospital. The website is sailine.org.uk

2462. Citizen's Advice Bureau (CAB)

The CAB service helps people resolve their legal, monetary and other problems by providing free information and advice from nearly 3,400 locations across the UK. The website is www.citizensadvice.org.uk.

2463. Relate

Relate offers a wide range of relationship counselling for couples, families and individuals and it supports people through all stages of their relationships and people can access the support individually or with others, face to face, on the phone or on the internet. The website is www.relate.org.uk.

2464. Samaritans-support

The Samaritans is a national charity with a network of autonomous local branches available 24 hours per day to provide confidential emotional support. The website is www.samaritans.org.

2465. Refuge

Refuge provides help and support to women and children escaping domestic violence. Refuge's network of safe houses provides emergency accommodation for women and children when they are most in need. The website is www.refuge.org.uk.

2466. Royal Navy and Royal Marines Widows' Association (RNRMWA)

The RNRMWA is a group of volunteers which offers friendship, support and comfort to those bereaved when their spouse/recognised partner was serving in the RN/RM at the time of their death. The website is www.rnrmwidows.org.

2467. Stonewall

Stonewall works with a range of agencies which promote equality and justice for lesbian, gay, bisexual and transgender people in the wider community. The website is www.stonewall.org.uk

2468. Royal Volunteer Service

The RVS is a large national welfare support organisation operating mainly on a volunteer basis, but with a dedicated full-time Service branch. This branch has a long-standing agreement and commitment to provide trained field officers to major Army units, particularly those with a training role or that are stationed overseas (including Northern Ireland resident units). The field officers, who are selected for their maturity and practical experience, are concerned mainly with single and unaccompanied soldiers. They seek to provide advice, guidance, sympathy and practical support in a variety of ways. Although their approach is essentially non-military, they are part of a unit's establishment and are able to undertake a variety of tasks on behalf of the CO, which may extend to the provision of small scale clubs or leisure facilities. The RVS provides the service to the MOD under grant in aid terms. Nevertheless, RVS workers are not MOD employees and therefore have no authority to commit public funds. The Website is www.royalvoluntaryservice.org.uk.

ANNEX 24A

WELFARE COMMITTEE AND SHIP'S WELFARE FUND

1. Introduction

This Annex applies to Royal Navy units; the word 'ratings' should be taken to apply also to Royal Marines Other Ranks borne in such units.

2. Object of the Welfare Committee

The object of the Welfare Committee in Royal Navy units is to provide a means for free discussion between officers and ratings of items of general welfare and general amenities within the ship or establishment that lie within the power of decision held by the Commanding Officer of his/her immediate administrative authority. Further details are as follows:

- a. Subjects which the Welfare Committee may discuss include conditions in the ship, boat or establishment, messing arrangements, composition of meals, recreational activities, and any suggestions for the general welfare of the ship's company.
- b. Subjects outside the scope of the Welfare Committee are general conditions of Naval Service (for example discipline, working hours, pay and allowances, leave scales, etc.) cooking and serving food from the galleys, and questions of primary welfare and amenities not directly connected with the particular ship, submarine or establishment.
- c. The Welfare Committee is responsible for the administration of the Welfare Fund.
- d. The Welfare Committee is to administer the affairs of the canteen if this is operated on the Service system, and is to investigate any questions and complaints that may arise about process and quality of canteen foods, weights and measures, and the general working of the canteen when it is operated by an outside contractor.
- e. Nothing in this article is to interfere with or prejudice the right of an individual rating to put forward suggestions through their Divisional Officer or to affect the responsibility of the Divisional Officer for looking after the interests of those in the Division. See BRd 2 *The Queen's Regulations for the Royal Navy* Chapter 18.

3. Formation of the Welfare Committee

- a. A Welfare Committee is to be formed in each ship, submarine or establishment with a complement of 50 or more. A Squadron Welfare Committee is to be formed for ships with complements of less than 50.
- b. Suitable arrangements are to be made by administrative authorities for other detached ships and small establishments with complements of less than 50.

4. Composition of the Welfare Committee

- a. The committee is to consist of officers and ratings as laid down in BR 9600 (Ships General Orders) Ch 7 Art 0702.

- b. Matters concerning the ship's canteen may be delegated to a small sub-committee appointed by the Welfare Committee from its members, but when this is the case the sub-committee is to include the Logistics Officer, or his representative, and another officer.
- c. The detailed composition of the Welfare Committee is left to the discretion of the Commanding Officer, subject to the following general principles:
 - (1) Representation should normally be by messes. Where this is not practicable, it should be by branches and or messes, or in shore establishments by any groups into which the establishment can most effectively be divided for the purpose of representation.
 - (2) Every rating borne must be able to vote for a representative, but no rating can vote for the representative of a division, mess branch or group other than his own.

5. Secretary of the Welfare Committee

A suitable rating is to be selected by the Welfare Committee to act as the secretary of the Welfare Committee. The secretary may be paid for their services from the Welfare Fund. The secretary is to be responsible to the Chair of the Welfare Committee for all aspects of his/her duties which include:

- a. Collection of agenda items for Welfare Committee meetings.
- b. Preparation of the agenda for approval by the Chair.
- c. Circulation of the approved agenda to all representatives well before each meeting.
- d. Recording the minutes of each meeting and exhibiting copies on noticeboards.
- e. Maintaining records of any decision taken out of Committee. These should normally be kept for at least 2 years.
- f. Maintaining records of all Welfare Committee meetings.
- g. Taking actions as directed by the Chair of the Welfare Committee to implement decisions of the Committee.

6. Election of Representatives

- a. When the composition of the Welfare Committee has been decided, a notice is to be exhibited showing the divisions, branches, messes or groups for each of which a representative is to be elected. Any rating in the ship's company or unit may then offer to stand for election to represent their division, branch, mess or group, and should submit their name to the nominated Returning Officer within 4 days of the notice appearing. It will also be open to each division, etc., to nominate a representative or representatives for election, subject to acceptance of nomination by the person concerned. The names of all candidates put forward are to be published on noticeboards for a period of 10 days before the date of the election, with any instruction that any candidate who has offered themselves or has been nominated for election but whose name is not on the list should immediately report to the nominated Returning Officer.
- b. At close of nominations, if there is more than one candidate for a representative group then ballot papers are to be prepared for each of those voting groups showing the names of candidates for election. The ballot is to be run on the 'first past the post' principle, with the person receiving the most votes being elected. The paper must not be marked in such a way that the voter can afterwards be identified. For representative groups with only one nominated candidate, the nominated Returning Officer is to declare an uncontested election.
- c. The ballot is to take place as required. The arrangements for recording the votes are to provide that the ballot is secret and takes place immediately after issue of the ballot paper and that no person can return more than one voting paper. Voting by proxy on behalf of personnel sick or on leave cannot be permitted.
- d. The subsequent sorting and counting of votes is to be carried out in the presence of an officer and representative ratings. The results, including the names of any uncontested election, should be published on noticeboards as soon as possible thereafter.
- e. Vacancies in the Committee are to be filled as they occur by means of by-elections. The tenure of a Welfare Committee representative should be no more than 24 months before being required to seek re-election. In seeking re-election, nominations are to be opened as detailed at para 6.a above. Commanding Officers may call for the re-election of the whole Committee if the conditions under which the ship is serving has or is planned to change eg. entering or leaving refit. In newly commissioned ships, however, a fresh ballot should be held after the ship has been 3–6 months in commission. A by-election will be necessary when any elected member of the Committee leaves the ship for any reason for more than 28 days (except on leave). Ratings sentenced to imprisonment or detention are to be removed from the Committee and their places filled by elections; those disgraced for misconduct or reverted for unsuitability should be removed but not barred from re-election at the consequent by-election; those awarded a Service Supervision Order should be removed from the Committee and be ineligible for election until expiry of the Service Supervision Order.

f. In training establishments, to avoid the need for frequent by-elections, each class of trainees is to be represented by its class leader, provided that the courses are of sufficient duration; if not, the representation should be by suitable instructors.

g. A special organisation will be necessary for carrying out elections in ships with complements of less than 50, but it should as far as possible follow the principles laid down above and should be approved by the administrative authority.

7. Special Arrangements for Large Shore Establishments

At large shore establishments, including training establishments, where conditions differ considerably from those in other establishments and in ships, such arrangements for the composition of the Welfare Committee and the election of representatives are to be made as best suit the particular conditions. The arrangements should follow those for ships as far as possible and should not conflict with the general principles in these regulations without prior approval from Navy Command HQ.

8. Meetings of the Welfare Committee

a. Meetings of the Welfare Committee are to be held as required, but not less frequently than once every 2 months. Notice of subjects which it is proposed to raise at the next meeting should be given to the secretary, and an agenda should be circulated to committee members beforehand. Before circulation, the agenda must be approved by the Chair to ensure that the subjects for discussion are within the terms of reference of the Committee. Committee members will be expected to ascertain the views of the ratings they represent.

b. The Chair may arrange for the co-option of Divisional or other officers and ratings, when specific questions, in the discussion of which their experience would be of use, arise. The Canteen Manager may be invited to attend when the agenda includes items concerning the canteen.

c. No officers on the Committee are eligible to vote at the meetings.

d. Minutes of the meetings are to be kept for record, and copies are to be exhibited on noticeboards.

9. Welfare Fund

a. **Administration.** Administrative arrangements for the management of the Ship's Welfare Fund are contained in BRd 2 The Queen's Regulations for the Royal Navy Chapter 80 and BR 18 Accounting Instructions for Service Funds.

b. Trusteeship

(1) Trusteeship of the Welfare Fund of the ship, submarine or establishment rests with the Commanding Officer, who has a duty to veto any proposed expenditure which seems to him/her subversive of discipline, contrary to the law relating to charities, or otherwise improper. The circumstances in which such a veto is exercised are to be reported by the Commanding Officer to his/her administrative authority.

(2) The Commanding Officer is to pay due regard to the proportion of the ship's company who are able to take part in any particular form of recreation that may be the subject of assistance from the fund. In all other respects, subject only to the responsibilities of the Commanding Officer as trustee, the Welfare Committee is to have full discretion as regards expenditure.

(3) In judging whether disbursements are a proper charge to the fund it should be noted that, although the word 'efficiency' has in the context of Service administration acquired a limited meaning, in the charitable context it should be interpreted in the widest sense and taken to mean efficiency of the Service as an entity. It thus embraces measures to maintain or improve morale of members of the Royal Navy.

c. **Audit.** The accounts of the ship's Welfare Fund are to be kept and audited in accordance with the instructions in BRd 2 The Queen's Regulations for the Royal Navy Chapter 80.

d. **Disposal of the Fund on the Loss of Ship/Boat.** On the total loss of a ship/submarine, any balance in the ship's Welfare Fund is to be transferred to the Royal Navy/Royal Marines Charity.

ANNEX 24B

CARERS' FORUM¹ IN UNITS AND ESTABLISHMENTS

References:

- A. BR 439 Chaplain's Handbook
- B. BR 1991 Instructions for the Royal Naval Medical Service
- C. RN FPS Confidentiality Code (see Para 2413)

1. Introduction

- a. This Annex contains guidance for the Executive on the conduct of the Carers' Forum. The Carers' Forum provides a formal setting within which all the different agencies who provide support and care to our personnel, chiefly the Executive, Divisional Officers, Troop Commanders and Medical, Chaplaincy and RN FPS practitioners, can develop professional contacts and relationships. This enables professional trust to be developed between individuals providing care to personnel so that appropriate information may be shared in confidence, enabling the various agencies within units to provide support to vulnerable individuals in a coherent fashion. The aim is to ensure fulfilment of the Service's duty of care by ensuring consistency in the care of vulnerable individuals and by identifying behavioural trends that should inform establishment (and Service) policies.
- b. Carers' Forums already exist in many units and establishments, but these have developed on an ad hoc basis over time in response to local needs. Their existence has hitherto not been mandated formally, and neither has any guidance been provided concerning their operation or composition. Consequently Carers' Forums operate inconsistently as different practices have developed in individual units. This Annex is based on a review of existing practice in different units, and aims to provide guidance and establish best practice.
- c. All establishments are required to institute a Carers' Forum or Care Committee with reference to the guidelines in this Annex. These guidelines are not prescriptive; XO's should consider how best to meet the aims of the Forum in relation to the particular needs of their establishment or unit.

