

Findings from the Bereavement Pathways Project local networking event held in Hertfordshire on 10 September 2008

Question	Answers and information	Organisation/role
What bereavement support do you offer?		
	Commission services with volorgs for counselling; build good working relationships with users	PCT Commissioning Manager
	Family bereavement support service for when baby/child dies; when child/YP is bereaved - info, support, work with families	Child Bereavement Charity (Bucks/Herts)
	Bereavement support offered to families and individuals by trained social worker/psychotherapist	Carers in N&E Herts Hospitals
	Bereavement support for families when baby/child dies; support within hospital for neonatal deaths; home visits	Formerly paediatric and neonatal nurse
	Support for Cruse BVs and their supervisors	Counselling supervisor
	Helpline/telephone support; one to one; groups; home visiting; children and family group work; schools; resources for professional training	St Albans District Bereavement Network
	Registration information and guidance; correct and sufficient docs; signposting to support services; what to do next, i.e. funeral arrangements, etc	Registrar service
	Management of bereavement offices; development of policies and processes; training and education for staff and support; support info for relatives; community links to coroner, registrar, funeral directors	Cruse
	Telephone support, bereavement visiting, counselling, family therapy, children's therapy, art therapy, chaplain support, pre and post bereavement	Hospice of St Francis
	For non-religious or cross-religion, civil funerals with celebrants somewhere between humanist and parson	Civil celebrant
	End of life care, nursing/GP support, handouts from funeral services,	Verulam House private care home
	Family support services, one to one, pre and post bereavement, support groups, support for children	Iain Rennie Hospice at Home
	Contacts, help with funerals, referrals for counselling	Watford African/Caribbean Assoc.
	We refer to Cruse for Bereavement Support for people who present with bereavement as a feature We see people with pathological grief We refer to generic counselling services We see relatives of people who commit suicide We have a specialist loss and bereavement service for people with learning difficulties	HPFT
	Telephone advice to families/professionals (E Herts) Training/support to professionals already working with individual young people who may have been bereaved CATS group - Child and Teenage Support - twice a year for children and carers who have been bereaved in any way Bereavement support to adults where a relative has been known to the hospice (more detail coming)	Isabel Hospice

	<p>Child Bereavement Project offers family one to one support to those known to the hospice; a revolving door service offered at any stage following bereavement</p> <p>Support, information, counselling and family interventions for patients and their families, including children, for those with specialist palliative care needs caused by life limiting conditions. This is provided by specialist social workers, counsellors, chaplains, art therapists and family therapists.</p> <p>Proactive bereavement service for families of patients known to the hospice. They can receive information, one to one and family counselling or supportive listening.. A weekly social group for older people and a monthly social group for those of working age. There is also telephone support and an annual memorial service. We contribute to national and international conferences.</p> <p>The Childrens bereavement service CATS is a member of the Child Bereavement Network. It offers bereavement support to any bereaved child in East Herts. This includes one to one support, family and groupwork. Staff includes specialist social workers, art therapists, nurses, doctors and trained volunteers. The team also provide consultation, training and supervision to health and social care organisations as well as to schools and colleges.</p>	
	<p>Bereavement support to relatives of those who die in hospital; arrange completion of med certificate for cause of death</p> <p>Provide bereaved with information about services, community and within the hospital</p> <p>Bereavement support following S&TD and suicide</p> <p>Arrange funerals for those with no NoK</p> <p>Arrange baby funerals</p> <p>Accompany families in discussion about post mortems with doctors</p> <p>Provide written and verbal info, eg coroner involvement, registering a death, etc.</p> <p>Phone and one to one support (conversations)</p> <p>Support following deaths in the community</p> <p>Arrange for and accompany bereaved to view the body in hospital viewing room</p>	E&N Herts
	<p>Visiting service in client's home</p> <p>Family support</p> <p>Hospice bereavement service - one to one counselling at hospice and in community for all bereaved within SW Herts</p> <p>Helpline; regular and follow-up calls</p> <p>Social Group - Doves Club monthly lunches</p> <p>Advice for schools; training for teachers</p> <p>STARS programme for under 12s - six week course</p>	Peace Hospice
	<p>Chaplaincy and Macmillan support pre-death</p> <p>Chaplaincy support to parents following child death</p> <p>Bereavement workshops for staff</p> <p>Bereavement booklet when first bereaved with certification process and referral contacts</p> <p>Bereavement leaflet: "What is normal?" to explain how people might feel</p> <p>Links between acute service and voluntary bereavement networks</p> <p>Women's counsellor for parents who have a baby die</p>	West Herts
	<p>One to one bereavement support to adults for as long as they need it</p> <p>Confidential and free</p>	Cruse Herts

