



POLICY / PROCEDURE INFORMATION (Policy no CS004)	
Subject	Bereavement Policy <i>(This policy is subject to periodic review and will be amended according to service development needs)</i>
Applicable to	All employees and volunteers working with Nottinghamshire Hospice
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Lead responsible for Policy	Director of Care Services
Policy reviewed by	Care Services Managers and Bereavement Team
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CQC Standard if applicable	
Links to other Policies	Confidentiality Policy HR00018 Data Protection Policy and Procedures HR0005 Managing Concerns and Performance + Code of Conduct of Volunteers VOL03 Volunteer Policy VOL01 Mental Capacity Policy HM0010 Safeguarding Adults and Children at Risk Policy CS003 Incidents Reporting Policy OP002 Lone Working Policy OP001 Consent Policy CS01
Summary	The purpose of this document is to set out the operational policy and processes for Bereavement Services, to ensure all staff and volunteers are aware of the standards they should maintain , and that members of the public are aware of what the service can offer
This policy replaces	

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1. INTRODUCTION

- 1.1. Bereavement Services are a core component of the Bereavement and Carer Support Service at Nottinghamshire Hospice and form an integral part of the Hospice's commitment to provide emotional support to patients and their carers, family and friends throughout illness and into bereavement. The services also provide some kinds of practical support with e.g. form filling and accessing information both pre and post bereavement.
- 1.2. The services are provided free of charge and do not discriminate on the basis of race, colour, disability, creed, national origin, sexual orientation, age, financial or social means. They aim to complement the existing palliative care services already offered by the Hospice to the community as a whole.
- 1.3. The Bereavement Services do not directly support children and young people under the age of 18 years but will support them in accessing appropriate support provided by other agencies.
- 1.4. Grieving following bereavement is a normal experience, and the majority of people have sufficient resources to respond and adapt to this life event through support from family, friends, social and faith groups.
- 1.5. Some people require a more formal opportunity to grieve, or may lack support networks. Whilst not experiencing complicated grief the need for emotional and psychological expression remains. Such expression may be encouraged by a 'listening-ear' approach employing trained volunteers
- 1.6. For some people, however, their grief is overwhelming and interferes with normal day-to-day life giving rise to complicated or complex grief. In this case, bereavement counselling or other psychological intervention is likely to be necessary and helpful. Counselling is offered at the Hospice. In exceptional circumstances, where there are indications of serious mental health issues referral on to psychiatric or other mental health services should be considered.
- 1.7. The service is not suited to those who have experienced a sudden or unexpected death e.g. following road traffic accident.

2. POLICY STATEMENT

- 2.1. Nottinghamshire Hospice is committed to provide excellent quality services and recognising the impact bereavement can have is an important part of the holistic care provided to its patients, families and carers.
- 2.2. Nottinghamshire Hospice also recognises that bereavement care starts before the patient dies and extends beyond the funeral of the deceased.

3. RELATED POLICIES

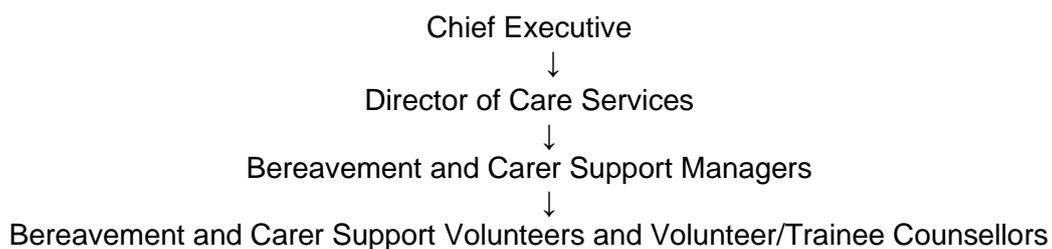
- 3.1. Counsellors working at the Hospice regardless of whether they are paid or unpaid will adhere to the British Association for Counselling and Psychotherapy (BACP) Ethical Framework for the Counselling Professions (2016) and are professionally accountable for their work.
- 3.2. The 2014 Bereavement Care Service Standards set the benchmark for what clients, carers, staff and volunteers can expect from Bereavement Care Services. They are now adopted by the Nottinghamshire Hospice Bereavement and Carer Support Services.

