



Bereavement Service Redesign Progress Report Spring 2021

Contents

- What has been done
- Where we are now
- What we want to grow
- How we want to do it
- What we need in order to do it

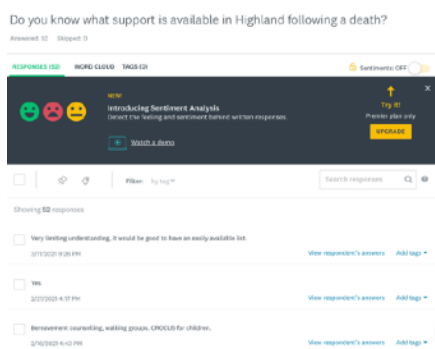
What has been done

I conducted SWOT analysis interviews with 28 different services and stakeholders, including:

- Funeral directors
- Hospice colleagues
- Other Hospices' bereavement/family support services across the UK and Ireland
- National bereavement services
- Other counselling services in Highland
- Volunteers
- Community members
- Third Sector service

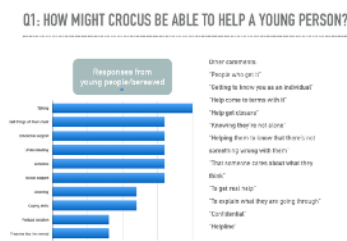
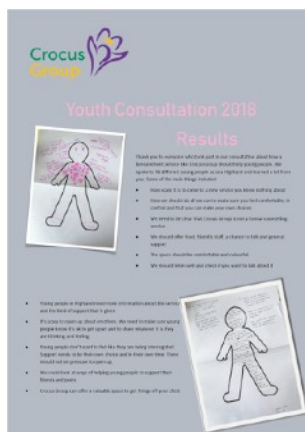
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I created an online survey to garner both professional and personal feedback from people in Highland, with their views on the services offered and what they would hope to see - we received 52 responses and have analysed the results.



don't want to be reminded
adults thinking something is really wrong
place to talk about it
knowing I'm normal
get stuff off your mind
support
crafts
fun
people who get it
friendly
get it off my chest
fear of opening up
sports
depressing
too much on their mind
don't want to talk about it
don't know who they'll speak to
need help to cope
social support
listening ear
real safe
coffee shop
not judged
bottle it up
feel better

WordCloud



The newly-integrated bereavement team (joining Crocus Group and adult support & counselling) piloted a community project, called 'Always in our Hearts', with the Hospice Chaplain and involvement from the Communications Team. They piloted the use of a new 'Project Proposal Template', which is designed to improve cross-departmental working and respond to ideas generated within communities.

