**NHS Education for Scotland**

**Talking about Bereavement Podcast Series – Transcript of ‘Supporting veterans and their families through a bereavement: A welfare officer’s perspective’ Podcast**

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**Speaker**: Colin Blackwood, Complex Case Manager, Defence Medical Welfare Service - East of Scotland / Welfare Officer, Victoria Hospital, NHS Fife

**LI:** Hello and welcome to the Talking about Bereavement podcast, which is brought to you by the Bereavement Education Programme in NHS Education for Scotland. I'm Lynne Innes, one of the educators in the team, and in these podcasts I'm going to talk about bereavement with our guests, who will be sharing and reflecting some of the work and learning they're involved in as they talk about bereavement.

**LI:** Hi and welcome to this episode of the podcast. I'm delighted to introduce my guest, Colin Blackwood. Colin is the Complex Case Manager for Defence Medical Welfare Service in the east of Scotland. He's been a welfare officer based at the Victoria Hospital in Kirkcaldy for just short of two years, having previously served with the Army for 33 years as a musician where his principal role was supporting state ceremonial events including the state funeral of Queen Elizabeth and King Charles’ Coronation. He did serve in various operational roles too, in Iraq, Northern Ireland and in Afghanistan. Hi Colin and thank you for joining me today.

**CB:** Hi there. Nice to be here.

**LI:** That's an impressive resume there and delighted that you've agreed to take part in this podcast. I wonder if you would expand on the introduction, tell us a bit more about yourself and how you've got to where you are. And then we'll maybe come to how you've got to the job, tell us a bit about your job as well but, but maybe start off telling us a bit more about yourself…

**CB:** Yeah.

**LI:** Which would be nice to hear.

**CB:** Yeah. So as I said there, spent a lot of time in the Army. Music was my life growing up, so it was always aiming towards being a musician through school and then I attended college. Left college, wanted to still perform as a musician and one of the options was to be on, join the forces. I had no military background whatsoever. I couldn’t even have told you the difference between infantry and cavalry when I joined up and it was a kinda quite a left field decision at the time. But it was one I'm really, really, really glad I made because it's kind of shaped my whole life, to the point where I'm still involved with the military and the veterans community now. So it's been an important part.

 **LI:** And what, what kinda you said you hadn't, you didn't have any previous experience of the military. What was it that kinda drew you or attracted you into the military at that point?

**CB:** It was the opportunity to be a performer, playing, playing the instrument. I had the opportunities when leaving college to go and become a teacher. Which is something sometimes I think I would have been, enjoyed later on in my career, but at the time having spent, but I felt like it was a long time at that point, I was only 22 years old, but studying to be an instrumentalist, I wanted to get the chance to get out there and perform. And I was fortunate with the role I had in the army, performed all over the world and to a lot of really nice places and kinda performed at the Edinburgh Tattoo 18 times. I was, I've been to Canada, America, Kazakhstan, most of Western Europe as well so.

**LI:** So lots of opportunities to…

**CB:** Great opportunities…

**LI:** …to play.

**CB:** …and kind of life shaping opportunities as well.

**LI:** And what, what was your instrument that you played?

**CB:** Trombone was my main instrument. I play piano as well but I was always slightly better on trombone, so.

**LI:** Okay, okay. And did you get the opportunity to play the piano as well or did you always select that, right.

**CB:** Yeah, I play, no…

**LI:** Right.

**CB:** …I, I play piano and different ensembles and everything like that throughout my time as well. So it was handy to be able to play the two instruments in that as well so.

**LI:** Yeah, yeah.

**CB:** But you can't march with a piano.

**LI:** A bit tricky isn’t it.

**CB:** Just a wee bit.

**LI:** Yeah, yeah. But you can march with a trombone.

**CB:** March…

**LI:** Yeah.

**CB:** …march lot of miles with trombone and a lot of strange places as well.

**LI:** And a lot of weather I imagine too.

**CB:** Yes. I spent 10 years based in Northern Ireland, so that is…

**LI:** Yeah, right okay.

**CB:** …it tended to be very, very wet across there. So you just got wet all the time.

**LI:** And then you've obviously it looks like you left the Army, I think you said you know about 33 years in the Army one, I suppose one of the last things that you might have done then was play at King Charles Coronation…

