

**DRAFT STRATEGY FOR BEREAVEMENT CARE  
IN NORTHERN IRELAND**

**PUBLIC CONSULTATION RESULTS  
AND DEPARTMENTAL RESPONSE**

**May 2009**

## **Background**

Approximately 14,000-15,000 people die in Northern Ireland every year, and it is estimated that for every death, at least four relatives and friends experience the loss. This means that over 56,000 people in Northern Ireland are affected by bereavement each year.

On 11 December 2008, the Minister for Health, Michael McGimpsey MLA, launched a public consultation on a draft strategy for health and social care bereavement services in Northern Ireland.

The draft strategy was designed to provide an integrated, comprehensive approach to the support and care of people who are dying and their families.

Between 11 December 2008 and 13 March 2009, views were sought on the draft strategy from members of the Health and Social Care sector, the Voluntary and Community sector, and the general public.

This document sets out the main issues raised by respondents, and the Department's responses to those issues.

## **Overview**

In total, 41 responses were submitted to DHSSPS from the following organisations and individuals:

### **Organisations**

Action Cancer  
Barnardo's NI  
Belfast HSC Trust  
British Association for Counselling & Psychotherapy  
British Psychological Society - NI branch  
Clinical Quality and Safety, Western HSC Trust  
Cruse Bereavement Care NI - Foyle  
Department of Clinical Psychology, Belfast HSC Trust  
EHSSB  
Governance and Patient Safety, Northern HSC Trust  
Health Promotion Agency\*  
Health and Social Care Services Councils for NI  
Learning Disability Services, Belfast HSC Trust  
Lakeview Hospital, L/Derry  
Macmillan Specialist Nursing Service, Southern HSC Trust  
Macmillan Specialist Palliative Care Team, Belfast HSC Trust\*  
Marie Curie Hospice, Belfast\*  
NI Children's Hospice  
NI Healthcare Chaplains' Association  
NHSSB\*  
Northern HSC Trust  
South Eastern HSC Trust  
Southern HSC Trust  
Trauma Advisory Panel, Belfast  
Regulation and Quality Improvement Authority  
Royal College of Midwives  
Royal College of Nursing NI  
Victim and Survivor Matters Programme  
WHSSB

### **Individuals**

Brown, Mary, Community Palliative Care Team, Ards Community Hospital  
Carland, Chris, Tissue Pathology Service Manager, Belfast HSC Trust  
Gavin, Robert, Cruse Bereavement Care\*\*  
Heaney, Peter, Cruse Bereavement Care  
Hegarty, Tracy, L/Derry  
Hill, Judith, CEO, NI Hospice  
Logue, EM, Assistant Director of Nursing, EHSSB  
McGale, Barry, Suicide Liaison Officer, Western HSC Trust  
O'Hanlon, A and McAlinden, C, Southern HSC Trust

Senior, MT, Advisory Committee on Genetic Modification, Northern HSC Trust  
Sheen, Ursula, Speech and Language Therapist, Western HSC Trust

\* Unspecified. Recorded as an organisational response.

\*\* Unspecified. Recorded as an individual response.

## Summary

It is important to note that the focus of the **Strategy for Bereavement Care** in Northern Ireland is ***to build the capacity of all staff who have contact with the dying and the bereaved, so that they can respond in the most appropriate way according to their respective roles and the needs and preferences of those affected.***

In general, all of the respondents agreed with the six standards which form the basis of the strategy. There were some issues raised by the respondents in four key areas:

- the implementation of the six standards
- the dissemination of information to the bereaved
- the training of staff
- the specialist requirements of highly traumatic bereavements.

After lengthy consultation within the Strategy Steering Group and at numerous workshops, the standards were drafted to represent the level of care and support to which all health and social care staff should attain. The standards shall be the 'yard stick' against which bereavement care provision will be measured.

While the strategy establishes the standards for bereavement care, it will be up to the Health and Social Care Board and Trusts to best determine how these standards can be met. The five bereavement co-ordinators will be responsible for developing consistent implementation across the Northern Ireland health and social care sector, extending to all staff, including management. This would include deciding how to provide information to the bereaved, and how to provide sufficient training for staff.

The bereavement co-ordinators will also be responsible for ensuring that the implementation of the standards takes account of section 75 of the Northern Ireland Act.

The strategy is designed to provide generic guidelines and standards for ***all*** types of bereavement, including highly traumatic bereavements, such as by suicide and the Troubles. The six standards are not designed to replace established practice and specialist care provision for specific bereavement types.

Following on from this public consultation exercise, three of the six standards will be amended as follows:

1. **Raising awareness:** That Health and Social Care staff will **be suitably trained** to have an awareness and understanding of death, dying and bereavement. **Staff should also acknowledge** the fact that grief is a normal process following loss, **and that needs vary according to an individual's background, community, beliefs, and abilities.**
2. **Promoting safe and effective care:** That all Health and Social Care staff **who have contact** with people who are dying **and/or with** those affected by bereavement will deliver high quality, safe, sensitive and effective care before, at the time of and after death **according to individuals' backgrounds, communities, beliefs and abilities.**
3. **Communication, information and resources:** That people who are dying and those who are affected by bereavement will have access to **up-to-date**, timely, accurate and consistent information in a format and language **which is appropriate** and will be helpful to their particular circumstances consistent with their needs, abilities and preferences. **Staff will remember that the availability of written or other information does not negate their personal support role.**
4. **Creating a supportive experience:** That those who are dying and their families will be afforded time, privacy, dignity and respect and, wherever possible, given the opportunity to die in their preferred environment with access to practical, emotional and spiritual support based on their individual needs, abilities and preferences.
5. **Knowledge and skills:** That Health and Social Care organisations recognise the value of a skilled workforce by ensuring that those coming into contact with, or caring for people who are dying and those affected by bereavement are competent to deliver care through continuing professional development; and by having systems in place to support them.
6. **Working together:** That good communication and co-ordination will take place within and between individuals, organisations and sectors, to ensure that resources are targeted efficiently and effectively and that there is integration of care to meet the needs of people who are dying and their families, friends and carers.

The Department would like to thank all of the participants in this process for their time and assistance. We are confident that the strategy will have a very positive impact upon the level of care provided for the bereaved in Northern Ireland.