



POLICY / PROCEDURE INFORMATION (Policy no CS004)	
Subject	Bereavement Support Policy CS004 <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
Target Audience	Others such as agents, consultants and other representatives of Nottinghamshire Hospice may be required to comply with the policy as a condition of appointment.
Date issued	Nov 2022
Next review date	Nov 2025
Lead responsible for Policy	Director of Care
Policy reviewed by	Bereavement Support Services Manager
Notified to (when)	Quality and Safety Sub-Group 8 Nov 2022
Authorised by (when)	Quality and Safety Sub-Group 8 Nov 2022
CQC Standard if applicable	All
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 Suicide Safety Plan
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	Previous version September 2021

VERSION CONTROL		
Status	Date	Reviewed date
Original draft written by Donna Payne (never published)	Feb 2018	
Reviewed by Care Services Managers and Bereavement Team	Sept 2018	
Reviewed by Bereavement Support Services Manager	Nov 2022	
Formatted, updated control sheet, and published on Policy Doc App	Sept 2018	
Logo updated and published on website	Dec 2020	
Updated on website	Nov 2022	

INDEX		
Section	Contents Title	Page
1.	Introduction	4
2.	Policy Statement	5
3.	Legislative Framework	5
4.	Resources	5
5.	Roles and Responsibilities	6
6.	Principals	7
7.	Referral to Services	7
8.	Referral Process	9
9.	Student Placements	12
10.	Professional Boundaries and Safeguarding Issues with Service Users	13
11.	Service Models	13
12.	Record Keeping	15
13.	Implementation and Review	15

APPENDICES		
Appendix	Appendix Title	Page
1.	Support Services Triage Assessment	15
2.	Protocol For Urgent Intervention of Possible Suicidal Call	16
3.	Support Services Triage Form	17
4.	Access To Counselling Agreement	19
5.	Nice 3 Component Model for Bereavement	22
6.	Suicide Safety Plan	23

1. Introduction

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 are provided free of charge.

They aim to complement the existing palliative care services already offered by the Hospice to the community.

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.

Grieving following bereavement is a normal experience, and most people have sufficient resources to respond and adapt to this life event through support from family, friends, social and faith groups.

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.

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 a level 4 service such as psychiatric or other mental health services will be considered by a trained counsellor.

The service is not suited to those who have experienced a sudden or unexpected death e.g., following road traffic accident or suicide. The service can direct people to the most appropriate service.

<p>2.</p>	<p>Policy Statement</p> <p>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.</p> <p>Nottinghamshire Hospice also recognises that bereavement care starts before the patient dies and extends beyond the funeral of the deceased.</p>
<p>3.</p>	<p>Legislative Framework</p> <p>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. They are expected to be a member of a recognised counselling body.</p> <p>The 2014 Bereavement Care Service Standards set the benchmark for what clients, carers, staff, and volunteers can expect from Bereavement Care Services and have been adopted by the Nottinghamshire Hospice Bereavement Support Services.</p> <p>The service provision and individual counsellors are covered by the Hospice indemnity insurance cover.</p>
<p>4.</p>	<p>Resources</p> <p>Counselling and Emotional Support settings</p> <p>Pre & Post Bereavement support services are provided at the hospice face to face, alternatively telephone support or online support such as Zoom or Microsoft Teams.</p> <p>Written materials</p> <p>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.</p>

	<p>Training</p> <p>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.</p>
<p>5.</p>	<p>Roles and Responsibilities</p> <p>Director of Care Services Provides strategic direction and line management for the Bereavement Support Service Manager.</p> <p>Bereavement Support Service Manager</p> <ul style="list-style-type: none"> • Responsible for the management of Bereavement Services team and volunteers. • Responsible for the provision of counselling or emotional support interventions to adult clients. <p>Bereavement Support Services Counsellor Coordinator</p> <ul style="list-style-type: none"> • Provide both pre and post bereavement counselling • Allocation of clients to the most appropriate bereavement support offer • Training of emotional support volunteers and induction of counsellors in conjunction with Bereavement Support Services Manager • Recruitment of volunteer and trainee counsellors, and emotional support volunteers, in conjunction with the Bereavement Support Services Manager <p>Bereavement Support Services Administrator</p> <ul style="list-style-type: none"> • Provides a comprehensive, efficient, and high quality secretarial and administrative services to the Bereavement Support Services. <p>Volunteer and Trainee Counsellors</p> <ul style="list-style-type: none"> • Manage a personal caseload of clients that are within the ability and personal competency of the individual counsellor. • Must continue with their professional qualification (if in training) or maintain their qualification (if already obtained).