**CB:** Yeah…

**LI:** …was it?

**CB:** …the Coronation was the last, it was my, my last engagement in the Army.

**LI:** Oh, was it.

**CB:** So which was quite a nice way to finish after, after that length of time. I did Queen's funeral shortly before that, which was a huge public event. Certainly the biggest event that I was involved in, I think it will be probably the biggest event of its time now. I can't see kinda even the King's funeral ever kinda getting, being bigger than what that…

**LI:** Yeah.

**CB:** …was. The public kinda out pouring of sympathy towards the Queen…

**LI:** Yeah.

**CB:** …at that point was pretty huge. So we were involved in Scotland while, the, the body was moved back down South and then we were down in Windsor for the actual ceremony down there. And then I finished off a few months later at the King's, King's Coronation.

**LI:** Right, okay. And, and was that, was that a kinda bittersweet finishing then, you were saying it was nice, it was, it was great to play at that before you finish, but I imagine that was the thing that we you were, that was the event you were finishing at and did that feel sad too?

**CB:** I think I was ready to finish by that point.

**LI:** Okay, right.

**CB:** I, I loved my time. You don't do something for 33 years…

**LI:** Yeah.

**CB:** …if you don't, don't enjoy it. I get paid basically to play music in the morning and a lot of sport in the afternoon. It was my two, two hobbies growing up and I was lucky enough to be employed to do that. Okay, there's an awful lot over the top of that, but in the essence, that was my job. So I loved it. But nights out of the bed and time away from home starts to take its toll but it was, it was a nice way to finish.

**LI:** Yeah.

**CB:** It's nice to finish in a major public event…

**LI:** Yeah.

**CB:** …after all that time, so and I knew I was coming into the, the role that I've got now in, at the hospital here in Kirkcaldy so that was, I was excited more towards what was coming rather than what I was leaving behind.

**LI:** Okay, okay. And so tell me a bit about, tell me first of all about the Defence Medical Welfare Service. And then it would be really interesting to hear about your role in that, in the service and, and what you do.

**CB:** So Defence Medical Welfare Service, have been going just over 80 years now. It was an amalgamation between the Red Cross and St. John's Ambulance, and they've been embedded in most operational zones since the Second World War, with welfare officers supporting troops wherever there was a need for troops to be supported. In the last 10 years, that role changed slightly and we now have welfare officers based in hospitals and different projects right throughout the United Kingdom. So in some areas of the United Kingdom, they support the police force and blue light services as well. Up in Scotland, it's the veterans and serving personnel and their families…

**LI:** Okay.

**CB:** …that we support and we've got welfare officers based in, myself and my colleague here in Fife. We've got two welfare officers in NHS Lothian, welfare officer up in NHS Tayside who's new in post up there. We've also got a number of welfare officers through in Glasgow area, two in Lanarkshire and we're just looking at expanding into Dumfries and Galloway as well. And all projects are slightly different because they're all slightly differently funded.

**LI:** Right.

**CB:** But primarily we're all supporting veterans, their families and serving personnel as well within the hospital system.

**LI:** And is it charity funding then? Is it a charity?

**CB:** So the DMWS is a charity…

**LI:** Right.

**CB:** …an independently funded charity. And then NHS Trusts will then basically employ our charity within the hospitals. So in Fife there's two welfare officers and we support the NHS Fife area, the hospital primarily, but also the community hospitals and community as well.

**LI:** Okay.

**CB:** Because if we can be referred to veterans in the community it might prevent them actually having…

**LI:** Yeah.

**CB:** …to come into hospital.

**LI:** Yeah.

**CB:** So that's always the, what we're trying to do is provide the best support there is for veterans and by stopping them coming into hospital that'd be ideal.

**LI:** Yeah.

**CB:** So the earlier we get referrals and we can then get support to these people, the better.

**LI:** And so what is, what is your, I mean, you’ve told me a wee bit about your job there. What is the kind of extent of your, your role?

