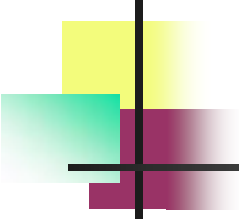




www.absco.org.uk

The Association of Bereavement Service Coordinators is Formed within Help The Hospices

Company Registration No 2751549 Registered Charity No 1014851 Registered Office 34-44 Britannia Street London WC1X 8JG

A decorative graphic on the left side of the slide, consisting of a vertical black line intersecting a horizontal black line. To the left of the intersection are three overlapping squares: a yellow one at the top, a teal one in the middle, and a purple one at the bottom.

Organisational Challenges for today and tomorrow in delivering bereavement care

Una Smale, ABSCo Chair, Highland Hospice

Nikki Archer, ABSCo Vice Chair, St Giles Hospice

Sharon Cornford, ABSCo Development officer, St Joseph's Hospice

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Today we shall ...

- Refer to policies and guiding principles which underpin our work in bereavement
- Look at guidelines and research relating to the provision of bereavement care
- Examine variations in provision
- Explore the challenges to organisations in delivering high quality bereavement care



World Health Organisation **definition** of palliative care

- Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual

Palliative Care: 9 points



- Affirms life and regards dying as a normal process
- Offers a support system to help the family cope during the patient's illness and in their own bereavement
- Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated



Palliative Care - **Description**

- Palliative care improves the quality of life of patients and families who face life threatening illness, by providing pain and symptom relief, spiritual and psychosocial support from diagnosis to the end of life and into bereavement



Northern Ireland

- Department of Health, Social Services and Public Safety produced

**Northern Ireland
Health and Social Care Services
Strategy for Bereavement Care
June 2009**



England and Wales

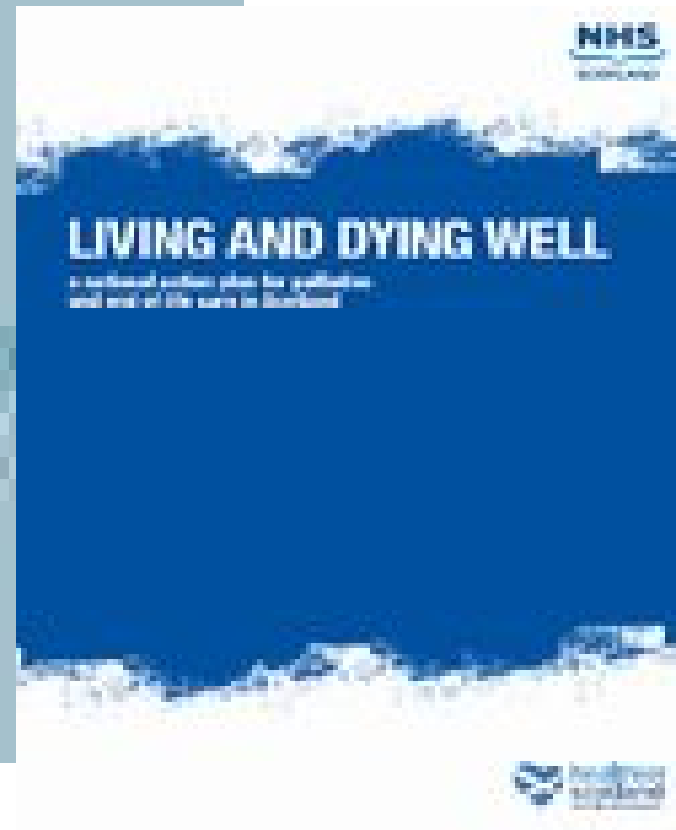
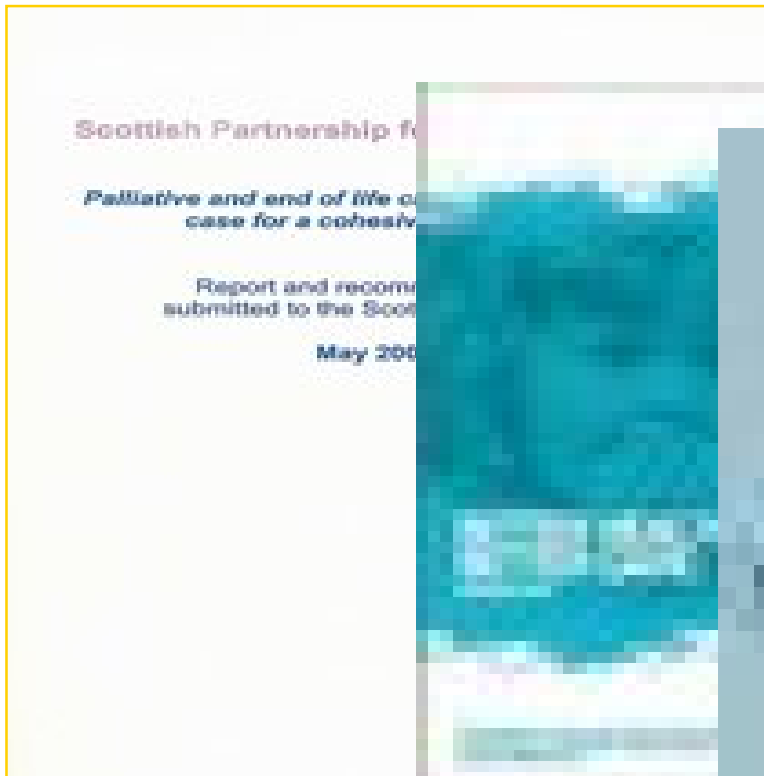
- When a patient dies (2005)
 - A Department of Health document which has been developed for the NHS to provide advice on the basic principles and elements considered necessary in developing bereavement services