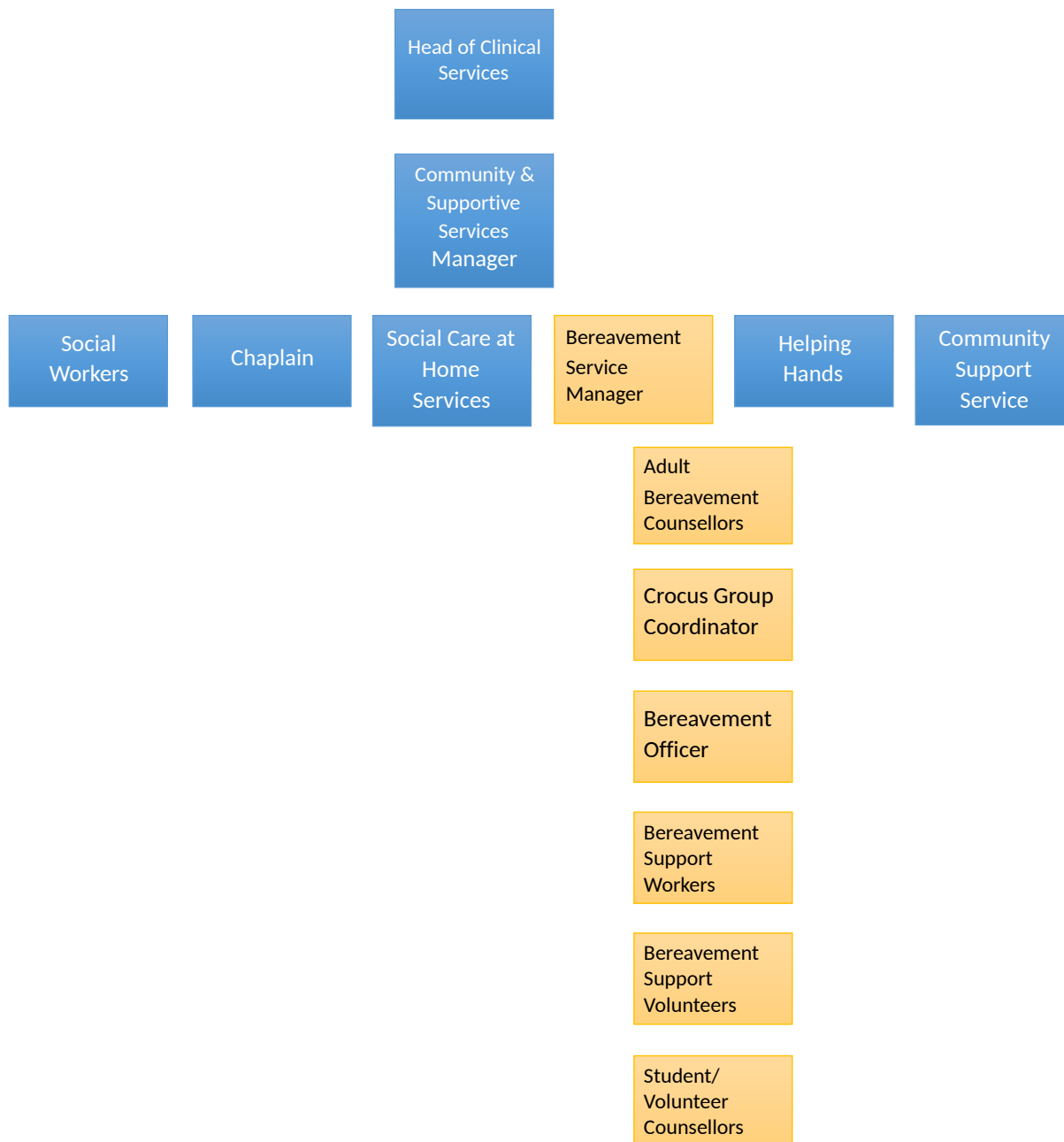


What could potentially follow on from this activity/event? How is it building people's capacity, skills and confidence and enabling others to build on from it?

A wealth of research, training and study has been done to ensure service design is in line with best practice:



I have audited the existing staff and volunteer structure and roles, and have recruited staff into newly-designed roles, more in line with the proposed way forward for the service. New induction programmes have been developed and delivered for these roles



We completed the move of Crocus Group from Carsegate Premises into the Hospice building (Moidart room)

All facets of the existing service model have been explored (alongside reviews of services that are offering a stepped care model of support), with a view to refreshing over time (referral processes, client assessment & evaluation, outcomes measurement, annual service audits and risk assessments, annual reporting, training programme for volunteers)

Within the team itself, I have introduced monthly supervision (with associated format), one-page profiles, Psychological First Aid Stress Warning Systems, a shared group agreement and a red/

Staff have completed training related to Online Support and Group Facilitation as well as Trauma and Complicated Grief and, as a result, have been able to provide appropriate and effective support to clients over telephone and Zoom throughout COVID-19

Community that
just accepted to
take about grief &
support group will
d.

Networking
with other
services/groups

DEFER FAMILY
SESSIONS & GROUP
WORK WITH ABOUT
#CROWD.

BEFORE KNOWLEDGE

Informal support
options.

UNDERSTAND
about B&S in
highland

CONFIDENCE &
AWARENESS IN
ALL THINGS DEATH
& Dying, everyone

Transmuting
grief

RESILIENCE

BE MORE
HIGHLAND WILD

What do we
want to
grow?

Group/s
Support.

