

# Cruse Bereavement Care

## Response to the Ministry of Justice consultation on Cremation Regulations, Consolidation and Modernisation

### About Cruse Bereavement Care

Cruse Bereavement Care is the major bereavement organisation, providing information, bereavement support and bereavement counselling throughout England, Wales and Northern Ireland. The organisation is a training provider to public authorities, other charities and businesses whose responsibilities bring them into contact with bereaved people.

Cruse Bereavement Care has **5,457** volunteers working through around **130** branches and areas throughout England, Wales and Northern Ireland.

Over **half a million** hours were given by volunteers in 2006-07.

In addition to supplying initial information and support to **87,386** enquirers, **22,751** clients were given face-to-face support by Cruse local services.

The Helpline is currently answering calls at a rate of almost **17,000** a year. Email support is becoming increasingly important, and **8,882** messages were responded to in 2006-07.

The rd4u message board for children and young people saw a **61%** increase in messages posted to almost **2,000**, and **1,314** children under 18 were supported by local services, an increase of **71%**.

As in previous years, the largest single group of clients was adults who had lost a parent, followed by adults who had lost a partner. Among our clients under 18, almost **60%** had lost a parent.

Whilst cancer is the commonest cause of death giving rise to bereavement among our clients, **sudden and traumatic death, caused by suicide, road and other accidents, homicide and disaster, represented a disproportionate share of the bereavements for which our clients sought support – about 12%**.

**The majority of our clients – 63% – seek help within one year of their bereavement**, but our support continues to be sought by bereaved people at any time after the death, with **3%** of clients receiving support more than 10 years after the bereavement.

### General Comments on the consultation

We have major concerns about the timing uncertainties given recent and current consultations on:

***Statutory duty to report a death***

***Cremation Regulations***

***Death Registration***

We support the right of bereaved people to inspect medical forms, and therefore, have said so below, in response to that specific question. However, we question whether an amendment to the Cremation Regulations is the best way to introduce a new and important right. Would this not be better introduced as part of the responsibility of the new Medical Examiner proposed in the DoH paper on Death Registration reform? Surely the right should apply to burial as well as to cremation? We reserve our position on this until we know more about timing. We understand that the roles of medical referee (revised Cremation

regulations) and medical examiner (death registration proposals) will not co-exist – the answer to the questions as to whether separate reforms of cremation regulations are worthwhile will only be possible when the difference between the timescales for the two changes is clearer.

**Question 1. Do you consider that giving families the right to see the forms prior to authorisation by the medical referee is practicable and useful?**

Comments: Yes; it is in line with good practice and the rights we advocate for bereaved people, which include:

- Information about the death and the surrounding circumstances
- Information about the official processes surrounding death and support (if required) in dealing with them
- Support in meeting the requirements of religion, culture, community or personal beliefs

We have concerns about the estimates of number of families who may wish to examine the forms included in para 21 on page 26. We understand that this that these have been compiled on the basis of casework which reaches the Ministry of Justice and visits to crematoria. This is entirely reasonable, but:

- Estimates based on exceptional cases running through the current system may turn out to be very different when a new system is in place. Changes in the system will affect the supporting information which is routinely distributed (e.g. What to do After a Death, etc.) and this will lead to a rise in expectations.

We also have concerns about Regulation 17 (2) We believe that 48 hours is too short a time to allow for the bereaved person to inspect a certificate. The largest group of Cruse clients are adults whose parents have died. Many of these people live at considerable distance from the crematorium involved. We believe that bereaved people will be anxious not to delay the funeral, and that therefore, given a longer limit (e.g. 72 hours) that they would act as quickly as they could. We also think that this issue would benefit from clarification of the meaning of the word “inspect.” We hope that, with so many electronic methods now possible, that this does not assume physically visiting an office and inspecting paper. Electronic access to the information, which could be controlled by log-ins, would certainly help in terms of speed and access. It would of course need to be backed up by telephone or email access to appropriate explanations.

**Question 2. Are there any amendments which might make the proposed process referred to in Question 1 more effective?**

Comments:

There are arguments for saying that families should pro-actively be offered an explanation rather than having to ask for it. Certainly, it is the responsibility of those dealing with the death to explain matters to the family at an earlier stage. Most deaths occur in hospitals, and the development of an End of Life Care Pathway across all Trusts is relevant to what happens at a later stage. Strategic Health Authorities are now being asked to set out their vision for End of Life Care, and they should be responsible for ensuring that Local Trusts:

- Have End of Life Care policies which offer good quality explanations about the circumstances of the death
- Ensure that all those dealing with bereaved people are well informed about local cremation and burial facilities and procedures.