2. Background

- a. Rising trends in the UK population at large of depression, deliberate self-harm (DSH), substance misuse, excessive and underage alcohol consumption, sexually transmitted diseases and unwanted pregnancies are mirrored in the RN, albeit at lower overall rates. Particularly vulnerable in all these areas are young people, generally 16-24, the age group that comprises over 30 per cent overall of the Service population - considerably more in training establishments.

¹ Although "Fora" is the grammatically correct plural of "Forum", the more readable and widely understood "Forums" is accepted throughout this Annex.

- b. Scruples that it is not the employer's place to intervene in the private life of employees must to some extent be put aside in the Services, where unit operational effectiveness depends on the cohesion of individuals and where vulnerable people are uprooted from the usual support systems of family and friends. There are clearly limits to what can be achieved without the compliance of the individual, but education, guidance and support must be offered where appropriate to fulfil the Service's duty of care.
- c. The majority of Royal Navy (RN) Wounded, Injured and Sick (WIS) personnel who meet the Recovery Pathway² (See Chapter 33) entry criteria remain within their parent unit and are not assigned to a Recovery Cell or Troop. The care and management of these personnel along an appropriate 'recovery pathway' remains a Chain of Command responsibility, but is often overlooked in large and busy establishments, especially when the Divisional or Regimental system in place is insufficiently clear.
- d. All personnel subject to Medical Discharge (MD), both those who are WIS and those who are likely to be discharged from the Services on medical grounds, are able to access resettlement entitlements at an earlier stage than for other Service Leavers³. The point at which an individual ought to register for their resettlement entitlement is when:
- (1) They are likely to be MD and,
 - (2) They are ready to engage in resettlement.
- e. This is best assessed in a multi-disciplinary environment.

3. Aim

Carers' Forums have one over-riding aim: to assist fulfilment of the Service's duty of care towards its personnel. A review of the Care Forums currently established suggested this will be achieved by information-sharing between Executive, Divisional and Practitioner representatives at 2 key levels:

- a. **Policy.** Objective: to ensure that establishment provision of education, monitoring and support is geared to actual need by identifying deficiencies and overall behavioural trends.
- b. **Casework.** Objective: to ensure continuity of care for vulnerable individuals and those within the Recovery Pathway.

4. Confidentiality

Guidance on the levels of confidentiality practitioners must observe is provided at References A-C. Executive and Divisional/Regimental representatives may at times be frustrated by the limits on their knowledge of a case, but must recognise that confidentiality is essential in maintaining trust between practitioners and their clients. The References also give guidance to practitioners in the support of the Executive and line managers.

² Personnel assessed as Joint Medical Employment Standard (JMES) code of M5 or M6

³ JSP 534 Section 6.

5. Format

a. **Carers' Forum.** The XO or his/her representative is to convene a Carers' Forum at least 2 monthly attended by key management personnel and practitioners (eg. medical, pastoral, RN FPS, Service Police, Divisional Officers/Troop Commanders) to identify behavioural trends and discuss implementation of RN policy. The objectives are to enable line management and practitioners to exchange information in order to identify current issues of concern among unit personnel, to initiate appropriate management action and to share lessons learned. Minutes of the meeting should be recorded and issues arising that might have a bearing on Service policy are to be communicated to People Support PACT SO1.

b. **Individual Case Conferences.** Generally, it will not be appropriate to discuss the detail of individual cases in the wider Carers' Forum, but the meeting provides an opportunity for the Executive and relevant practitioners to discuss individual cases, whether that be welfare, discipline or recovery. The individual should be informed that the case conference will be held, and consideration should be given to inviting him or her, although this will not always be appropriate, and he or she may not be willing to attend.

6. Agenda

The Agenda for the Carers' Forum will vary, but the XO should ensure that the following potential areas of concern are kept under review:

- a. Deliberate Self Harm.
- b. Sexual Health.
- c. Substance Misuse.
- d. Alcohol.
- e. Diversity and Inclusion.
- f. Social Conduct.
- g. Stress.
- h. Financial Irresponsibility.
- i. Recovery Pathway.
- j. Early access to Resettlement on MD.

7. Conclusion

The various levels of information exchange facilitated by Carers' Forums will be invaluable in maintaining morale, discipline and welfare in RN establishments and ensure the appropriate support and management of people. By the nature of the issues under scrutiny and the requirements of practitioner confidentiality, no one approach can be prescribed. The achievement of the aim is dependent on the understanding of all participants of the roles, responsibilities and requirements of all those others involved in the care and management of Service personnel; the sole pre-requisite is the willingness of all participants to make the forum work.

ANNEX 24C

MANAGEMENT OF CARE ARRANGEMENTS FOR SERVICE PERSONNEL 'AT RISK' AND SENSITIVE CASE ADVICE REACTION TEAM (SCART)

SECTION 1 - SERVICE PERSONNEL 'AT RISK'

1. Introduction

a. Concern has been expressed over the management of Service personnel who may be 'At Risk' of suicide or serious self-harm. This has recently been brought into sharp focus with incidents of suicide following periods of heavy strain and stress in professional or personal life, brought about by, for example, investigations related to serious offences and incidents leading to intense media scrutiny. In particular convictions for commission of sexual offences, whether it be for rape or indecent assault or, perhaps slightly more commonly, the downloading of pornographic images of children, generally meet with a degree of opprobrium within society unmatched by the commission of almost any other category of offence. It follows that those under suspicion for such offences, or having been charged and due to attend for trial, meet with considerable and immediate unpopularity, resistance or even outright hostility. Notwithstanding that everyone deserves the right to be treated as an innocent person until conviction and punishment, the same is probably as true within the Service as in general society. Indeed, experience shows that allegations of a sexual nature upon Naval Service personnel evoke very strong feelings and hostile behaviours and such situations are invariably challenging for those in command.

b. The guidance in this Annex is confined to the management of Service Personnel, addressing issues such as retention, employment, deployability, welfare, medical and legal support. Whilst this Annex deals with the actual or alleged sex offender, it should not be inferred that victims of sex offences are unimportant and not in need of care and support. When apprised of the fact that a Service person is suspected of having committed a sexual offence, or been charged or convicted, it is essential that a clear-headed approach be taken to the management of the issue so that each of the facets of the case is addressed appropriately. The purpose of this section is to alert those in the Command chain to the relevant actions required and to provide for a continuum of care and responsibility for all downstream activity. At an appropriate stage the Service will rightly wish to take a view on administrative action and the employability aspects of the case. However, at the earlier stages, it is the care of the suspect – particularly his or her mental wellbeing - and the notification of relevant authorities that will be uppermost in the catalogue of actions. There is plenty of good, sound advice available although it must be stated that the actual incidence of sexual offences is not proportionate to the numbers perceived by some people and the numbers of cases with which the RN has to deal is small. It follows that the relevant experience and expertise is vested in a small number of people and it is vital that they are engaged at an early stage. The advice which follows is designed to explain the steps to be followed before drawing on the well of experience.

- c. Good advice to COs on dealing with Deliberate Self Harm (DSH) (whether committed or anticipated) is contained in Annex 24D, including details of sources of advice and support with full contact numbers. Advice on the management of those suspected, charged or convicted of having committed sexual offences is contained in Chapter 20.
- d. A protocol (Home Office Circular) exists to inform NPM (Eastern) of Servicemen who are arrested by the civil police for a recordable offence. Civil, MoD and Service police have guidelines on when the chain of command should be informed of serious cases and what level of information will be disclosed. The CO will normally be informed prior to and post any formal investigation or charging of an individual; this will usually be through the local NPM. Regrettably this does not happen in every case and COs must therefore be prepared to react quickly and call in expert advice as soon as they become aware of a serious case building.

2. Initial Considerations

COs must look carefully at the complexity of the case and the ability of their team to deal with it or whether a compassionate appointment/draft or formal managed move ashore to be near professional support is more appropriate. In instances where allegations relating to the safeguarding of children have been made, the risk that the individual may pose to other children/young people needs to be taken into account. The CO may well not be best placed geographically to undertake the task of providing care; for example, the ship may be deployed, or the individuals concerned may be disembarked and displaced from the onboard team, especially the DO and Chaplains. Equally the CO (especially in a minor war vessel), by virtue of their limited training and experience, may well not be the right person to convene the case conference. In all cases, however, the CO must ensure that an appropriate level of care is provided and that a formal handover of responsibility takes place between authorities to ensure an individual is not 'lost'.

3. Case Conference

- a. Having determined that an individual is seriously 'at risk' and that the case is within the capability of his team to deal with, the CO should convene a case conference to set in train a system of support for the individual. If the case is beyond local capability, the CO should commence the appropriate actions, through the Chain of Command, to land the individual under the care and support of the team of professionals and experts ashore under the local NBC/Captain of the Base. The case conference should consist of the unit XO, Medical Officer, individual's Divisional Officer, RN FPS and Chaplaincy, the appropriate Carer Case Conference team ashore or the Sensitive Case Advice and Reaction Team. This group will form a rapid reaction team to provide support and assistance to the individual. In the case of an individual 'at risk' because of serious charges, the case conference team should not hesitate to seek legal and welfare advice as a contribution to the management decisions they propose to make. The initial action for the case conference will be to assess the level of supervision required for the individual in order to minimise the risk of DSH/suicide. The agenda for the case conference should include discussion on the level of information given to the unit's personnel and, if necessary and strictly in consultation with HQ Corporate Communications staff, the media. It is absolutely essential that confidentiality be maintained both to minimise the triggers that may cause the individual to self-harm or attempt suicide and to prevent any prejudice to the investigation.

Experience has shown that those at risk are reassured by being included in case conferences as this gives them a degree of control over their lives, so their inclusion is strongly encouraged.

b. The case conference should nominate one of its members (taking into account experience and training) to provide advice and reassurance to the individual and to provide assistance with the welfare needs of the individual and their family. Contact must initially be maintained on a very regular basis, preferably daily and face to face. This should take place where the subject is most comfortable and must consider the importance of maintaining confidentiality. It is very important to maintain this confidentiality, particularly within the individual's unit, to prevent any adverse reaction from other members of the Ship's Company. Consideration may be given to using a 'buddy' (messmate or other contemporary) but thought will then be required for their care and counsel, particularly if the individual at risk does then go on to carry out some form of DSH or suicide.

c. The case conference should also consider whether specialised medical assessment or intervention is required to initiate a referral (particularly psychiatric) for a change in MEDCAT and if protective supervision is required. It should also take a view on the individual's suitability to continue working, particularly if employed in a critical safety area, have access to firearms or undertake duties involving children.

d. Where allegations relating to the safeguarding of children have been made, consideration must be given at the initial planning meeting to referral to the Local Authority (if not already done) and the subsequent need to take account of any child protection plans when making provision for the individual. RN FPS will take the lead in coordinating and advising on this link to the local Safeguarding children procedures.

4. Involvement with the Family of the Individual 'At Risk'

a. Consideration must also be given to the involvement of RN FPS on occasions where the facts surrounding the case may impact on the family of the individual. If for some reason RN FPS are not available in the first instance, then consideration should be given in the most urgent of cases to the seeking of initial advice from other welfare agencies such as Army Welfare Service, RAF Community Support, Confidential Support Line¹, Community Mental Health Teams and Social Services. When involving other agencies, due consideration needs to be given to the level of disclosure; it will generally not be appropriate or necessary to reveal full details of the investigation. The decision on how much to reveal should normally be made in consultation with the individual.

b. Where the trigger is a serious offence, the involvement of an individual's family in the case will vary according to the type of offence, but may range from involvement as a co-suspect, a victim, a witness or just as a family member. No matter what level of involvement it should be remembered that the cohesion of the family unit and their continued support for the accused cannot be taken for granted.

¹ Confidential Support line may be contacted on 9380 26282 or 0800 7314880, The Army Welfare Services on 94331 2461 or 01722 4362461 and RAF Community Support on 95221 6584 or 01494 496584.

c. Before an approach is made to the family, confirmation must be obtained from the individual with respect to how much information is divulged and that they have been informed of the circumstances of the investigation. Again, confidentiality issues must be carefully protected.

5. Diary of Events

The Chair of the case conference is to ensure that a detailed diary of events, including details of interviews, actions taken and full justification for any disclosure of the facts of the case to third parties such as welfare agencies, is maintained. The diary of events is to be kept secure in accordance with the Data Protection Act and only disclosed to those with an absolute need to be made aware of the facts. In the longer term, there will be a requirement for care to continue after the case has been resolved (one way or other) as there will undoubtedly be lasting effects from the process – especially on someone found to be innocent.