	Access via helpline (24 hr helpline)	
	24 hr listening service for anyone distressed for whatever reason	Samaritans Herts/Essex
	Bereavement Friendship Group contacts bereaved 6-8 weeks after bereavement Number of bereaved get ongoing contact Jewish bereavement counselling service on one to one basis	Bushey United Synagogue
	Company on the journey for patients and family Prayer support before/during/after Funeral help and info Naming and blessing and funeral services for babies Information/signposting Annual memorial services (supported by staff)	Chaplaincy, E&NH Trust
	Immediate care at bedside and during the following days/weeks Support for bereaved on return to hospital/viewings Support during preparation of funeral Very occasional ongoing support and counselling Twice a year memorial service for bereaved parents	West Herts Hospitals NHS Trust
	Family support at time of death Spiritual support at time of death as required Condolence cards from ward member Follow up letter and invitation to talk/meet staff Open door policy Funerals for neonatal deaths and open door follow-up	Addenbrookes
	Spiritual and religious support for the Hindu community, preferably post-bereavement	HKT
	Funerals, dressing, viewing, arrangements, support, advice Pre-funeral advice - what to, how to Post-funeral advice - memorials, dispersal of cremated remains, SABN leaflets At need advice - How we can, what we can/will; leaflets; support groups	Halls
	Training sessions for health care professions and schools Advocacy School liaison Debriefing sessions Pre Bereavement: work with terminally ill patients to help them prepare their families; support for carers Bereavement support: card, follow-up letter; play therapy for children; counselling for young people and adults Spiritual care - "time to remember", benefits advice; letters; reports for schools/employers; telephone contact; bereavement visits; family meetings Groups: carers' group; bereavement groups (under review)	Grove House
	Explanation of procedures Comply wherever possible with wishes at post-mortem Accompany throughout police and coroners identifications - explain aftercare Policy to be supportive and honest specifically relating to sudden death - person rather than phone	WHHT Mortuary

	Giving any relevant info to help bereaved, responding to special requests	
	Pre-bereavement support with assessment of capacity in conjunction with Macmillan team to ensure choice and support; recognition of Advanced Directives; education re new legislation Post-bereavement: signposting if requested; meetings with bereaved to discuss issues and concerns (informal)	WHHT Matron
	Pre-bereavement: spiritual support for inpatients, day patients, outpatients, hospice at home patients Quiet Room Information on funerals Carers' group monthly One to one and face to face Some family work Some telephone support Family defined by patient/children Support/counselling appropriate for complexity of issues Library Referrals on/signposting Most support at hospice but also home visits Plan bereaved group next year Annual service of thanks-giving/remembrance Book of Remembrance Anniversary card at first anniversary Lights of Life annual service in December For hospice deaths - info on what to do after a death Condolence card with bereavement info leaflet included Bereavement support for bereaved of hospice patients includes those known to hospice but referred elsewhere, eg nursing home, hospital, own home	Garden House Hospice
What works well? What works less well?	Relationships with GPs and mental health teams; common assessment framework for young people;	
	Funding for children	
	Registration service advice on formal practical processes; some literature provided Civil funerals - some support for family in discussion about funeral	
	Little bereavement support as such	
	Short term support	
	Bedside support	
	Parish support	
	Infant funerals (foetal)	
	Funerals for misc/neonates - memorial services for all deaths	
	Links to palliative care	
	Community links and contact	

