A bereavement policy for bereavement workers

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Abstract: This article discusses the development of a bereavement policy for bereavement support staff. To date there seems to be very little literature regarding the wellbeing of staff working in bereavement settings when they experience bereavement themselves. The article outlines the development of the policy for Barnardo's Child and Family Bereavement Service Cardiff.

Keywords: bereavement, bereavement policy, bereavement service, bereavement workers, clinical supervision.

Introduction

To date there is a scarcity of literature concerning the impact of bereavement on staff when they themselves work within a setting providing bereavement care, and how we can best support staff when they experience a bereavement in their personal life.

Barnardo's Child and Family Bereavement Service, Cardiff was set up in April 2013 as part of Families First Cardiff. 'Families First' is a Welsh Government funded programme, developed to play a key role, alongside statutory and mainstream services, such as Flying Start and Communities First, in addressing child poverty (**www.cardiffpartnership.co.uk**). The service provides interventions for children, young people and/or parents and carers when bereavement is impacting on the functioning of the family (however a family is constituted). The service is comprised of four full-time workers (including a clinical psychologist and a play therapist) and one part-time worker.

The authors of this paper were working for Barnardos when we as a team experienced an unexpected personal bereavement. We found that local organisational bereavement policies were not sufficient to help us navigate this challenge for workers. Although there are multiple good practice guidelines available for developing a bereavement service for children (eg. Network & Penny, 2006) or adults (eg. Bereavement Services Association, 2011) and guidelines are available for workplaces to develop a bereavement policy for staff working in a range of settings (eg ACAS, 2014), there were no guidelines available which combined the two and offered support for the creation of a bereavement policy for those staff members working in a bereavement setting.

Here we share our experience of discovering a need for a bereavement policy and the development of this policy, in the hope that it will encourage other services to proactively plan for the inevitable.

Incidence of bereavement in the workplace

Bereavement is an inevitable part of life and is regularly flagged as one of the most stressful events which an individual can experience (Holmes & Rahe, 1967). Conservative estimates suggest that 1 out of every 10 employees of an organisation's workforce may be directly affected by bereavement every year (McGuinness, 2007). Bereavement can impact on employees in many areas of their work, from practical issues such as needing to take time off unexpectedly, to emotional issues such as feeling unable to carry out certain tasks.

Employers have a duty of care to employees, and following a campaign organised between Cruse Bereavement Care and ACAS (Advisory, Conciliation and Arbitration Service), many employers are beginning to create a general bereavement policy for workers or to take account of good practice guidelines which promote flexibility, empathy and communication (ACAS, 2014; McGuiness & Williams, 2014), as evidence indicates that a supportive

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employer can lead to a reduction in sickness absence, or of staff leaving (HM Government, 2010)

Whilst positive steps are being made towards employers treating bereaved employees sensitively and compassionately, there is a scarcity of literature detailing the need or creation of a bereavement policy for employees who deal directly with bereavement as part of their normal working role. The ACAS good practice guide for managing bereavement in the workplace mentions that 'particular care should be taken where the work itself involves dealing with death or bereavement' (ACAS, 2014) but does not offer any guidance for how a bereavement policy should reflect these particular needs.

Impact of working with a bereaved client group

There are potential issues which could arise when working with bereaved and traumatised individuals in a helping capacity, including compassion fatigue which is a reduced capacity for empathy towards clients which results from repeated exposure to a client's trauma (Adams, Boscarino & Figley, 2006) and vicarious trauma, where professionals' views of the world and their safety are altered by repeated exposure to trauma (Trippany, Kress and Wilcoxon, 2004). Burnout is also a recognised risk and comprises physical and emotional exhaustion (Adams, Boscarino & Figley, 2006). A history of personal traumatic experiences has been shown to increase the possibility of compassion fatigue in workers involved in emotionally-intensive helping professions (Adams, Boscarino & Figley, 2006), indicating that there is a possibility that workers working with bereaved client groups may be more vulnerable following a personal experience of bereavement.

While there seems to be little evidence to cite within the population of post-bereavement support workers, levels of stress, compassion fatigue, and burnout are well documented within multiple helping professions; for example, a higher incidence of burnout in oncology care, compared to other medical settings, has been identified by several authors to date (Grootenhuis *et al*, 1996). Factors associated with burnout include social, team or organisational support, personal views, attitudes and circumstances, personal and professional experiences, as well as resilience (Zander *et al*, 2010).

A bereaved employee may find that their resilience and ability to contain clients' emotions is affected following their own experience of bereavement, as bereavement can impact in almost every area of life, including cognitive processes, sleeping and eating habits, emotional regulation and concentration (Zisook & Shuchter, 1994). Evidence indicates that some of the factors which can help to prevent compassion fatigue and burnout are similar to what bereaved employees have stated that they need from an employer: namely a supportive workplace and management structure (Hunsaker *et al*, 2015), and open communication.