Anyone involved in asking families whether they wish to see the forms, or in explaining the forms, **must** have received adequate bereavement awareness and communication skills training. We are somewhat concerned about the vagueness with which the consultation paper allocates the important responsibility of contacting the family: *if the applicant says that he does wish to examine the forms, the medical referee or a member of staff at the crematorium will contact the relevant person and invite them to do so.* (p10). This could lead to a worrying variability in the quality of the experience.

We are simultaneously compiling our response to the Department of Health Consultation on Death Registration. We understand that there is an intention to organise local pilots of the new framework, and we recommend this approach for changes in the Cremation Regulations. In particular, this would allow the training needs to be properly scoped.

Question 3. **Bearing in mind that the regulation dealing with pandemics (Reg 13) will only be brought into effect as and when required, does it seem a practical way forward?**

Comments: Yes, but again this must be supported by suitable information and training, both of which we assume will be taken into account in pandemic planning.

Question 4. **a) Are the definitions used within Regulation 2 of the draft regulations sufficiently clear? b) Should any other words used in the regulations be defined and if so how?**

Comments: a) Yes

Question 5. **Is it right that the power to appoint a medical referee is transferred to the cremation authority with the Secretary of State giving consent to the appointment?**

Comments: Yes

Question 6. **Is it right that the Secretary of State should have a power to remove a medical referee from post for the reasons as stated?**

Comments: Yes, but it must be the responsibility of the cremation authority to monitor performance.

Question 7. **Should there be an explicit power to issue guidance to anyone other than medical referees?**

Comments: Given our comments in response to Question 2 above, we would welcome an increase in guidance jointly issued by the Ministry of Justice and the Department of Health. As we have already explained in our response to the consultation on "statutory duty to report a death," we feel that current Department of Health and Ministry of Justice consultations would have benefited from more co-ordination.

Question 8. **Do you have concerns about the wording of regulations 10, 11, 12, 18 and 19?**

Comments: No

Question 9. **Does the exclusion of work colleagues being able to sign the confirmatory medical form cause any practical problems which might prevent doctors from performing the functions required of them?**

Comments: No. We feel that it is important to conserve the independence of doctors.

Question 10. **Is draft regulation 16 relating to the cremation of exhumed bodies adequate for all such cases?**

Comments: Yes

Question 11. **Do you consider that funeral directors should no longer be allowed to countersign the application form?**

Comments: Yes. Like all such changes however, this requires good quality information and publicity, widely disseminated. Otherwise, distress will be caused because families are unprepared for the change.

Question 12. **Do you consider that the order of the draft regulations is logical and easy to follow?**

Comments: Yes, but we are concerned about the timing of the DoH proposals for reform of death registration, as we have stated above.

Question 13. **Should any other words used in the regulations be defined and if so how?**

Comments: Not as far as we are aware.

#### **Additional comments: Impact Analysis**

##### **a) Public understanding of the changes for bereaved families**

We propose that when the timing is clearer, the following should collaborate to produce leaflets and website material, and an appropriate revision of "What to do After a death":

Ministry of Justice

Department of Health

Department for Work and Pensions

Cruse Bereavement Care

National Association of Funeral Directors  
Society of Allied and Independent Funeral Directors  
Institute of Cemetery and Crematorium Management  
Registrars

**b) Expenditure by bereaved families, and recourse to the Social Fund**

If cremation fees rise as a result of reforms, there must be an accompanying increase in the amount which may be claimed from the Social Fund.

**c) Effect on voluntary sector services**

As the major bereavement agency, Cruse Bereavement Care will need to retrain our 5,500 volunteers and 100 staff in the changes. We receive many calls and enquiries from bereaved people about the procedures following a death, and great distress is caused if there is any difficulty in obtaining information or understanding regulations. We will need to raise funds to meet the cost of this, and hope that this will be recognised in local and national funding frameworks.

**d) Effect on cause of death statistics**

We assume that the redesigned forms will not lead to any reduction in the details of statistics which analyse causes of death in each local area.

**22 October 2007**

The consultation can be found on the Ministry of Justice website here:  
<http://www.justice.gov.uk/publications/cp1107.htm>