CRUISE TRAINING
WHICH IS SUPPORT
FOR ALL AGE GROUPS.
SHARED LEARNING.

Support LOCAL
WIVES IN HIGHLAND
WITH INCREASED
TRAINING & SHARING
RESOURCES.






Learning
lessons

BE MORE COMM -
HUMAN SUPPORT

We want OTHER
PEOPLES & SERVICES TO
LOOK AT HIM & WANT
TO REGULATE OUR
WORK.

- A forum to access information about different kinds of support available across Highland (practical, financial, listening ear, social, counselling etc.) to improve signposting and appropriate referrals
- A place to share resources, ideas and offers of training to equip members with the language, tools and confidence to meet the aims of a Bereavement Charter for Children and Adults in Scotland
- An opportunity to identify possible partnership projects and events to increase public awareness and knowledge of death, dying and grief
- A mechanism by which an effective signposting site for bereaved people in Highland can be developed and maintained

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	A	B	C	D
1				Volunteer to administer, working with volunteer coordinators, to find out what other groups who could support
2		Connecting Classrooms	Pauline Lacey	phane@connectingclassrooms.org.uk
3		Connecting Classrooms	Mary Cook	mary@connectingclassrooms.org.uk
4				Senior Citizens Network (path network). Would like to get a phone more direct information
5		CHD Environment Unit	Jennifer Thompson	jennifer.thompson@chd.org.uk
6				Senior Citizens Network (path network). Would like to get a phone more direct information
7		Highland Senior Citizens Network	Al Green and Gillian McDonald	algreen@hscn.co.uk / gilliamcdonald@hscn.co.uk
8				Senior Citizens Network (path network). Would like to get a phone more direct information
9		Highland Third Sector Initiative	Jan Macdonald	jan@hscn.co.uk
10				Senior Citizens Network (path network). Would like to get a phone more direct information
11		Leith Links	John Macdonald	john@hscn.co.uk
12				Senior Citizens Network (path network). Would like to get a phone more direct information
13		Sands	Christine Brown	christine.brown@sands.co.uk
14				Senior Citizens Network (path network). Would like to get a phone more direct information
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Where we are now

Crocus Group and the Adult Counselling & Support service have successfully integrated into one team, and the team is functioning well with a lot of positivity for the way ahead.

Key issues identified from the groundwork have included:

- Fragmentation of some working relationships/partnerships during the time of 'Project Build'
- Some weaknesses in referral and administrative processes, many of which will be addressed through the new Bereavement Officer post as well as refreshing protocols and procedures. The adult team are completing a move over to the OASIS cloud-based case management system to further streamline processes
- That the service does not yet reflect the 'stepped care' model of bereavement support
- Ongoing recruitment into new staff and volunteer roles, including delivery of refreshed induction training and refresh of protocols/processes as the service changes and adapts
- The need for a comprehensive auditing tool to evidence the service's suitability and efficacy - we are looking to implement the Association of Bereavement Support Coordinators' auditing tool later this year
- The need to provide annual reports of activity for all parts of the service; we should be well-placed to do this from 2022 onwards
- The need to reintroduce our service to potential referrers including GPs, specialist nurse teams, schools etc. We have discussed offering 'meet and greet' online sessions for this purpose
- Update to web pages to include digital resources & literature and ensure accessibility of foundational bereavement/grief information and supportive resources to anyone who may need them
- The need to better coordinate with other departments (e.g. fundraising, learning & development) in work that involves awareness raising or 'skilling up' communities in matters relating to grief & bereavement
- Access to IPU staff remains difficult and, as such, discussions around what happens there and how we can ensure the bereavement care is most effective & supported are not happening. I have sent my suggestions for additions to the Care After Death policy, and have offered to spend time shadowing staff on the ward to learn about their roles in more depth.