	<p>Emotional Support Volunteers (Not Counsellors)</p> <ul style="list-style-type: none"> • Offer confidential emotional support to palliative patients and bereaved individuals • Manage a personal caseload of clients and/or facilitation of bereavement groups and/or offer support over the phone
<p>6.</p>	<p>Principles</p> <p>The following principles underpin the development of services and professional practice before, at the time of and after death:</p> <ul style="list-style-type: none"> • 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 processes in place for paid and unpaid staff • Data is collected to monitor and evaluate outcomes leading to effective service improvement
<p>7.</p>	<p>Referral to Service</p> <p>Services are available to anyone over the age of 18 years who are registered with a Nottinghamshire GP and who have been affected by a palliative diagnosis or an expected death.</p> <p>Counselling and emotional support will be offered to all clients affected by pre or post bereavement and their relatives, friends, or children (aged over 18) irrespective of</p>

their sex, gender, ethnicity. 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
- Friends and family

Service offer

- Emotional support pre and post bereavement for individuals and their families
- Counselling pre- and post-bereavement for individuals and their families
Working at a level of 2 /3 of the Nice Bereavement Guidelines.
- Open bereavement support groups
- Closed time limited groups for pre and post bereavement
- Spiritual support (this is a referral to external services of choice)

Access to the service is via the Hospice's Care Coordination Team which provides access via a single telephone number, the enquiry page on the hospice website.

Staff will make every effort to respond to a referral within five working days of it being received. Significantly 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).

Services provided at the hospice can be accessed by clients with physical disability. Clients with complex communication difficulties can be aided by working with a carer or supporting professional or another person as required by the client.

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

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.

Service Operating Hours

Counselling or emotional support is offered to clients on an appointment only basis, at mutually agreed times this is Monday to Friday 09:00am – 17:00hrs for face-to-face sessions at the hospice, and Monday to Friday 09:00 – 19:00hrs for telephone or online support.

Bereavement Support Groups are available at specific times during weekdays and monthly on a Saturday morning, which is facilitated online. 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.

The service can be accessed by phone:

0115 9621222 or Email: info@nottshospice.org

8. Referral Process

The decision to refer to Nottinghamshire Hospice Bereavement Services should be based on the needs of the potential client.

It is essential that the person being referred to the service is in full agreement with the referral.

The Bereavement Service is 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 persons GP or the emergency crisis mental health team.

Requests for immediate support must be referred to the Bereavement Support Services Manager or the Bereavement Support Services Counsellor Coordinator 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.

Referral will be by receipt of any communication; a triage assessment session will be set up with the referred individual as soon as possible after the Bereavement Team has 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 or others

Assessment Triage

The Service will make every effort to make initial contact with the client within five working days following receipt of the referral. With exception of the referral being urgent therefore contact will be at the first convenience of either the Bereavement Support Services Manager or the Bereavement Support Services Counsellor Coordinator.

The initial assessment / triage will be conducted by the Bereavement Support Services Counsellor Coordinator or the Bereavement Support Services Manager over the telephone if there are accessibility issues around communication or disability the individual will be assessed at the hospice. The assessment will be recorded using the Support Services Referral and Triage Form (see Appendix 1).

The assessment triage 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.

The triage tool has been developed to identify complexities and issues of the individual being assessed, it supports the team member using a RAG rated outcome to recognise if the individual requires support for normal or complicated/complexed grief and anticipatory grief.

Clients that are presenting with normal grief will be allocated to work with an emotional support volunteer for up to twelve sessions, and or recommended to join the hospice bereavement support group

Clients that are presenting with complex/complicated grief will be allocated to work

with a counsellor up to twelve sessions, depending on the individual they will be suitably matched to a counsellor that has the appropriate experience skills and knowledge to support the individual. The presenting issues will be discussed prior to allocating the client with the counsellor to ensure that they are comfortable with the allocation.

