

The Bereavement Pathways Project



Bereavement Pathways Project



- A partnership project between Cruse Bereavement Care and the Bereavement Services Association
 - Joint Management Group
 - 2007- 2010
 - Department of Health Funded (Section 64)
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Cruse Bereavement Care



The largest bereavement care organisation. Cruse aims to promote the well-being of bereaved people and to enable anyone suffering a bereavement caused by death to understand their grief and cope with their loss

Cruse provides:

- Information, advice and training
 - Publications and written information
 - Telephone support; one to one bereavement support and specialist bereavement counselling
 - Support groups for bereaved people
 - Website information and online services for adults at www.cruse.org.uk and for children and young people at www.rd4u.org.uk
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Bereavement Services Association



A membership organisation for all those who provide bereavement support services, primarily within the NHS. BSA aims to:

- Contribute to the improvement of the quality of bereavement services
- Raise the profile and seek recognition from stakeholders of the role of those who provide bereavement support services
- Raise awareness of the role and availability of bereavement support services.

BSA provides:

- A national network for all those who work in bereavement services
 - A national forum for discussion and training for those providing bereavement support services
 - A website www.bsauk.org
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The Question



After a death in hospital, how do bereaved people move between hospital and community based bereavement services?



'Bridging the Gap'





The 'Gap'



- The different cultures of NHS and VCS bereavement services
 - Lack of resources
 - Lack of knowledge and understanding of what each sector could provide for bereaved people
 - Lack of confidence in what each sector could provide for bereaved people
 - Lack of knowledge and understanding of the processes to be followed after a death in hospital
 - Lack of guidelines and best practice guidance in the delivery of bereavement services
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Project Aims



- To develop and establish a key partnership between the NHS and the Voluntary and Community Sector
 - To develop up to date information on the number, scope and operation of NHS and VCS bereavement services
 - To increase access to services for bereaved people – however a death occurred, whoever they are and wherever they died
 - To establish a clear bereavement ‘pathway’; to educate professionals and facilitate access and choice for bereaved people.
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Project Aims (cont.)



- The development and sharing of best practice guidance for statutory and voluntary bereavement agencies, encouraging partnership working and building on the 'UK Standards for Bereavement Care' (2001)[\[i\]](#), 'Bereavement Care In Practice' (2004)[\[ii\]](#) and 'When a Patient Dies' (2005)[\[iii\]](#)

[\[i\]](#) UK Standards for Bereavement Care 2001 were produced by the Bereavement Care Standards UK Project 2001 (a partnership between Cruse Bereavement Care, the London Bereavement Network, National Association of Bereavement Services, and the National Council for Hospice & Palliative Care Services)

[\[ii\]](#) Bereavement Care in Practice, Cruse Bereavement Care 2004

[\[iii\]](#) When a Patient Dies: Advice in developing bereavement services in the NHS, Department of Health, 2005



Measuring the Need (1)



Survey of bereavement services in the NHS (2008). Key findings:

- Bereavement care well integrated in over two thirds of hospitals
 - 55% have a hospital bereavement policy, ratified by the Board, an improvement from 27% in 2005
 - Most hospitals provide information about VCS bereavement services
 - Assessment needs further exploration, only 36% of services undertake any form of assessment of bereaved people
 - 38% of NHS bereavement services routinely provide a follow up service for bereaved people, in comparison to 18% in 2001
 - 'When a patient dies: Advice on developing Bereavement services in the NHS' (2005) - 70% of services having partial implementation
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Measuring the Need (2)



Consultation with VCS Bereavement Services(2009) Key findings:

- Obtaining information from VCS services is difficult!
- Guidance documents are not widely known and none is universally used
- Training would lead to better understanding of bereavement in the health care sector
- Greater cross-sector working is needed

Observations: good communications with health care providers, especially with GPs, improves services; better understanding needed in the health care sector of bereavement; lack of funding results in 'sketchy' relationships with NHS; lack of understanding of bereavement in the NHS



Measuring the Need (3)



National Stakeholder Events and Local Networking Meetings **key findings:**

- Bereavement awareness training and a better understanding of grief
Improved pre-bereavement planning
 - Good quality information and better signposting
 - A good quality environment
 - Better follow-up and more availability of community services
 - 'Some kind' of assessment measure;
 - Better cross-sector and multi-agency working;
 - More self-help and empowerment;
 - A non-medicalised approach to bereavement
 - More feedback from bereaved people
 - a 'gold standard' or kitemark
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Measuring the Need (4)



Conversations with bereaved people

What, in your view would improve the bereavement journey after a death in hospital...?

