

THE WELFARE OFFICER'S HANDBOOK

By

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N.A.R.P.O
The National Association of Retired Police Officers



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'Of service to those who served'
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In the preparation of this handbook, I thank the following individuals who have contributed to the content herein and supported this work from the outset.

1. Dr. Kyle Dunn (Senior Clinical Psychologist, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust North Cumbria Memory and Later Life Service, Carleton Clinic, Carlisle) (Ambassador, BMPT Wellness Centre, Carlisle)
2. Helen Arthur, (Helen Arthur Consultancy Ltd) (Advanced Grief Recovery Specialist, Mental Health First Aider and Personal Development Coach.)
(Ambassador, BMPT Wellness Centre, Carlisle)
<https://m.facebook.com/Helen-Arthur-Consulting-Ltd-426222727483378/>
3. Helen Blackshaw (the Police Mutual Foundation),
<https://www.policemutual.co.uk/why-us/for-you/respice-care/>
4. Alan Lees (Chief Executive Officer, NARPO),
<https://www.narpo.org/>
5. Derek Smith, (State Benefits Consultant)
<https://www.gov.uk/browse/benefits>
6. Michael Paul, (Disability Rights UK)
<https://www.disabilityrightsuk.org/>
7. Andy Wilson, (Andy Man's Club) (Suicide Prevention),
<https://andysmanclub.co.uk/club-information/clubs/>
8. Ben Pearson, (Retired Police Interceptor)
<https://www.youtube.com/c/benpearson1965>
9. Brian (Bill) Healey NARPO Welfare Lead.
<https://www.narpo.org/>

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Anthony Paul Scougal is a Fundraiser for Ovarian Cancer Action:
(a registered medical research charity.)

If readers wish to make a small donation to OCA in recognition of this handbook
then please follow this link, namely

<https://www.justgiving.com/fundraising/barrie-mark1?>

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NB This handbook will be updated on a regular basis and distributed accordingly.

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THE WELFARE OFFICERS' HANDBOOK

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Welfare is the provision of resources needed for health, happiness, prosperity, and well-being. Where necessary, a healthy and comfortable lifestyle can be supported by financial aid from the government for those members of society who are disadvantaged...

(Black's Dictionary of Law)

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Welfare officers do not deliver 'care'. They may provide advice, elements of practical therapy (conversation) and assistance, but their key role is to act as a lookout and then signpost individuals to meaningful remedies designed to assist that person in the longer term. This handbook seeks to assist, remind, and provide signposts to those involved in determining welfare on behalf of NARPO (Cumbria) to its members.

In general terms, the provision of welfare is usually minor in its intensity but this handbook embraces some of the more extreme elements of welfare. Engaging the designated links will signpost those references and lead to a more concise understanding of the subject and an approved pathway to health care.

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THE WELFARE OFFICER'S TARGET

The reason for delivering various forms of welfare to the membership is to try and achieve HAPPINESS, RECOVERY and PROGRESSION for the members.

There are five elements to the target described above. Members will benefit if they strive to be involved in....

1. Connectivity = social interaction
2. Activity = exercise/walking/cycling/swimming/dancing/creativity of mind and body
3. Time = Take time to self-assess and progress
4. Assist = are they giving, helping, volunteering, mixing
5. Positivity = learning / keep learning / achieve / consolidate

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Welfare practitioners are advised to familiarise themselves with the entire content of this document. Whilst it seeks to deliver an alphabetical process to the reader, it will be seen that there are multiple collusions with similar phrases, terms, diagnoses, treatments, and signposts. It is a handbook but handbooks only work if they are well used and well read.

The content of this handbook, the signposts to health care that are described herein, and the welfare advice given, may not save a life today, but in years to come it may save the lives of your children and your grandchildren.

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1. **The ALPHA MALE and the BETA MALE (including and recognising Wonder Woman, Vicarious trauma and moral injury)**

A significant 'self-causation' factor is present in males who refuse to give in, consider themselves invincible, and are in physical control of themselves but may not be in mental control of themselves. They are akin to **WONDER WOMAN**. All local authority websites have signposts for this issue. They are often part of the **PTSD** syndrome mentioned in the **PTSD** section below.

An **alpha male** is considered to be an influential personality — a dominant individual who commands attention. With his confidence and magnetism, he has no trouble attracting partners. His strength and leadership qualities inspire others to follow him. When a dominant alpha male needs 'welfare', he is almost certain to be in a leadership position and his influences may have unwittingly led others in his team to also require 'forms of welfare and therapy.'

Common behaviours or patterns include:

1. Poor diet
2. Negative nutrition, sweets only, sugary drinks
3. And a slow decline in wellbeing whilst constantly portraying the Alpha male 'invincibility' personality referred to above.

The BETA MALE is a term used to describe those who do not believe they are assertive or traditionally masculine and feel overlooked by women. It is also used to negatively describe other men who are not deemed to be assertive, particularly with women.

2. **ALZHEIMER'S DISEASE (See also DEMENTIA below)**

Alzheimer's disease is just one type of dementia that we are aware of. It is a progressive neurologic disorder that causes the brain to shrink and brain cells to die. Alzheimer's disease is the most common cause of **dementia** (see the dementia section below) — a continuous decline in thinking, behavioural and social skills that affect a person's ability to function independently.

Common symptoms of Alzheimer's disease include:

1. Increased memory loss and confusion.
2. Inability to learn new things.
3. Difficulty with language and problems with reading, writing, and working with numbers.
4. Difficulty organizing thoughts and thinking logically.
5. Shortened attention span.
6. Problems coping with new situations.

