

Cruse Bereavement Care

Bereavement Care Manifesto 2007

A challenge to all parties and candidates:

No-one ever forgets how they were treated after the death of someone close.

You can meet the challenge by supporting Cruse Bereavement Care to:
Care for the life that is left.



Bereavement - a public policy issue

Death and taxes, it has been said, are the two certainties. During any election campaign, there's plenty of talk about taxes, but who has the courage to talk about death? Yet each year there are 600,000 deaths in the United Kingdom. Let's say that there are three people profoundly affected by each of these and that no-one "gets over" a major bereavement quickly. At any one point in time, there are 1.8 million UK citizens (three people in every hundred) for whom that significant first anniversary is a major preoccupation, and others who will be facing adjustment to their grief and loss for long after.

Bereavement – a health issue

There have been welcome reductions in the death rates from heart disease and cancer, and a government commitment to doubling the investment in palliative care services. The prevention of untimely death from avoidable illness, and improved end of life care are to be welcomed.

These measures must be accompanied by a commitment to and real investment in bereavement care, provided directly by NHS Trusts, and by voluntary services in the community. Bereavement is an event we must all expect. Bereavement is not an illness, but Cruse believes that bereaved people are entitled to the following health care provision:

- information
- respect, recognition, and informed consideration
- comfort, consolation and support
- access to appropriate services
- skilled assessment to maximise the prevention, treatment and management of post-traumatic stress disorder, clinical depression and suicide risk. These conditions are costly in terms of individual suffering, family breakdown, health care costs and lost productivity.

Responsibilities of Health and Social Care providers

All health care trusts should be able to demonstrate the following through their bereavement care policies and procedures:

- A programme for providing mortuary facilities which are accessible, dignified and facilitate access, care, comfort and privacy
- Appropriate identification and recognition of those most affected by a death, especially when the person(s) concerned may not be the legal next-of-kin
- Swiftly provided clear information on death registration and sources of help, including:
 - The maintenance of an up-to-date register of locally provided community services, and clear referral procedures
 - Easy access to literature from relevant bereavement agencies.
 - Commitment to the Strategic Agreement - ***Making Partnership Work for Parents, Carers and Service Users***

Partnerships with Cruse Bereavement Care

Cruse Bereavement Care is committed to working within the Strategic Agreement - *Making Partnership Work for Parents, Carers and Service Users*, and already has a sound track record which fits its requirements. Of the 20,135 people receiving longer term help from Cruse in 2003-4, 59% were told about our services by a health or social care professional (usually their GP). The Agreement envisages that charities will have an increased role in service provision, and stresses that *a one-size fits all approach is no longer acceptable*. Cruse aims to put this into practice by offering services which are accessible, flexible, non-stigmatising and cost-effective. These are:

- On-line access to information at www.cruse.org.uk
- Confidential Day-by-Day Helpline 0844 477 9400
- Free leaflets available though the helpline, from local Branches or from Cruse Central Office
- Individual face-to-face bereavement support from a Bereavement Volunteer
- For young people, on-line access to information and support at www.rd4u.org.uk
- For young people, a freephone helpline 0808 808 1677
- Welfare rights information
- Support in a bereavement group
- Information about other agencies who can help.

In total, during the year 2005-6, Cruse Bereavement Care received over 187,630 enquiries. Those not directed at the Helpline - which received over 90,000 calls - were dealt with by our 128 local services across England, Wales and Northern Ireland. This demand grows year on year. Cruse receives welcome funding support from Government Departments, but this has not kept pace with the demand for our services.

In the spirit of the Agreement, Cruse is seeking:

- The establishment of a national forum for bereavement care policy, to build on the *UK Standards for Bereavement Care*, published by Cruse and other bereavement organisations in 2001.
- Clear local partnerships with health and social care providers.
- Fair local service level agreements and a national funding framework for the maintenance of bereavement care standards.

Our track record has been recognised in a Department of Health survey, which described Cruse as: “the most commonly cited example of a high quality external service.”¹

Bereavement Care in Practice, a Cruse publication for those providing bereavement services, was commented upon as follows by Sir Liam Donaldson, Chief Medical Officer:

¹

Bereavement Services Report, Department of Health, June 2003

“I am sure it will raise the standard of bereavement care generally and will help alert colleagues across the NHS to the breadth and quality of service Cruse are able to provide.”

Bereavement Policy in other settings

In addition to our partnerships with health and social care providers, Cruse has contributed to:

Department of Work and Pensions projects

The Home Office consultation on burial law

The Review of Coroners and information for bereaved families

The Cabinet Officer Regulatory Impact Report – *Making a Difference – Bereavement* (March 2005), which recognises our expertise in bereavement care and training

The Relatives’ Reference group in Northern Ireland

Health policy forums in England, Wales, Northern Ireland and Scotland.

All public services and businesses dealing with bereaved people should have a bereavement awareness training policy. This requirement should apply, amongst others, to:

Health and social care professionals working in all institutional settings and in the community

Prison staff

Teachers, lecturers and pastoral care professionals in all schools and further and higher education settings

Police Officers

Coroners and their officers

Managers and staff of cemeteries and crematoria in the private and public sectors

Staff of the Department for Work and Pensions

Funeral providers

Providers of insurance

Traumatic Death and Disaster support

Cruse Bereavement Care has substantial expertise in providing support after traumatic death (suicide, road death, and homicide), and after events involving multiple deaths. Following 9/11, Cruse volunteers were congratulated by the Prime Minister for their work in New York.

Following the 2005 tsunami, Cruse volunteers were quickly mobilised to work in partnership with police officers at Heathrow, providing support on two shifts per day for 10 weeks.

Prisons

The Cruse Helpline is one of a small number of Helplines to be available through the Prison Service PIN system, providing welcome support in circumstances where bereavement is particularly isolating.

Volunteering

Cruse Services are provided by 5,000 trained volunteers. We are all affected by bereavement; volunteering for Cruse offers an opportunity to make a positive contribution in local communities. Cruse Bereavement Care is an organisational member of the British Association for Counselling and Psychotherapy. We intend to play our full part to ensure that the forthcoming regulation of counseling does not stifle voluntary talent.

Cruse Bereavement Care in England, Wales and Northern Ireland and Cruse Bereavement Care Scotland maintain good relationships with all Government Departments and with local health and social care providers. We look forward to the productive continuation of these partnerships and to improved treatment for bereaved people.

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