‘Bereavement offices are really for the hospital, not for the bereaved’

‘Compassion should be on the job description’

‘First professionals on the scene of a death must have compassion, empathy, training in helping bereaved people, tissues – the little things’

‘Continuity is important - inconsistencies arise with handovers and staff changes right through the process from nursing care to funeral directors’

‘You need the right system and the right humans running it’

‘Children are excluded - nobody asks about children’



What did we learn?



The importance of:

- Training & education
 - Communication
 - Information
 - Signposting
 - Assessment
 - Follow up
 - Timeliness
 - Time
 - Equitable access
 - Environment
 - Partnership working
 - Cultural issues
 - Families
 - Resources
 - Quality & continuity
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BPP Work Undertaken 2007-10



- Development of the Bereavement Pathway
 - Development and testing of the 'Menu of Solutions' for local service delivery challenges
 - Solihull 'At & After' pilot
 - Case studies: Lambeth & Cornwall
 - Specific work on:
 - Assessment
 - Information
 - Commissioning
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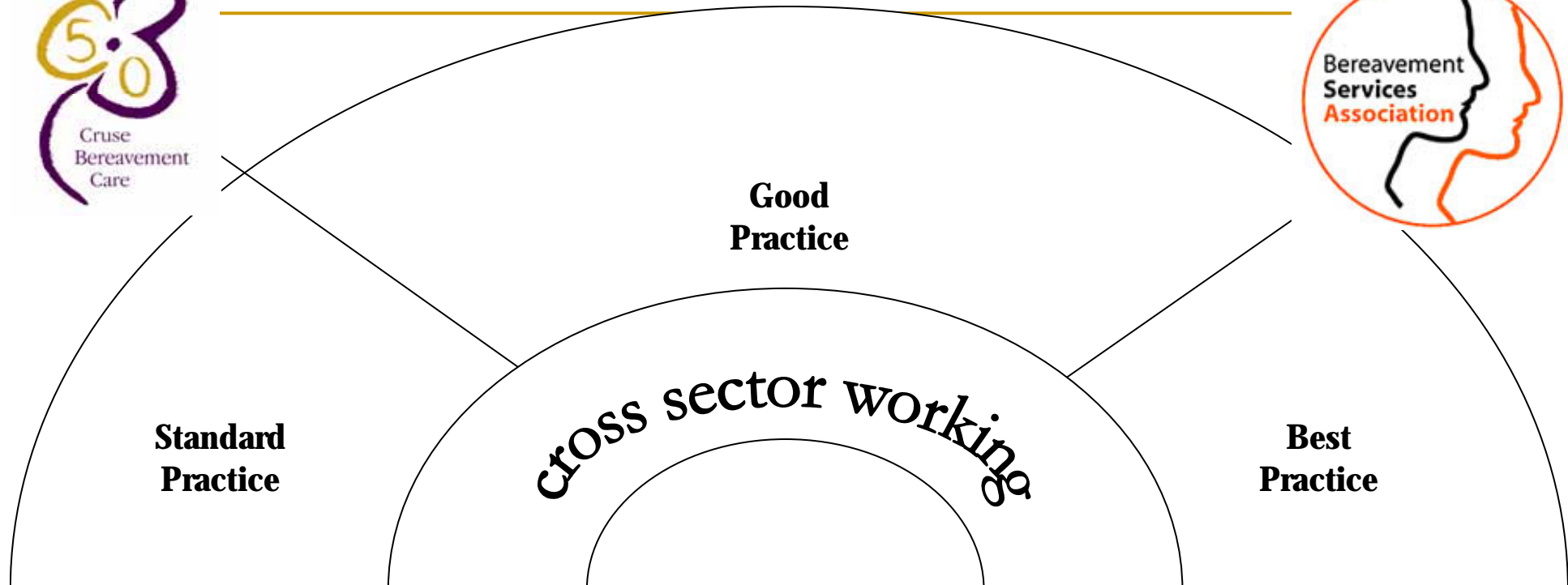


‘Menu of Solutions’



One size does not fit all...

1. Literature
 2. Networking
 3. Training & education
 4. Assessment
 5. Inter-referral
 6. Improved follow up
 7. Bereavement Volunteers
 8. Bereavement Co-ordinator
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Development & Implementation of protocols/ good practice guidance	Improved Information for bereaved people	Cross sector Networking Events	Joint training & education for staff and volunteers	Co-ordination of services/ cross sector bereavement forum	Enhanced follow/early intervention services	Assessment of most vulnerable bereaved people	Direct referral through to VCFS services/available on site
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INVESTMENT – LOW
= RETURN - LOW

INVESTMENT – MODERATE
= RETURN - MODERATE

INVESTMENT – HIGH
= RETURN - HIGH



Solihull 'At and After' Service



Pilot Aim: to explore bridging the gap between acute hospital bereavement services and community voluntary bereavement services by utilising bereavement support volunteers to provide 'early intervention' support and guidance following a death in the hospital