The latest science and research investigating the disease that is relevant to what each of us can do to build an Alzheimer's-resistant brain is found in the following link received from Dr Kyle Dunn.

https://www.ted.com/talks/lisa_genova_what_you_can_do_to_prevent_alzheimer_s?fbclid=IwAR33yULIEEheo7e6cHAHodaMX33e2nb58AX1eMAuJ40MdzopERX7IcYAVyw

3. **BENEFITS**

Some members have occasionally made contact to discuss whether they, or family members, can claim various benefits. A short list follows and leads to an online checking facility detailed further below ([see benefits check online below](#))

1. Winter Fuel Allowance (not means-tested) £100-£300 one-off payment.
(Not claimed for, allocated by DWP who have bank details from state pension payments)
2. Attendance Allowance (is the same payment as PIP Personal independence Allowance)
3. Carer's Allowance
4. Warm Home Discount is a scheme available to low-income families.
5. Bus Pass
6. Rail Card
7. One-off Government benefits following the cost of living crisis and matters concerning Universal Credit.

4. **BENEFIT CHECKS (ONLINE)**

Approximately 8 million people per annum are not claiming benefits to which they are entitled. This amounts to £2,000 per person every year or £15,900.000 per annum as budgeted for by the government but not spent because people have not made claims.

(Use the following websites to discover what benefits a 'member' is entitled to. A user can enter anonymous details to get a result)

1. <https://www.turn2us.org.uk/>
2. <https://www.entitledto.co.uk/>
3. <https://www.gov.uk/benefits-calculators>

Contact for more complicated stages is Derek Smith (state benefits consultant)

5. **BENEFITS (THE END-OF-LIFE SPECIAL RULES)**

This is applicable where a member has been diagnosed with 'approaching the end of life.' It can be claimed in the last 12 months of life but is more likely to be approved in the last 6 months of life and is usually progressed by a terminal care team. It has connections to various other state benefits that may be altered in connection with the 'special rules payment'. You do not need to receive other state benefits to claim this one. Diagnosis must be documented and evidenced by GP/Medical practitioner.

Visit this website for analysis and assistance <https://www.gov.uk/benefits-end-of-life>

6. **BEREAVEMENT NOTIFICATIONS**

When first notified of a bereavement welfare representatives should bear in mind that when writing a bereavement notice for the 'member' to circulate to the NARPO membership, one of the first roles in grief counselling is getting the family together to discuss that bereavement and putting together a 'tribute notice' for their loved one. This minor provision in the bereavement procedure is a key component in delivering the primary stages of grief recovery because it gets the family talking (therapy). A further step in the process is the use of the following website to inform multiple government departments/authorities of a bereavement. You will need a death certificate to verify etc. (Read before use)

<https://www.gov.uk/after-a-death/organisations-you-need-to-contact-and-tell-us-once>

See the section entitled **FUNERAL** for Cumbria NARPO's response to bereavements.

Contact XPS Administration (police pension provider) for police pension amendments, bereavement notifications, accruals, and forecasts

XPS = 0118 313 0700

<https://www.xpsgroup.com/>

Where members have social media accounts, their family and next of kin should be advised to close the account when a bereavement occurs. (See **Social media** paragraph below)

7. **BEREAVEMENT SUPPORT SERVICES IN CUMBRIA**

1. <https://northcumbriaccg.nhs.uk/contact-us/bereavement-support-cumbria>
2. <https://www.cumbria.gov.uk/publichealth/bereavement.asp>
3. <https://www.psychologytoday.com/gb/counselling/eng/cumbria-county?category=bereavement>
4. See **Funerals** below regarding the provision of the NARPO Bereavement Booklet

8. **BLOOD PRESSURE (HIGH) (HYPERTENSION)**

High blood pressure, or hypertension, rarely has noticeable symptoms. But if untreated, it increases your risk of serious problems such as heart attacks and strokes. Around a third of adults in the UK have high blood pressure, although many will not realise it. The only way to find out if your blood pressure is high is to have your blood pressure checked.

People are more at risk from high blood pressure if they are:

1. Overweight
2. Eat too much salt and do not eat enough fruit and vegetable
3. Do not do enough exercise
4. Drink too much alcohol or coffee (or other caffeine-based drinks)
5. Smoke
6. Don't get much sleep or have disturbed sleep
7. Don't drink enough water regularly.

Individuals can improve their health by acknowledging the above list and changing lifestyles where appropriate. For more information on hypertension and how you can get your blood pressure checked click on this link.

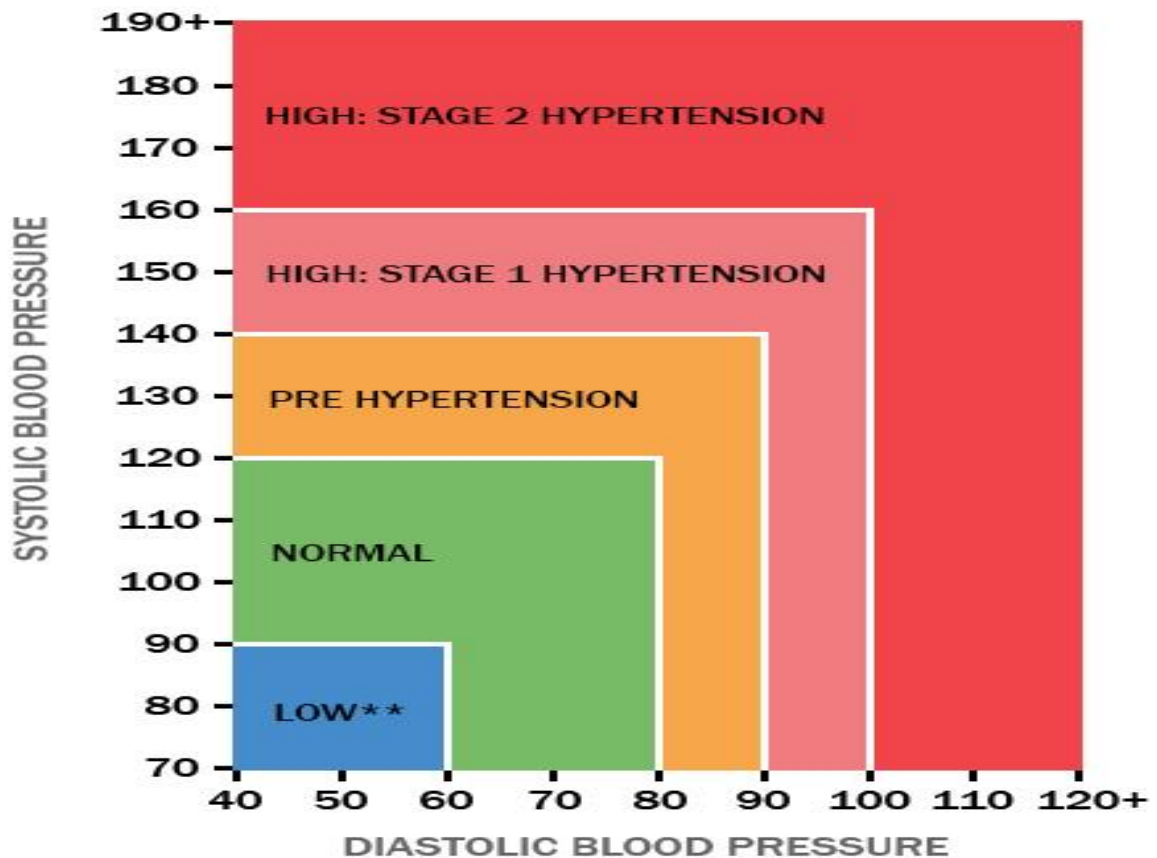
<https://www.nhs.uk/conditions/high-blood-pressure-hypertension/>