4. RESOURCES

Counselling and Emotional Support settings	Available at the hospice but need to be booked in advance Provided outside at locations convenient to the clients, such as home or health centres Provided through over the phone support
Therapeutic materials	A number of aids such as toys and writing materials are available for use. Additional can be sourced as needed.
Written materials	The hospice has a stock information leaflets and books on aspects relevant to the service provision to act as a guide and to give to clients. E.g. books concerning bereavement and self-help titles
Training	All training is recorded on the Hospice Training Matrix and training is reviewed annually to ensure that it meets the needs of staff and volunteers

5. LINE MANAGEMENT

The accountability within the organisation for the service is as follows.



6. ROLES AND RESPONSIBILITIES

CEO and Board of Trustees	Have overall responsibility for ensuring that all services provided conform to the required legislation and guidance. This includes ensuring appropriate resources are in place to implement this policy
Director of Care Services	Provides strategic direction and line management for the Bereavement and Carer Support Managers.

<p>Bereavement and Carer Support Managers</p>	<p>Responsible for management of Bereavement Services staff and volunteers.</p> <p>Responsible for providing counselling or emotional support interventions to adult clients as follows:</p> <ul style="list-style-type: none"> • Recruitment of volunteer and trainee counsellors, and emotional support volunteers, in conjunction with the Voluntary services Manager • Training of emotional support volunteers • Supervision of emotional Support volunteers • Ensuring the provision of professional supervision of counsellors, whether delivered externally or internally • Triage of referrals • Undertaking assessments and planning appropriate follow up. • Allocation of clients to other workers or agencies as appropriate • Ensuring the facilitation of group sessions for adult clients • Managing personal caseload of adult clients with complex grief • Managing clerical staff and volunteers • Developing policies and procedures as the service develops • Responding to complaints received by the service • Establishing and maintaining links to other service providers <p>Responsible for implementation of this policy and for ensuring staff and volunteers adhere to this policy and supporting procedures in their day to day practice.</p>
<p>Clinical Services Manager</p>	<p>Responsible for ensuring the Coordination Team handle calls for the Bereavement Service appropriately and that Nurses, Palliative Nursing Assistants and Healthcare Assistants promote and provide information to patients, families and carers about the service.</p>
<p>Volunteer and Trainee Counsellors</p>	<p>Responsible to manage a personal caseload of clients as allocated by the Bereavement and Carer Support Managers</p> <p>Responsible to adhere to the policies and procedures of the Hospice</p> <p>Responsible for maintaining confidentiality in accordance with data protection and in line with BACP guidance</p> <p>Must continue with their professional qualification (if in training) or maintain their qualification (if already obtained), and have the required professional supervision</p>
<p>Volunteer Chaplains</p>	<p>Responsible to adhere to the policies and procedures of the Hospice</p> <p>Responsible for maintaining confidentiality in accordance with data protection</p>

<p>Emotional Support Volunteers</p>	<p>Emotional Support Volunteers are not counsellors but have been trained by Nottinghamshire Hospice in how to offer confidential support to bereaved individuals</p> <p>Responsible to adhere to the policies and procedures of the Hospice</p> <p>Responsible to manage a personal caseload of clients as allocated by the Bereavement and Carer Support Managers and/or facilitation of bereavement groups and/or offer support over the phone</p> <p>Responsible for maintaining confidentiality in accordance with data protection</p> <p>Must attend regular monthly supervision</p>
<p>Staff, volunteers and trainees</p>	<p>All staff and volunteers involved in the care of terminally ill patients and their families and carers must:</p> <ul style="list-style-type: none"> • Respect the wishes of the person/people concerned and discuss this with them sensitively • Respect individual religious and cultural beliefs • Report any concerns to the Bereavement and Carer Managers • Never make promises they cannot keep • Never provide personal contact details or arrange to meet without informing the Hospice <p>All staff should use the Guidelines for <i>Communicating Bad News</i> as a guide when informing or discussing the needs of patients that are near to death with families and carers.</p>

7. PRINCIPLES

7.1 The following principles underpin the development of services and professional practice before, at the time of and after death:

- Respect for the individual
- Equity of provision
- Clear, sensitive and consistent communication offered to patients and their families leading up to death and afterwards
- Accurate and appropriate information provided for patients and their families
- Discussions are as far as possible in a private, conducive environment
- The health and safety of the patient, bereaved and of staff is maintained
- Practice is underpinned by core competencies with training and supportive programmes in place for paid and unpaid staff
- Data is collected in order to monitor and evaluate outcomes leading to effective service improvement