Clients identified with higher level complexities or inappropriate issues other than bereavement will be referred or passed over to more suitable services to support their needs

The assessment triage will involve a mutual discussion on needs and expectations. These will be recorded in writing and a copy kept in their records.

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. (See Appendix 2 and 3).

Clients with level one (Appendix 2) needs will be given the relevant support or information from Bereavement Services or signposted to another service to access appropriate support.

Clients with level two and three (Appendix 2) needs will be offered bereavement counselling and emotional support.

Although the service offer is twelve sessions there is the opportunity to extend to a further six sessions if deemed to be beneficial to the client although this must be agreed by the Bereavement Support Services Manager. In certain cases of end-of-life patients it may be that support may be unlimited until death.

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

	<p>Bereavement and Carer Support Managers are not available, trainees/volunteers will contact the Director of Care.</p>
<p>9.</p>	<p>Student Placements</p> <p>Nottinghamshire Hospice is an approved placement provider to various counselling training agencies.</p> <p>The student will be enrolled on an accredited counselling training course that is approved either by BACP or UKPC. The individual will be in receipt of a fitness to practice certificate and will be in their second or third year of training.</p> <p>Students will be required to apply for a placement role by completing an application form, if they are suitable, they will be invited for an interview with the Bereavement Support Service Manager and the Bereavement Support Services Counsellor Coordinator.</p> <p>Applicants will need to show an interest in grief and pre and post Bereavement or have had some experience with loss and bereavement.</p> <p>Once a candidate has been successful in a placement role, they will have to complete a DBS, supply two references and complete mandatory training for the role.</p> <p>They will be required to attend an induction for the service and the hospice.</p> <p>A contract will be signed between the student and the hospice agreeing to responsibilities outlined in the contract, the contract will include a four-way agreement to share necessary information between the training provider, the training placement agency, the student, and the supervisor.</p> <p>Students will be expected to access at least one and a half hours a month with an external clinical supervisor, and once a month they will be expected to attend operational supervision with the Bereavement Support Services Manager, this can be more frequent if additional support has been identified.</p> <p>Bereavement Support Services Manager will complete essential reports as and when required from the specific training agency this will ensure learning agreements</p>

	<p>and contractual responsibilities are being met by all parties.</p> <p>Students will only be allocated to clients that are within their capabilities and competencies, this will be agreed by the trainee counsellor and the team member allocating the client.</p>
<p>10.</p>	<p>Professional Boundaries and Safeguarding Issues with Service Users</p> <p>All qualified practitioners are always expected to work within the code of practice of the professional organisation of which they are members.</p> <p>Both staff and volunteers must be aware of, and adhere to, Nottinghamshire Hospice's policies and procedures.</p>
<p>11.</p>	<p>Service Models</p> <p>One to One Emotional Bereavement Support</p> <p>This support involves one to one meetings with one of our Support Volunteers who will arrange to meet the individuals at the hospice, or support them over the telephone or online</p> <p>Twelve 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.</p> <p>Sufficient time will be allowed for individuals to talk through thoughts and feelings and supported to develop strategies to cope with their feelings.</p> <p>Bereavement Support Group</p> <p>This involves gaining support in a group of people who are also bereaved and in a similar situation. These sessions usually are facilitated online and are arranged by the group collectively to best meet their needs.</p> <p>Attendance at the group is reviewed after 15 months.</p> <p>All members will be contacted by the Hospice at three monthly intervals to ensure that individual needs are being met.</p>

The group is facilitated by emotional support volunteers.

Counselling

Counselling provides the level of support needed for clients that have complex/complicated grief. Nottinghamshire Hospice has trained and student counsellors who are able to offer more specific support. The sessions are facilitated face to face, over the telephone or online. Each session is 50mins in duration and will continue for up to twelve Sessions.

Therapeutic bereavement support group

This is a closed group that is time limited to 6 weeks supporting individuals to understand and process their grief in a group environment. The group is facilitated by the Bereavement Support Services Counsellor Coordinator and the Bereavement Support Services Manager. Additionally, there is a group to support patients that are at end of life.

Spiritual and pastoral care

For many people religious and spiritual care is especially important. If this is requested or identified as a requirement the Bereavement Team will ensure that satisfactory support for the individual is accessible externally to the hospice.