The following charts are included to reveal blood pressure targets for healthy living at various ages. The over 70s age range needs to be less than 147/91

Blood Pressure Chart by Age

Age	Min Systolic/Diastolic	Normal Systolic/Diastolic	Max Systolic/Diastolic
1 to 12 months	75 / 50	90 / 60	100 / 75
1 to 5 years	80 / 55	95 / 65	110 / 79
6 to 13 years	90 / 60	105 / 70	115 / 80
14 to 19 years	105 / 73	117 / 77	120 / 81
20 to 24 years	108 / 75	120 / 79	132 / 83
25 to 29 years	109 / 76	121 / 80	133 / 84
30 to 34 years	110 / 77	122 / 81	134 / 85
35 to 39 years	111 / 78	123 / 82	135 / 86
40 to 44 years	112 / 79	125 / 83	137 / 87
45 to 49 years	115 / 80	127 / 84	139 / 88
50 to 54 years	116 / 81	129 / 85	142 / 89
55 to 59 years	118 / 82	131 / 86	144 / 90
60 to 64 years	121 / 83	134 / 87	147 / 91

www.free-printable-paper.com



9. **CANCER (HEREDITARY RISK TOOL)** **(BOTH GENDERS – ALL CANCERS)**

The following link is a simple tool that will assess your risk of having inherited a gene alteration (also known as a mutation, variant or fault) that could increase your risk of developing certain cancers, and then compares this to the current NHS guidelines for genetic testing. It's suitable for both men and women. The tool will only take a few minutes to complete. You will be asked about whether you have ever had a cancer diagnosis yourself, and about any family

history of cancer, including the age any relatives were diagnosed. All answers to these questions are anonymous. If you are unsure about your family history we recommend you speak to your relatives to find out if anyone in your extended family has been diagnosed with cancer. You can find advice on how to approach these conversations on our website. This tool doesn't assess your risks of having inherited all possible gene alterations that can impact your health; it assesses referral criteria relating to BRCA1, BRCA2 and Lynch Syndrome (hereditary non-polyposis colorectal cancer- includes MLH1, MSH2, MSH6, PMS2, and EPCAM).

If you are concerned about any other hereditary health risks in your family, please speak to your GP. Follow this link to the **HEREDITARY CANCER RISK TOOL**

https://ovarian.org.uk/risktool/?fbclid=IwAR14uDmSyV7y7AS8T_Ugrpv42ArsKXU93R46GAE8VYL0ndjfvbgrsy6V_1k

10. **CANCER (OVARIAN – FEMALE)**

It has been a habit for members to share the following symptoms of ovarian cancer on social media so that female members increase their awareness and take the opportunity to seek medical advice as soon as it becomes relevant. Such messages continue to be shared and will be submitted for consideration in future publications of our newsletter

Signs and symptoms of ovarian cancer may include:

1. Abdominal bloating or swelling.
2. Quickly feeling full when eating.
3. Weight loss.
4. Discomfort in the pelvic area.
5. Fatigue.
6. Back pain.
7. Changes in bowel habits, such as constipation.
8. A frequent need to urinate.

For more information and 'how to get the symptoms checked' follow the link <https://www.nhs.uk/conditions/ovarian-cancer/>

The following link is a simple tool that will assess your risk of having inherited a gene alteration (also known as a mutation, variant or fault) that could increase your risk of developing certain cancers, and then compares this to the current NHS guidelines for genetic testing. It's suitable for both men and women. The tool will only take a few minutes to complete. You will be asked about whether you have ever had a cancer diagnosis yourself, and about any family history of cancer, including the age any relatives were diagnosed. All answers to these questions are anonymous. If you are unsure about your family history we recommend you speak to your relatives to find out if anyone in your extended family has been diagnosed with cancer. You can find advice on how to approach these conversations on our website. This tool doesn't assess your risks of having inherited all possible gene alterations that can impact your health; it assesses referral criteria relating to BRCA1, BRCA2 and Lynch Syndrome (hereditary non-polyposis colorectal cancer- includes MLH1, MSH2, MSH6, PMS2, and EPCAM).

If you are concerned about any hereditary health risks in your family, please speak to your GP. Follow this link to the **HEREDITARY CANCER RISK TOOL**

https://ovarian.org.uk/risktool/?fbclid=IwAR14uDmSyV7y7AS8T_Ugrpv42ArsKXU93R46GAE8VYL0ndjfvbgrsy6V_1k

Follow this link to more information on ovarian cancer

<https://ovarian.org.uk/ovarian-cancer/brca/what-are-genetic-mutations/>

For recent research, check out this short video from NICE regarding the faster access to a life-extending drug by the National Institute for Health and Care Excellence (NICE). A PARP inhibitor named olaparib is now available to women with newly diagnosed BRCA-mutated advanced ovarian, fallopian and peritoneal cancer following first-line chemotherapy and offers another treatment option where there was not one before.