6. Administration Algorithm

An algorithm to support this advice is at Appendix 1 to this Annex.

SECTION 2 - SENSITIVE CASE ADVICE AND REACTION TEAM (SCART) CONCEPT OF OPERATIONS

7. Introduction

There are an increasing number of criminal investigations and situations of a personal nature that have the potential to leave the individual and, on occasions, their family, in difficult, exposed and potentially life threatening situations. Acts of Deliberate Self Harm (DSH) up to and including suicide cannot be ruled out in these cases. It is impossible to define the exact situations which might result in these more drastic actions, but they tend to be those where the fear of spreading knowledge, reaction and the negative impact upon the individual's worth, credibility and standing in the community become too much to contemplate. Examples of this are (but not limited to) are the Operation ORE and SIRDAR² cases, sexual abuse, security issues and situations where death is already involved.

8. Responsibility of Command

This Annex and other Chapters of BRd 3(1) provide those in command and line managers at all levels with the necessary guidance to ensure that welfare support and care responsibilities can be identified and applied to those who are the subject of investigations of a sensitive nature or are experiencing a delicate personal situation where they may find it difficult to cope with the additional stresses and strains this may bring. In these circumstances, the requirement to implement an enhanced, robust and, (in cases where assistance is neither sought nor welcome) pro-active range of care and support might not be immediately obvious to those charged with this responsibility and external advice and (where exceptionally necessary) assistance might be required.

9. Assistance

Whilst personnel serving under naval command and line management should benefit from the established guidance and procedures, those outside naval line management might not receive a similar degree of enhanced care and support and may therefore be at greater risk should they become the subject of a sensitive investigation or suffer personal difficulty of a sensitive nature. To address such situations and to provide the necessary advice and assistance, a Sensitive Case Advice and Reaction Team (SCART) has been established within the Navy Command Headquarters. The SCART is a very lean and tightly controlled organisation, comprising those few who get to know, need to know and who can provide the necessary professional guidance. The SCART can access a wider pool of expertise as and when necessary but on a strictly controlled basis. The primary purpose of the SCART is to reinforce the ability of the command and line management to manage these situations correctly using the services of professional local resources (such as RN FPS, Chaplaincy, medical teams) wherever possible. When necessary, the SCART will exercise full command of naval personnel.

10. Procedure

When one of its members becomes aware of a relevant sensitive situation or investigation, or is made aware by a command or line management of a situation where advice and/or support is required, the SCART may be convened and a Case Conference called to review all known factors and actions in place and to decide on further actions that might be necessary.

² Investigations related to Internet Child Pornography and protected by the use of a Home Office codeword.

Originally it was the intention that this provision would be for situations concerning OF4 and above and OF3 and below (officers and ratings/other ranks) if their employment, location and personal circumstances so dictate. However, experience is indicating that it is impossible to restrict this provision to any one group and that all military personnel serving under naval command have to be considered when their situations so dictate.

11. Responsibility of the Individual

As required by BRd 2 (QRRN) Chapter 39 Article 3902, it is the responsibility of serving personnel to bring cases of a criminal nature in which they are being investigated to the attention of their command/line management when they occur. It is also the responsibility of the command to ensure that relevant details are forwarded to the individual's next command should appointing/drafting take effect. The divisional system should also be reactive to sensitive issues impacting upon members of that division. Therefore, there is a process already in place to capture, at an early stage, situations with the potential to meet the criteria of this CONOPS. However, there are situations, which originate outside of Service control, particularly those relating to internet child pornography or (as more frequently defined) 'computer misuse'. On these occasions the Service may only be informed about an investigation at the very last minute and in the strictest confidence. Support to an individual is critical, particularly so from the outset when all the concerns outlined at para 1 become apparent. The SCART has an active role in these cases and will provide the necessary support and advice.

12. Confidentiality

The Armed Forces are no different to the rest of society and gossip spreads quickly. Knowledge is power, and people want to know even if they have no need to. Restricting the spread of knowledge is vital to maintaining an individual's safety and well-being in these situations. Information should be strictly controlled and only provided on a need to know basis. Unless the activity occurred in a public place and is already public knowledge, then the control of information must be exercised from the very outset with covering instructions about sensitivity and handling provided. Information received by the SCART will be on a controlled and recorded basis, as will information issued by the SCART. However, external information leaks, speculation and rumour will inevitably occur, especially if the sensitive nature of a situation is not fully appreciated in the first instance. On these occasions the SCART will reinforce the requirement for confidentiality and provide any necessary advice to ameliorate the situation.

13. Control

a. Access to information connected with sensitive personnel investigations is controlled through the use of a formal arrangement which allows for 3 levels of access prefixed by the descriptor 'SCART'. The fact that some personnel information is controlled by the SCART process is not in itself controlled information as those in the chain of command will need to be aware that such a process exists and may need to implement Level 3 control in their ships or establishments for incidents/situations involving personnel under their command. The levels of access permitted are:

- (1) **SCART Level 1.** For members of the SCART who will be exposed to a wide range of sensitive personnel information and/or investigations on a regular basis.

(2) **SCART Level 2.** For senior personnel within the command chain who from time to time might need to be briefed on specific cases that could have a significant impact on the reputation of the Service.

(3) **SCART Level 3.** For all others within the command chain, line management, or others who have become aware or may need to know, and therefore need to be informed, of a case involving sensitive information concerning an individual.

b. Should it be necessary to involve in discussions an individual who had hitherto been unsighted on the facts of the case, then the discussions are to be prefixed with the statement that 'this is SCART information' and the individual is to be made aware that they are being provided with controlled information. It is the responsibility of every individual involved in the management of such cases to ensure that information pertinent to the case is only divulged to people who have been briefed as to its controlled nature, and the need to ensure that it is not passed to anyone who does not share a specific 'need to know'.

c. Those given access to SCART information at Level 1 and Level 2 will be required to sign a statement of confidentiality a copy of which is at Appendix 2. In some circumstances it will also be appropriate and necessary for those given one-off access to SCART information at Level 3 to sign a document recording the fact that they have been made aware of its controlled nature.

14. **Accountability**

The SCART is accountable to Dir P&T and Deputy Director People Delivery (DDPD) will draw NavSec's attention to all new cases as they arise. No other senior officers will be briefed as a matter of routine; NavSec will determine when and if such briefing is appropriate.

15. **Membership**

a. The SCART comprises:

DDPD
NC PSYA - Principal Security Adviser
NPS-PEOPLE SPT RN FPS HOS

b. To enable full functionality and provide coherent advice across a wide spectrum of customer bases and situations, additional staff officers are aware of the role of the SCART and will be co-opted into the SCART as necessary. Those aware of SCART functionality are:

NA (for OF5 and above)
DGNCS PP&O
DNLS Law 3
DCGRM

Additionally, the services of the Consultant Adviser in Psychiatry at Sunny Walk, HM Naval Base Portsmouth may be utilised.

16. Meeting

In addition to the ad hoc occasions detailed at para 17, the SCART will meet monthly to review extant cases.

17. Execution

The SCART has been established to:

- a. Ensure that individuals in potential stressful situations through sensitive investigation or delicate personal circumstances are known about and monitored by the appropriate divisional/care agencies.
- b. Ensure that all relevant information in sensitive personnel situations is managed, controlled and appropriately shared.
- c. Monitor sensitive personnel investigations and situations within the Naval Command and provide assistance to Commanding Officers or line management as appropriate.
- d. Ensure that single Service specialist welfare support is provided, and an appropriate level of care is discharged in the case of naval personnel outside naval line management who are the subject of sensitive investigations and personal situations.
- e. Ensure that, wherever possible, all appropriate care responsibilities are taken/implemented.

18. Limitations

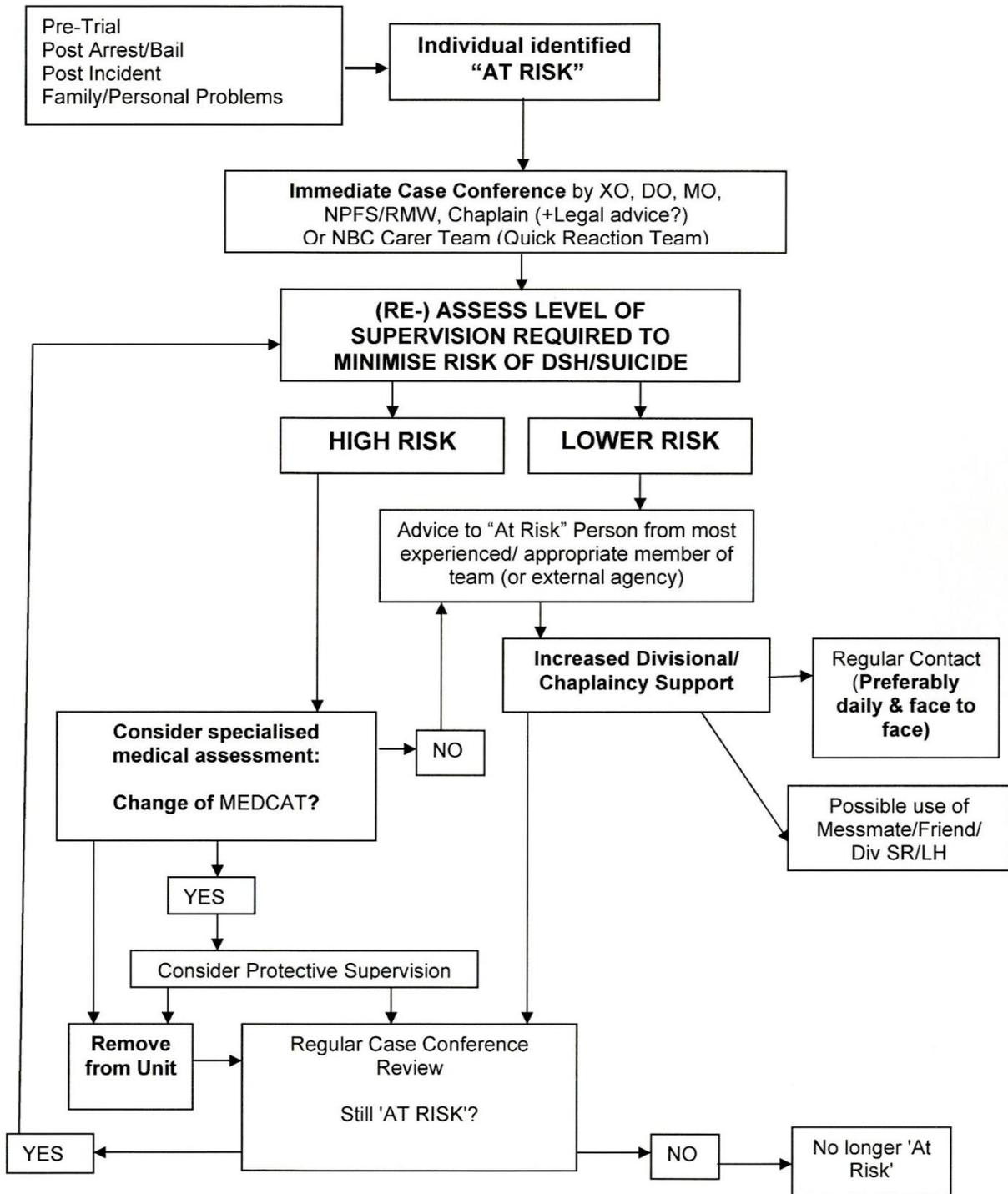
Despite the best intentions of this CONOPS, the SCART cannot assume responsibility for situations it is not aware of nor is it established to replace the command/line management's responsibilities in these matters. It is inevitable that there will be cases, for a variety of reasons, that fall through the net entirely and it should also be clear that DSH and suicide will occur if the individual is determined to follow that path. Similarly, whilst every effort will be taken to apply, observe and impose confidentiality, the reality is that leaks will occur, no matter how diligent the SCART and others may be.

19. Contact

Any member of the SCART may be contacted as necessary, NPS-PEOPLE SPT RN FPS HOS is the SCART secretary and a registered social worker, can be contacted on (Mil) 9380 28022 or (Civ) 02392 573022.