8. REFERRAL TO SERVICES

8.1. Services are available to anyone over the age of 18 years who is registered with a Nottinghamshire GP.

8.2. Services offered are:

- Emotional support pre- and post-bereavement for individuals and their families
- Counselling pre- and post-bereavement for individuals and their families
- Advice on finances and legal issues such as lasting powers of attorney
- Spiritual support

8.3. Counselling and emotional support will be offered to all clients affected by a life limiting illnesses and their relatives, friends or children (aged over 18) irrespective of their sex, gender, ethnicity, or age. Referral to the service must be made with the individual consent and can be made by:

- Self-referrals
- Health professionals including care homes
- Hospice staff
- Funeral Director, Chaplains etc.
- Friends and family

8.4. Access to the service is via the Hospice's Care Coordination Team which provides access via a single telephone number.

8.5. Staff will make every effort to respond to a referral within five working days of it being received. Distressed individuals will be offered the opportunity to speak to a member of the care co-ordination team; nurse, counsellor or emotional support volunteer (if there is one on duty at the time of the incoming call).

8.6. Services provided at the hospice can be accessed by clients with physical disability. Staff will ensure that external counselling/emotional support is provided in venues where the person can access the site and facilities. Clients with complex communication difficulties can be aided by working with a carer or supporting professional or other person as required by the client.

8.7. Referrals to other providers will be made in collaboration with the individual, and other specialist services if necessary

8.8. The hospice will endeavour to support clients who do not have English as their first language and those who are deaf by offering information/ counselling/support with the help of an interpreter. This may delay referral.

9. OPENING TIMES

9.1. Formal assessment and counselling or emotional support is offered to clients on an appointments only basis, at mutually agreed times. Telephone support is also offered at mutually agreed times. Bereavement Support Groups are available once a month at specific times. In addition, Bereavement Service staff will offer general information and advice to referrers or clients who wish to find out about the service by telephone.

- 9.2. Some support services are provided outside of these hours by mutual arrangement e.g. two bereavement support groups meet on the last Saturday in the month at the hospice.
- 9.3. The service can be accessed by phone: **0115 9621222**

10. REFERRAL PROCESS

- 10.1. The decision to refer to Nottinghamshire Hospice Bereavement Services should be based on the needs of the potential client.
- 10.2. It is essential that the person being referred to the service is in full agreement with the referral.
- 10.3. The Bereavement Services are not an emergency service. If the referrer is concerned that there is a **serious risk of self-harm the referral is not suitable for the hospice** and the referrer will be advised to contact the person's GP or the emergency mental health team.
- 10.4. In most cases the family of all patients who have received services from the hospice will be contacted six to eight weeks after the death of their loved one to enquire how they are coping. This may be sooner if specific needs have been identified.
- 10.5. Requests for immediate support must be referred to the Bereavement and Carer Support Managers who will make every effort to contact the referrer within two working days. Again, it should be noted that we are not able to provide emergency care.
- 10.6. Referral will be by receipt of any communication; an assessment session will be set up with the referred individual as soon as possible after the Bereavement and Carer Support Managers have received it, within five working days wherever possible. Information that will be asked for during that first session includes:
- Client's name, address, postcode, telephone number, email where available.
 - GP's name and address
 - Relationship to the deceased person, or person approaching the end of life
 - Family relationships and support.
 - Risk of suicide/harm to self

11. ASSESSMENT AND TRIAGE

- 11.1. The Service will make every effort to make initial contact with the client within 5 working days following receipt of the referral.
- 11.2. Clients who wish to use the Service will be offered an appointment at a mutually convenient time, usually within 2 weeks of initial contact.
- 11.3. All initial assessments will be carried out by the Bereavement and Carer Support Managers or a nominated suitably experienced/qualified counsellor or emotional support worker, either at the Hospice or another mutually convenient base. The assessment will

be recorded using the Counselling and Support Service Assessment form (see appendix 1).