Key ideas arising from the SWOT analysis include:

- Mapping of available community supports & services in Highland
- Bereavement Help Points (or Death Cafe-style provision) in Highland communities as an informal place to meet others and be signposted to information and further support
- Clear shared vision for the service
- Stepped Care model of support, including 'listening ear' support through recruitment of trained volunteers (supervision provided by counsellor), and improved access to basic bereavement information for everyone - clear guidance around the support pathway
- Explore how clients are triaged to match provision to level/type of need
- Skilling up communities to take ownership of bereavement care and feel confident to do this
- Explore how colleagues recognise their roles in bereavement care, even prior to death, and how we can resource and support them with this
- Find ways to evidence the breadth of bereavement support/care being provided across the Hospice
- Introduce a 'Bereavement Care Pathway' in IPU and ensure bereavement pack contents are shared in a timely manner e.g. through Social Work, Chaplain etc.
- Explore service capacity to widen referral routes and criteria once this other foundational work (mapping, signposting/linking into community provisions, up-skilling etc.) is in place
- Reintroduce groups
- Ensure play spaces in the Hospice are adequate and conducive to family conversations
- Design remembrance events to include children and wider family units (involvement from Crocus Group)
- Find ways to address digital poverty/other barriers to accessing support
- Change wording of client contact letter to reflect Stepped Care approach
- Possibility of evening sessions for people who work during the day

- Continue to promote the service internally, so there is a better awareness of where the service fits into the wider Hospice structure and how we can work jointly on areas of overlap
- Need to keep 'de-pathologising' grief

What we want to grow

- Our focus is on enabling, not disabling, coping in bereavement – we promote a public health model of bereavement care e.g. Aoun et al 2014
- Working with staff so they recognise their potential to provide care and support that helps people grieve is invaluable
- There is always inexperience in the system – so we are always repeating the message!



Level 1
Accurate information
Practical help

Level 2
Focused support

Level 3
Specialised help

www.bereaved.ie

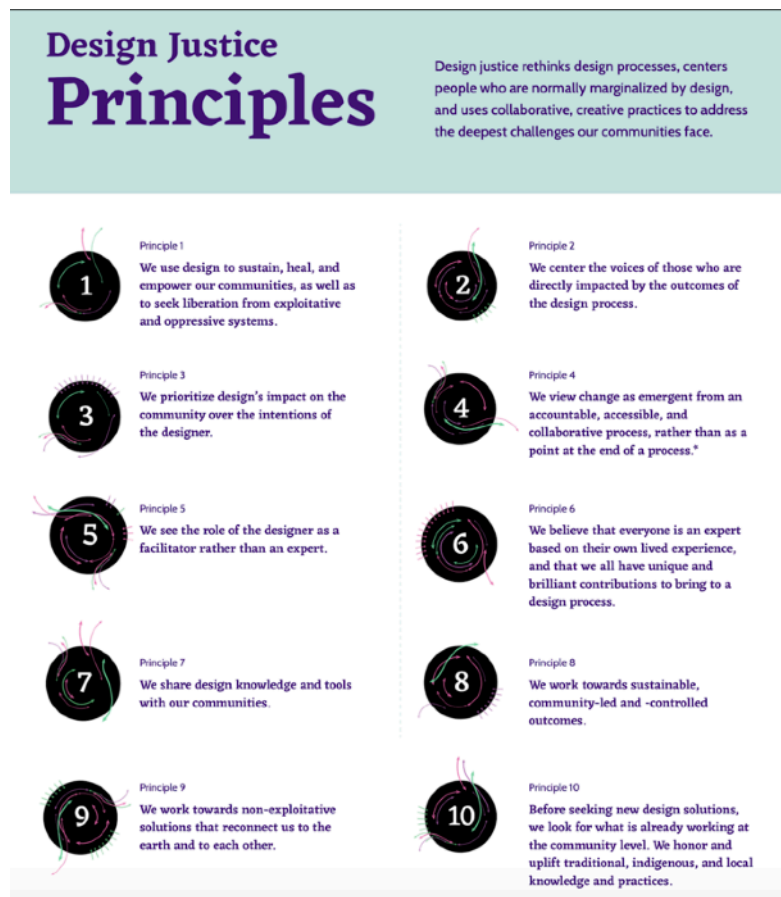
from Irish Hospice Foundation, 2016

“Social Pedagogy... is underpinned by humanistic values and principles which view **people as active and resourceful agents**, highlight the importance of **including them into the wider community**, and aim to tackle or prevent social problems and inequality. These underpinning theories and approaches ensure **the focus of service development and delivery remains on supporting and empowering people through a period of loss and grief towards increasing their ability to be resilient and connected within communities of their choice.**”