**CB:** Every referral’s different, every person is different. So every referral and every requirements going to be different. So my role as a welfare officer primarily would be I get referred to a veteran and say there in one of the wards in the hospital, I'll go and meet them, get introduced to them. Sometimes just the fact that I'm there and talking to them kind of opens them up a wee bit more. In fact, on Friday we get referred to Cameron Hospital to a patient that was nonverbal, according to the staff. He'd just been writing down notes and passing that back and forward. And the charge nurse there said he doesn't speak at all. We're trying to get him to come out his shell. I went into a room with him and he talked at me for 45 minutes and it was amazing. After not expecting him to say much, he just, but he sees me as a, a kindred spirit.

**LI:** Yeah.

**CB:** We've got, have a similar background. He was in the Army for 20 years so and he's got quite, not a sad life now, but I think he's quite alone and everything like that and I think he's found being in hospital daunting and just only seeing nurses and doctors. I think it was scaring him as much as anything maybe in there just gave him a chance to open up and offload a lot of his worries and his problems and everything like that, which I was then able to go back to and speak to the nursing staff and just discuss. And hopefully it'll be able to build up a better support package for him as he goes through the hospital system and ultimately discharge.

**LI:** Yeah.

**CB:** Hopefully.

**LI:** Yeah. And it kind of, it struck me when you said that he was, he spoke to you for 45 minutes that, that there was an almost a connection before you'd actually met, wasn't there? The fact that he knew that you were that kindred spirit…

**CB:** Yeah.

**LI:** …and that person that had also served in the, in the military and that there was and there was this really strong connection…

**CB:** Yeah.

**LI:** …and almost that trust, you know, before he had actually started to speak to you.

**CB:** Yeah, there's a trust there straight away because he recognises where I'm coming from. It's a similar place to him. There's other veterans, whereas I'll go in and I'll start talking to them and they might be a bit reticent initially, but then I'll be able to talk about somewhere they were posted, even just be a pub in that area or some, some part of the town. And that kind of takes them back to probably what was their military career and a lot of the situation was the happiest time in their life. It's a fond time. They look back with fond memories. So I'm taking them back to a place where they had a good, a good life…

**LI:** Yeah.

**CB:** …and hopefully just me sitting sometimes at the bed side to chatting with them, it just takes them out of that kind of environment of being in the ward and being unsure of what's happening to them. Usually they don't really know why they're really in the wards some of the time.

**LI:** Yeah.

**CB:** They don't know the full implications of that. So it's just, and even I'm different to family because family will come in and chat to them about the problems and just whereas I'm going in there and not really talking about their problems as much, I'm trying to pick up on the problems. The whole time I'm there, I'm trying to assess to see what support I think they're going to require, if there's anything I'm going to be able to do to get that extra support that they might require to, to leave hospital with sooner rather than later.

**LI:** So do you have access to different kinda…

**CB:** There's…

**LI:** …types of support for…?

**CB:** Yeah, there's different military organisations and charities that are there to support and they, they all offer slightly different things. So like you've got Legion Scotland in Scotland that’ll, I refer to them a lot of the time for befriending. They've got volunteers within the areas. So they, they do a lot more than just befriend them, but primarily for me, that's who I look to for befriending. You've got SSAFA, SSAFA offer a lot of funding. They go back to regimental charities and associations and look at getting funding for it can be anything from home adaptations, mobility aids that they can't, the veteran can't get immediately through the, the social state profession or anything like that. So it's I’m there to, to link up to organisations like that. There's other smaller organisations that I’ll go for more specialist support. Some that I can go for, for benefit checking and everything like that. Making sure the patient or the veterans getting the, the correct benefits and what they're entitled to and everything like that as well. They're not getting anything different from what the rest of the hospital population would get. They just get because there's a kinda niche wee kinda charities available, I can just link into them…

**LI:** Yeah.

**CB:** …and it's a case of I'll visit them in the hospital, try and link in that support as quickly as possible. But I'll also visit at least once when they go home just to make sure that everything they're telling me is true, because there's a lot of times they'll tell you that the world is absolutely wonderful when they get home because they're just desperate to go home. They don't want to put up any barriers at all to going home.

**LI:** Yeah, yeah.

**CB:** So I'm going there just to assess because sometimes they go home and you think it's not right, this, they need an awful lot more support than what they're, they've said they need and everything like that. So in that point, I can hopefully get other services involved, even sometimes going back to social work and getting social work involved as well, or even Care at Home involved if they’ve left hospital without any kind of care at home.