England and Wales

- End of Life Care Strategy
 - Bereavement is in there – focus is on in and around time of death.
 - Advocates use of LCP and on bereavement needs being assessed but not in how needs will be met
 - No Quality Markers

Policy and Strategies: Palliative Care in Scotland





Audit Scotland



Supplementary report –
survey of bereaved
families and friends

Activities from Living and Dying Well

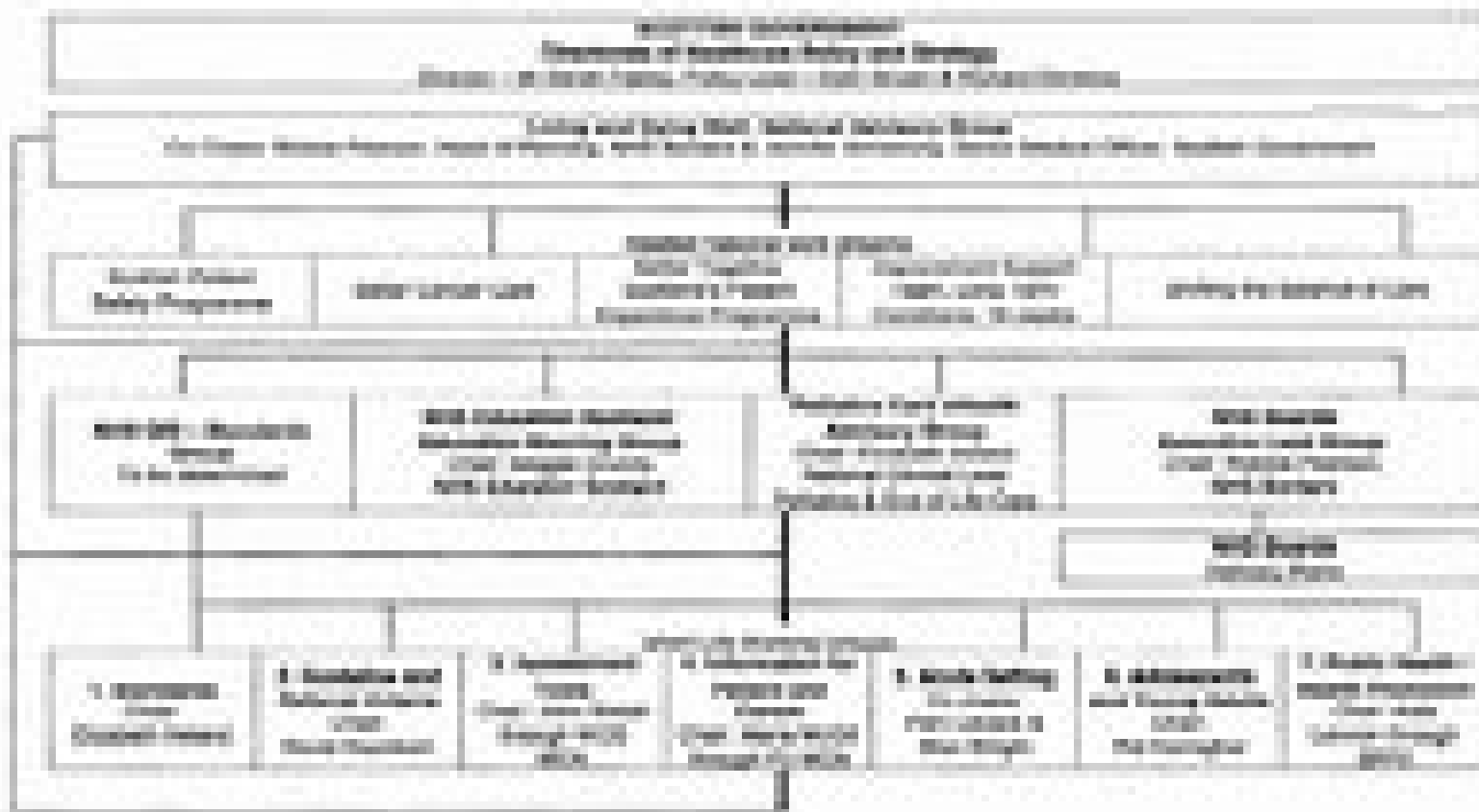


Board Delivery Plans
Pharmacy
Service Information Directories
DNA CPR
Direct Enhanced Service
Care Commission
LCP
Education
 NES
 Education Champions
CHP- community care
Voluntary Sector
Ehealth
 ePCS

