New Bereavement Care Service Standards

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Abstract: The new Bereavement Care Service Standards set out what needs to be addressed in order for services to be both safe and effective in meeting the needs of bereaved people. Launched in January 2014, they have been developed to apply to all services providing bereavement support in any sector, and to provide a useful benchmarking tool. The Standards have been developed as part of the Gold Standard Bereavement Care Project, and this article outlines the development process, and shows how the Standards can apply to the voluntary sector, NHS service providers, and to individual practitioners.

Keywords: bereavement care standards, benchmarking, voluntary sector, independent practitioners, NHS

Introduction

New Bereavement Care Service Standards were launched on Monday 20 January 2014 at a meeting of the National Bereavement Alliance. The Standards describe what is required for services to be safe and effective in meeting the needs of bereaved people. They provide a vital tool for all organisations which serve bereaved people, and will be an essential tool for commissioners of bereavement services. The standards have been developed as one of the work streams of the Gold Standard Bereavement Care Project. This was a Department of Health-funded partnership project between Cruse Bereavement Care and the Bereavement Services Association (BSA) the national network organisation that provides support, education and training for people involved in bereavement support services, with a focus on those working in the NHS.

The New Bereavement Care Service Standards can be applied to all services providing bereavement support in any sector – Voluntary, Statutory, and Commercial. They are as relevant to bereavement care provided in a hospital and a hospice as to community groups including those providing peer support. They provide a practical tool which services can use to benchmark what they offer, as well as an aid to service development and improvement.

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You can download a copy of the standards at www.cruse.org.uk/BCSS

Background and development

The Standards are not the first attempt to build a consensus to define quality standards for bereavement services. The UK Bereavement Care Standards, developed in 2001, were expected to have a wide-ranging impact on services for bereaved people, but it has been difficult to evaluate how widely they have been used. Since 2001, there have been a number of initiatives recognising the vital importance of providing high quality bereavement care including as an integral and essential component of excellent end-of-life care (detailed in an Appendix to the Standards). These provide the context in which these new Standards, building on the foundations of much of the earlier work in this area, have been developed.

The Bereavement Standards project was a work stream for which BSA took the lead. As the aim was to develop a universally useful tool it was recognised that engagement with a very wide group of stakeholders was essential during their creation. This was achieved through:

- A national stakeholder event, bringing together representatives from statutory, voluntary and commercial sectors.
- A review of existing literature.
- Consulting a range of key people in the field including members of the National Bereavement Alliance.

The Standards

The framework used to structure the standards falls under seven headings, each representing an area that a service needs to address.

1. Planning: Services have plans in place to address the needs of the client group/community they serve in the most appropriate way.
2. Awareness and Access: Services facilitate individual choice; are clear about what they can offer and to whom; know their limitations within defined boundaries and are able to signpost as appropriate.
3. Assessment: Bereaved people have their needs assessed in a manner appropriate to the service offered. This will be a continuous and ongoing two-way process that ensures both risk and potential for resilience are identified. An appropriate plan is put in place to meet the identified needs of the bereaved person.
4. Support and Supervision: Services provide access to support and supervision to ensure safe working practice and afford staff and volunteers the opportunity to recognise the impact of this work on them.
5. Education and Training: All staff and volunteers who come into contact with bereaved people have the necessary skills and knowledge to provide support to those people.
6. Resources: Resources are allocated so they are responsive to the differing needs of bereaved people.
7. Monitoring and Evaluation: Services continually review the support offered to ensure they are meeting the needs of bereaved people and to inform developments in the service.

Under each heading are three levels. Level one represents a minimum acceptable standard.

Not all of the standards will apply equally to all services. The type of service provided will mean that Levels Two and Three will not be appropriate to every organisation. Therefore the Standards cannot be used as a crude tool to compare services without also knowing that the type of service provided is similar. It is for each service to assess how the Standards and their Levels apply to their own setting and service and where a higher Level than currently met is something they can and should work to achieve. Nonetheless every service should be aiming for at least the minimum standard across all seven headings. It is also recognised that this is a self assessment process although reference is made within the Levels to the possibility of external audit. There is no validating body so organisations that claim to have achieved certain Levels must be prepared to provide evidence in support of this if challenged.