Remembering someone special

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

Bereavement follow-up

All staff present when a patient dies should provide after death / bereavement

	<p>information to families and carers about the support available to them.</p> <p>Following the death of any patient who is in receipt of Hospice nursing care the recorded next of 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</p>
<p>12. Record Keeping</p>	<p>In line with Hospice policy the compilation of all records will follow the BACP/UKCP and Nottinghamshire Hospice current guidance in record keeping.</p> <p>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.</p>
<p>13. Implementation and Review</p>	<p>All staff and volunteers providing bereavement and counselling support will have access to this policy.</p> <p>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.</p> <p>It is the responsibility of the Bereavement Support Service Manager to ensure that this policy is implemented and followed. Induction will include an introduction to it.</p>

Support Services Triage Assessment

Trigger Factors for Counselling Services opposed to emotional Support.	Level of High Concern	Level of Moderate Concern	Level of Low/nil Concern	Notes
A lack of support, Isolated, little or no network, or a network but unable to engage with.				
Other stressful factors (e.g., family, financial, significant other with life threatening illness/injury other than patient or deceased)				
Previous bereavements or other significant losses (e.g., divorce, unemployment, house move, retirement)				
Circumstances involving care or death of a loved one, (e.g., sudden, traumatic, anger with associated agencies that cared for the patient)				
Current or previous mental illness (e.g., depression, anxiety)				
Substance & Alcohol abuse & addiction.				
Considered Suicide, no plan or attempt Follow suicide, self-harm or harm to others triage form				
Has a suicide plan and means to carry it out or previous suicide attempt Follow suicide, self-harm or harm to others triage form.				
Self-concerns of how to cope both currently and the future.				
Heightened emotional state (anger, guilt anxiety)				
Yearning or pining for the deceased, or disturbing images /thoughts for >3months				
Inability to experience grief feelings or acknowledge reality > 3months				

Red High Level of Concern would indicate that counselling is the most appropriate service model.

Amber Moderate Concern would indicate that the client could be borderline between emotional support and counselling. A counselling assessment would be necessary to ascertain the most appropriate service.

Green Low or nil level of concern would indicate that the client would benefit from emotional support

Suicide, Self-Harm or Harm to Others Mental Health Triage Protocol

When the individual is severely distressed and is showing signs that they may be at risk. **Please follow procedure below, ask if applicable Question 1 - 3**

Q1. Do you feel suicidal or want to harm yourself or others? (Use the words suicidal and harm)

If the answer is yes, go to question 2. If the answer is no see how else you can support, suggest a referral to the Hospice Support Services, however, also give the urgent contact support numbers. (If in any doubt contact GP services)

Q2. Have you got a plan of how you would do this? What is the plan?

If they have a plan, go to question 3, if no plan follow protocol for green high risk or harm

Q3. Do you have the means (i.e. resources) to pursue the plan?

Answer a, If their immediate actions are endangering themselves or others follow Red Emergency

Response to Question	Urgency & Response Type	Hospice Team action / response	Typical Presentation	Additional actions to be considered or notes to be considered
Q3 Answer a Actively Harming themselves or others	<u>Emergency</u> Immediate Emergency Service response	Hospice Team Member to notify most appropriate emergency service ambulance, police and / or fire service	Current actions endangering self or others, overdose, suicide attempt, violent aggression	If possible stay with them until emergency services arrive. Do not put self in danger
Q3 Answer b Have a Plan & the means to carry out the plan.	<u>Very High Risk</u> <u>Of imminent harm to self or to others</u> Within 4 hours Very urgent mental health response required	Refer If they are known to a crisis or liaison team. Otherwise advise to attend a hospital A&E department if safe to do so	Acute suicidal intention or risk of harm to others with a clear plan and means	Gain Consent if making a referral, if no consent gained tell that you will be making a referral
Q1 Thoughts of suicide but no plan	High risk of harm to self or others and/or high distress, especially in absence of capable supports	Refer to the GP and pass over the details. Or to crisis team if they already have a referral	Thoughts of suicide however, no plan or the means to carry out the thoughts.	Referral to Support Services. Give numbers for urgent support

Adapted from Sands, N. Elsom, E, Colgate, R & Haylor, H. (2016) Development and inter-rater reliability of the UK Mental Health Triage Scale (In Press). International Journal of Mental Health Nursing.

