

Implementing the Bereavement Care Service Standards (BCSS): Guidance for ABSCo members



Member of:

National Bereavement
————— *Alliance*

Bereavement Care Service Standards

The BCSS, launched in 2014, are one of the outcomes of the Department of Health funded 'Gold Standard Project'. They set out what needs to be in place for bereavement services from any sector to be both safe and effective in meeting the needs of bereaved people.

Incorporating the Fundamental Principles of Confidentiality, Respect, Equality and Diversity, Quality, and Safety, there are seven Standard Statements covering the seven key areas of:

- Planning
- Awareness and Access
- Assessment
- Support and Supervision
- Education and Training
- Resources
- Monitoring and Evaluation

Within each area, three levels of achievement are detailed to indicate what needs to be demonstrated to show achievement of the Standards.

Endorsement of the Standards as a framework for good practice is an essential requirement for membership of the National Bereavement Alliance (NBA).

A pdf version of the Standards can be accessed via www.cruse.org.uk



We at Hospice UK fundamentally believe that all bereaved people, whatever their circumstances, should have access to high quality bereavement services that are tailored to their needs in a timely way. That is why we are delighted to be endorsing the national Bereavement Care Services Standards (BCSS), in collaboration with the Association of Bereavement Service Coordinators.

We want to actively encourage all Hospice UK members and subscribers to review and develop their services in line with the BCSS. This guidance on implementing the Standards in a hospice and palliative care setting is a welcome practical tool to support members to do this.

We would also like to encourage services to share how they are using the Standards and how their services are developing as shared practice can only help improve support for bereaved people.

So, let's work together to make delivering these Standards a reality for bereaved people so we continue to develop services that are fit for the future.

Claire Henry MBE

Director of Improvement and Transformation

Foreword

With its national profile, ABSCo is in a unique position to advocate for good practice in delivering bereavement care in the hospice and palliative care sector.

As a key stakeholder in consultations, and as a key partner in the National Bereavement Alliance (NBA), ABSCo was closely involved in the development of the Bereavement Care Service Standards (BCSS), published in 2014. On behalf of all its member services, ABSCo has endorsed the BCSS as a framework for good practice in the provision of bereavement care.

The BCSS are generic to the field of bereavement care and 'aim to set out what areas need to be addressed in order for services to be both safe and effective in meeting the needs of bereaved people' (P4). Services are expected to develop their own local standards to 'set the criteria for how bereavement standards will be applied within their particular service, given their own style of provision and delivery' (P4).

The BCSS acknowledge that benchmarking will occur organically through their implementation, 'so that minimum standards will become the accepted norm' (P4). The minimum standard is described as 'at least Level 1' across all seven Standards (P5). No detail is offered on how this might occur and it is up to individual services and their associations, such as ABSCo, to develop the use of benchmarking in their local context/s. Similarly, the BCSS do not specify how to evidence compliance.

To support members in implementing the BCSS within their particular service context, ABSCo has issued this Guidance on interpreting the BCSS in a hospice and palliative care specific context. This is a key step towards developing a palliative care specific service audit tool to inform future benchmarking of hospice and palliative care bereavement services.

The Guidance draws on member input through a paper-based and facilitated workshop consultation exercise across ABSCo's Regions. At least half the membership responded to the consultations and the Guidance therefore reflects what works in current practice and does not represent a 'top down' imposition. The full report of this consultation and feedback is available through ABSCo at www.absco.org.uk

1 Key aspects of the BCSS:

Organisational, not prescriptive

The BCSS are intended to cover generic principles and organisational requirements for any form of service providing bereavement care. They recognise the diversity of structure and approaches adopted by services and are not intended to be prescriptive of any organisational or clinical model.

Process rather than structure

The BCSS focus on processes rather than structures, and emphasise reflection on practice to facilitate service development in line with the changing needs of the service client group.

Coverage

The BCSS are intended for application across the bereavement care pathway (www.bereavementpathways.org.uk/). They are inclusive of services offering support at any point on this continuum, from pre-bereavement through to ongoing bereavement care at whatever time. They also apply to all types of client base, adult and/or children and young people.