<https://ovarian.org.uk/news-and-blog/news/personalised-treatment-becomes-reality-women-hereditary-ovarian-cancer/?fbclid=IwAR37t14q6FX0LsrHX3ey83fvLbKml907xGD5jyO3OL20ITj8qSl3mTJ2j34>

11. **CANCER (BREAST –MALE)**

Signs and symptoms of breast cancer in males may include the following:

1. A lump in the breast – usually hard, painless and fixed within the breast.
2. The nipple turns inwards.
3. Fluid oozing from the nipple (nipple discharge), which may be streaked with blood.
4. A sore or rash around the nipple that does not go away.
5. Changes to the skin covering your breasts, such as dimpling, puckering, redness or scaling.
6. Changes to your nipple, such as redness or scaling,

Breast cancer usually happens in men over 60, but it can very occasionally affect younger men. Follow this link for more information and advise members to seek out a medical opinion as soon as possible

<https://www.nhs.uk/conditions/breast-cancer-in-men/>

12. **CANCER (BREAST – FEMALE)**

Different people have different symptoms of breast cancer. Some people do not have any signs or symptoms at all. Most breast cancers are found in women who are 50 years old or older, but breast cancer also affects younger women. While breast cancer diagnosis and treatment are difficult for women of any age, young survivors may find it overwhelming. Most breast lumps are not cancerous, but it's always best to have them checked by a doctor.

You should see a GP if you notice any of the following:

1. a new lump or area of thickened tissue in either breast that was not there before
2. a change in the size or shape of one or both breasts
3. a discharge of fluid from either of your nipples

4. a lump or swelling in either of your armpits
5. a change in the look or feel of your skin, such as puckering or dimpling, a rash or redness
6. a rash (like eczema), crusting, scaly or itchy skin or redness on or around your nipple
7. a change in the appearance of your nipple, such as becoming sunken into your breast

Keep in mind that these symptoms can happen with other conditions that are not cancer. If you have any signs or symptoms that worry you, be sure to see your doctor right away.

<https://www.nhs.uk/conditions/breast-cancer/symptoms/>

13. **CANCER (PANCREATIC)**

Pancreatic cancer affects men and women in the same way. Someone with pancreatic cancer may not have all the symptoms listed here, as the symptoms can vary for each person.

The symptoms of pancreatic cancer include the following:

1. Pain (usually in the abdomen or back),
2. weight loss,
3. jaundice (yellowing of the skin and/or eyes) with or without itching,
4. loss of appetite,
5. nausea,
6. change in stool,
7. pancreatitis and recent-onset diabetes are symptoms that may indicate pancreatic cancer.

Pancreatic cancer often doesn't cause symptoms in the early stages. As the cancer grows, it may start to cause symptoms. The symptoms may not be specific to pancreatic cancer, and they may come and go to begin with. This can make pancreatic cancer hard to diagnose.

If you are not feeling well and you have any of the symptoms on this page, speak to your GP to check if there is anything wrong. For more information about pancreatic cancer follow this link...

<https://www.pancreaticcancer.org.uk/>

14. **CANCER (PROSTATE – MALE)**

It has been a habit for members to share the following symptoms of prostate cancer on social media so that male members increase their awareness and take the opportunity to seek medical advice as soon as is relevant. Such messages continue to be shared and will be submitted for consideration in future publications of our newsletter

Signs and symptoms of prostate cancer may include:

1. Blood in either urine or semen.
2. Burning or pain during urination.
3. Frequent urination especially during the night
4. Difficulty urinating, or trouble starting and stopping while urinating.
5. More frequent urges to urinate at night.
6. Loss of bladder control.
7. Decreased flow or velocity of the urine stream.
8. Blood in the urine (haematuria)
9. Blood in the semen.
10. Erectile dysfunction

For more information on prostate cancer, diagnosis, and PSA testing, follow the link.

<https://www.nhs.uk/conditions/prostate-cancer/>

15. **CHRONIC FATIGUE SYNDROME (CFS)**

Chronic Fatigue syndrome is a complicated disorder characterized by extreme fatigue that lasts for at least six months, often much longer, and cannot be fully explained by an underlying medical condition. The fatigue worsens with physical or mental activity but doesn't improve with rest.

Symptoms include:

1. Fatigue
2. Problems with memory or concentration
3. Sore throat
4. Headaches
5. Enlarged lymph nodes in your neck or armpits
6. Unexplained muscle or joint pain
7. Dizziness that worsens with moving from lying down or sitting to standing
8. Unrefreshing sleep
9. Extreme exhaustion after physical or mental exercise
10. dizziness that worsens with moving from lying down or sitting to standing

Follow these two links for an understanding of the condition and see your GP if you need to

<https://www.mayoclinic.org/diseases-conditions/chronic-fatigue-syndrome/symptoms-causes/syc-20360490>

<https://www.nhs.uk/conditions/chronic-fatigue-syndrome-cfs/treatment/>

16. **DEBT**

In the event of members requesting advice regarding personal or family debt, it is suggested they negotiate the following link for professional advice, or speak directly with the welfare officer.

<https://www.debt-advice-centre.co.uk/>

17. **DEMENTIA (SEE ALSO ALZHEIMER'S DISEASE – ABOVE)**

Support network:

1. <https://mindforyou.co.uk/>
provides holidays for carers and people suffering from dementia
2. <https://dementiaadventure.co.uk/>
provides holidays for carers and people suffering from dementia as well as training.
3. <https://www.policemutual.co.uk/why-us/for-you/respice-care/>

NB: **Helen Blackshaw** of the **Police Mutual Foundation** (a charity founded by the **Police Mutual Assurance Society**) organises holidays for people with dementia and their carers. Obtain a form from her in the event of nominating a family. In Cumbria, only a NARPO welfare officer can nominate in association with the Branch Secretary and Chair.