Contact numbers for urgent support

- Samaritans 24/7 365 days a year call 116 123
- Nottingham Mental Health Helpline 24/7 for adults in crisis call 0300 303 0165

SUPPORT SERVICES REFERRAL AND TRIAGE FORM

Client ID			Referral Date	Completion Date
Name Inc. First, Last & Title			Address Inc. Postcode	
Date of Birth	Gender	Ethnicity	Telephone Numbers	
Association with Hospice	Origin of Referral		Email Consent to contact via email	
GP Name & Address			Referral reason, Bereavement	
			Referral reason, Patient Health Change	
			Referral reason, Carer or Family	
Relevant Medical Conditions			Client receiving Counselling or psychological support from a professional source?	
			Any previous counselling or psychological support?	
Date of Initial contact & Triage			Triage completed by	
Assessment Required			Date Of Assessment	
Assessment Completed By			Allocated To	
Level Of Support Required	Location , Home , Hospice , Telephone or Other		Admin Notes or Alert	
Counselling				
Emotional Support				

Group Support		
Spiritual/ Chaplaincy		
Sign Posting		
No Further Action		

Presenting Issues



Support Services

Access To Counselling Agreement

This is a mutual agreement negotiated between the Counsellor and the Client prior to the commencement of Counselling Support with Nottinghamshire Hospice. It outlines the responsibilities of the volunteer counsellor towards the Client, and the Client's responsibilities in the therapeutic relationship.

At the Hospice we have a blend of both qualified counsellors and trainees, whilst most of our volunteer counsellors are trainees, they are within the advanced stage of their training on a counselling diploma or degree placement. Irrespectively of whether your counsellor is qualified or in training they will adhere to the BACP (British Association for Counsellors and Psychotherapists) code of ethics for Professional Counsellors who are qualified and those that are in training. The code of ethics can be found <https://www.bacp.co.uk/>. They will also be required to adhere to the Hospice's policies and code of ethics. Your counselling sessions will be no different in terms of the support given whether you are allocated to a trainee or a qualified counsellor, the same confidentiality and anonymity will be followed in terms of your information and your individual case that you share with the counsellor.

When allocating a client to a counsellor we will ensure that the individual client is matched with their level of support required to the competency and experience of the allocated counsellor

All counsellors are required to attend ongoing counselling supervision at least once a month again in line with the BACP ethical framework. This is in place to assist them to monitor all aspects of their counselling work to ensure that they are working in an ethical manner. If they choose to discuss their client work, they will not use a client's name or any information that makes their identity known, any information that a supervisor receives is also treated as confidential and subject to the same ethical criteria. Likewise, the trainee counsellors will only ever discuss their client's case with their tutor or use any information if you the client gives them your prior consent, this can also be withdrawn and not used at any time.

Confidentiality is a very important aspect of the support relationship. Everything that is discussed with the counsellor in the session is kept in the strictest confidence. Your counsellor or the hospice will not confer with your GP without your knowledge and permission. If there is convincing evidence that you intend to harm yourself or others, your counsellor will need to break confidentiality by informing your GP, or in serious cases the Police, emergency services, or other appropriate third party. Wherever possible, and if it is considered appropriate, you will be informed of this. Your counsellor may keep brief notes after a session, which will be securely stored and anonymised from any identifying information.

Contact with The Hospice Support Services.

The Support Service can be contacted by calling on 01159 621222 during office hours. Messages can also be left on this number 24 hours.

The volunteer that you have been allocated to will be using their personal mobile or landline phones, and for the purpose of confidentiality they will withhold their number when calling you.

Cancellation and Holidays If you are unable to attend a session, please give your volunteer plenty of notice informing them at the appointment prior to the one being cancelled, if the cancellation is short notice, please contact the hospice to cancel, stating the date and time of your session, your first name and the name of your volunteer. Your volunteer will be available for you except for sickness, their holidays, and occasional times when they might attend training, the Volunteer will give you as much notice as possible if they are unable to make a session.

Sessions and Duration of Support Each session will last for a maximum of 60 minutes; however, the sessions can be shortened if you or the volunteer feels it necessary. You would usually speak with your volunteer once a week, this would be at an agreed time between you and the volunteer, again the volunteer or you may wish to speak less frequently which will need to be agreed by both parties. If you arrive part way through your allotted time, your volunteer will speak with you for the remainder of the time only. Support is for individuals only; no other person will be permitted in the session at any time or for any reason.