APPENDIX 1 TO ANNEX 24C

PERSONNEL 'AT RISK' ADMINISTRATION ALGORITHM



APPENDIX 2 TO ANNEX 24C

SCART INDOCTRINATION FORM

1. I, understand that the information I have been exposed to in respect of events or situations

regarding¹ is of a sensitive, personal nature that is governed by the SCART CONOPS and is not to be revealed to anyone else (irrespective of rank or appointment) without the express permission of one of the core SCART members (DDPD, NAVY PSYA, NPS-PEOPLESPT RNFPS HoS and (exceptionally) NPS-PEOPLESPT PACT SO1.

2. If such revelation is approved I will ensure that the recipient of the information is similarly briefed and will facilitate his/her signing of a SCART indoctrination form.

Signed:

Date:

Completed forms are to be posted to:

HoS RNFPS
Room 110
HMS TEMERAIRE
Burnaby Road
PORTSMOUTH
PO1 2HB

Tel: (Mil) 9380 28022
(Civ) 02392 573022

¹ Insert subject person's name.

ANNEX 24D

DELIBERATE SELF HARM (DSH) AND SUICIDE

1. Background

Deliberate Self Harm is a non-fatal act of intentional self-harm irrespective of the apparent purpose. The Service has a direct duty of care to correctly manage personnel who present with actual or threatened DSH, and the considerable stigma associated with these actions must be overcome, although this can be challenging in areas with a low tolerance for such actions. This Annex contains guidance for those to whom these cases present which include the Executive, Medical Service, Chaplaincy and RN FPS. The aims of this guidance are as follows:

- a. To ensure that individuals presenting with DSH receive the appropriate management of their physical and mental health, in line with best practice and National Institute of Clinical Excellence guidelines.
- b. To maintain the good order, morale and operational effectiveness of the Unit and, ultimately, the Service.
- c. To ensure that DSH and suicide cases are appropriately investigated, recorded and acted upon, and lessons learned for the future.

2. Introduction

a. Both actual and threatened self-harm are typically a communication of distress and need. Individuals can, however, have serious suicidal intent. The identification and management of individuals who commit acts of DSH is therefore critical, and these individuals are significantly more likely to commit suicide within the following year than the general population. Acts of DSH generally fall within one of the following categories:

- (1) **To Communicate a State of Distress to Others.** Adult life can at times cause heightened psychological distress; common causes include difficulties with relationships, family or employment. It is normal to want to communicate this with others, however the mechanism through which some do this is either actual or threatened DSH.
- (2) **To Influence People or Events to Avert Undesired Outcomes.** At times DSH, and particularly threats of future DSH, can be used to influence events and alter an outcome for the individual. This functions by raising the concern and anxiety in someone who has power and influence within a situation. This can be commonly seen with relationship and family discord. In the RN, threats of DSH may be used to avert unwanted Service obligations which the individual feels unable to tolerate emotionally, and these presentations can be particularly challenging to manage.

(3) **Physical Release for Emotional Distress or Tension.** DSH may be a mechanism of release from distress for an individual. This can be a learned behaviour and is usually associated with a degree of personality dysfunction. Some of these acts of DSH will be concealed and not come to light through routine interactions, for example through superficial cutting on skin usually covered by uniform. This pattern of DSH is less common in the RN.

(4) **To Complete Suicide.** Acts presenting as DSH may have been serious attempts to commit suicide, which may have been either unsuccessful or the act was thwarted.

b. Common mechanisms of DSH include skin laceration and poisoning by overdosing on medication. More violent methods such as hanging and jumping from a height are more significant in determining suicidal intent, but are less frequent presentations.

c. It is important to note that DSH can occur in the presence or absence of a distinct mental illness.

d. Individuals who present with DSH should be treated with the same care, respect and privacy as any patient. Those involved in the management should take full account of the likely distress associated with such presentations. It is acknowledged that presentations of DSH can be challenging to manage, particularly in the operational environment, and a tolerant and compassionate attitude may be required to overcome this.

3. Initial Management Following DSH Event

a. When an act of DSH occurs, medical assistance should be sought immediately. The need may be readily apparent, but in cases of self-poisoning the individual may seem completely well but have ingested a potentially life-threatening substance. Depending on circumstance this may be through the Medical Officer/Medical Branch Rating, or Duty First Aider as appropriate. Civil emergency services may be required, and this should not be delayed if it is apparent that an individual's life is in danger.

b. After any immediate physical health needs have been met, the Medical Officer/Medical Branch Rating will need to complete a full mental health risk assessment, to inform the ongoing management. Appendix 1 to this Annex details the requirements for Medical Professionals and provides a comprehensive guide to the risk assessment process.

c. Prior to, and during, this mental health assessment it will be necessary to manage the individual in a safe environment. The nature of a safe environment can range from the supervision of an appropriately responsible person, through to containment under constant supervision. Typically, this will be in the Medical Centre or accommodation area, however the context may further dictate this. Detention in custody may ultimately be deemed necessary but should be fully justified in the best interests of the individual, and only on the authority of the Commanding Officer/Duty Commanding Officer. The necessity to contain an individual in these circumstances would be in the interests of the individual's own health or safety, or that of others, when the following risks may be present:

- (1) A risk of harm to themselves.
- (2) A risk of harm to others.
- (3) When there is a risk of deterioration in mental health.

d. Any level of supervision should be maintained for the minimum amount of time necessary to permit the mental health assessment, and should be conducted in an environment and atmosphere of due care and compassion.

e. If it is deemed that a level of ongoing level of protection is necessary in the interest of the individual's health or safety, or that of others, then the appropriate mechanism will be determined by location. Appendix 1 details guidance to Medical Professionals on how to access specialist advice and services.

f. In all cases of DSH the Notification of a Casualty (NOTICAS) should be reported in accordance with JSP 751. The preferred method is via JPA and arrangements exist when this is unavailable. This is important not only for the correct notification of casualties, but also to enable accurate statistics to be collated informing future policy and practice.

g. In the event that a death or serious injury is discovered, immediate action must be taken at the scene, to minimise and prevent further injury, and to maximise the opportunity to secure evidence. Annex 24E refers in detail.

h. A Service Inquiry is likely to be necessary following any incident where death or serious injury occurs, QRRN Chapters 53 and 57 refer. JSP 832 sets out the circumstances where a Service Inquiry is required and provides the definitive guide.

i. If a Service Inquiry is not required but a DSH episode was significant then an RN Ship's Investigation, or RM Unit Inquiry, can be ordered to establish what has happened and determine recommendations to prevent recurrence. BR 172 (The Yellow Guide) provides guidance.

4. Subsequent Management of DSH Episode

- a. The management of the initial phase of a DSH case will be determined by the mental health risk assessment. The risk presented, location and time will all be factors in the appropriate course of action. It is essential that there is close liaison between the assessing Medical Officer/Medical Branch Rating, who has access to specialist mental health support, and the Executive.
- b. A referral to Defence Mental Health Services¹ via the appropriate Department of Community Mental Health is considered best practice, Appendix 1 provides necessary details. Consideration should be given to medically downgrading such cases as Medically Non-Deployable; JSP 950 provides in depth guidance to Medical Officers.
- c. In the deployed environment consideration should be given to aeromedical evacuation to the UK. In this situation it is imperative that the RAF Aeromedical Evacuation System is used, which provides appropriate in-flight supervision based on the risk assessment. AP3394 describes the process in detail. Should an individual need to be landed in a foreign port pending aeromedical evacuation, then specialist guidance is essential. Close liaison will be necessary between the appropriate Embassy, compassionately ensuring the safety and well-being of the individual.

5. Executive Management

- a. In cases of DSH, the Executive will need to liaise closely with the Medical Service to ensure appropriate case management, while maintaining the necessary duty of care. The most significant factors are:
 - (1) Maintenance of a safe environment permitting medical assessment.
 - (2) Investigation as necessary through either a Service Inquiry or Ship's Investigation.
 - (3) Ongoing liaison engagement with Case Conferences to facilitate appropriate multidisciplinary care.
 - (4) Input into psychiatric assessment of future employability through an Occupational Report – FMed1041.
 - (5) Application for Discharge (SHORE) or Services No Longer Required if appropriate.
 - (6) Disciplinary Action as required.
- b. **Security Implications.** If an episode of DSH raises concerns relating to security, then the Unit Security Officer should be involved and act in accordance with JSP 440 Defence Manual of Security².

¹ <http://defenceintranet.diif.r.mil.uk/libraries/library1/DINSJSPS/20160421.1/20160811-JSP%20950%20Lft%202-7-2%20Defence%20Mental%20Health%20Services%20V1.1%20dated%20Oct%2012.pdf>

² <http://defenceintranet.diif.r.mil.uk/Policy/Continuity/Pages/BusinessContinuityHome.aspx>.

- c. Appendix 2 contains a flow diagram illustrating the process and possible outcomes.

6. Multidisciplinary Care

- a. As described, most cases of DSH are communications of distress and need. In addition to appropriate medical management, wider avenues of support may be utilised to provide the correct care.

- b. **The Divisional System.** An individual's DO should be involved in all cases of DSH. The bond created by the Divisional System can be a strong resource for the individual in distress, and may facilitate simple adjustments that provide immediate relief. Furthermore, the DO is in a key position to inform the Medical Service on aspects of the case that are not immediately apparent, and also provide liaison with the unit Command.

- c. **Naval Service Family and People Support.** Many cases of DSH are caused by psychological distress, and the source of this is often located in relationship, family and financial matters. RN FPS can be contacted by either a unit Chain of Command or the individual themselves via a single point of contact in HMNB Portsmouth, from where suitable support and intervention can be co-ordinated. Chapter 24 refers. Contact:

RN FPS Entry Portal: 0800 145 6088
023 9272 8777
9380 28777

- d. **Chaplaincy.** Unit Chaplains are able to offer pastoral care and support, regardless of religious beliefs. Chapter 31 refers in detail.
- e. Chapter 24 Section 9 and Section 10 contain details of organisations that are able to offer additional advice and support.

7. Case Conference

Once the initial management of the DSH episode described above has been completed, a case conference should be convened. This shall consist of representatives from the Medical Service and Divisional System, as well as other agencies involved in the individual's care such as RN FPS. The aim is to align assessment of the situation, contain and control any risk, and plan the future management. Appendix 3 gives those involved further guidance.

8. Confidentiality

- a. The correct maintenance of confidentiality is essential for successful ongoing management. The agencies typically involved in the management of DSH cases will have specific policies on managing confidentiality, which can be enshrined by professional regulatory bodies. The General Medical Council, for example, state that a Medical Officer could disclose personal information if:

- (1) It is required by law.

- (2) The patient gives consent.
- (3) It is justified in the public interest.

b. Issues surrounding confidentiality can be challenging. Written consent should be obtained where possible, and even then, relevant information should only be shared with those who need direct knowledge of the situation.

9. Long Term Outcomes Following DSH

a. The RN has a duty of care to correctly manage individuals who present with or threaten DSH. The appropriate course of management will depend on numerous factors and will initially be guided by the presentation and risk assessment. In the longer term, both the needs of the individual and the Service will influence the outcome.

b. Where possible the goal of any long-term management will be to harmoniously return the individual to a state of psychological resilience and Service employability. In some circumstances and situations, the correct pathway may ultimately lead to discharge from the RN through Medical, Welfare or Executive routes. This will be driven in part by the initial motivation of the DSH, and ultimately the overall Service prognosis which will be informed by the Case Conference.

10. Medical Outcomes

As DSH is a communication of distress and need it is not a diagnosis as such. An individual cannot therefore be medically discharge from the Service for DSH alone. Recurrent DSH is however typically associated with significant psychiatric illness or personality dysfunction and the correct management is that for the underlying disorder. If, after appropriate treatment, such a presentation persists then consideration for medical discharge may become appropriate. JSP 950 provides in depth guidance to Medical Officers.

11. Welfare Outcomes

An episode of DSH may be the first indication that the individual is experiencing an overwhelming amount of distress. The source of this is often in their personal life, for example relationship breakdown, family discord or financial pressure. RN FPS is able to provide management and support with these issues which could ultimately lead to a Compassionate Discharge.