**LI:** Right.

**CB:** I can look to going back and saying just a minute there's, it's not quite right there. And cause’ the idea is to keep people out of hospital.

**LI:** Yeah, yeah, absolutely. So it sounds like a really comprehensive kind of service that you're offering people. And obviously this podcast is focusing on bereavement.

**CB:** Yeah.

**LI:** It’s the Talking About Bereavement podcast, so I suppose what I wondered what you can do to support people or the veterans who are bereaved or, or for people who are anticipating bereavement.

**CB:** It's again, everybody's slightly different and you, you have to change that support level depending who the, the person is. Sometimes they want quite a lot of support and just the chance for a listening ear. Some again, somebody that’s slightly different, they'll be able to talk about their worries because if somebody's become bereaved or they anticipate and getting bereaved, they've got hundreds of worries there. Sometimes if it's an elderly couple, one has done everything in that life for the, the parent. And so suddenly, if it's they can be left completely alone, not knowing where to turn to, who to turn to, where to get the support from, I'm just there at that point just to listen, sit and chat and be what the person needs me to be. Sometimes, if it's just a sounding board for them just to sound off that, that's fine by me. If it's again, I need to then go and get the support that they, they require. Sometimes it's just telling them the processes that they need to do because they don't have any thought before that's happened of what we need to be doing, how we need to be, who do we report things to, who do we speak to, who do we chat to? Even just getting a funeral director, just being that person…

**LI:** Okay.

**CB:** …that's there to give them that basic advice and everything like that. So it can, it can vary. Sometimes people don't really want that much support. They’ll just want to sit there in their own grief and kind of let the world happen around about them. But it's just trying to be as aware as possible to where, where I can jump in and where just to leave alone.

**LI:** Yeah. I'm just thinking, I'm often struck when I do this podcast because obviously I work as well as a healthcare, as a chaplain, how much people like yourself, how many times I've done this podcast and people tell me things that you, like you've just told me and I'm, I'm aware that people are actually offering spiritual care to, to the people that they're looking after, probably not realising…

**CB:** Yeah.

**LI:** …that that's, that's what you were doing, but that's what, that's what you're doing. And I’m struck again that that's, that's what's happening here, which is, is fabulous actually. So many people are, are, are recognising there is a need for that. But you know, you going along I think you said just sitting with them or…

**CB:** Yeah.

**LI:** …just listening to them. And we would always say there's never any just…

**CB:** Yeah.

**LI:** …you know, it's, it's a real kind of really valuable thing to be doing. So in terms of like, have you got any kind of strategies or any ways that you make sure you do this well? How do you, you know, in terms of offering bereavement support?

**CB:** It's just going by experience. And I, I struggle a wee bit with strategies because as I said, everybody's slightly different…

**LI:** Yeah.

**CB:** …and I don't want, if you go down, a tick box, I've done this, done this, done this, done this, yeah, you might cover most of the things, but you might also miss a lot of support that just that comes out in conversation. I try and find the conversation, you pick up more and the conversations basically my strategy and finding out what sort of support. I don't try and push my thoughts or what I think should be happening to whoever I'm talking to. I’ll try and get that feedback off of them to understand what they're looking for more in the support and everything like that. Obviously, if there's something major I'm thinking they're missing, then I'll try and push towards that at some point. Sometimes it's even just making sure they're getting the meals because they suddenly forget to eat,…

**LI:** Right.

**CB:** …forget to look after themselves because they're, they’re just consumed with their, their own grief and their own loss. The, the simple wee things and they end up running themselves down because they're not looking after themselves and their partner, their friend or whoever it was that was there, they're no longer there to have that eye on them as well.

**LI:** Yeah, to prompt them.

**CB:** Yeah, and they could just be sitting there, sitting in a chair, in their favourite armchair in that house, but not doing anything, not really living or anything like that. So it's just, again, there's no strategy in that. There's just kind of being there, the eyes on just to make sure that everything's okay.

**LI:** I was just thinking when you were talking about the, the partner might have died or, or the sorry the partner, wife or husband or whoever has, is no longer there, if it's the veteran themselves that has died, what, what kind of support do you offer to the families?