- 11.4.** All clients will receive an individual assessment, which will include both the client's and the worker's assessment of need. Following completion of that assessment, the worker and the client will agree the following:
- Level of need and which particular service to be accessed
 - Number of sessions agreed until review (may subsequently be modified).
 - Time between sessions (may subsequently be modified by experienced bereavement worker).
 - Contact arrangement between sessions.
- 11.5** Explanation of limits to confidentiality will be given a) with supervisors and colleagues within supervision groups, b) where concerns arise regarding the safety of the client or someone else c) where a serious crime has been committed. The need to break confidentiality will be explored initially by volunteers/trainees with Bereavement and Carer Support Managers who will then follow, if necessary, the existing protocols within the Hospice. If the situation is urgent, and the Bereavement and Carer Support Managers are not available, trainees/volunteers will contact the Director of Care services
- 11.6** The assessment will involve a risk assessment for self-harm and harm to others to ensure the support offered is appropriate to their level of need and psychological conditions.
- 11.7** The assessment will involve a mutual discussion on needs and expectations. These will be recorded in writing and a copy kept in their records and reviewed at regular intervals.
- 11.8** Any individual accessing individual support will be asked to sign a confidential agreement which is mutually agreed to prior to the commencement of this support.
- 11.9** Clients with level one (appendix 2) needs will be given the relevant information from Bereavement Services, or signposted to another service to access appropriate support. Staff will be available to talk to clients and referrers about their specific counselling, information or support needs by telephone.
- 11.10** Clients with level two and three (appendix 2) needs will be offered bereavement counselling and support.

13 RECRUITMENT AND SELECTION

- 13.1** All Volunteers must be recruited in line with the Nottinghamshire Hospice Policy for the Recruitment and Selection of Volunteers. The interview panel will consist of one of the Bereavement and Carer Support Managers (or a proxy) and at least one other person e.g. Hospice Volunteer Officer.
- 13.2** Volunteers and trainees must be provided with a role description when they start work at the Hospice. This is currently contained in the Volunteer Handbook.

- 13.3** A DBS check with the Disclosure and Barring Service will be made on all staff and volunteers/trainees working for support services before they commence work. This will be managed by the HR department.
- 13.4** All Support Volunteers must be willing to attend regular supervision sessions at Hospice. Counselling volunteers that hold a relevant qualification, or are working towards one, must work within their professional competence and attend the required professional supervision, adhering to BACP requirements.
- 13.5** All Support Volunteers and Counsellors employed by Nottinghamshire Hospice are covered by the Hospice insurance for their support work with hospice clients but not any work they do outside of their role.
- 13.6** All Counsellors must:
- Have completed a recognised practitioner level training course and be qualified to at least Diploma level 4
 - Be a student on a recognised BACP or UKCP approved training course and must have successfully completed a readiness to practice assessment with the training organisation
 - Be up to date with continuing professional development
 - Be sufficiently aware of clinical problems and psychological issues with which patients can present
 - Be committed to abiding by the ethical framework of a relevant professional association such as BACP or UKCP

14 STUDENT PLACEMENTS

- 14.1** The Hospice supports and provides student placements
- 14.2** Formal placement contracts between the educational provider the student and the Hospice must be in place before a placement can commence. The contracts cover time commitment, induction and training, safety checks and insurance provision, expected learning outcomes, methods of supervision by the hospice team and also liaison with college tutors.
- 14.3** The Bereavement and Carer Support Managers are responsible for assessing incoming clients for their readiness for counselling, level of presenting risk and appropriate allocation to the student counsellor.
- 14.4** The hospice will adhere to the requirements of the contract with local universities to ensure that the Hospice is a safe and effective learning environment.

15 PROFESSIONAL BOUNDARIES AND SAFEGUARDING ISSUES WITH SERVICE USERS

- 15.1** All qualified practitioners are expected at all times to work within the code of practice of the professional organisation of which they are members.

- 15.2** Both staff and volunteers should be aware of, understand and adhere to Nottinghamshire Hospice's policies and procedures.

16 INDUCTION, SUPPORT, SUPERVISION AND TRAINING

- 16.1** All staff and volunteers must attend a generic induction session and complete the following
- Moving and Handling training
 - Equality and diversity
 - Mental capacity
 - Other training that is pertinent to the role (both external and internal) will be offered when available
- 16.2** Staff will have an annual appraisal; their training requirements will be considered and further training included in personal development plans (PDPs) Training needs in relation to managing grief, bereavement and loss will be met through the provision of training and awareness resources.
- 16.3** Support Volunteers will be required to undertake and successfully complete training before they are allowed to see anyone on a one to one basis. Training will be tailored to the specific needs of the training group. It is provided by Nottinghamshire Hospice counselling team (and others as required) and will cover the following areas.
- Listening and communications skills
 - Working with Loss and Bereavement
 - Bereavement models
 - Managing boundaries
 - Self-care
 - Complicated grief and when to refer on
 - Telephone skills
 - Note keeping and responsibilities
 - Lone working
 - Other services and networking
 - Supporting groups
- 16.4** As well as mandatory group supervision, one to one Supervision will be available when required, at the volunteer's request. Individual training needs or concerns with performance will be addressed within formal supervision.
- 16.5** All counsellors will attend monthly clinical supervision sessions with a qualified Clinical Supervisor in line with BACP and UKCP supervision requirements. This Supervisor must be approved by the Bereavement and Carer Support Managers and a Provision of Supervision Agreement must be in place and signed between the Counsellor, Clinical Supervisor and Hospice. A copy of this will be retained in the individual personnel file.
- 16.6** Volunteer Counsellors will also attend bi monthly Counselling meetings facilitated by the Bereavement and Carer Support Manager.