It is recognised that many organisations and individuals will be adopting the standards alongside other professional standards and codes of practice – the new Standards are designed to supplement these, with specific reference to bereavement. To see all the Levels go to www.cruse.org.uk/BCSS

Next stages

The new Standards provide a framework to assist organisations to appraise, develop and improve their services. Use of the Standards is voluntary and they have deliberately been written in a very straightforward way to encourage their use as widely as possible.

The National Bereavement Alliance has a significant role to play here as so many organisations are involved, including from coronial, funeral, advice and counselling support sectors (both adults and children).

Viewpoint: The voluntary sector

Cruse Bereavement Care has a team of nearly 6,000 Bereavement Volunteers, who each year support up to 30,000 bereaved people face-to-face, plus thousands more via telephone, email and online information. Chief Executive Debbie Kerslake outlines what the Standards mean for a large voluntary sector organisation.

As a major provider of bereavement services, Cruse already had in place an extensive set of standards, which are constantly being developed and revised. Some of these are extremely detailed. However, the Bereavement Care Service Standards provide a useful benchmark to ensure we are

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considering everything we need to. Last year Cruse launched its strategic plan for 2013-18. This exciting and ambitious plan sets out how Cruse aims to achieve its vision that *all bereaved people have somewhere to turn when someone dies*. The new Standards are reflected in several of our strategic objectives and will provide a framework to underpin future developments.

Part of our mission statement is to enhance society's care of bereaved people. Working with the BSA on the Standards has enabled us both to ensure our own organisation achieves the highest standards, and to help pass on these goals to other service providers. We aspire to a Level Three provision in each of the Standards, and at present only have one area to address before we meet that target.

As advocates for high quality bereavement care we will be working to raise awareness of the Standards in those commissioning services. Those looking to commission bereavement care services can use the Standards as a baseline to help evaluate potential providers, and ensure what they are offering will provide high quality, safe and effective bereavement care as well as good value for money. For example, an organisation which meets Standard 7 Monitoring and Evaluation to Level Two or above will be in a good place to demonstrate the effectiveness of the service they provide. From the other side of the equation, when we are bidding to provide services to other organisations, be they private or public sector, we can point to our compliance with the Standards as evidence of the high quality service we offer to bereaved people.

Viewpoint: The NHS service provider

Dawn Chaplin is Head Nurse for Patient Experience and clinical Dean at Heart of England NHS Foundation Trust. She was previously Project Director for the Birmingham Bereavement Project and Head of Bereavement Services at Heart of England NHS Foundation Trust. Dawn is co-chair of the Bereavement Services Association (BSA).

Within an NHS acute hospital there are very few staff who do not interact with bereaved people sooner or later even though it is not their main role – for example the receptionist at the main reception desk when bereaved families arrive, or the porter arriving to take a deceased person to the mortuary. Ensuring all staff and volunteers 'receive general education about communication skills and bereavement awareness' if they may come into contact with bereaved people is challenging in a large Trust with several thousand staff. However it can be referenced as part of good care for patients and carers in general induction programmes.

Such training should also be included in on-going professional development for staff groups who will encounter bereaved people on a regular basis such as nurses, doctors and also teams such as Patient Advice and Liaison services and Complaints departments. Bereavement service staff often act as champions within their own organisations to raise awareness of the needs of bereaved people and advocate for improved services. The BSA has a number of members who have ensured significant improvements in care for bereaved people within their hospitals and the DH guidance *When a patient dies* (2005) and *When a person dies* (2011) have been valuable resources.

The majority of acute trusts with a dedicated bereavement service should be able to meet Level One standards across all seven domains, although some may be more challenging than others. Most services will have telephone conversations and face to face meetings with the majority of bereaved families. In some cases there will only be telephone contact (eg. if HM Coroner is involved). Longterm support is rarely appropriate for an organisation whose primary focus is acute care. The focus of the contact is administrative and information giving within a supportive framework. Families will require information about a cause of death, the next steps to be taken and, if HM Coroner is involved, what implications this may have for funeral arrangements. There may be outstanding questions about medical care to be answered, and for those Trusts with Medical Examiners in situ these questions can be addressed in a timely manner. There will also be signposting to relevant benefits and information about how to access support. Often there will be a gentle conversation which helps normalise the present experiences of the bereaved person, particularly if this is their first significant bereavement and they are struggling with the overwhelming nature of their response.