The sessions will focus on working with goals and it is to be expected that the support will remain focussed on the individual's goals that has been set at the start of support.

You will be allocated up to 3 months of support, we will assess you at the beginning, halfway through and at the penultimate session. In mitigating circumstances there may be provision to extend to further support. This would be with the approval of the Bereavement Support Services Manager.

Facebook, Twitter, Linked in and all social media.

Please do not invite your counsellor to join you on any social media. They are not permitted to do so under the Hospice Codes of Ethics, and refusal can cause offense where none is intended.

Data Protection Statement.

To assist us in working effectively with you, the Hospice keeps confidential records about all clients. These records are kept securely, are only seen by authorised Hospice personnel and may be used anonymously in the production of practice statistics. The records held by Hospice are subject to GDPR and the Data Protection Act 1998. Some of this data may be classified as sensitive personal data which includes but is not limited to information concerning gender, ethnic origin, physical or mental health. We can only use your sensitive personal data with your consent which we ask you to give by signing this form. Both personal and sensitive personal data is used by The Hospice to provide the best possible service to you and to ensure that we continue to offer the highest possible standards in delivery of care to all our clients.

PLEASE READ THIS AGREEMENT CAREFULLY.

I consent to The Hospice using my personal and sensitive data in accordance with the Data Protection Act 1998 and GDPR for the purposes of delivering support to me and for management of the quality of the service that The Hospice delivers. This agreement is fully understood and agreed to and is signed as it stands by:

Client Name: _____ Signature

Counsellor Name: _____ Volunteer Signature

Date: _____

The Hospice is not a crisis intervention service. Should you need support between sessions, please contact your GP or out of hours emergency service or one of the following organisations for help

- **Samaritans** - confidential 24/7 emotional support - Call 116 123 or email jo@samaritans.org or visit samaritans.org
- **Stay Alive App** - The Stay Alive app is a suicide prevention resource for the UK, packed full of useful information and tools to help you stay safe in crisis. You can use it if you are having thoughts of suicide or if you are concerned about someone else who may be considering suicide. This app is free can be downloaded for iPhone and Android Phones. Visit www.prevent-suicide.org.uk/find-help-now/stay-alive-app
- **Mind**
<https://www.mind.org.uk/information-support/guides-to-support-and-services/bereavement/about-bereavement/>
- **National Bereavement Partnership Helpline – 7am to 10pm for Emotional support 0800 448 0800**

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.

Safety Plan

If you sometimes struggle with suicidal thoughts, complete the form below.
When you are feeling suicidal, follow the plan one step at a time until you are safe.



Feeling suicidal is the result of experiencing extreme pain, and not having the resources to cope. We therefore need to reduce pain and increase coping resources.



These feelings will pass.

Keep the plan where you can easily find it when you'll need it.

What I need to do to reduce the risk of me acting on the suicidal thoughts:						
What warning signs or triggers are there that make me feel more out of control?						
What have I done in the past that helped? What ways of coping do I have?						
What I will do to help calm and soothe myself:						
What I will tell myself (as alternatives to the dark thoughts):						
What would I say to a close friend who was feeling this way?						
What could others do that would help?						
Who can I call: <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">• Friend or relative:</td> <td style="padding-left: 100px;">Another?</td> </tr> <tr> <td style="padding-left: 20px;">• Health professional:</td> <td style="padding-left: 100px;">Other?</td> </tr> <tr> <td style="padding-left: 20px;">• Telephone helpline:</td> <td style="padding-left: 100px;">Other?</td> </tr> </table>	• Friend or relative:	Another?	• Health professional:	Other?	• Telephone helpline:	Other?
• Friend or relative:	Another?					
• Health professional:	Other?					
• Telephone helpline:	Other?					
A safe place I can go to:						
If I still feel suicidal and out of control: <ul style="list-style-type: none"> • I will go to the A& E department • If I can't get there safely, I will call 999 (112, 911 etc) 						

www.getselfhelp.co.uk © Carol Vivyan & Chelle 2011. Permission to use for therapy purposes. www.get.gg