Living and Dying Well Implementation and Governance Structure



Living and Dying Well: a national action plan for enhancing end-of-life care in British Columbia and Yukon and Northwest Territories





In practice ...Being Human



Bereavement and the pain of grief is affirmed as a natural human experience

From Policy to Guidance in Practice



- Guidelines and Research
- Variations
- Factors affecting variations
- Justification

NICE Guidelines (2004)



Section 12: Services for Families and Carers, including Bereavement Care

- 12.6 Grief is a normal response to loss. Most will adapt, some will need additional support.
- 12.7 Bereavement can give rise to a wide range of needs – practical, financial, social, emotional and spiritual.
- 12.12 Objectives
“those who experience bereavement receive support to facilitate grieving, to prevent the detrimental consequences of bereavement”

NICE Guidelines (2004)



Section 12: Recommendations

- 12.16 Family members and carers who are bereaved should, in the first instance, be encouraged to use existing support systems. Where these prove insufficient, or it is predicted that those involved are likely to experience difficult grief reactions, there should be access to additional help and support.
- Providers of specialist bereavement support should work closely with other carer providers (both statutory and voluntary) to ensure carers and family members can access services when needed.

Bereavement Support: a three component model



■ **Component 1**

- Grief is normal after bereavement
- Most people manage without professional intervention
- Many lack understanding so all bereaved people should be offered information:
 - About bereavement
 - About how to access support
- Support provided by family and friends
- Provider organisations should be equipped to offer component 1

Bereavement Support: a three component model



■ **Component 2**

- Some may like to review and reflect on their loss experience
- Provided by voluntary supporters/befrienders, self-help groups, faith and community groups
- If complex needs emerge, refer for component 3 intervention

Bereavement Support: a three component model



■ **Component 3**

- A minority require specialist interventions
- Provided by mental health / counselling / psychotherapy services including bereavement services
- Includes specialist needs of bereaved children and young people



NICE Guidance

- **12.31**

“Provider organisations should be equipped to offer the first component of bereavement support and have strategies in place to access the other components.”



NICE Guidance

- **12.32**

Professionals involved in delivering terminal care “should assess individual and family coping ability, stress levels, available support and actual and potential needs with respect to the anticipated or actual bereavement.”

12.33

Services should “engage proactively with those assessed to be at risk.”

What is bereavement care/support?



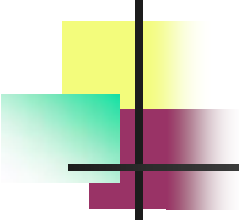
- Bereavement Care Standards (2001)
- NICE 3 component following death
- Assessment of need throughout patients illness and @ time of death (EOLC)
- Bereavement Care Pathway
- Human response to a human in need

Development of Bereavement Services



- 50 years of CRUSE
- 30 years of hospice bereavement services
- Variety of models
 - Single service / Range of Services / Signposting
 - Stand alone community based service
 - Service for hospice families
 - Bereavement care integrated into hospice philosophy and provision
 - Reactive / proactive
 - Health promotion / medical model



- 
-
- What model of bereavement care should be delivered within hospices?

Questions organisations need to consider



- Why and how did our service develop?
- What is our current model for service delivery?
- How does your hospice fit with NICE / EOLC / research?
- Who is your bereavement lead and what does this mean for the type of service you provide?
 - Practitioner: nurse? Counsellor? Social Worker? Chaplain? Volunteers Manager?
 - Managerial role
 - Educator
 - Supervisor
 - Facilitator
 - Business Manager
- What are the implications of our organisational strategy for bereavement care?
 - How are we funded? What are the implications of this for the future?

Core service or additional luxury?



- How is the bereavement service funded now?
- How is it likely to be funded in future?
 - Tariffs
 - Voluntary funds
 - Inclusion in costs
 - Separate contracts
 - Invoicing
 - New income streams
- How much does your bereavement lead understand about this and how much do they need to know?



What is our future?

Collaboration or competition?

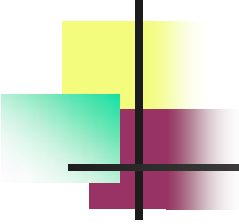
Integrated or separate?



In conclusion

- Hospices have an obligation to provide bereavement care as part of service delivery – this will vary throughout the country dependant upon a number of factors but being able to justify why what and how is essential.
- As Einstein said.....



- 
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- Learn from yesterday
 - Live for today
 - Hope for tomorrow

 - Creative relationships
 - Moving together, creating change