Contact is helen.blackshaw@pmas.co.uk

Dementia can be caused by many different conditions and leads to a loss of memory and thinking abilities etc. There are problems and barriers to treatment with regards to this condition in Cumbria and they are relevant to living in rural areas and having difficulty in accessing central services. However, every dementia patient should have a ‘named nurse practitioner’ or dedicated GP from their local surgery who is aware of the problem, home address, medication, and medical history. Dementia is often ‘self-analysed, or family analysed’ and not medically diagnosed. Advice ought to contain these recommendations. Ensure the member is sourced to a medical practice and use the ‘dementia buddy’ list in the Blue Dinosaur/Cumbria NARPO notes to appoint a ‘buddy’ wherever possible. There are several members of NARPO Cumbria trained in dementia. One of the things that the ‘dementia buddy’ system does is to retain the ability to launch a localised search when a dementia patient goes missing. There have been five instances in the last 10 years where dementia sufferers have unwittingly walked out of care homes and gone missing. All five instances were resolved quickly and the patient returned to the relevant healthcare institute.

18. **DISABILITY RIGHTS**

Section 6 of the Equality Act 2010 states you are classified as disabled if you have a physical or mental impairment and that impairment has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.

They include

1. vision impairment.
2. deaf or hard of hearing.
3. mental health conditions.
4. intellectual disability.
5. acquired brain injury.
6. autism spectrum disorder.
7. physical disability.

NB addiction to non-prescribed drugs or alcohol is not a disability under the Act.

Disabled people have rights that protect them from discrimination. These rights cover most areas including:

1. employment
2. education
3. dealing with the police

For more information relevant to the above examine the following link:

<https://www.gov.uk/rights-disabled-person>

For more complicated stages contact **Michael Paul** at the above website.

19. **EYE FLOATERS (MYODESOPSIA)**

An occasional conversation in our Facebook group centres upon floaters in the eye. It’s one of those conditions that you tend to experience in the later stages of life and why welfare officers need to be aware of what it’s all about. Eye floaters, medically known as Myodesopsia, are floaters that move across your field of vision. They may have different shapes: lines, shadows,

dots, and cobwebs among others. It is one of the main reasons that people visit an ophthalmologist. The best advice to give in this situation is to suggest to the member that they 'get an eye test' as soon as is practicable.

For more about the medical condition, follow this link....

<https://en.wikipedia.org/wiki/Floater>

20. **FUNERALS**

All deaths that NARPO Cumbria is informed of result in a bereavement notice. Following notification of a bereavement in Cumbria, it is our practice to engage with the family or next of kin and ask if they would like a bereavement announcement to be written on their behalf. It is suggested that the family get together and write a short biography for circulation. This causes a self-induced therapy session wherein they discuss both the deceased and the grief and or shock they are initially experiencing. Such conversations often lead what we call a **TRIBUTE NOTICE** being prepared and circulated to our retired police family. The circulation reaches approximately 1,000 individuals who now reside in the UK, America, Australia, Canada, Spain, France and other parts of Europe. A tribute notice is a bereavement announcement containing elements of a biography that honour the deceased. The family are then asked if they would like 'the drape' at the funeral. The NARPO funeral drape can be used in circumstances similar to the two images below. The use of the drape is confined solely to NARPO members.



The family are then asked if they would like a uniformed police presence at the funeral and where such a request is made a joint NARPO/Constabulary protocol is activated and this action depends on staffing availability and the location of the funeral. Once a funeral date is known, this too is circulated along with the details of the undertaker. The Secretary of NARPO arranges, via the undertaker, the delivery of the NARPO drape to the cemetery, church or crematorium. The undertaker returns the drape after use directly to the secretary. The bereaved family have no part in the handling of the drape which covers the coffin. There are two drapes in the county: one in the south and one in the north. Every bereaved family receive a bereavement booklet and a condolence card from the Branch Secretary. The Chair of Cumbria NARPO attends all funerals whenever possible and Branch members are also encouraged to attend in the area they represent. This practice should be encouraged wherever possible since there is evidence to suggest bereaved families appreciate these actions.

Representatives need to remember that not all funerals are public; several are private. Some families prefer not to engage with us in respect of bereavement notices and decline to get involved. Representatives are also reminded that there are occasions when the bereaved may be

a party to more than one relationship in their lifetime. Where this occurs, a great deal of tact may be needed because there have been instances where more than one marriage is apparent and some marriages have been complicated by ongoing relationships that not all parties are aware of. In such cases, a short bereavement notice may be the simplest way to please all parties concerned. We are not marriage counsellors and no attempt to engage in such is required.

The names of the bereaved are then entered into the **ROLL OF HONOUR** maintained by our Facebook group and in liaison with Cumbria NARPO. This procedure has evolved since November 2013. The Roll of Honour (and associated comments per notice) has taken over 100,000 views indicating the importance of many of the practices and protocols now in place.

21. **GRIEF COUNSELLING**

For various forms of therapy and counselling services follow this mental health link; <https://www.nhs.uk/nhs-services/mental-health-services/>

Our local Contact covering Carlisle and parts of North Cumbria is **HELEN ARTHUR CONSULTING Ltd.** 07484 830399

Many people don't realise that grief and loss come in many forms and are not limited to bereavement. There are over 40 different kinds of loss including bereavement through suicide, natural causes or accident, pet loss, redundancy, trauma, stress and divorce. When we grieve, we are missing familiar patterns of behaviour and habits that we may have had – this includes when we retire or when children leave home. Generally, people think that retirement is to be celebrated, and while that can be the case for many, for others, retirement can create significant feelings of grief and loss.

Our grief is often like an overgrown garden. We know it's there, but we don't want to face it. For a while, we may be able to put it out of our minds but it's still there getting more daunting the longer we try to pretend it isn't there. Traditional grief work encourages you to talk about the garden, and maybe listen to others talk about what they've done with theirs. But yours is still lurking, un-weeded, untended. Using the Grief Recovery Method, we'll give you the tools you need and be alongside you as you tackle that mess. Any job is easier with the right tools and someone to show you how to use them effectively. What's more, when we're done you'll still have the tools to tackle any new weeds that show up in the weeks, months & years to come. These tools don't wear out. The more you use them the more effective they become.