12. Executive Outcomes

a. **Warnings.** In cases where Executive management is necessary, an individual will typically be placed under Warnings as described in Chapter 57.

b. **Discharge SHORE.** Discharge SHORE is not a punishment. It is the normal method of dispensing with the services of ratings and other ranks whose retention is undesirable due to unsuitability or possibly for reasons largely beyond their control. Chapter 54 details the circumstances in which Discharge SHORE may be appropriate. In cases of DSH these can in particular include:

(1) **Temperamental Unsuitability (TU).** TU describes an individual's persistent and obvious failure to adapt to the basic but unique demands of Service life. These demands include tolerance of separation from family, naval discipline and military hierarchy, the need for self-discipline and close quarter living. The distress caused by such a failure to adapt can manifest itself through acts of DSH, usually early in a Naval career. The Executive has the option of applying for Discharge SHORE on the grounds of TU. For this to be pursued an individual must be assessed by a Service Psychiatrist and a recommendation for a TU discharge be provided in writing to the Commanding Officer. Prior to this assessment an FMed1041 will be required, signed by the Commanding or Executive Officer, stating that other appropriate avenues of support or discharge have been considered. Annex 54D describes the assessment of TU in detail.

(2) **Alcohol.** Alcohol abuse and dependency can exist in the absence of a distinct mental disorder which necessitates medical management and potential medical discharge. These situations are complex and require close co-ordination through the Case Conference. Problems related solely to alcohol abuse may be ultimately managed through Discharge SHORE.

(3) **Inadequacy.** Ratings and other ranks may be unable to perform the duties of the lowest rate to which they can be reverted. Difficulty managing the distress this causes can present through DSH and Discharge SHORE may be the most appropriate management.

(4) This is not an exhaustive overview of Discharge SHORE and other circumstances exist, as described in Chapter 54.

c. **Naval Discipline.** It can be the case that an episode of DSH is consciously motivated to influence people and alter events, without any suicidal intent or underlying mental illness. An example of this would be a wilful injury sustained purely to achieve a medical downgrade thus preventing an individual's deployment. The Armed Forces Act 2006 provides the Executive with recourse to manage such cases under Section 16 Malingering or Section 19 Conduct to the Prejudice of Good Order and Service Discipline.

d. **Discharge Services No Longer Required.** Discharge SNLR is not a punishment but neither is it an honourable release and can impair a rating or other rank's prospects of employment on return to civil life.

(1) **Unruly.** Usually there will be evidence that an individual is on Warnings for Discharge SNLR (Unruly) and has received previous punishment that has not had the desired reformatory effect. Cases of DSH with the desire to influence individuals or outcomes may be particularly challenging to manage.

- (2) **Drug Misuse or CDT.** Some cases of DSH may present with drug misuse, which is incompatible with the unique situation of Service life.
- e. **Officers.** Officers may equally present with DSH and ultimately require Executive management. Appropriate mechanisms of discharge exist as described in Chapter 54.
- f. This description of avenues of Executive management is not meant to be exclusive or comprehensive, but serves to describe the more common routes seen in such cases.
- g. Such Executive actions will require clear co-ordinated input which is harnessed through the Case Conference.

APPENDIX 1 TO ANNEX 24D

GUIDANCE TO MEDICAL PROFESSIONALS

1. Introduction

This Appendix provides detailed guidance to Medical Officers/Medical Branch Ratings on the management of cases of DSH in the immediate and longer term. All healthcare professionals should be accountable for their actions, and act within the limits of their professional competence. Those operating under supervision (for example General Duties Medical Officers) should discuss all such cases with their seniors.

2. Responsibilities

- a. The initial management of any immediate physical injury or illness.
- b. Full mental health risk assessment, documented on the Defence Medical Information Capability Programme patient record.
- c. Initial liaison and referral to specialist mental health care.
- d. Providing informed advice to the Executive regarding the ongoing management.
- e. Participation in Case Conferences as detailed in Appendix 2.

3. Risk Assessment Following DSH

- a. Following an act of DSH, a mental health evaluation and risk assessment will need to be conducted by the Medical Officer/Medical Branch Rating. The requirements of a psychiatric history and mental state examination are described, which in turn inform the ongoing risk assessment.

- b. **Mental Health History:**

- (1) **History of Presenting Complaint.** In these cases, this will include the patient's own account of events leading up to the DSH episode, and provide much of the information needed for the risk assessment.
- (2) **Past Psychiatric History.** Including past diagnoses, treatment and severity. Previous episodes of DSH are also highly important.
- (3) **Past Medical History.** Particularly noting the presence of chronic, disabling, or terminal disease.
- (4) **Medication History.** Medication taken for whatever reason should be noted. Consideration of substances potentially toxic in overdose is particularly important.
- (5) **Social Circumstances.** DSH can often occur in the context of social disharmony including relationship breakdown, family or financial distress.

- (6) **Service History.** Occupational role and functioning, particularly access to weapons and safety critical tasks, are important considerations.
- (7) **Forensic History.** In the Service context this includes interaction with Civil Police, and the Executive.
- (8) **Substance Use.** Alcohol use, misuse and dependence should be assessed, as well as the use of illicit drugs or other psychoactive substances.
- (9) **Personal History.** This includes early life, upbringing, and enduring patterns of interaction with the world.

c. **Mental State Examination**

- (1) **Appearance and Behaviour.** Noting self care, dress, rapport and appropriateness of interaction.
- (2) **Speech.** Presence or absence of formal thought disorder, and pressure or poverty of spontaneous conversation.
- (3) **Mood.** Subjective and objective assessment of mood, and appropriateness to current circumstance.
- (4) **Thought Content.** Including presence or absence of delusions or overvalued ideas.
- (5) **Perceptions.** Hallucinations or illusions in any sensory modality.
- (6) **Cognition.** Cognitive state including orientation, concentration and memory.
- (7) **Insight.** Individual's own view of their presentation and willingness to receive offered interventions.

d. **Risk Assessment - Suicidal Intent of the Act**

- (1) **Were precautions taken against discovery?** When an individual act of DSH is undertaken and the individual knows it will be discovered before any significant health effect could occur, it presents a lower risk, for example cutting an arm in the messdeck. When DSH occurs in isolation and is not expected to be discovered, it presents a higher risk.
- (2) **Was the act pre-meditated?** Prior planning, such as the stockpiling of medication, represents intent and presents a higher risk.
- (3) **Were final acts completed?** Putting affairs in good order represents a higher risk of suicide, overlapping with planning in advance. Preparing a will or life insurance indicates an intent; however handwritten notes can be made quickly and easily.

(4) **Was the act likely to cause death?** A violent act, such as hanging or jumping from a height, indicates a much higher risk of future suicide. It is important, however, to assess the understanding of intent as it is the believed likelihood of causing death that is important. Thus, an overdose of 4 paracetamol tablets might genuinely be understood to be potentially fatal.

(5) **Was the act impulsive?** An impulsive act such as an overdose directly following an argument with their spouse represents a lower risk of suicide.

(6) **Did the individual summon help themselves?** Calling for assistance following DSH is a protective factor, for example contacting family via mobile telephone to tell them what has happened.

(7) **Was the individual under the influence of alcohol or drugs?** Individuals who experience distressing life events often use alcohol or other psychoactive substances to manage their emotions. This use can lead to impulsive, spontaneous and irrational actions. When distressed and under this influence, unplanned and impetuous acts of DSH can be performed, sometimes following an interpersonal argument which, unintentionally, can be serious.

e. **Risk Assessment - Significant Risk Factors**

(1) **Previous History of DSH.** As identified, the risk of a completed suicidal act is much higher in those with a history of DSH, with or without clear suicidal intent at that time.

(2) **History of Significant and Current Alcohol or Drug Misuse.** The behavioural alterations relating to recklessness and impulsivity when influenced by psychoactive substances place those who use them at a significantly higher risk of future DSH and suicide.

(3) **Presence of Significant Mental Illness.** DSH and suicide are linked to a myriad of psychiatric disorders. The full history and mental state examination will permit the identification of mental illness.

f. **Risk Assessment - Ongoing DSH Risk**

(1) **Does the individual regret the attempt?** Regret and remorse following an act of DSH indicates a lower risk of a recurrence.

(2) **Assurance given of future safety.** If an individual can assure those assessing their ongoing risk that they are confident in keeping themselves safe, this indicates lower risk.

(3) **Ongoing suicidal ideation, plans or intent?** If, on assessment, the individual retains thoughts or desires to harm themselves then the future risk is elevated. An absolute future intent to complete suicide presents a much higher risk.

g. **Risk Assessment - Protective Factors Which Reduce the Future Risk**

- (1) Presence of family and friends, rather than social isolation.
- (2) Having children or dependants.
- (3) Ability to see a positive future, instead of hopelessness, is protective.
- (4) Stating reasons to live, other than those above, can also be reassuring.
- (5) Moral objections to DSH and suicide.

4. Documentation of Assessment

Mental health professionals should carefully document their full risk assessment on DMICP. This should be done using the Mental Health Menu template, and the embedded Decision Support Tool, which provides guidance on risk stratification using the described criteria.

5. Specialist Support to Medical Professionals

a. Medical Officers/Medical Branch Ratings can access specialist support to manage these complex cases in the initial phases. All DCMHs provide a duty nurse who is available for advice and guidance. In hours contact should go through the appropriate Base Port DCMH contact number below. Outside working hours, the duty nurse is available via Base-port duty medic mobile telephone number also below:

HMNB Portsmouth: 02392 726256
9380 26256
07773 154608

HMNB Plymouth: 01752 555965
9375 65965
07990 551693

HMNB Clyde: 01436 655757
93255 5421
07967 340172

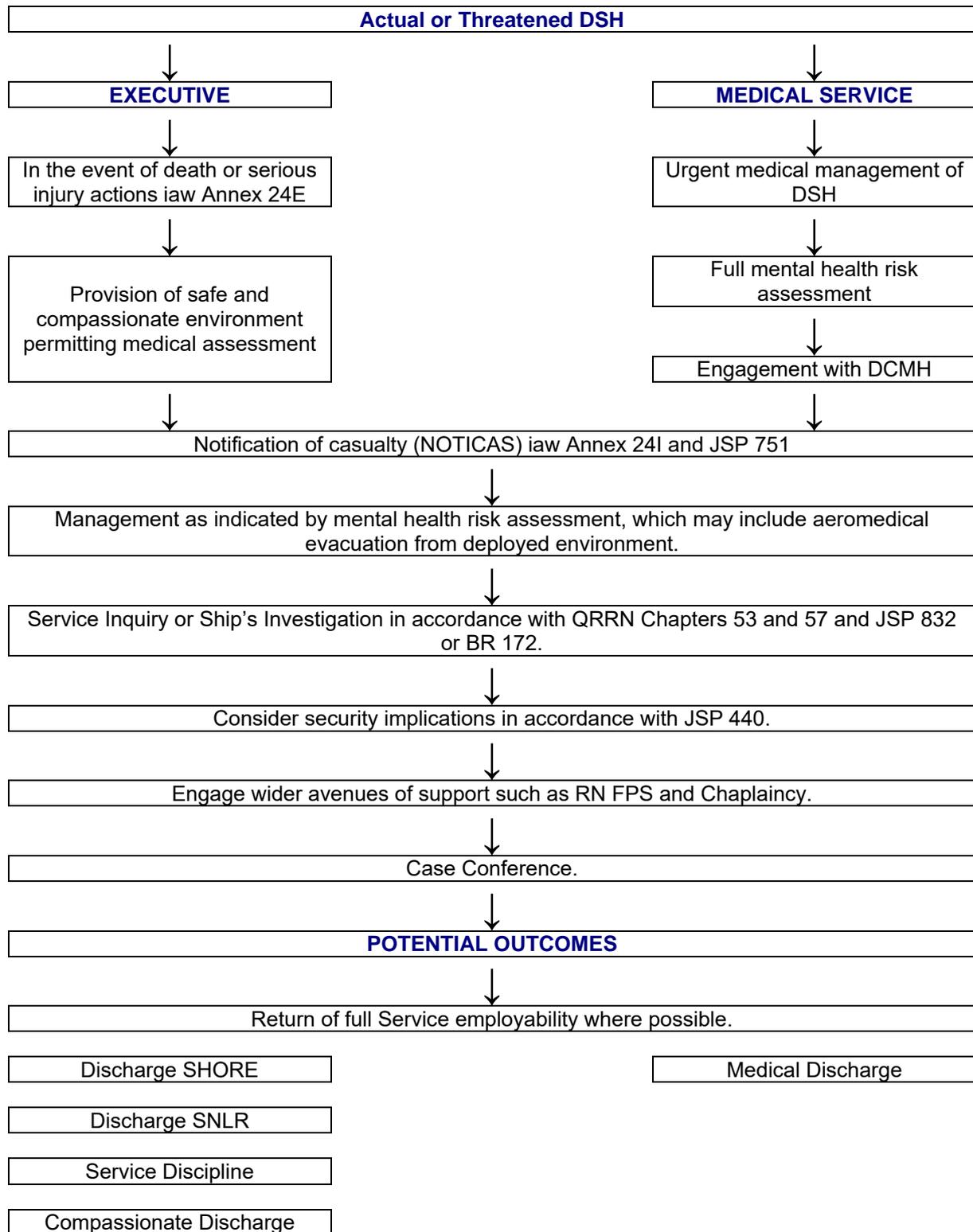
b. The duty nurse for each DCMH is supported by a consultant psychiatrist who can provide expert support if needed.

c. In addition, there is a national tri-Service contact telephone number for out-of-hours advice: 07990 551693.

d. It is now widespread best practice that all cases of DSH are referred for specialist assessment and management to the appropriate DCMH through DMICP. The risk assessment will inform the urgency of this, and a telephone call should accompany cases where necessary.