Hierarchy

Each of the seven Standard headings is of equal worth and significance. However, three Levels of Achievement (LoA) are specified for each one and these are intentionally hierarchical, with Levels 2 and 3 representing increasingly complex levels of service provision. To achieve compliance, all services are expected to meet and evidence achievement to at least Level 1 across all seven Standards.

Supplementary to other professional standards

Many services adhere to a variety of standards, be they professional standards and codes of practice, or organisational. The BCSS are intended to complement and supplement these other standards with specific reference to bereavement.

2 Key principles for implementation:

Hospice and palliative care specific

This Guidance relates to implementation in hospice and palliative care specific settings. Whilst some ABSCo member services also provide bereavement across a wider client base, such as community or borough-based, it is for the individual Services to work out how the BCSS apply in their different settings, whether in parallel or separately.

Accountability and standards of evidence

The BCSS support service accountability to key stakeholders including bereaved clients, funders, staff and volunteers. To underpin this, services are expected to provide tangible evidence of their stated levels of achievement and compliance. The BCSS are written with the deliberate intention that compliance should lead to changes to improve the quality of support delivered. The evidence should endorse the effectiveness of current practice and/or demonstrate reflection to bring about change.

Not all services are large enough to have formal policy statements and protocols to cover all aspects of delivery. Where this is the case, a statement of current practice can be regarded as 'documented' evidence, as long as a signed declaration is included to confirm that this reflects current working practice, and that this can be demonstrated to an external auditor if and when requested.

Supporting diverse and creative service provision

The BCSS are intended to support a variety of approaches to bereavement care. Feedback from ABSCo member services in consultations on implementation underlined the wide diversity of approaches to service provision, even within a specific palliative care context. The Guidance recognises the inherent tension between respecting a variety of approaches to service provision and prescribing potentially overly restrictive or standardised approaches.

Making the implicit explicit

A consistent pattern in the feedback received from ABSCo members within the consultations was to name that activities take place and state this as evidence of achievement of particular Standards and Levels of Achievement (LoAs). Whilst

members were able to articulate the rationale for their provision, this was not always backed up by tangible evidence of achievement. Using examples shared by some members, the Guidance suggests ways in which achievement against the BCSS can be concretely evidenced and Appendix One provides an example Evidence of Compliance. This and other examples will be developed to provide detailed examples of evidence in the integrated service audit tool being developed by ABSCo.

Timing and frequency

Whilst the initial implementation of the BCSS may require work to establish evidence of achievement, the subsequent maintenance of a portfolio of evidence should be less burdensome. For many services, much of the evidence of achievement required is already contained within a Volunteer Handbook and Staff Policies of the employing organisation. The Guidance recognises that some evidence contains sensitive information that can only be shared within prescribed confidentiality boundaries. Where evidence of compliance cannot be presented in the evidence portfolio, a signed declaration should be included to confirm that this would be available for inspection by external auditors if and when requested.

The immediate requirement is to establish achievement of at least Level 1 across all seven Standards so that all ABSCo member services comply with the minimum Standards. This requires a relatively low standard of proof but the proof needs to be tangible to avoid a mere tick-box exercise. At least one concrete example of the use of any procedure needs to be included.

It is assumed that a review of the service against the Standards is conducted at least bi-annually, to include an updated portfolio of evidence of achievement.

Benchmarking

A major challenge to implementation identified in the consultation feedback was the ambiguity of several terms used in the Standard and Level Descriptors, such as 'regular', 'community', 'needs', 'adequate', 'timely' and 'appropriate'. Members were keen to have these further defined as a benchmark for a palliative care context and saw ABSCo as able to provide a lead in this, through this Guidance and subsequent audit tool.

Hierarchy

The responses to the consultation exercise showed that a near majority (95%+) of ABSCo members already achieve, or partially achieve, Level 1 across all the Standards. Achievement across Levels 2 and 3 is still high but not consistently so. The area of highest compliance (96%) across all three Levels was in Standard 4 Support and Supervision and the area of least compliance (29%) was in Level 3 of Standard 7 Monitoring and Evaluation. This reflects the diversity of service provision and also indicates that not all the LoAs may be equally relevant within a hospice and palliative care context.

Working towards ...