**CB:** We can link to likes of Legion Scotland if, if they want some military part of the funeral, if they've served a lot of their life and their career has been in the military, quite often they want some, usually quite small, but for them significant kinda support at the funeral, be it a Colour Party from the local Legion bugles, if somebody wants The Last Post played at their funeral, we can look to get that support. So we, a lot of that we go through Legion Scotland because they're the, they've got the volunteers in the local areas that will provide that sort of support. Again, funding, sometimes people don't have the funds set aside for a funeral like that. So again, that's where we would go to SSAFA or the RAF Benevolent Fund…

**LI:** Okay.

**CB:** …just to get that sort of financial help in that. So again, sometimes we get referred to veterans after they've died and, well to the family just after the veteran's died just on that, that they need that support and that wee bit of help. So the sooner we get that, the quicker we can get that support in place and to help fund any, any funeral costs or that. There always means tested but it's important that there's a lot of families don't have that provision for one reason or another. So it's a lot, there's practical support there for not just the kind of emotional support, but there's practical support there for getting things like that in place as quickly as possible.

**LI:** Right, okay. And in, in terms of, have you got any thoughts, I know you've been doing this job for a couple of years now, but if you've got any thoughts about are there, are there ways to do this even better around providing bereavement support.

**CB:** Yes, it's just that linking in quicker. I think…

**LI:** Okay.

**CB:** …would be the major thing. If I've been support, supporting a veteran for a period of time and they sadly pass away, I'll be usually anticipating it. But as I said earlier, there’s sometimes we only become aware of the requirement of the support, sadly after the veterans passed away. And if we could be involved quicker, even in the lead up to that veteran passing away, we could have things in place so it's smoother and all that supports there. It's, it’s the same with the family. We could be getting to know the family, getting to know the veteran so we, we’ve got a better understanding of their whole life and everything like that by the time that we're being asked to get involved, so it's always just that speed at getting things in place would always be better. And every day I'm learning, every day as a school day in this job. And as I said, I came into this job from a military background and a musician in the military. I dealt with bereavement in the military, but it was always very tended to be younger servicemen at that point going through Afghanistan and everything like that. So I've seen some part of bereavement there. Now in this job, it tends to be older veterans and everything like that. So I'm still learning, I’m still trying to adapt what support I can offer. And I don't say, I never think I've got it perfect in any way, shape or form. But every time I hopefully improve a wee bit and learn a wee bit more about how to support somebody and just take it from there.

**LI:** And have you got any place to defer people for like emotional support or, or if they, if they need, if you think they need additional bereavement, emotional support.

**CB:** There's a couple of organisations we can do, if they're actual veterans themselves, we refer a lot to Veterans First Point, they’ve got peer support workers right up to clinical workers there that can help and support very, very, very well to the spouses. Again, it's harder to find civilian kinda organisations that are there. We'll try our best to support them as best we can. We're always on the lookout for other support networks that are there and are available for them as well.

**LI:** Do you think there's any reasons that we might find it hard to kinda provide bereavement support?

**CB:** It's a difficult subject.

**LI:** Right.

**CB:** It's a subject that not everybody's comfortable with dealing with because it's just, it's not a good time in people's lives. It's that sense of loss. It's always hard to deal with. If you look upon it in a personal point of view, it's it can become pretty soul destroying. I used to find that when I was younger and playing at military funerals. I had to take myself as a person out the equation because I just found it very hard to do my actual job that I was there employed to do as soon as you personalise something. So it's just a difficult subject to deal with. And so you have to not become impersonal about it, but you have to try and look upon it as a professional role.

**LI:** Right, okay. And that's how, that's makes it a bit easier to do then for you.

**CB:** Yeah.

**LI:** Yeah.

**CB:** It has, it has to be because you can, you can get consumed in somebody else's grief quite easily as well, especially if you start thinking, oh, that could be my dad or that could be my son, that could be my brother. It’s, it's harder then to deal with that and kinda and look upon it in the wider picture.

**LI:** It's just a thought that was coming to me. I was thinking about my dad, who, you know, has been now dead 20 years, but he served what was it, what was it called when they had to, they had to serve.