The following diagram relates to the proven Kübler-Ross grief Cycle which comprises the five common stages of grief, as experienced by **the terminally ill**.

1. Denial.
2. Anger.
3. Bargaining.
4. Depression.
5. Acceptance.

Kübler-Ross Grief Cycle



The following diagram relates to a process of bereavement commonly experienced by the bereaved. It is called the dual process model of coping with bereavement. There are many things you can take from the **Dual Process Model of Grief**. One of them is it's okay to experience grief in doses. This image shows the possible experiences a bereaved person undergoes. Officers delivering welfare in respect of bereavement should be familiar with the process.

For more information, follow this link...

<https://whatsyourgrief.com/dual-process-model-of-grief/>

Dual Process Model of Coping with Bereavement

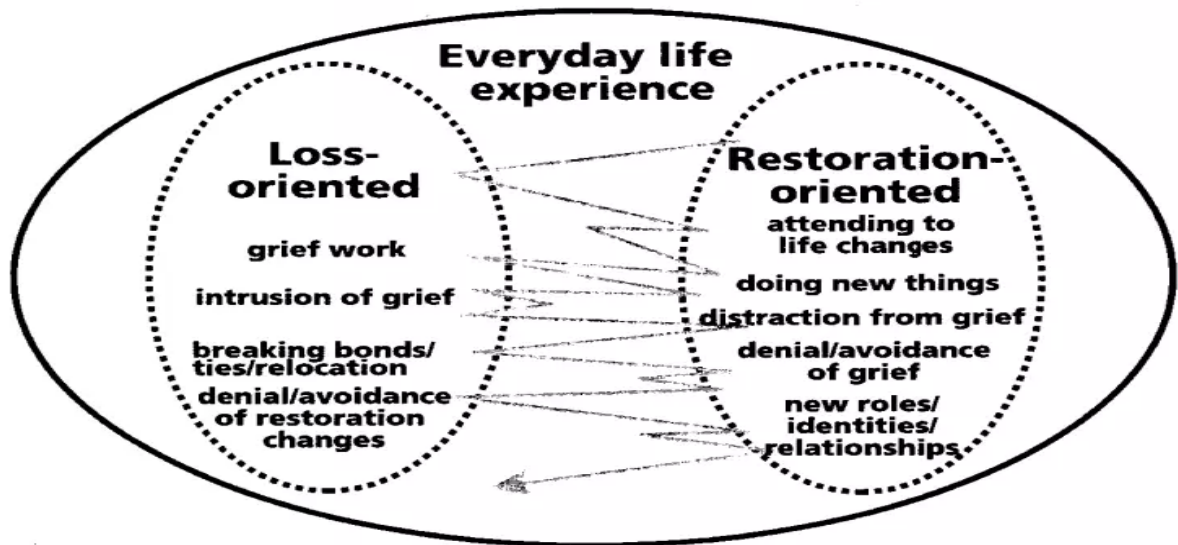


FIGURE 1 A dual process model of coping with bereavement.

22. **KIDNEY PAIN and ASSOCIATED KIDNEY PROBLEMS**

Kidney pain is felt in your sides, back, belly or groin. It's often mistaken for back pain. Kidney pain can be caused by kidney stones, kidney infection, an injury or kidney cancer. Kidney pain treatment depends on the underlying cause. Chronic kidney disease (CKD) is a long-term condition where the kidneys don't work as well as they should. It's a common condition often associated with getting older.

Symptoms include

1. weight loss and poor appetite
2. swollen ankles, feet or hands – as a result of water retention (oedema)
3. shortness of breath
4. tiredness
5. blood in your pee (urine)
6. an increased need to pee – particularly at night
7. difficulty sleeping (insomnia)
8. itchy skin
9. muscle cramps
10. feeling sick
11. headaches
12. erectile dysfunction in men

Check out the link below for extensive information on 'kidneys' and don't forget to contact your GP if problems persist. <https://www.nhs.uk/conditions/kidney-disease/living-with/>

23. **MENOPAUSE**

Menopause is when a woman stops having periods. It's a natural part of ageing that usually happens between 45 and 55 years old. The main treatment for menopausal symptoms is hormone replacement therapy. (HRT) Not all women need treatment. The problem may cause or overlap with mental health concerns. Symptoms are as follows:

1. Irregular periods.
2. Vaginal dryness.
3. Hot flashes.
4. Chills.
5. Night sweats.
6. Sleep problems.
7. Mood changes.
8. Weight gain and slowed metabolism.

Visit the following website for an in-depth understanding of the subject.

<https://www.nhs.uk/conditions/menopause/symptoms/>

24. **Moral injury**

Moral injury can occur when someone engages in, fails to prevent, or witnesses acts that conflict with their values or beliefs and when they experience betrayal by trusted others especially when this is perceived as avoidable, or they are powerless to change it Using deadly force in combat and causing the harm or death of civilians. Giving orders that result in the injury or death of fellow military personnel. Making critical life and death decisions, such as the

rationing of care to a limited number of patients. Post-traumatic stress disorder is fear-based. Moral injury is based in moral judgment, and having it requires a working conscience. The two can share some symptoms, like anger, addiction, or depression, but moral injury has no diagnosis or treatment protocols.

For more detail regarding moral injury, PTSD follow this link...

https://www.ptsd.va.gov/professional/treat/cooccurring/moral_injury.asp

25. **POLICE PENSIONS**

1. Survivor Benefits 1987
2. Child Pension Rights for those under 23 who lose their parents
3. DWP website access
4. See the NARPO website for survivor pensions and signposts to DWP. Injury on duty pensions/payments and travel insurance/jobs/leisure and general support/
<https://www.narpo.org/>
5. Click on the following link for a power point presentation concerning police pensions.