Methodology:

- **On contact with the hospital bereavement service, relatives were offered telephone follow up from a bereavement volunteer**
 - **Weekly telephone follow up of up to 8 sessions**
 - **Offer of referral on to further support**
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Solihull 'At and After' Service



Key findings:

- 45% of bereaved people took up the offer of the bereavement support service
 - Approx 5.4% of bereaved people using the service requested six or more telephone calls
 - 0 out of 209 people using the service requested further bereavement support
 - Bereaved people overwhelmingly appreciative of the care extended by the service
 - Cost savings for the 7 potential complaints that were resolved through early intervention = £10,059
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Initial Conclusions



- The 'Gap' is narrowing
 - Local solutions are needed for local issues
 - Regular networking is essential
 - Joint training & education for shared knowledge base
 - Clear understanding of the processes for bereaved people – access, assessment, availability
 - Shared 'core' literature & information
 - Joined up commissioning of bereavement services
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Initial Conclusions



- Joined Up Bereavement Care - provision works best in partnership & across boundaries
 - Community organisations would benefit from better knowledge/understanding of the bereavement journey within the acute setting
 - Universal Standards/guidelines and quality markers for the provision of bereavement care would be helpful
 - Assessment of bereaved people is extremely difficult in the acute setting
 - The use of community organisation's volunteers in hospitals can be helpful
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Ongoing Work

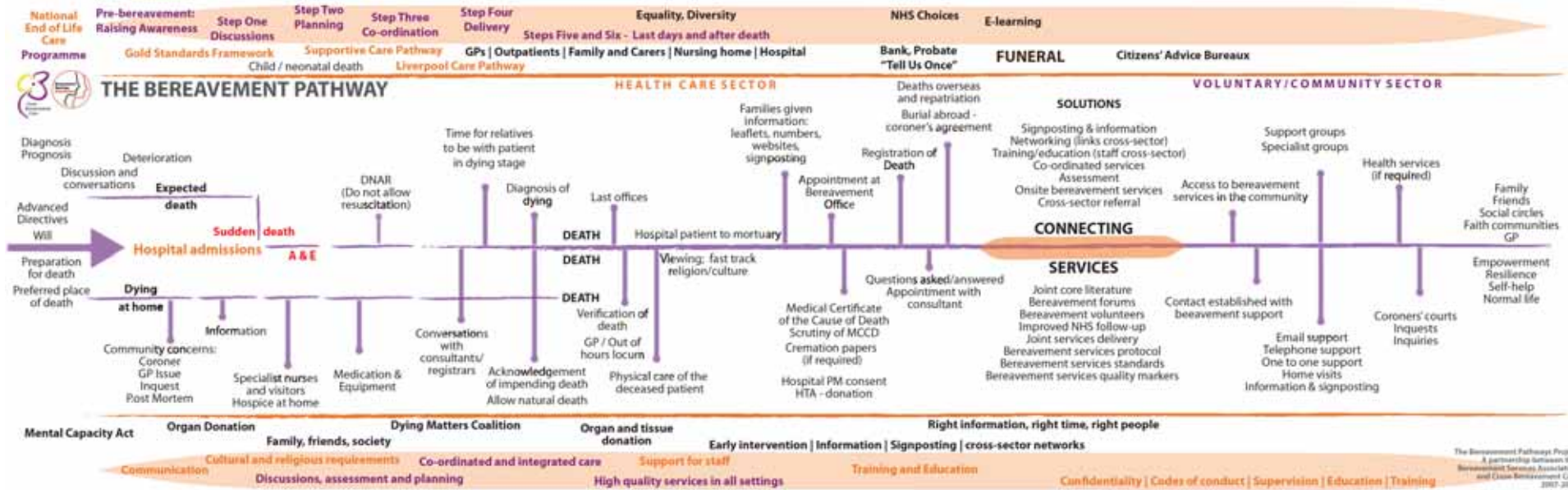


- Review the Bereavement Pathway
 - Fully publish results & findings from the Bereavement Pathways Project – hard copy & website full documentation
 - DH EoLC Strategy Working Group on bereavement
 - Contribute to EoLC Strategy policy proposals on bereavement
 - Input to developing Quality Markers for Bereavement Care
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The Bereavement Pathway

version 2





Future work



‘Gold Standard Bereavement Care’ project 2010-2013

- Joining up NHS & VCS Bereavement Care providers
 - Training delivery for Health Professionals
 - Develop online portal for the Bereavement Care Pathway
 - Develop online interactive benchmarking tools
 - Refresh Standards for Bereavement Care 2001
 - Refresh ‘When a Patient Dies’ 2005
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