**CB:** National Service.

**LI:** National Service.

**CB:** Yeah.

**LI:** Just couldn't think of the word there.

**CB:** Yeah.

**LI:** When did National Service finish, do you know?

**CB:** So National Service, if you're 85 now, my dad missed national service. He's turning 85 this year. But I think he was right in the…

**LI:** Right okay.

**CB:** …the cusp line. So I think 86 and over…

**LI:** Okay.

**CB:** …they served National Service…

**LI:** Yeah.

**CB:** …which and that generation sadly are dying out now...

**LI:** Yeah.

**CB:** …so, but there's still a lot of national service veterans out, out there and everything like that.

**LI:** That's what I was going to ask you, so are they, are they part of the veteran…

**CB:** Yes, very much so.

**LI:** Yeah, yeah for everyone who has done National Service.

**CB:** A lot, a lot of them don't, don't think that they're veterans.

**LI:** Yeah, that's what I wondered about, yeah.

**CB:** They don’t because that two years was when they were 17 and 18…

**LI:** Yeah.

**CB:** …which was an awful long time ago to them but they are veterans. To be class, classed as a veteran, you have to served 24 hours or more…

**LI:** Oh right.

**CB:** …in the military.

**LI:** So not long.

**CB:** No and we also support Merchant Sea, Navy Personnel as well.

**LI:** Okay.

**CB:** So, but no, it's it, it's not 24 hours isn't really a great deal of time, but…

**LI:** Yeah.

**CB:** …so.

**LI:** And that, that classes people as a, …

**CB:** Classes people as a…

**LI:** …as a veteran.

**CB:** …veteran, yeah.

**LI:** I think my dad, I suppose my, I remember my dad talking about it, but it was, we used to talk about, you know, when I did my National Service and it always seemed like a great hoot from what I remember but he never really referred to it as that was part of his profession or…

**CB:** Yeah.

**LI:** …his job or, or anything. You know, it wasn't, it just seemed to be something that had been done years and years before I was born.

**CB:** Yeah. I think at that time they looked upon it, they went through education, then you did your National Service and then life began. It was just part of the process to, it wasn't really looked upon as being an occupation. Quite a few of the veterans I’ve spoken to that did their National Service, they picked up trades during that National Service time…

**LI:** Okay.

**CB:** …that then became their, their career or anything like that. So for them it was probably life changing.

**LI:** Yeah, yeah, yeah, yeah.

**CB:** And there's, there's a lot of people join the military from a lot of different backgrounds, even now, and that wee time in the military that changes everything for them, their whole life plan gets changed because of that, usually for the good as well and they end up getting some really great qualifications out it, which allows them to do some good jobs, well paid jobs after just a number of years within the military, so.

**LI:** Yeah, and I suppose it's that thing before there's life, there's life before the military and then life after the military.

**CB:** Yeah.

**LI:** And that can look very different…

**CB:** Yes, yeah.

**LI:** …for people afterwards. Just as we finish, is there anything that you've kind of wanted to say today that you've not been given the opportunity to, is there anything you'd like to finish off by saying about supporting people through bereavement.

**CB:** It's just, I think it's important that we're there and people know to contact us within the NHS. So, there's, look out for DMWS welfare officers within wherever they worked, because we do have access to a different option at times and a different level of support. Not anything more particular than anybody else gets, but it's just into that niche the, the military side of it we can get that bit more support and that hopefully will make the a) the funeral possibly better or the level of support that the person receives afterwards slightly better as well.

**LI:** Okay, thank you so much Colin for joining me today. That's been really interesting to hear about what, what you do and what your role involves. And, and, and thank you so much.

**CB:** No, thank you for having me.

**LI:** No, you're very welcome.

**LI:** If you'd like to listen to more episodes of this podcast, you can do so on Podbean or Spotify, just search ‘Talking About Bereavement’ or if you'd like to find out more about the NES Bereavement Education programme or have any questions, please get in touch or check out the Support Around Death website at [www.sad.scot.nhs.uk/podcast](http://www.sad.scot.nhs.uk/podcast). Until the next time, goodbye.

The podcast was recorded in February 2025 and can be found at <https://www.sad.scot.nhs.uk/podcast/> or <https://open.spotify.com/show/11AORpjHqbsYwgg1DJUtLk?si=687dba351d1f45d4>

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