POLICE PENSIONS
June 2022.pptx

6. Contact XPS Administration (the current police pension provider) for police pension amendments, bereavement notifications, accruals, and forecasts. XPS = 0118 313 0700
<https://www.xpsgroup.com/>

26. **PTSD Post-traumatic stress disorder (PTSD)**

This is a mental health condition that's triggered by a traumatic event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event. In the police family, it is often caused by involvement in incidents with firearms, shootings, knives, extreme violence, bombs, explosions, fatal road accidents, child deaths, cot deaths, deaths involving limb severance and decapitation, suicide, and dealing with death daily.

On average an operational police officer can expect to deal with 85 incidents as described above in a 30-year operational career. i.e., approximately three per year, or once every four months.

PTSD may lead to isolation, and focused decision-making at the minor level which produces more anxiety (should I wear red shoes or blue shoes today) and vulnerability. Nothing in the mind sticks together. Therapy is required and medication may follow. Refer to medical practice when suspected. **EMDR (Eye movement desensitization and reprocessing therapy)** is a phased, focused approach to treating trauma and other symptoms by reconnecting the traumatized person in a safe and measured way to the images, self-thoughts, emotions, and body sensations associated with the trauma, and allowing the natural healing powers of the brain to move toward adaptive. EMDR therapy is an effective treatment option for people suffering from **anxiety, panic, PTSD, or trauma**. For more information connect to

<https://www.psycom.net/emdr-therapy-anxiety-panic-ptsd-trauma/>

For an extensive overview and understanding of **PTSD** follow this link provided by the National Institute for Health and Care Excellence (NICE)

<https://www.nice.org.uk/guidance/ng116/chapter/recommendations>

27. **RESPITE CARE**

The wellbeing section of the NARPO website takes you to the **RESPITE CARE** of the Police Mutual Foundation which is a charity supported by the Police Mutual Assurance Society. The websites mentioned in **DEMENTIA** provide short holidays for people suffering from dementia and their carers. The NARPO partner is exclusively The Police Mutual Foundation to which NARPO Branches can make recommendations. A medical diagnosis for dementia must be in evidence at the time of the application.

28. **SLEEP DISORDERS and CAFFEINE**

Natural sources of caffeine include coffee beans, tea leaves and cocoa beans. It also can be produced synthetically. Caffeine is a type of drug that promotes alertness. These drugs are called “stimulants.” Caffeine acts as an “adenosine receptor antagonist.” Adenosine is a substance in your body that promotes sleepiness. Caffeine blocks the adenosine receptor to keep you from feeling sleepy.

Caffeine begins to affect your body very quickly. It reaches a peak level in your blood within 30 to 60 minutes. It has a half-life of 3 to 5 hours. The half-life is the time it takes for your body to eliminate half of the drug. The remaining caffeine can stay in your body for a long time. Caffeine can have a disruptive effect on your sleep. The most obvious effect of the stimulant is that it can make it hard for you to fall asleep.

The effects of caffeine can occur even when you consume it earlier in the afternoon or evening. One study found that consuming caffeine 6 hours before bedtime reduced total sleep time by 1 hour. These effects also can be stronger in older adults. It takes their bodies a longer time to process caffeine. Regularly consuming high doses of caffeine may cause complications during pregnancy.

At high doses, caffeine can produce numerous common side effects. Follow the link for more information about ‘sleep disorders’.

<https://sleepeducation.org/sleep-disorders/>

29. **SOCIAL MEDIA**

Members who have social media accounts may wish to consider that whilst they are alive they can nominate someone to manage their account following their death. Researching the help and settings pages of such accounts will lead you to nominate a friend or family member able to memorialise or arrange the account to be removed by the relevant platform administrators.

When a member dies, they often leave behind a social media account. Family and next of kin should be advised to contact the social media platform and request that the account be closed

or memorialised. This can be achieved by negotiating the ‘Help’ section of the platform and searching for the bereavement section. Thereafter, follow the procedure to close the account. Platforms will require a scan of a death certificate plus any other authentication where applicable. Members should be advised to copy all photographs from the account to be closed if they so wish.

Closing such an account prevents hacking and discomfort to a family where the account is left open and unlawfully used by those who ‘impersonate’ others on social media platforms.

30. **STATE PENSION to NEW STATE PENSION**

Women born after 6.4.53 (new state pension) Men born after 6.5.51 (new state pension)

The ages came into effect in 2014

All others are State Pension, not new state pensions.

You need 35 years of National Insurance Contributions for a maximum state pension and must have a minimum of 10 years of NIC record to be awarded the pension

Old State Pension is currently (July 2022) £141.85 per week. This figure is merely a guide since it alters when adding a person’s Nat Insurance record plus SERPS/CONTRACTING OUT to GMP (Guaranteed minimum pension), and governmental decisions on an annual basis.

New State pension is (July 2022) £185.15 per week. This figure is merely a guide since there may be deductions displayed in the individual’s NIC record, i.e., less than 35 years.

NB Add pension credits to both pensions where applicable (means-tested)

Contact the following website for all matters regarding state pensions including deferred pension, additional state pension, age confirmation, and up to date forecasts etc.

<https://www.gov.uk/browse/working/state-pension>

31. **STATE BENEFITS (Quick reference note)**

The following are working-age benefits

1. Employment Support Allowance
2. Carer’s Allowance
3. Disability Living Allowance and Personal Independent Allowance are not means-tested and do not need a national insurance record for payment. i.e., they are non-contributory

32. **STRESS INDICATORS**

Stress is a feeling not a symptom of an illness.

1. Headaches
2. Loss of appetite
3. Poor nutrition
4. Disrupted sleep
5. Reliance on prescribed medicines
6. Emotion dysregulation

33. **STROKE**

FAST is an acronym used as a mnemonic to help detect and enhance responsiveness to the needs of a person having a stroke.

The acronym stands for

Facial drooping,

Arm weakness,

Speech difficulties and

Time to call emergency services

There are four types of Strokes?