- 16.7** Student Counsellors, on placement at the Hospice, will be provided with regular managerial supervision from Bereavement and Carer Support Managers. This is in addition to the Clinical Supervision required by the course and BACP/UKCP requirements.
- 16.8** Regular support to all volunteers involving reflection and discussion will be available as part of the normal working day. This forms an important means to provide support and informal supervision to monitor appropriateness of allocation of cases.
- 16.9** All volunteers can access help and guidance from any member of the Clinical Team, the Volunteer Manager or other Manager in the Hospice.

17 SERVICE OPTIONS

17.1 One to One Bereavement Support

- a) This support involves face to face meetings with one of our Support Workers who will arrange to meet the individual/s at the hospice or in their own home or at another suitable location in the community near them.
- b) Initially up to eight sessions will be provided which usually last an hour and are arranged in advance. The frequency of the meeting will be determined and agreed during the assessment; these will be based on the individual needs.
- c) Sufficient time will be allowed for individuals to talk through thoughts and feelings and supported to develop strategies to cope with their feelings.

17.2 Bereavement Support Group

- a) This involves gaining support in a group of people who are also bereaved and in a similar situation. These sessions usually take place at the Hospice and are arranged by the group collectively to best meet their needs.
- b) Attendance at the group is reviewed after 15 months.
- c) All members will be contacted by the Hospice at three monthly intervals to ensure that individual needs are being met.

17.3 Counselling

- a) For a small number of bereaved individuals neither one to one, nor the bereavement group, provides the level of support needed. Nottinghamshire Hospice has trained counsellors who are able to offer more specific support.

17.4 Spiritual and pastoral Care

- a) For many people religious and spiritual care is very important and as such the volunteer chaplains at the hospice may also provide support for individuals.

17.5 Remembering Someone Special

- b) In addition to the services set out above Nottinghamshire Hospice holds memorial events to provide meaningful occasions for remembering someone. Details of these are published and made available to volunteers and bereaved individuals in the following ways.
 - Website and face book
 - Personal invitation to all bereaved

17.6 Bereavement follow-up

- a) All staff present when a patient dies should provide after death / bereavement information to families and carers about the support available to them.
- b) Following the death of any patient who is in receipt of Hospice nursing care the recorded next kin or carer after the death of any patient will receive a bereavement card from the hospice at 2-3 weeks. Information regarding bereavement services will be included

18 RECORD KEEPING

- 18.1** In line with Hospice policy the compilation of all records will follow the BACP/UKCP and Nottinghamshire Hospice current guidance in record keeping.
- 18.2** The need to respect confidentiality must be understood by all staff and volunteers so they respect the professional boundaries and those of Nottinghamshire Hospice's organisational policies.

19 IMPLEMENTATION AND REVIEW

- 19.1** All staff and volunteers providing bereavement and counselling support will have access to this policy.
- 19.2** All staff and volunteers providing bereavement and counselling support will be required to sign to say they have read and understood this policy to demonstrate that they have taken the time to read the policy and are aware of how the policy will influence and impact on their practice.
- 19.3** It is the responsibility of the Carer and Bereavement Support Managers to ensure that this policy is implemented and followed. Induction will include an introduction to it.
- 19.4** This policy will be reviewed by the Carer and Bereavement Support Managers every two years or earlier if a new Therapy is being implemented or if UK legislation changes.