APPENDIX 2 TO ANNEX 24D

MANAGEMENT ALGORITHM



APPENDIX 3 TO ANNEX 24D

CASE CONFERENCE

1. Membership

The Case Conference is a key step in correctly managing cases where DSH has occurred. This will typically take place after the initial episode and when ongoing avenues of care have been explored. Key members of the Case Conference are as follows:

- a. **Executive Representation:**
 - (1) To chair the Case Conference.
 - (2) To provide perspective on individual case and needs of the Service.
 - (3) The exact position of this member will vary with situation but, in a ship for example, should be the Executive Officer.
- b. **Divisional Officer:** To promote the needs of the individual.
- c. **Unit Medical Officer:** To represent the medical situation.
- d. **DCMH Representation:** To provide specialist mental health opinion.
- e. **RN FPS:** If involved.
- f. **Chaplaincy:** If involved.
- g. Any other relevant agency.

2. Individual Engagement

The individual concerned must be made aware that the Case Conference is to be held, and they should be given the option to participate for some or all of the proceedings. Engagement with the individual concerned is a key factor to delivering an effective care management plan.

3. Structure

The following structure to the Case Conference is intended as a guide:

- a. **Introduction.** All participants should introduce themselves by name, role and nature of input.
- b. **Presenting Situation.** The events that led up to the DSH episode, and what has occurred since, should be discussed in order to allow participants to share information and understanding. This will be led by the professional who has best grasp of the situation, which may be the Divisional Officer or Medical Officer.

- c. **Medical Assessment.** Prior to the Case Conference, informed consent must be sought from the individual to disclose medically confidential information in accordance with GMC guidance. Key aspects of the medical contribution will include the nature of any underlying mental health disorder and the ongoing risk assessment. Medical downgrading needs to be explicitly discussed, considering Service prognosis.
- d. **Executive Assessment.** Both the Divisional Officer and Executive representative will inform the Executive assessment aspect of the case conference. The individual's Service record should be considered, along with any discipline actions in process such as Warnings.
- e. **Additional Information.** This will include input from other agencies such as RN FPS and Chaplaincy. Here any child or vulnerable adult safeguarding concerns should be highlighted.
- f. **Individual's Perspective.** If present, the person concerned can express their own views. If they do not wish to participate with the full conference, they could be invited to join at this stage.
- g. **Management Plan.** The overall management plan is to be discussed and agreed upon. This will incorporate the needs of the individual and future Service employability. The plan will be multidisciplinary and involve co-ordination for delivery.
- h. **Documentation.** All members will need to make notes for their agency's documentation requirements upon completion. The Medical Officer must make an electronic record on DMICP, noting particularly the ongoing risk management plan, as this constitutes an agreed care plan.

ANNEX 24E

DEATHS AND SERIOUS INJURIES IN UNITS AND ESTABLISHMENTS

POINT OF CONTACT - PART 5

References:

- A. 2010DIN02-023.
- B. QRRN
- C. JSP 751

1. Introduction

There may be occasions when personnel will discover a serious incident; involving death or where death is likely. In these cases a local Home Office Police Force inquiry will normally follow. Depending on the proximity of the police to the incident it may be some time before the police attend the scene and take control. In order that procedures are carried out to minimise and/or prevent further injury and maximise the opportunity for the police to secure evidence the following guidance and aide memoir, which should be disseminated widely to all ranks and form the basis of more comprehensive unit SOPs, is provided for non-police personnel.

2. Initial Action to be taken by Non-Police Personnel

On discovering an incident involving death or where death is likely, the following action is to be taken:

- a. **Prevent Further Loss of Life (Including Your Own) or Injury.** The main priority on discovering an incident is to prevent further loss of life or injury. The senior person unconnected with the incident is to assess the situation, take charge and take appropriate and safe action to:
 - (1) **Ensure area is safe to enter.** Identify and eliminate any danger, where safe/minimal risk to do so, e.g. extinguish a small fire, isolate electrical currents etc.
 - (2) **Remove the injured person away from imminent danger.** E.g. assist people from a smoke filled room. However, under no circumstances must a seriously injured person be removed if there is no imminent danger as this could cause long-term medical problems or fatality if not handled correctly.
 - (3) Tend the Injured.
 - (4) Seek Medical or other assistance at the first available opportunity.
 - (5) Once further loss of life or injury has been prevented, any injured personnel at the scene should be tended in accordance with current training.
 - (6) Where practical, those suffering from shock, trauma or distress should not be left alone or in circumstances where they could further injure themselves or others.

(7) Only a Medical Officer can certify death at the scene and therefore every effort should be made to revive or treat personnel until tended by trained medical staff. Where it is obvious that a person is dead and cannot be revived the deceased should remain exactly as discovered and not touched or moved.

b. **Uninjured Personnel at the Scene.** They should be segregated and should normally be asked to remain at the scene until the arrival of the police; the person discovering the injured or deceased person is a key witness, who police will wish to interview at the earliest opportunity. The details of those personnel who are possible witnesses or suspects should be noted. Those person(s) involved, or suspected to be involved, in an incident or found at or near a scene should be asked or ordered, where the necessary authority exists, not to wash themselves or their clothes until seen by the police.

c. **Take Appropriate Measures to Protect the Scene.** It is vital that, when the police arrive, the scene (and everything within it) is exactly as it was discovered. In particular:

(1) **Offices, Accommodation etc.**

(a) Where the scene of an incident is under cover it may be able to be secured by locking the entrance/exit doors. Windows are not to be closed, unless under exceptional circumstances, i.e. weather etc. They may be a point of entry - exit for a suspect and therefore may provide forensic evidence. If the incident involved a jump or a fall, windows should not be touched and should be left exactly as they have been found.

(b) If possible or practicable, a sentry should be placed on windows to ensure no interference with such possible evidence. Any other methods of entry or exit should be secured and the room/area cleared of all other occupants. Thereafter, the key must be retained by a person in authority until the arrival of the police. It is also important that the room/building remains undisturbed and those occupants (or other unauthorised visitors) are not allowed access to the room/area either deliberately or accidentally, for any reason.

(c) Should it be suspected that other keys to the area exist or you have any doubts over your ability to fully secure the scene you should position a guard(s) at the points of access/exit.

(2) **Outside Areas.** Where it is not possible to secure the area by utilising existing physical barriers, access to the area by unauthorised personnel should be physically prevented. At the first opportunity a cordon using personnel or 'mine tape' should be placed at a suitable distance around the scene (see Appendix 1 para 4b). The type of incident and area will determine the size of cordon.

(3) **Visitors.** It is important that only personnel required to attend the scene are allowed within the cordon. Those personnel not connected to the incident or who have no legitimate purpose at the scene must not be allowed into the scene and should be instructed to leave the area. A record of all persons attending the scene within the cordon is to be recorded with their reason why, and handed to police on arrival. If a person does need to enter scene they must be escorted to ensure they do not tamper with evidence. There are few reasons why access should be required to the scene, and unless there are Health and Safety reasons there should not be any need for anyone to enter the scene once initial actions have been taken.

(4) **Pets.** If applicable, remove any pets from the scene.

d. **Preserving the Scene.** It is essential that anything at the scene is found by the police. Under no circumstances should the area be cleaned and any items at the scene should be left in the same condition and position as they were discarded. In particular:

(1) **IEDs/Suspect Packages etc.** These should remain in situ and under no circumstances should these be examined, removed or tampered with. The use of mobile phones, other communications or bright lights (flashlights etc) is to be avoided.

(2) **Firearms.** These should not be touched, handled or moved, made safe, unloaded, cleaned or tampered with in any way. It will be important that the police find any firearm in the same condition as it was left. Care must be taken not to touch bloodstained items as blood distribution and ballistics may be a factor. If you have handled the weapon or know that any other person has, you should notify the police immediately on their arrival. The weapon should only be touched and made safe by a Police Firearms Officer.

(3) **Spent Cases.** These should not be touched, handled, moved or collected. A large cordon should be established in order to encompass any such evidence. The searching of the cordoned area should be left to the specialist Police search teams. A search conducted by any other persons may damage evidence or introduce foreign items into the cordoned area which may contaminate the scene.

(4) **Knives or Other Weapons.** Knives (or other weapons if appropriate) should not be touched, handled or moved.

(5) **Documents.** Any notes, whether sealed or otherwise, and any other correspondence or documents found at the scene should not be handled and must remain undisturbed. Be mindful that the note could have been written by someone other than the deceased and may require detailed forensic analysis. If the note has been handled, establish when, where and by whom and report this to the police on arrival.

(6) **Electrical Equipment (Including Computers/Mobile Phones/Radios/Flashlights).** Any electrical equipment found should not be tampered with, switched on/off, used or removed.

- (7) **Clothing/Garments.** Are not to be removed from the scene or injured personnel (unless for medical reasons by trained medical staff).
- (8) **Blood/ Bodily Fluids etc.** Blood and other bodily fluids stains and marks should be left in situ. Unless taken to a medical facility with the patient for emergency treatment, all body parts should be left at the scene until the arrival of the police. Nothing should be cleaned until the arrival of the police.
- (9) **Hanging.** The important areas from a forensic point of view are the knot itself, the position on the neck and the point of suspension. If the ligature has to be cut, other than in an emergency, it should be cut on a central point and well away from these areas.
- (10) **Overdose.** The container and any remaining drugs should be noted but left in situ.
- (11) **Carbon Monoxide Poisoning.** If a car window has to be smashed to gain entry to a vehicle select one other than the drivers or the window through which the hose is running. Note the position of the body, its condition and any smell coming from the car. If the engine is running, turn it off and leave the keys in the ignition, no further action should be taken

3. Reporting

- a. It is important that personnel discovering an incident report it and obtain assistance at the earliest practical opportunity. Once in a position to do so personnel should report the incident to a person in authority, i.e. duty staff/ police etc, by the quickest and safest means possible, e.g. mobile telephone, in person etc. Where two people, unconnected with the incident, are present one should remain to protect the scene whilst the other reports the incident and/or seeks assistance.
- b. Duty military personnel notified of an incident should ensure that the action above has been completed and immediately report or arrange for the details to be reported to:
 - (1) In the UK, local Home Office Police, Service Police and/or MDP. Overseas the Service Police.
 - (2) The Chain of Command (in accordance with local SOPs).

ANNEX 24F

TRI-SERVICE SPECIALIST WELFARE AGREEMENT ON MUTUAL WORKING AND AREAS OF RESPONSIBILITY

1. Preamble

The provision of Specialist Welfare Support, in accordance with JSP 770, is a responsibility of the parent Service Command, but there will be occasions when another Welfare provider is able to meet the needs of the Service user most effectively. Compassionate action, assignments, discharge or services provided at Public expense must involve the parent Service Chain of Command.

2. Parties

This agreement is between Royal Navy Family and People Support (RN FPS), the Army Welfare Service (AWS), and Royal Air Force Community Support¹. In this document these specialist organisations are referred to as agencies, 'Service' refers to the single Services (Royal Navy, Army, RAF) and 'services' to the various outputs that the agencies provide.

3. Scope

a. This agreement covers services to Serving personnel and their families in the following situations:

(1) Specialist welfare services for personnel serving with a unit of another Service and their families, where appropriate, will be provided by the local service welfare agency.