	Bereavement group open-ended	
	Trained volunteers	
	Literature	
	Chaplaincy visiting wards routinely; offer Eucharist and sometimes refer back to Parish	
	Very important that support workers/visitors are "cared for"; essential that ongoing support/supervision is provided for them	
	Being informed prior to anticipated death enables support before, during and after for the family	
	Common assessment form for children (need one for adults); communication and process with external agencies, eg funeral directors, coroner, registrar	
	Able to offer support both within hospital and on home visits for as long as required	
	Recognising value of end of life and bereavement care, how it repairs some of the damage of bad hospital experience	
	Cross-agency meetings, discussion, feedback; helping people in isolation; sharing of experience so staff can be informed of the impact of their care	
	Good communication with bereavement services at the hospital; flexibility of hours for weekend support to meet religious and cultural needs	
	Implementing networking between agencies; bereavement forms included in N&E Herts "Infoflex"	
	Flexible choice for family; relocation of support, ie home, community premises	
	LCP and GSF improves EoL care and GP management with focus on individual's needs, symptom relief, pain management, and family involvement; better outcomes for bereaved people	
	Umbrella to liaise and encompass variety of professionals, multi-disciplinary teams, confusion of parties	
	An independent bereavement service without agenda or affiliations	
	Info packs everywhere	
	Bed blockers - a widely used insult to elderly/terminally ill people	
	Good initial response	
	Good range of localised provision	
	Good initial information given out at hospital	
	Distributive model	
	Range of expertise	
	Bereavement questionnaire	
	Dedication and enthusiasm	
	N Herts, Dacorum - no children's service	
	Variable service	
	Sudden deaths - lack of services	
	Need to manage capacity - supply and demand	
	Limitation of innovation in statutory services	
	Ad-hoc funding	
	Working with cultural difference	
	Time pressures!	
	Giving valuable info	
	Good relationships across organisations/services	

	Cadaveric donation	
	Baby boxes	
	WHHT - no religious facilities	
	Not 24hrs support/services (inc hospices)	
	Need to support staff through inquests	
	Cards - could do more and better	
	Two tier system/service hospice/hospital bereavements	
	Inequalities between cancer and support/services with other terminal illnesses	
	Cremations - getting things moving fast for cultural requirements	
What is missing?	Premises for counselling	
	Private space to meet families in hospital; joined up thinking between different specialisations	
	Knowledge of what services are available and how to access them	
	Pre-bereavement assessment of post-bereavement in hospital; no assessment forms for bereavement support; who should be completing the form?	
	Communication between all stakeholders missing and needs great improvement	
	Cross-boundary communication; recognition of value of voluntary sector, eg GP referrals of 60-80%	
	Recognition of the need within bereavement and response	
	Info, advice or leaflets - not given on counselling services available	
	Advice, counselling, support, not given when a loved one is in the process of dying	
	People 'pathologise' bereavement; pre-bereavement assessment needed; training needed	
	Professional networking infrastructure - cross-sector, ie voluntary and statutory to help providers and service commissioners; share info on service mapping, capacity, systems, etc.	
	Mainstream workforce training/awareness re responding to death	
	Someone to act and to build the bridges between voluntary and professional bodies to reduce time and focus on service delivery	
	Adequate support and supervision within the NHS	
	24 hour burials not available outside cities	
	Information on procedures, contacts, how to	
	Lack of cultural/religious awareness of different peoples	
	24 hour service with link person/someone on call any time	
	Smooth transition from acute to long term care	
	Access to good bereavement care for all	
	Bereavement risk assessment and necessary skills	
	Standard practices	
	Questionnaires, evaluation, audit	
	Uniform funding	
	Adolescent bereavement care -sketchy	
	Bereavement care for BME communities	
	Role of GP - lack of understanding	
	Suitable free premises	

	Ongoing bereavement care for inpatients	
	Timescales - waiting lists?	
	Outside hospital setting - unexpected deaths/accidents; suicides/murder/manslaughter	
	How to find support - more use of advertising, promotion, FLOs	
	Education about death, particularly professionals	
	Need to normalise death	
	Clinical supervision	
	Funding - worthwhile to continue	
	Hidden grievors	
	Plan funeral - no direct follow-up	
	Quality control!	
Good practice/innovation	Gold Standards Framework	
	Registrar on site at hospital for deaths and births; communication between services, observing confidentiality	
	Funeral directors who are culturally aware and well informed	
	LCP and GSF good way forward with communication and family involvement - increasingly used in last couple of years - good for patient, relatives and professional and continuing care	
	Pre-bereavement work: therapies, planning ahead, help in planning ahead, advanced directives	
	Cards for bereaved	
	Attendance of home care staff at funerals	
	Risk assessments to identify levels 1-3 with different approaches	
	Civil celebrations for choice, multi-cultural/religion families, people without strong faith, etc.	
	CATS/STARS (support for young people)	
	Positive exploitation for innovation (vol sector)	
	Bereavement network (WHHT)	
	Funding for specialist Cruse support for suicide survivors	
	Networking days	
	Forming relationships	
	Follow-up service: condolence card immediately; letter in six weeks	
	Support relatives on meeting consultant	
	Offer Advise Inform	
	Play therapy/space/Stars, etc	
	Keech Cottage	
	Light up a Life; Tree of Life	
	Baby remembrance services	
	Family focus - trees, benches, commemorative activity	
	Feed Everyone - Feast at Temple	
	Baby boxes	
	Resource boxes	
	Cadaveric donations	
	Pre-planned funerals	