Arlene Honeyman, 2018

- A ‘stepped care’ approach, where we resource and enable support (and accessibility to support) at each level, including:
 - **universal information, supportive/educative resources & signposting** - including easy-to-access digital information and resources
 - **bereavement training** for other practitioners, groups and services (internal and external)
 - Continue developing supportive inputs for **care home settings**

- involvement in/implementation of community projects and initiatives to raise awareness of death, dying and grief, and resource people to feel confident and skilled in addressing these things. This involves **better partnership working and coordinated planning** (internal and external) and promotion of the Bereavement Charter for Children and Adults in Scotland
 - Provision of **‘listening ear’, peer and social support** within the bereavement service (for adults, children and young people)
 - **Increased recognition and evidence of the bereavement support that is being provided across Hospice services** - “everybody’s business”
 - **Explore capacity for opening up more specialist counselling support to a wider group**, to improve equity of support - possible government funding for bereavement support in response to COVID
 - **Explore pre-bereavement provision for children and young people** (starting with a needs analysis)
 - Develop as a **‘centre of excellence’** where others can access expert advice, resources, information etc. (Including through the running of ECHO groups)
 - Inform the work of the **End of Life Care Together** project
- A ‘systems thinking’ approach whereby arbitrary end-goals are not specified, rather the best solutions are allowed to emerge in an ongoing manner, in response to feedback and consultation, following the Design Justice Principles



A service that is responsive to all, and provides the right kind of support at the right time, removing potential barriers (including training and service audits in trauma-skilled and mental health-skilled practice)

How we want to do it

- Continue building and maintaining a working knowledge of available support in bereavement and sharing this information publicly through a Grief Matters Highland signposting site
- Shadowing Hospice colleagues to build working knowledge of their roles and how bereavement care features & can be supported, recognised and evidenced
- Roll out tailored bereavement training packages (at Tier 1 and Tier 2 of support) and workshops to Hospice teams and external groups
- Recruit, induct, train and supervise a team of Bereavement Support Volunteers to provide time-limited 'listening ear' support for adults
- Refresh triaging process to identify and match most appropriate support for clients - open up referral pathways to different kinds of support from other departments (e.g. Helping Hands, Social Work, Chaplaincy)
- Bereavement Officer role to improve ongoing information sharing and collaboration with Hospice colleagues and external organisations
- Offering 'meet and greet' sessions to promote service availability and provision to referral sources
- Reintroduce Crocus Group volunteers to facilitate groups, remembrance days and events
- Re-engage with Youth Highland to develop support programmes with young people
- Engage with community projects, initiatives and events (such as the Truacanta Project) to help resource, skill up and learn from communities in relation to bereavement needs and what support looks like to them
- Design Grief Matters Highland digital content, and redesign Highland Hospice Bereavement Service web content - share links to existing high quality content, share Bereavement booklet/s online
- Audit available literature and refresh to ensure it is accessible and inclusive e.g. offered in other languages, accessible for people with ASN, child-friendly etc.
- Once Grief Matters Highland is established and embedded, audit the need for a Bereavement Link Worker to connect people in Highland to appropriate supports and services and help overcome barriers to access
- Training and CPD for the bereavement team in Trauma-Skilled Practice, Complicated Grief and Mental Health-skilled practice
- Conduct annual service audits using the ABSCo audit tool
- Pilot Death Cafe/Bereavement Help Point-style provisions in collaboration with Chaplain, explore roll-out of this as a model communities/volunteers can adopt across Highland

Things we need in order to do it

- Staffing - additional hours for Counsellor to provide volunteer supervision. Potential to need additional staffing capacity to respond to increased need (and expected higher incidence of Prolonged Grief) following COVID-19
- Space - reorganisation of office spaces to accommodate expanded team, continued remote working for some of the week
- Buy-in, willingness to engage and communication from other departments
- Ability to be involved in Hospice projects that address bereavement and grief
- Support from Communications Team to promote and publicise service activity
- Training for staff and volunteers
- Support from Fundraising to apply for funding for various projects, service costs etc.