(2) Where, due to geographic or other reasons, services would be more appropriately provided by another agency.

b. This agreement does not cover:

(1) Work that is, or is likely to be, particularly sensitive or of high profile or particularly complex, with single Service implications. Receiving agencies should be aware of such sensitivities and discuss them with the appropriate Service Agency at the earliest opportunity.

(2) Counselling or other services purchased for specified individuals at public expense. Funding approval and associated costs lie with the parent Service.

(3) Social inquiry reports and pre-sentence reports (SIRs) that must reflect the Service of the convening authority, although elements of such reports may be conducted by a co-operating agency.

(4) Out-of-Hours services that may not be provided by other specialist welfare agencies.

¹ Specialist RAF Community personal and emotional support services are provided by SSAFA-FH(RAF) under contract arrangements.

4. Case Conduct

a. Each organisation will allocate work, carry out the assessment and make recommendations in accordance with that organisation's processes and criteria, consulting as necessary. The case will be conducted as any other of the organisation's cases including coverage within supervision and Confidentiality policies.

b. Where a recommendation requires funding, compassionate or Executive action by the individual's Service, the individual's consent will be sought before information is passed to his/her own Service welfare organisation, which will refer to the appropriate Service authorities for action (modifying it to conform with own Service criteria if necessary). The decision on the recommendation in such cases remains with the individual's Service. If the individual withholds consent for information to be passed on, it will not be possible to recommend compassionate or executive action.

ANNEX 24G

ESTABLISHING AND MAINTAINING AN ON-LINE COMMUNITY

1. At Least Three Months Prior to Deployment

- a. Units are to establish contact with the appropriate RN FPS area organisation for a brief on the official Digital/Social Media Platforms and other associated services available to communicate safely with families. Email: rnm-wio@royalnavy.mod.uk.
- b. The Unit is to provide a single point of contact to act as the Families Liaison Officer (FAMLO). The FAMLO role should be allocated to an individual who has the experience to identify what is of concern and interest to families and who appreciates how valued the FAMLO role is likely to become amongst the on-line community. They should be accountable to the Executive Officer/Adjutant. Briefings for the FAMLO will be provided by the local RN FPS Team.
- c. Local RN FPS will attend Families' Days and provide pre-deployment briefs to the Ship/Unit's company on this topic.

2. One Month Prior to Deployment

One month prior to a deployment, Commanding Officers should release a Ship/Unit Newsletter (see Para 2408.b sub para 3) to families, informing them of www.royalnavy.mod.uk/community-and-support and encouraging them to join the Royal Navy Forum area of the website.

3. While Deployed

- a. During the deployment, the Local RN FPS worker will, if appropriate, provide support for events for the Ship/Unit's on-line community. These can be virtual events (such as on-line gatherings at a specified date/time), or actual events. Interaction on-line often leads to increased face-to-face activity.
- b. www.royalnavy.mod.uk will be the resource that families will look to for accurate and regularly refreshed information regarding 'their' Ship/Unit. Such material promotes involvement and a sense of identity with the Ship/Unit and its people, but successful engagement depends on the flow of material via the FAMLO. There is, for instance, limited interest for families in a missile launch, whereas being able to spot loved ones in a picture of a team at work generates a much more positive reaction. The appetite of the on-line community to feel part of the personal experience of loved ones on deployment cannot be overestimated. Replication of material which is used for public consumption on the Royal Navy website does not achieve that purpose.
- c. RN FPS Digital Moderators(DM) maintain a duty system that allows information to be updated speedily, thus ensuring that rumours, speculation and consequent anxiety is kept to a minimum and that families are kept involved and informed as fully and accurately as possible. Email: rnfpsmediamailbox@royalnavymail.mod.uk

d. RN FPS Inf & Comms work alongside RNMCE, which means that it is in a good position to publish information to families in the event of any incident involving the Ship/Unit as soon as it is released by MOD and, hopefully, before publication in the press.

e. In the event of open communications from the Ship/Unit being suspended, the DM worker will become the conduit for continued communication with the families on the website. The DM will communicate with the Ship/Unit when permitted, representing the Ship/Unit until normal communications are reinstated.

ANNEX 24H

GOOD PRACTICE RESPONSES TO DOMESTIC VIOLENCE

1. Introduction

- a. The following good practice guide is adapted from guidance issued by Hammersmith and Fulham Council and the Domestic Violence Forum (Hammersmith and Fulham), which was based on work carried out by Norwich Consultants on Sexual Violence and Jean Osborne LSE.
- b. Listed below is a series of Dos and Don'ts and questions that may be asked when Domestic Violence is suspected.

2. DOs and DON'Ts

- DO** give priority to ensuring the victim's immediate safety.
- DO** recognise their need for a response and your support.
- DO** be sensitive and discuss their fears.
- DO** take the victim seriously, believe them.
- DO** reassure them that violence is not their fault.
- DO** let them know that they are not alone in being abused.
- DO** remember that their problems may be compounded by racist reactions, language and cultural barriers; or other reactions to their age, sexuality or disability.
- DO** remember that their options may be limited by lack of, or access to, resources.
- DO** consult with specialist agencies and individuals.
- DO** check if it is all right to send the victim letters or phone them at home (confidentiality is crucial).
- DO** respect their wishes if they do not want you to make contact at all.
- DO** find out what they want and if you can help them achieve it.
- DO** let them know that they do not have to leave home to talk to a person at a local refuge.
- DO** discuss the situation and any options open to them.
- DO** help them explore ways of maximising their safety, whether they leave their home or not,
- DO** find out what other agencies have to offer and let the victim know.
- DO** take personal responsibility when referring the victim elsewhere.
- DO** keep in contact, if at all possible.

- DON'T** ignore your intuition if you suspect an individual is being abused.
- DON'T** insist on joint sessions with the victim and the abuser.
- DON'T** fob off a victim if they come to you for help.
- DON'T** be flippant, cynical or sceptical.
- DON'T** ask a victim what they did to provoke the violence, just the facts.
- DON'T** just focus on what the victim alone can do in the situation.
- DON'T** make choices for them.
- DON'T** give up on them just because things are taking longer than you think they should.
- DON'T** give the abuser the address and phone number of where the victim is staying.
- DON'T** promise to give a letter or pass on a message from the abuser to the victim or to facilitate contact in any way.

3. HOW TO ASK

a. Initial Questions

- (1) Is everything alright at home?
- (2) How are you feeling?
- (3) Are you getting the support you need at home?

b. Follow Up - Direct Questions

- (1) I noticed a number of bruises/cuts/scratches/burn marks: how did they happen?
- (2) Do you ever feel frightened of your partner?
- (3) Have you ever been afraid of your partner?
- (4) Does your partner ever treat you badly such as shout at you, constantly call you names, push you around or threaten you?
- (5) Have you ever been in a relationship where you have been hit, punched, or hurt in any way? Is that happening now?
- (6) Many people tell me that their partners are cruel, sometimes emotionally and sometimes by physically hurting them – is that happening to you?
- (7) We all have rows at home occasionally. What happens when you and your partner fight or disagree?
- (8) Has your partner ever:
 - destroyed things you care about;
 - threatened or abused your children;
 - forced sex on you/or made you have sex in a way that you are unhappy with;
 - withheld sex/rejected you sexually in a punishing way;
 - used your personal fears to 'torture' you; or
 - stalked you.

- (9) Does your partner get jealous and, if so, how do they then act?
- (10) You mentioned that your partner uses alcohol/drugs, how do they act when drinking or using drugs?
- (11) I notice that your partner seems very concerned and anxious. That can mean they feel guilty. Were they responsible for your injuries?

ANNEX 24I

ROYAL NAVY NOTIFICATION OF CASUALTY DIRECTIVE

1. Introduction

- a. This Directive should be used in conjunction with the overarching Joint Policy and Procedures¹.
- b. The MOD places the utmost importance on the way the Services deal with casualties. Casualty reporting must be undertaken as quickly and sensitively as possible, and takes precedence over all but the most urgent operational and security matters.
- c. The casualty reporting and notification process is coordinated by the Joint Casualty and Compassionate Centre (JCCC) and all information must be routed through that Centre.
- d. As the sole Notifying Authority (NA), the Royal Navy Casualty Cell (RNCC) takes the lead in the management of the process for all Royal Navy (RN) casualties².

2. Casualty Reporting

- a. **Raising a NOTICAS.** A full list of occasions of when a NOTICAS is mandated is at Appendix 1. An example of a NOTICAS is at Appendix 2 and a NOTICAS template at Appendix 3.
- b. Raising the NOTICAS **is the responsibility of the casualty's parent unit** and is an Executive function. It is for the unit to establish who is to raise the signal eg. OOD in consultation with Duty Medic out of hours and Medical team during office hours. A step by step guide to the NS notification process is at Appendix 4.
- c. The primary method for reporting casualties to JCCC is the Casualty Notification (NOTICAS) signal on JPA. If JPA is unavailable, the unit must send a NOTICAS to JCCC Innsworth by immediate signal or fax.
- d. **Accuracy must not be sacrificed for speed; it is therefore essential that no unverified information is included in the NOTICAS. If doubt exists, the relevant section must be left blank and the information, once verified, reported via subsequent updates.**
- e. **Maritime Reservists.** Casualties involving mobilised Maritime Reservists (MR) will be managed in the same way as their regular counterparts. Incidents/casualties involving non-mobilised MR are a civil police matter, however their parent MR Unit should immediately report any casualties to their respective MR HQ (RMR/RNR SO2/SO1) who will then inform the NSCC, JCCC (SO2 Post Death Admin for release of any Service Wills) and Commander Maritime Reserves.

¹ JSP 751 – Joint Casualty & Compassionate Policy & Procedures, Management of the Casualty, Volume 1 and JSP 751 – Joint Casualty & Compassionate Policy & Procedures, Management of the Deceased, Volume 2.

² With the exception of Special Forces personnel who are managed under a separate policy.

- f. **Adventurous Training/Expeditions.** For any overseas RN Adventurous Training (AT) activity or expedition, a copy of the Admin Order and nominal roll must be sent to JCCC (DBS-JCCC Group Mailbox (MULTIUSER)) before the event. This is to allow JCCC to track who is in/out of the country and speed up the NOTICAS process in the event of a casualty.
- g. **NOTICAS of UKSF.** There is a separate NOTICAS procedure for UKSF.

3. Casualty Notification

- a. KINFORMING is the process of notifying the EC/NOK of RN casualties. Kinforming via the RN NA will take place only under specific direction from the RNCC (ie. once it is in receipt of a NOTICAS from JCCC tasking RNCC to begin the process).
- b. **Casualty Notification Officers (CNOs).** In cases where the casualty is dead, missing, VSI or SI (see Appendix 1 for definitions), notification is to be carried out by a CNO and accompanying Officer. When tasked to do so by JCCC, the RNCC is responsible for nominating and CNOs. Where a casualty is III or UL, it may be appropriate for the Unit to kinform, but it is to seek advice from JCCC/RNCC prior to doing so.
- c. **Self KINFORMING.** Self KINFORMING is the process whereby a casualty notifies their own EC/NOK, giving details of their injuries or illness. **Self KINFORMING should NOT be the default approach.** This procedure may only be permitted in extremis, when all the following criteria are met. If **any** of these criteria cannot be achieved, KINFORMING is to take place through the RNCC:
- (1) The casualty is categorised as UL only.
 - (2) The casualty is supported by medical staff at their side who are confident the casualty has sufficient knowledge of all the relevant aspects of their injury/illness.
 - (3) The casualty has been briefed on the potential impact of self KINFORMING on their EC, and is content to proceed.
 - (4) The Unit is not currently under Op MINIMISE (if on Operations), 'RIVER CITY' restrictions (for RN) or there are multiple casualties. In these circumstances the unit at home can better coordinate notifying duties and prevent the broadcast of misinformation amongst NOKs.
- d. The result of Self KINFORMING should be debriefed by the casualty's immediate CoC to the JCCC.
- e. **Mass Casualty Incident.** JCCC will liaise with the NSCC and potentially activate the Naval Service Casualty Activation Centre (CAC). In the event of a multi-Service incident, the JCCC may activate the Major Incident Centre (MIC); each incident will be managed on an individual basis.