Formal assessment of risk and longterm support needs in this situation is often not possible or practical at this time. Thus Level One of the Assessment domain is appropriate as the presenting situation is assessed and responded to, but Level Two where there is a regular review of progress with the bereaved person may be undertaken in a hospice setting or bereavement service. The Standards and Levels acknowledge that services are different, responding to different areas of need at different times.

The BSA is committed to supporting the dissemination of the Standards and to receiving feedback on how organisations use them. The previous UK Standards were not fully rolled out and we do not want to see that happen again. On the basis of feedback received over the next 18-24 months we anticipate that the Standards may need to be amended in the light of user experience. The next steps for us are the creation of audit and evaluation tools, to assist organisations in their use of the Standards in service assessment and delivery.

Although the Gold Standard Bereavement Care Project has come to end, as a founder member of the National Bereavement Alliance, BSA will continue to work for improved bereavement care as part of the wider partnership. The Standards will be an important guide in making this happen.

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Viewpoint: Other service providers

Anne Wadey is the Head of the Bereavement Advice Centre. Anne began her career as a nurse and midwife, and before helping develop the Bereavement Advice Centre worked for 18 years caring for bereaved families in the National Health Service.

Can the Standards be used by other services such as coroners' services, funeral directors and information and advice services? I believe the answer is yes while also recognising that some of the domains will have limited relevance in some cases. This is one of the advantages of the Standards being written in non-technical language with a few exceptions such as *resilience and supervision* (as the latter has a very specific meaning in the sphere of counselling). Many services have their own Codes of Practice or Conduct and most services for bereaved people have their welfare as their primary concern, whether the bereaved person's status is as non-paying client or paying client/customer.

The new *Guide to Coroner Services* published by the Ministry of Justice in February 2014 explicitly describes the specific standards service users can expect at each stage of a coroner's investigation. A coroner's investigation is a service that is of great importance to bereaved people. The Chief Coroner, His Honour Judge Thornton has said and written on more than one occasion that bereaved people need to be at the heart of the system, but the coroner service is not a bereavement service. There is a subtle but important difference between services for bereaved people and services that have as their aim, support for people with their experience of grief, mourning and bereavement. The former group includes for example, registrars of deaths, coroner services and funeral directors.

At the Bereavement Advice Centre, bereaved people are obviously our core group of clients but we do not provide befriending or counselling services (we signpost people needing them as appropriate). Therefore Levels that refer to an on-going relationship are not relevant for us as most of our contacts are on one occasion only by telephone or email. However I am also confident that we can evidence at least Level One compliance across all domains and higher levels in some. I believe the majority of good funeral directors would be able to do the same.

The Bereavement Care Service Standards are extremely welcome and Bereavement Advice Centre is proud to have played a part in their development.

Viewpoint: The independent practitioner

Jonathan Hartley was the Director of the Bereavement Care Standards: UK Project from 1998 to 2001. He currently combines an independent practice as an accredited counsellor, supervisor and trainer with a part-time post within the bereavement service of a large inner city hospice. Here he discusses the implications of the Bereavement Care Service Standards for independent practitioners and how to map the standards across into individual practice.

If adopted by a wide spectrum of statutory and voluntary sector providers, the Bereavement Care Service Standards will gain the credibility to make a significant contribution to ensuring safe and beneficial care for people facing the challenges bereavement can bring.

A recent (February 2014) search of the British Association for Counselling & Psychotherapy (BACP) online 'find a therapist' directory revealed that just over three-quarters (76%) of therapists in London state that they will work with 'bereavement' as a 'reason for therapy' – a proportion which is likely to be matched nationally. Taken together with the fact that around 500,000 deaths are registered in England and Wales each year (Office for National Statistics) the delivery of bereavement care through talking therapists in individual practice is of quantifiable significance.