	Information, honestly	
	Mentors - carers for carers	
	Training for medical students	
	WHHT Steering Group with coroners, community leaders attending	
	Met Police procedure for cot death at home - officers trained to be supportive and work with health visitors	
	Confidentialiaty Supervision People's Service Access to additional services	
	Events like today to discuss areas along the bereavement journey and differences	
	Register office care when parents have to register birth and death of a child	
	Memorial service and condolence cards	
	Sharing - training, education and support	
	Fast track release of deceased for religious/cultural reasons	
	DVD for staff and relatives on coroner / inquests	
	Each and every case treated with compassion	
	Working in partnership	
	Neonatal funerals (foetal); memorial services for all deaths	
	Support for relatives meeting consultant	
	Letter after six weeks	
	Bedside support and links with palliative care	
What would help smooth the journey?	Contact details of people involved in the bereavement journey	
	Communication respecting confidentiality	
	Support/info on 'what comes next', practically and emotionally	
	Common assessments; evaluation	
	National Bereavement Website	
	Tailor-made information	
	Advanced planning to reassure patient and family	
	Help for families to overcome the difficulty in tackling issues	
	Training for faith leaders to be informed about the processes	
	Sudden and Traumatic death - no chance to plan or prepare so strategies to cope	
	Bereavement service at every hospital and liaison with A&E	
	Follow the maternity model	
	Join up the separate parts	
	Continuity between services and no cul-de-sacs	
	A bi-monthly steering group to share best practice, feeding to a larger group to develop strategic direction	
	Send out information	
	Prepare bids to commission groups, etc	
	Governance role with standards	
	Focus groups for service users	
	Using established links (community development workers) to work with different cultures and cascade expertise	

	Greater cross-referral		
	Edges of county interface		
	Area transport		
	Satellite services		
	Links with national charities		
	Improving links for sudden death, eg police		
	Review previous year plan		
	Finances		
	Mortuary and chaplaincy 24/7		
	Training		
	Dedicated staff/offices		
	Registry offices 24/7 in hospital		
	Equity of services		
	Purpose-built facilities		
	Awareness of other faiths/cultures		
	Take fear out of PMs, death and dying		
	Going into schools		
	Trusts mirroring hospices		
	Community support for sudden deaths		
	Better training for doctors around PMs, coroners, death certification		

Diagrammatic flipchart from a workshop

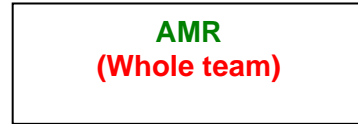
Review previous year plan?

BPS Audits

*Staff consult

Service plan

Targets progress



Management team?

Staff reps?

Review previous year's targets - ongoing issues
taken forward
Feedback
Set targets

Service specific..(4)?

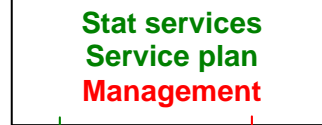
Corporate services plan

County plan

Member challenges

Corporate objectives

Performance (unit specific)



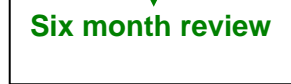
Unit objectives

- Coroners]
- Land charges]
- Registration]
- Elections]
- Citizenship]

How do we decide strategic target?
Who decides?

AMR x 4 report!

Feedback to
working parties



Staff consultation
Service specific targets
Unit working parties?

How do we decide upon service targets?
Make them real?
Link to quality commitment + BPS
Link to 'Hertfordshire Standard'
:Link the 'Citizenship Standards'
Link to Audit Commission K & Is
Land charges



Conclusions from plenary:

- Formalise today's beginning, possible through county-wide group and locally based steering groups to feed in info for mapping.
- Also using current networks and building on them
- Website with resources for bereavement
- Use electronic means for networking/info sharing and ongoing info exchange
- Develop areas of good practice
- Need more consistency

Proposed stages:

1. Map
2. Think about need
3. Get everyone (inc. those not everyone here)
4. Use Herts Partnership Trust
5. Get funding for a post to put in the groundwork
6. Common assessment
7. Assessment tools (Mt Vernon has done work on this and is willing to share)