The grief responses of bereavement workers can often remain hidden as society expects helping professionals to be strong in the face of death and grief, while institutional regulations may mistake grief for vulnerability (Liben, Papadatou & Wolfe, 2008). Social, team or organisational support such as the development of supportive professional relationships, that promote debriefing and enhanced mutual support, are reported to be one of the most important ways of reducing staff burnout (Maytum *et al*, 2004), and clinical supervision and peer support are also important supportive tools for staff working in both post-bereavement and pre-bereavement and palliative support services (Ambitions for Palliative and End of Life Care, 2015; Together For Short Lives, 2012). The Child & Family Bereavement Service has several processes – such as fortnightly individual clinical supervision, weekly team meetings, and monthly group reflective practice with an external consultant psychologist – to assist in creating this kind of culture.

Discovering a need for a bereavement policy

When our team first first became aware that one of the members of the team was anticipating a personal bereavement, we enhanced and increased the resources already used (eg. clinical supervision) and also relied on local organisation policies and guidance from our HR department to put support in place prior to and following the bereavement. Increased levels of clinical supervision were useful to ensure that the member of staff did not become particularly vulnerable to the impact of working in an emotionally-challenging field, in conjunction with collaborative planned changes to workload and job role to anticipate the bereavement and to allow the member of staff to have the flexibility to spend more time with their loved one before they died.

However it became clear that these informal arrangements were not containing enough when a subsequent bereavement was unexpected and the bereaved member of staff was holding a full clinical caseload at the time of the bereavement.

It became clear that a more formal bereavement policy would aid in providing structure. Firstly it would help in planning how a bereaved staff member could return to 'normal duties'. Secondly, we needed to ensure that an appropriate level of support could be put in place around the member of staff that was consistent with our values of supporting team members and enabling emotionally resilient communications in the workplace, and that also provided containment for all members of the team.

Once we had established the need for an unexpected bereavement policy, we looked to the literature and guidelines, as referenced earlier, and to other, more established services to draw on their experiences of members of staff experiencing a bereavement in their personal life. Of the three services we contacted, two responded to our request for information. One of the services explained that they were currently looking at developing their own policy, and did not presently have any formal structures in place for bereaved employees. The other service acknowledged that they did not have a formal bereavement policy, however when a member of their team

had been bereaved, they had been guided by considering the wellbeing and safety of their clients, whilst simultaneously providing an increased level of support to a bereaved member of staff and encouraging staff members to model healthy grieving to clients.

Our bereavement policy

Our policy was devised by a member of the team who had experienced an unexpected bereavement, in conjunction with the service's clinical lead (clinical psychologist) and the operational manager. Considering the feedback from other services, reviewing the available guidelines discussed earlier in the article, and closely listening to the narrative of the bereaved team member, it was recognised that there was a need for the policy to be flexible and led by the needs of the employee, whilst also ensuring that clients' safety and emotional well-being is paramount.

Human resource policies were built into the policy to negotiate any time off work, with an employee's line manager having discretion to agree any additional time off work or time working from home. The policy includes signposting to Employee Assistance Programmes and promotes staff having a duty of care towards themselves during this time.

The bereavement policy advises that staff working in bereavement services should have time away from direct client contact, but that it is important to maintain staff member's feelings of self-worth (as this has been linked to the development of compassion fatigue: Showalter, 2010) and that their role could temporarily focus on alternative areas such as marketing, research and development.

Supervision is a key part of supporting staff working in areas such as bereavement or palliative care (Bergdahl *et al*, 2011), and so our policy reflects that a bereaved member of staff may need additional support during this time to promote a full return to work, including an increased level of clinical supervision and debriefing.

Finally, our policy also acknowledges that every bereavement is individual, and employees may need differing levels of support depending on an employee's cultural and religious beliefs, their relationship with the person who has died and the circumstances of the death, especially if the death was sudden or traumatic (Van Ameringen *et al*, 2008).

Highlights of the bereavement policy

- The policy is flexible and considers the circumstances of each situation, including a staff member's cultural and religious beliefs.
- HR policies are used to negotiate time off work following bereavement. Any additional time off will be at the discretion of the line manager.
- Each member of staff will be supported to think about whether to share their grieving experience with clients, if this will be a clinical issue (eg. if the bereavement has necessitated a need for a break in a therapeutic intervention), or if it would be helpful for the client.
- There is a focus on safe and ethical practice: clients' safety and emotional well-being is paramount.
- Individual staff members have a duty of care towards themselves and are expected to take responsibility for seeking out additional support, eg. through the Employee Assistance Programme.
- It can be appropriate for a member of staff to cease direct work with clients, and focus on tasks such as marketing, evaluation, research and development.
- A member of staff may need an increased level of clinical supervision and managerial support, and this may continue once the member of staff begins direct work with clients again. They may begin with a lower caseload than before and will avoid clients with similar themes of bereavement.
- The clinical lead and/or operational manager for the service will review the policy yearly.

Conclusion

When faced with an unexpected bereavement within our team, the authors found that the available guidance and best practice documents were not fully adequate for supporting bereaved members of staff who also work in a bereavement service.

There was good guidance on creating a bereavement policy for workplaces in general, but this was more readily applicable when bereavement was expected. We were able to adapt this policy to create a bereavement policy specifically aimed at workers who are working with bereaved clients.

We recommend that workplaces where teams have a high level of contact with bereaved clients consider a specific policy for those occasions when a member of staff is bereaved, either as a stand-alone policy, or as a part of the organisation's main bereavement policy. ■

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