As user awareness and knowledge of talking therapies increases, and increasing access to talking therapies is afforded through GPs, health insurers and Employee Assistance Programmes, Independent Practitioners (IPs) are also increasingly likely to have to show that they work to good practice guidelines such as the new Standards.

For the Standards to impact on good practice for the benefit of as many bereaved people as possible, they will need to be endorsed and practised not just by the services who can relate to their organisational delivery focus, but also by the myriad IPs involved in bereavement care.

It is important therefore to consider the following points.

1. Can IPs endorse the Standards as a framework for good practice?

The Standards are intended to supplement other professional standards and codes of practice by detailing additional elements of particular relevance to bereavement (p5). For IPs to endorse them, they need to sit comfortably alongside professional codes for talking therapies, for instance the BACP Ethical Framework which is used here for comparison and illustrative purposes.

Fundamental principles

The Standards offer five Fundamental Principles (p5) integral for any bereavement service to reach a minimum standard in delivering bereavement care.

The principles of 'Confidentiality', 'Respect', and 'Equality and Diversity' clearly match the principles on these issues contained in the BACP Ethical Framework to which therapist members are already committed, and can be straightforwardly endorsed by IPs as they stand.

Similarly, the principle of 'Quality' laid out in the Standards, with its emphasis on 'skills, knowledge, training, supervision and support relevant to their role', fits

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comfortably with the requirement for 'maintaining competent practice' in the BACP Ethical Framework.

The final principle of 'Safety' relates to accountability and requires that 'due regard to safe and ethical practice' be paid 'in order to protect bereaved people'. This sits well alongside the BACP Ethical Framework, especially when the requirements of supervision are included. However, it introduces more specifically organisational factors than the other principles. In endorsing this principle, IPs would need to acknowledge that 'robust processes for recruitment', including DBS Clearance, are not specifically relevant in their case.

The Standards

The focus of the Standards (pp 6,7) and the language in which they are couched is organisational but can be mapped across to an individual delivery context. In this way, it is possible for the IP to endorse all seven Standard statements.

Endorsing all three levels of service delivery under each heading is more problematic for the IP, unless he/she is able to acknowledge that Level 1, defined as the minimum standard of service delivery, is achievable in their local, individual, context. Levels 2 and 3 are sometimes only applicable to the organisational context for delivering bereavement care eg. 'Service provides appropriate ratios of staff/volunteers to bereaved people, especially in relation to vulnerable and young people'. (6. Resources. Level 3)

2. Can IPs work to the Standards in their 'local context' given his/her 'own style of provision and delivery'?

If an IP is working to his/her own professional codes in terms of key elements like clinical assessment and review, reflection on feedback, supervision, and ongoing training and support, then they will be working to the key concepts included in Level 1 of the BCSS. The language may need changing slightly eg. 'Service is planned in response to identified need' (1. Planning. Level 1) can clearly be interpreted as describing the process involved in initial clinical assessments of potential clients.

There are points at which the Standards reinforce aspects of other professional codes to recognise the specific context of bereavement care, such as affording providers 'the opportunity to recognise the impact of this work on them' (4. Supervision and Support). This sits well with the BACP Ethical Framework statements on care of self.

There are other points at which the Standards may not be specific enough so, whilst they can be endorsed, can perhaps too easily be seen as achievable by some IPs. For instance, training in 'bereavement awareness' (5. Education and Training. Level 1) is very general and open to many interpretations. Does this mean simply awareness of reactions to loss, or does it include bereavement models and their application, and does it go as far as the need to recognise and support those with complex grief reactions?

It would be unrealistic to expect IPs to meet the Standards at Levels 2 and 3 across the board because these are so clearly written for the organisational, service, context.

For the future

I believe that IPs who work with clients where bereavement is a focus should be able to endorse the Standards, and feel confident to evidence that they can meet them to the minimum Level 1 of good practice.

The Standards highlight the need to influence practice in bereavement care for the benefit of bereaved people who use individual and larger services. Alongside this new welcome development, I think it would be helpful to explore the role of IPs in delivering bereavement care. Given the numbers of IPs who work with this as a presenting issue, there is a continuing debate to be had about the place of bereavement, perhaps focused on the question 'Is bereavement a specialism'? ■

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