An important element of implementing the BCSS is for individual services to identify where an achievement at a particular Level is not relevant, and why. Alongside this, it is important to identify where there is a plan to 'work towards' achieving a particular Level, and how this will be achieved.

3 Structure of this Guidance:

This Guidance follows the framework of the BCSS, namely the Fundamental Principles and the Seven Standard Statements, each with three Levels.

For each of these elements, a standard format is used to provide:

- a **Commentary with suggestions for interpreting and implementing** the Standards Statements and Level Descriptors in a hospice and palliative care context, based on the feedback from ABSCo member services received in the consultation exercise.
- Some examples of acceptable **Evidence of Compliance** against the Standard Statements and Level Descriptors. Because some Descriptors overlap, these are duplicated where appropriate.
- A **sample Portfolio Evidence of Compliance** is attached at **Appendix One**. This is based on an aggregation of known examples drawn from existing practice across a variety of services.

Standard: Fundamental Principles:	Commentary:	Evidence of compliance:
<p>The following statement of fundamental principles should be integral to any bereavement service that meets the minimum standard (Level 1 across all seven Standard Statements):</p> <ul style="list-style-type: none"> • Confidentiality: services should respect the confidentiality and privacy of each bereaved person and any information shared by them, with due regard to safeguarding, consent and data protection • Respect: services should respect the individuality of each bereaved person's grief and needs, with each person treated with compassion and sensitivity • Equality and Diversity: services should be non- discriminatory and delivered without prejudice, recognising and responding to personal beliefs and individual situations including (but not exclusive to) age, culture, disability, gender, sexuality, race, religion and spirituality (Equality Act 2010) 	<p>Endorsement of these Fundamental Principles is mandatory for achieving a minimum LoA.</p>	<ul style="list-style-type: none"> • Membership of ABSCo – ABSCo has endorsed the principles on behalf of its members through its membership of the NBA, <u>and</u> • Statement of values for individual service to show matching principles, <u>and</u> • Hard copy extracts of organisational policies relating to confidentiality, equality and diversity, safety

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| <ul style="list-style-type: none">• Quality: services should ensure that all those delivering support to bereaved people, whether in a paid or voluntary capacity, have the skills, knowledge, training, supervision and support relevant to their role, and that services work to improve what they offer• Safety: services should have robust processes for recruitment, including appropriate levels of clearance with the Disclosure and Barring Service and ongoing staff/volunteer development. There needs to be due regard to safe and ethical practice in order to protect bereaved people and those who work with them. The necessary processes for safeguarding must be in place and accountability evidenced through an audit trail | | |
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Standard 1: Planning	Commentary:	Evidence of compliance:
<p>Statement: Services have plans in place to address the needs of the client group/community they serve in the most appropriate way</p>	<p>It is suggested that:</p> <p>'needs of the client group/community' be assumed to refer to a hospice and palliative care community, and that 'addressing the needs ... in the most appropriate way' means adopting some structured form of assessment and matching procedure.</p>	<ul style="list-style-type: none"> • Strategic plan, with reference to matching delivery to need, <u>and/or</u> • Operational policy, with reference to matching delivery to need, <u>and/or</u> • Documented referrals, assessment, and allocation procedures, <u>and</u> • Written example of client/s being allocated support to match needs e.g. counselling to address complex bereavement needs, support group to address isolation
<p>Level 1: Service is planned in response to identified need</p>	<p>'identified need' here duplicates 'the needs of the client group/community' in Planning Statement (above).</p>	<p>Duplicates Planning Statement above:</p> <ul style="list-style-type: none"> • Strategic plan, with reference to matching delivery to changing need, <u>and/or</u> • Operational policy, with reference to matching delivery to changing need, <u>and/or</u> • Documented monitoring, evaluation and feedback procedures <u>and</u>