1. Ischemic Stroke.
2. Transient Ischemic Attack or Mini-Stroke.
3. Hemorrhagic Stroke.
4. Brain Stem Stroke.

Apart from the useful mnemonic, there are other symptoms of a stroke. They include

1. Sudden weakness or numbness on one side of the body, including legs, hands or feet.
2. Difficulty finding words or speaking in clear sentences.
3. Sudden blurred vision or loss of sight in one or both eyes.
4. Sudden memory loss or confusion, and dizziness or a sudden fall.
5. A sudden, severe headache.

You can learn more about 'stroke' from the link below but remember it is a medical emergency and the best cause of action is to dial 999. As ever, early diagnosis leads to early treatment.

<https://www.stroke.org.uk/what-is-stroke/what-are-the-symptoms-of-stroke>

34. **SUICIDE**

Whilst recognising that many of the signs and symptoms relevant to suicide are discussed in this paper, consider using these websites to advise members in need of support.

1. <https://www.samaritans.org/>
2. <https://www.cruse.org.uk/>
3. www.andysmanclub.co.uk
4. Or call the National Suicide Prevention Helpline on 0800 689 5652.

35. **VICARIOUS TRAUMA**

Vicarious trauma is a term that is used to describe how working with traumatized clients and the effect it has on trauma therapists is a process of change resulting from empathetic engagement with trauma survivors. Anyone who engages empathetically with survivors of traumatic incidents, torture, and material relating to their trauma, is potentially affected, including doctors and other health professionals.

Common signs include but are not limited to the following...

1. Becoming overly involved emotionally with the patient
2. Avoiding listening to client's story of traumatic experiences

3. Difficulty in maintaining professional boundaries with the client, such as overextending self (trying to do more than is in the role to help the patient).

Strategies for reducing risk of vicarious trauma can be found at this link, <https://www.bma.org.uk/advice-and-support/your-wellbeing/vicarious-trauma/vicarious-trauma-signs-and-strategies-for-coping>

36. **WALKING FOR FITNESS / SELF CARE**

Walking is good for you, according to the American Heart Association, which concluded that brisk walking for 150 minutes a week can:

1. Boost cognitive function
2. Reduce disease risk
3. Lower blood pressure and improve cardiovascular health
4. Increase energy and stamina
5. Improve quality of life
6. Prevent weight gain
7. How Long Does It Take to Walk a Mile?
8. Aiming for a mile a day is a great way to incorporate more walking into your daily routine and to enjoy the benefits of being active. For beginners, a mile may seem like a long walk, but for most it's an easily attainable goal.
9. Most people can expect to walk a mile in 15 to 22 minutes. The average walking pace is 2.5 to 4 mph, according to the Centre for Disease Control and Prevention.

Follow this link for more tips and advice on how to get the best out of walking for fitness. <https://www.nike.com/gb/a/how-long-does-it-take-to-walk-a-mile>

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The following is a list of useful contacts covering a wide range of welfare issues.

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Mental health support

1. First Step 0300 123 9122
2. Samaritans 116 123
3. Borderline 01228 596900 info@borderlinecounselling.co.uk
4. Shout Text 'Shout' to 85258

Help with issues including:

Anxiety, depression, abuse, panic attacks, suicidal thoughts, self-harm, relationship problems, bullying.

5. MIND Connect 01228 370633 connect@cemind.org
www.cemind.org/our-services/connect

Substance and alcohol misuse

1. Recovery Steps 01900 512300 referrals@recoverystepscumbria.org
2. CADAS 0300 111 4002 contact@cadass.co.uk

Poverty and hardship

1. Carlisle foodbank Emergency number:
07512 552 449 hello@carlislefoodbank.org
2. MIND Connect 01228 370633 connect@cemind.org
www.cemind.org/our-services/connect

Homelessness/housing

1. Carlisle City Council housing and homelessness advice (during office hours) 01228 817200 Patient to contact
2. Carlisle City Council emergency homelessness advice (out of hours)
Can organise hostels/BnBs 01228 817373 (single males)
01228 817386 (single women and families)
3. Shelter Emergency helpline:
0808 800 4444 Website:
www.england.shelter.org.uk select 'get help' tab
4. Carlisle Key 01228 595566 admin@carlislekey.co.uk
self-referrals via phone or drop in at: Guildhall Chamber, 29 Fisher Street, Carlisle, Cumbria, CA3 8RF
5. MySpace 01524 784338 cumbria.info@myspacehousing.org

Sexual assault

1. Safety Net 01228 515859 www.safetynetuk.org
Service exclusion criteria: substance/alcohol abuse, convictions for sexual/domestic abuse, homelessness, living with or in relationship with alleged perpetrator in last 3 months, suicide attempt/self-harm resulting in hospitalisation in last 3 months, pregnancy.

Domestic abuse

1. Cumbria Domestic Abuse Partnership Info on website, follow hyperlink.
www.carlisle.gov.uk/Residents/Housing-and-Homeless/Cumbria-Domestic-Abuse-Partnership
2. Victim Support 0300 303 3797 Patient to contact
3. Outreach Cumbria 0800 345 7440 Patient to contact
4. National Women's Aid 0808 2000 247 Patient to contact
5. National Men's advice Line 0808 801 0327 Patient to contact
6. Cumbria police 101 or in emergency always call 999

Social support/wellbeing

1. Men in sheds Chris Harwood on 07810299755

www.restorecumbria.co.uk/men-in-sheds

Men in Sheds seeks to provide a safe space for men to come together, support each other and make things. They particularly welcome people who may be struggling with their mental health or who are lonely and isolated.

Carer support

N-Compass (Carlisle carers) 01228 542156 admin@carlislecarers.co.uk

Practitioner can refer via phone or email.

Other useful contacts

1. Citizen's Advice Bureau (Advice Line) 03444 111444 Patient to contact
2. Cumbria Law Centre 01228 515129 Patient to contact

Cumbria Law Centre is a community organisation offering free legal advice and representation to people who live or work in the county. They prioritise those on the lowest incomes and focus on civil, social welfare law in Housing, Debt, Employment and Welfare Benefit matters.

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