4. **Emergency Contact/Next of Kin Information**

The effectiveness of the notification process is dependent on the accuracy of the information available to CNOs. Recent incidents have disclosed serious inaccuracies in EC/NOK information recorded on JPA. This has the potential to cause great distress to the families of casualties and significant embarrassment to the RN.

5. **Media 'Lines to Take'**

Navy Media is the lead agency for generating Media Lines to Take (MLTT) for any RN casualties. The RNCC will liaise with Navy Media regarding all RN casualties.

6. **Summary**

- a. It is imperative that all Ships, Units and Establishments have a robust system in place to ensure that the RN Notification Process is understood and followed.

The importance of the accuracy of EC/NOK information held on JPA cannot be over emphasised and it is a fundamental DO/LM responsibility to carry out regular checks to ensure that information is current.

- b. The lead on all casualty related actions within a Ship, Unit or Establishment lies with the Executive. Duty Officers should familiarise themselves with the process and all Duty Officer packs should contain a copy of this Directive. The RNCC Duty Casualty Officer is available at any time to provide advice and guidance.

APPENDIX 1 TO ANNEX 24I

RN NOTICAS - MANDATORY REQUIREMENTS

1. RN NOTICAS signals are required for any of the events listed below:
 - a. **Deaths.** For a death to be notified there must be no doubt whatsoever as to the fact. Whenever there is the slightest question whether death has occurred eg. where a Service Person (SP) is believed to have drowned but the body has not been recovered and identified, the casualty must be notified as either 'Missing – Believed Killed (MBK)' or 'Missing Not Known (MNK)'.
 - b. **Missing and Returned from Missing (RFM).** Missing includes kidnapping and detention by a foreign power but not illegal absence eg. AWOL.
 - c. Casualties Medically Categorised as:
 - (1) **VSI.** A patient is listed 'very seriously ill' when his/her illness or injury is of such severity that life is imminently endangered.
 - (2) **SI.** A patient is listed 'seriously ill' when his/her illness or injury is of such severity that there is cause for immediate concern but there is no imminent danger to life.
 - (3) **III.** A patient is listed with an 'Incapacitating Injury/Illness' if illness or injury does not warrant classification as VSI or SI, but renders them physically and/or mentally incapacitated.

Any casualties categorised as VSI, SI or III are not permitted to SELF KIFORM (see para 20).
 - d. **Unlisted Casualties (UL).** A SP whose illness or injury requires hospitalisation but whose condition does not warrant classification as VSI, SI or III.
 - e. **Casualties Unexpectedly Admitted to Hospital.** Casualties who are medically categorised as UL, but unexpectedly admitted to hospital in the following circumstances must be reported to JCCC:
 - (1) On duty away from their home base; on operations, overseas deployments or exercises.
 - (2) On board HM ships at sea or away from home ports.
 - (3) Casualties admitted to hospital for less than 72 hours, but injuries caused by circumstances that would be of public interest eg. personnel Wounded in Action (WIA).
 - (4) Admissions exceeding 72 hours; these must be reported by NOTICAS with effect from the date and time of admission.

- (5) Other occasions where the reporting unit or individual is unable to notify the EC directly and requires the assistance of the JCCC.
- f. Casualties whose injuries are believed to have been caused as a result of deliberate self-harm/attempted suicide and who have not been otherwise listed should be reported as UL.
- g. Previously reported casualties whose casualty state or location has changed.
- h. Previously reported casualties once declared FIT and discharged from hospital.
- i. Whenever injuries or illness cause a SP under the age of 18 years to be admitted to hospital, his/her NOK are to be notified unless the patient asks for them not to be. If their injuries or illness are not in themselves notifiable, their wishes may be disregarded if the hospital authorities consider that it is essential or in the patient's best interest to inform the NoK, provided that the agreement of the Commanding Officer of their unit has first been obtained.
- j. There is no requirement to report persons away from their home base temporarily attending, or admitted to, hospital for a period of less than 72 hrs for minor medical conditions that do not require AEROMED evacuation if, in the opinion of a medical officer, were they at their home-base they would have been treated at Role 1 and followed by a period of sick leave.

2. Casualty Reporting¹ Categories

Casualty Details (Category/Status). Serial CHARLIE of the NOTICAS must show one of the following categories for each casualty:

DEAD	
KIA	Killed in Action A battle casualty who is killed outright or who dies as a result of wounds or other injuries before reaching a medical treatment facility
DOW	Died of Wounds. A battle casualty who dies of wounds or other injuries received in action, after having reached a medical treatment facility
DNK	Dead Cause Not Known
DOP	Died on Operations - (Died, when deployed on Operations, or as a result of Operations, but not KIA or DOW)
NOD	Non-Operational Death – (Died when NOT deployed on Operations)
MISSING	
MBK	Missing Believed Killed
MBW	Missing Believed Wounded
MBPW	Missing Believed Prisoner of War
MBDAW	Missing Believed Detained Against Will
MNK	Missing Circumstances Not Known/Not Accounted for NOM Non-Operational Missing
CPW	Confirmed Prisoner of War
DAW	Detained Against Will
RFM	Returned From Missing/Detained

¹ In the context of casualty reporting, personnel who are categorised as 'on operations' are deemed to be engaged in combat, including movement, supply, attack, defence and manoeuvres needed to gain the objectives of any battle or campaign. Normally this would be characterised by the presence of belligerents, designation of an operational area, and the generation of CDS's Directive.

MEDICAL LISTING	
VSI	Very Seriously Ill/Injured/Wounded
SI	Seriously Ill/Injured/Wounded
III	Incapacitating Illness/Injury
UL	Unlisted Condition
MI	Minor Injury (Does not warrant hospitalisation. Only for use in the event of high profile multiple casualty incidents when details of all personnel involved are required)
DFH	Discharged From Hospital
OK	OK (For use in the event of high profile multiple casualty incident when details of all personnel involved are required)
FIT	Fit

3. Supplementary Information. Serial ECHO of the NOTICAS should include as much of the following as is known:

CAUSE	
E	Enemy Action/Fire
F	Friendly Action/Fire
OA	Operational Accident (An accident occurring when deployed on Operations)
NOA	Non-Operational Accident (An accident occurring when NOT deployed on Operations)
RTA	Road Traffic Accident
NC	Natural Causes
VUC	Violent or Unnatural Causes
PLUS (Only If Applicable) NBC CATEGORY	
N	Nuclear
B	Biological
C	Chemical

4. Supplementary Medical and Management Information. Serial ECHO of the NOTICAS is to also include one of the following:

MANAGEMENT INFORMATION	
WIA	Wounded In Action (On Operations)
NBI	Non Battle injury (On Operations)
NOI	Non-Operational Injury/Illness (NOT, deployed on Operations)
IDC	Identity Confirmed
IDP	Identification Provisional
Duty	Duty
Off Duty	Off Duty
Res	Reservist

APPENDIX 2 TO ANNEX 24I

NOTICAS EXAMPLE

Precedence - Action - IMMEDIATE

DTG 280555Z FEB 21
From: 45 Cdo RM
To: JCCC INNSWORTH

SIC: ABA/WAL

NOTICAS

- A. INITIAL
- B. CPL, JD (JOHN) EVANS, ROYAL MARINES, 12345678, 45 COMMANDO RM
- C. DEAD
- D. 280330Z FEB 21, ON A303 NEAR ANDOVER, WILTS
- E. RTC, OFF DUTY, REGULAR
- F. RIDING CIVILIAN MOTORCYCLE, IN COLLISION WITH LORRY
- G. MULTIPLE INJURIES. MEDICAL CONTACT DR JAMES, A&E DEPT, ANDOVER HOSPITAL 01980 123456
- H. ANDOVER HOSPITAL AT 070550Z
- I. KINNOTFORMED. EC MRS MARY EVANS, 15 RIVER ROAD, NEWTOWN, BUCKS, BT8 3RF
- J. ACCIDENT IS SUBJECT TO POLICE INVESTIGATION. UNIT POC CAPT P SMITH ADJT 45 COMMANDO RM 01234 12345678

APPENDIX 3 TO ANNEX 24I

NOTICAS TEMPLATE

1. NOTICAS Format. The text of a NOTICAS message is to begin with the word 'NOTICAS'. If more than one casualty separate NOTICAS messages are required. Thereafter the following format is to be used:

Precedence - Action - IMMEDIATE

DTG Month Year

From: Unit

To: JCCC INNSWORTH

SIC: ABA/WAL

NOTICAS

ALPHA (Essential)	State "Initial" Report or "Update" with Update number.
BRAVO (Essential)	Rank, Initials (and known forename), Surname, Service (RN, RM, Army, RAF, etc.), Service Number, Unit, (and attached Unit if applicable) NB: For a dependant give the name of the casualty then the relationship and details of the service person (e.g. wife of ...)
CHARLIE (Essential)	Casualty Category Details (Category/Status) (e.g. Dead, Missing or Medical Listing. See categories at Annex A), also Previous Category if an 'Update' (e.g. VSI previously SI).
DELTA	Date and Time of the incident and Place (if known and not classified).
ECHO	Supplementary Information. Include Cause, On Duty or Off Duty, Regular or Reservist and any of the supplementary management information categories in Annex A that apply.
FOXTROT	Cause Categorisation. Free text showing additional details about the incident. Include rank, name and number of any other military personnel involved. For categories see Annex A.
GOLF	Supplementary Medical Information. Details of injury or illness if they can be released, otherwise a medical contact who can provide information for the Emergency Contact (EC) or Casualty Notification Officer (CNO).
HOTEL	Casualty Location at Date and Time (use DTG).
INDIA (Essential)	State whether the Emergency Contact (EC): Has been informed - use Codeword KINFORMED The unit will inform - use Codeword KINFORMING JCCC to inform - use Codeword KINNOTFORMED Where KINFORMED, state who has been informed. In all cases include Name, address and relationship of EC if known. Also any other information regarding the EC that will be useful for the CNO.
JULIET (Essential)	Additional Remarks. Any additional known facts that will be useful for the CNO/VO, RCDM and Parent Unit (e.g. Requirement for DILFOR, specific Welfare requirements, Date and Time of Death if different from Date and Time of incident). This must include the name and telephone number, both working and out of hours of a Unit Point of Contact (POC).

2. Everything in the NOTICAS must be factually correct. If the reporting unit is not certain this must be identified in the text (e.g. Witness reports casualty has been taken to “x” hospital). Reporting units must aim to provide all the required information. When speed is essential, however, or when to find out all the information would incur delay, reporting units must send an Initial NOTICAS with at least the essential information indicated above.

- a. If an Initial NOTICAS is sent without some of the required information an update must be sent as soon as possible, so that the family members can be fully briefed.
- b. All times are to be in ZULU.

APPENDIX 4 TO ANNEX 24I
RN NOTIFICATION - STEP BY STEP GUIDE¹

¹ This is an overview of the process; JCCC/RNCC actions may vary depending on casualty listing.

UNIT ACTION

- Incident occurs resulting in a casualty. Unit phones JCCC to pre-warn of incoming NOTICAS.
- If required contact RNCC for guidance and alert.

UNIT ACTION

- Raise NOTICAS on JPA and submit to JCCC immediately. If no access to JPA then via HGMI, fax, phone or e-mail.
- **Accuracy of information is paramount.**
- Consider Op MINIMISE or similar until KINFORMING has been completed.

JCCC ACTION

- JCCC confirm NOTICAS details and forward to the NA (RNCC).

RNCC ACTION

- If KINFORMING is required, identify and activate CNO Team.
- Liaise with Duty Chaplain and RN FPS to nominate a VO.
- Inform wider RN community iaw SOP.

CNO Team

- Conduct KINFORMING and once complete report to JCCC and RNCC.

RNCC ACTION

- Inform the parent Unit and the Chain of Command of task complete as per the RNCC Reporting Guidelines.

JCCC:

**95471 7325
01452 519951**

RNCC Duty Casualty Officer:

07770 863079

A NOTICAS is to be raised in the following circumstances:

1. If casualty is listed as III or above
2. If the casualty is on duty away from their home base, on operations or involved in overseas deployments and exercises
3. On board HM Ships at sea or away from home port
4. If hospitalised for 72 hours or more
5. If there is public interest or likely to be
6. If the casualty requires Aeromed
7. If it involves self-harm or attempted suicide
8. If the casualty is under 18 years of age

The RNCC will inform the Chain of Command of on-going situation as per RNCC Reporting Guidelines.

A VO will be allocated to all casualties listed as SI or above (except in a MCI).