		<ul style="list-style-type: none"> • Written example of client/s being allocated support to match needs e.g. counselling to address complex bereavement needs, support group to address isolation
<p>Level 2: Service regularly reviews plans and evaluates activity to ensure development in line with emerging needs</p>	<p>It is suggested that:</p> <p>'regularly' be understood as 'at specified intervals' and each service specifies their particular time interval but that this be at least annual</p> <p>'emerging needs' be understood as including:</p> <ul style="list-style-type: none"> - those needs identified as part of wider organisational changes e.g. changed geographical boundaries, additional commissioned services, and - those identified through evaluation and feedback - changing client profiles/presentations arising from economic and social change e.g. poverty and deprivation, increasingly complex mental health needs, diverse cultural drivers 	<ul style="list-style-type: none"> • Documented evidence of review procedures <u>and</u> • A written example of how they were taken into account in changing service provision e.g. recruiting additional counsellors to respond to increased need at NICE Component Three, increased liaison with Social Work/Benefits support to address increased practical and financial needs of client/s <u>and/or</u> • A written example of developing a partnership to respond to changing needs and service provision
<p>Level 3: Service has awareness of/participates in relevant research initiatives to ensure support constitutes evidence-based practice.</p>	<p>It is suggested that:</p> <p>participation in relevant research, whilst to be encouraged, remains an aspiration for most services and beyond the current benchmarking scope of the standards.</p>	<ul style="list-style-type: none"> • A written example of how evidence has been used in practice to inform service development <u>and</u> • Documented evidence of access to research materials e.g. journal

	<p>'awareness of' relevant research initiatives is considered sufficient to comply with this LoA. Activities to achieve this can include relevant reading of journal articles and literature, and attendance at relevant training events and conferences</p>	<p>subscriptions <u>and/or</u></p> <ul style="list-style-type: none">• Documented evidence of participation in a relevant research initiative, including collaborative evaluation and outcome tools, <u>and/or</u>• Documented evidence of attendance at relevant trainings, network meetings
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Standard 2: Awareness and Access	Commentary:	Evidence of compliance:
<p>Statement: 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</p>	<p>It is suggested that:</p> <p>'individual choice' be recognised as limited to what is available within services or accessible through other agencies</p>	<ul style="list-style-type: none"> • Examples of information provided on services, and on responses to bereavement, <u>and</u> • Example of list of potential agencies for signposting, <u>and</u> • A written example of signposting where need is beyond remit
<p>Level 1: Clear information is available in a user-friendly form about the service and what it can offer; and about other local and national bereavement services, agencies and support resources, for signposting or onward referral purposes.</p>	<p>It is recognised that:</p> <p>Services will be able to evidence LoA</p>	<ul style="list-style-type: none"> • Examples of information provided on services in two different formats, <u>and</u> • Example of signposting to another support agency where the need is beyond remit
<p>Level 2: Service offers immediate response, whether by telephone, online or in person, and sets out acceptable waiting times and operates within them.</p>	<p>It is suggested that:</p> <p>'immediate response' be interpreted as 'initially responding as soon as practicable within resources' but no later than five working days.</p> <p>reference to 'acceptable waiting times' be removed but that services specify for service users the timescales to which they operate.</p>	<ul style="list-style-type: none"> • Documented operational procedures for responding to requests for support and referrals, including timescales and procedures for dealing with surges in demand, <u>and</u> • Documented records to show adherence to timescales, <u>and</u>

	<p>the Level Descriptor be extended to require services to have procedures in place to address times of peak demand.</p>	<ul style="list-style-type: none"> • Written examples tracking two clients referral journeys against procedures and timescales
<p>Level 3: Service works collaboratively with other statutory, community, commercial, voluntary or faith sector services to meet the diverse needs of bereaved people and maximise the potential for access to appropriate services</p>	<p>It is suggested that:</p> <p>In line with the spirit of the Equality Act (2010), services utilise their resources to make adjustments where necessary to maximise potential access to services for bereaved people. Services need to undertake periodic Equality Impact Assessments to monitor the match between access by different groups and the demographics of their client group.</p> <p>'collaboration' be understood to include active joint working e.g. a joint project or providing training to another grouping/agency. Networking or making external referrals is not sufficient to achieve compliance</p>	<ul style="list-style-type: none"> • Two written examples of joint working activities with other agencies or alliances • Record of Equality Impact Assessment