Feedback from Clients and Stakeholders in 2020/21

Client feedback

"The counselling over Zoom has been very **beneficial and supportive.**"

"It's so **reassuring** to talk to someone who **understands.**"

"It's good to know that **what I am feeling is normal!**"

"I am not sure where I would be mentally without this service. I entered into bereavement feeling very low and in a dark place, I am now **beginning to see a brighter light ahead.** The service has been a god send."

"It has been so **helpful** to speak to someone who is able to talk through my situation. It has been so **comforting** to speak with the counsellor."

"It is a **comfort** knowing you are there if needed."

"I really appreciated the adult bereavement counselling service I received from Ann when I was in a very dark place"

"I found Ann's **kindness, understanding, empathy, integrity, professionalism**, willingness to go at my pace and **lack of judgment** (helpful) and I felt that she truly agreed with and **understood** my interpretation of events which all hugely supported my healing and reduction in hurt and shame. This has allowed me to regain my sanity and try to move forward. I am so much better... **fears are reduced** and manageable."

"What helped was how Ann was able to help me see my circumstances from a wider perspective and that my thoughts and behaviours were a **natural response** to my mum's death. It is refreshing to know that this service is available should I require support in the future. Ann was guided by me when and how often I wanted my next appointment and when no longer requiring support." / "I am now in a much better head space; **no longer have overwhelming feelings** of anxiety and less emotionally unstable; **enabling me** to manage the stress and grief following the death of my mum." / "Such a warm, kind and empathic person, who put me at ease from the outset. She **listened and was understanding** to my circumstances."

"Thank you for the **wonderful support** I've had from John Service. Our chats have been very **beneficial** and I am so grateful. I'm determined to conquer the situation as best as I can."

"Overall Crocus Group has been hugely **beneficial** to my child and his involvement has had a very **positive impact on his coping skills and wellbeing.**"

"Before coming to Crocus, I felt stressed and uncertain of myself, concerned about the future and hollow. I spoke about what troubled me, **learned how to cope** with such issues and made friends. Being at Crocus has been **therapeutic, helpful, enjoyable and fun.** The best thing was the teens group where I have made lasting friends and had fun. **I now feel healed, more able to deal with my mental health, and alive.**"

"Before Crocus I felt very sad and I felt like it was my fault. We talked and did surveys, chose different stones resembling different memories and rolled dice and answered the questions on them. Being at Crocus has been a great experience. They have **helped me** a lot. The best thing was that everyone was so nice and **caring. I now feel a lot better and a lot happier.**"

"Crocus is a wonderful group. I was anxious on arriving, within minutes of meeting you all my **fears disappeared** with the **warm, friendly** welcome we both got. I can't thank you enough. I find that **my son is so much more relaxed and is dealing well with his emotions.**"

Areas for development/improvement

"Could you deliver **more specialised training** via Echo for other groups?"

One client spoke of loneliness and **needing a group that's not illness-related** to meet more people and have **social support** (lives in Caithness)

"I was disappointed by the **lack of communication** when Hannah left."

"I didn't like the **lack of information** about the future of the teens group and the handling of this after Hannah left."

Stakeholder feedback

"The special Crocus session for schools about the impact of COVID in bereaved children was so **enlightening and very helpful**."

"Thank you for the **wonderful Crocus box of resources**. I am truly grateful. Please pass thanks on to all those involved. The resources will be put to good use."

"Just a great big heartfelt thank you for your time and presentation this morning. I can only speak personally, I found it quite **thought provoking** and slightly emotional at times...you make it real but also **it's okay to say things our way** too."

"We have truly enjoyed it and all felt we have **learnt so much** from it."

"It was unanimous that the session had been exceedingly **helpful**. It was also identified that it was good to have time with you, having conversations with you that **reassured** the team that they were **on the right track** when talking to bereaved families."