REFERRAL AND ASSESSMENT FORM – COUNSELLING/BEREAVEMENT SERVICE

NAME:	MR / MRS / MISS / MS		
ADDRESS:		Temporary /other relevant address:	
Date of Birth:		Ethnicity:	
Telephone Number:		Mobile No.	
Agreed method of contact:			
Origin/Date of referral:			
NAME OF GP:			
ADDRESS OF GP:			
GP TELEPHONE NO:			
Is the Client taking any medication? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please give details:	
Is the client receiving any counselling or psychological support from any other professional source? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes we may not be able to offer counselling) If yes , please give details:			
Has the Client had any previous counselling and or psychological support? Please give details:			

RISK FACTORS (Suicide, Self-Harm, Harm to others, history, safeguarding concerns)	Please describe		
Risk assessment at time of assessment	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Immediate <input type="checkbox"/>		
Please describe the action taken to manage the risk:			
Client Expectations/Goals:			
Presenting issues: (inc support structures, history of losses)			
Additional information/ action required:			
Name of Counsellor:			
Signature of Counsellor:		Date:	
Administration			
Counselling offered? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Bereavement Support offered Yes <input type="checkbox"/> No <input type="checkbox"/>		Level of support 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Availability:			
Name of Counsellor/Bereavement Worker allocated:			
Date of first session:	Location:		
External Referral details: (if required)			

Appendix B:

NOTTINGHAMSHIRE HOSPICE COUNSELLING SERVICE

To access our Counselling Service it is important that you are aware of the following information.

- Each session will be tailored to suit you but will be no longer than 90 minutes long. Sessions are usually held weekly.
- After eight sessions, you and your counsellor will review the situation and you can decide between you if you would like further sessions, you can then arrange these if so.
- You are always free to end the counselling at any time, for whatever reason.
- The service is free of charge.

All of our counsellors adhere to the *Ethical Framework for the Counselling Professions* as set out by The British Association for Counselling & Psychotherapy. A copy of this document is available to you should you wish to see it.

Confidentiality

Everything you share with us will be kept confidential and will only be accessible to the Nottinghamshire Hospice Counselling Service. Aspects of the support you are given by your counsellor's may be discussed with their supervisor to ensure you receive safe quality services. The following are exceptions where we may share without your consent:

- Information disclosed is of such gravity that confidentiality cannot reasonably be expected to be maintained. This will apply for example in cases of serious crime and/ or where there are reasonable grounds to believe that there is risk of harm to yourself or others.
- You tell us about current child abuse or about risk to vulnerable adults, whether it involves you or someone else;
- The counsellor is bound by law to break your confidentiality – for example, if ordered to do so by a court of law.

If you need to cancel a session the number to call is **0115 962 1222**. It would be helpful if you could give as much notice as possible should you need to cancel a session. All calls are treated sensitively and in confidence.

Please could you sign to confirm that you understand this information			
Name:		Date:	
Signature:			
Counsellor's Name:		Date:	
Signature:			

Appendix C:

Nice Improving Supportive and Palliative Care for Adults with Cancer (2004) – three component model of bereavement support. (Page 160 – 161)

NICE recommended that a three-component model of bereavement support should be developed and implemented to ensure that people's individual needs are addressed through variety in service provision. Supportive and Palliative Care providers should take account of the standards for bereavement care developed by the National Bereavement Consortium. The components should be flexible and accessible when needed around the time of bereavement.

Component 1 (Nottinghamshire Hospice level one)

Grief is normal after bereavement and most people manage without professional intervention. Many people, however, lack understanding of grief after immediate bereavement. All bereaved people should be offered information about the experience of bereavement and how to access other forms of support. Family and friends will provide much of this support, with information being supplied by health and social care professionals providing day-to-day care to families.

Component 2 (Nottinghamshire Hospice level two)

Some people may require a more formal opportunity to review and reflect on their loss experience, but this does not necessarily have to involve professionals. Volunteer bereavement support workers/befrienders, self-help groups, faith groups and community groups will provide much of the support at this level. Those working in Component 2 must establish a process to ensure that when cases involving more complex needs emerge, referral is made to appropriate health and social care professionals with the ability to deliver Component 3 interventions.

Component 3 (Nottinghamshire Hospice level three)

A minority of people will require specialist interventions. This will involve mental health services, psychological support services, specialist counselling/psychotherapy services, specialist palliative care services and general bereavement services, and will include provision for meeting the specialist needs of bereaved children and young people (being developed as part of the National Service Framework on children and not covered here).

It is also recommended that provider organisations should be equipped to offer the first component of bereavement support and have strategies in place to access the other components. Services should be accessible from all settings. Within the context of family and social support assessments, health and social care professionals involved in delivering care in the terminal phase of illness should assess individual and family coping ability, stress levels, available support and actual and potential needs with respect to the anticipated or actual bereavement.