Standard 3: Assessment	Commentary:	Evidence of compliance:
<p>Statement: 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.</p>	<p>It is suggested that:</p> <p>'a manner appropriate to' is understood to mean 'a manner consistent with' the service offered.</p> <p>'An appropriate plan' is understood to be 'A plan consistent with the service offered' is put in place'</p>	<ul style="list-style-type: none"> • Documented procedures for assessment, and ongoing review of, the support offered to bereaved clients to ensure it is the best possible match between support and need, <u>and/or</u> • Written example tracking a client from assessment through to completion of the service offered, to show how procedures were used to inform the matching of service to need
<p>Level 1: Service staff/volunteers assess presenting situation and formulate a plan of action</p>	<p>It is suggested that:</p> <p>'formulate plan of action' be interpreted as 'identify the anticipated content, process, and hoped for outcomes of the support offered'</p>	<ul style="list-style-type: none"> • Documented records of assessment/s <u>and</u> • Documented example describing predicted content, process and hoped for outcomes for one client
<p>Level 2: Service staff/volunteers undertake regular review of progress with the bereaved person with appropriate action taken.</p>	<p>It is suggested that:</p> <p>'regular review of progress' be replaced with 'review of progress at specified intervals'.</p> <p>'with appropriate action taken' be replaced by 'with a change in the support offered to reflect any change in their identified need'</p>	<ul style="list-style-type: none"> • Documented procedures for ongoing review of support for client, <u>and</u> • Documented record of a review with any action taken in response

<p>Level 3: Service staff/volunteers use an assessment tool/framework and document accordingly</p>	<p>It is recognised that:</p> <p>achievement at this Level remains aspirational until a nationally accepted assessment tool/framework has been widely adopted for use in palliative care settings. Some services are already using the Adult Attitude to Grief Scale (Machin 2013) which has been nationally validated</p>	<ul style="list-style-type: none"> • Documented use of formal or informal use of assessment tool/framework, such as the Adult Attitude to Grief Scale (Machin 2013)
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Standard 4: Support and Supervision	Commentary:	Evidence of compliance:
<p>Statement: 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.</p>	<p>It is suggested that:</p> <p>'access to' should be replaced with 'access to, and attend' support and supervision.</p> <p>the Statement additionally requires that, to reinforce clinical accountability, all services have supervision input at some point from a source external to the service and the wider organisation.</p>	<ul style="list-style-type: none"> • Documented procedures for supervision and support for staff/volunteers with specified duration and intervals, <u>and</u> • Records of supervision attended
<p>Level 1: Service staff/volunteers have ready access to timely ad hoc support</p>	<p>It is suggested that:</p> <p>'access to timely ad hoc support' be replaced with 'ready access to, and take advantage of, ad hoc support as soon as practicable after the need has been identified'.</p>	<ul style="list-style-type: none"> • Documented procedures for staff/volunteers to access ad hoc support, <u>and</u> • Example record of ad hoc support provided
<p>Level 2: Staff/volunteers have access to and attend regular structured support activities</p>	<p>It is suggested that:</p> <p>'regular' be replaced with 'within specified intervals'.</p>	<ul style="list-style-type: none"> • Documented timetable of support activities for staff/volunteers <u>and</u> • Records of attendance at support activities
<p>Level 3: Service staff/volunteers have access to regular supervision as a requirement of</p>	<p>It is suggested that:</p>	<ul style="list-style-type: none"> • Documented procedures for staff/volunteer supervision, including

continued practice	'regular' be replaced with 'at specified intervals'.	specified duration and intervals, <u>and</u> <ul style="list-style-type: none">• Records of attendance at supervision, <u>and</u>• Documented procedures for addressing non-attendance
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Standard 5: Education and training	Commentary:	Evidence of compliance:
<p>Statement: All staff and volunteers who come into contact with bereaved people have the necessary skills and knowledge to provide support to these people</p>	<p>It is suggested that:</p> <p>'the necessary skills and knowledge to provide support to (bereaved) people' be understood to mean the skills necessary to offer support at the level expected e.g general staff/volunteers responding to distress, bereavement counsellor staff/volunteers offering therapeutic interventions</p>	<ul style="list-style-type: none"> • Documented programme of induction training, skills training, and ongoing bereavement-specific training <u>and</u> • Records of training attended
<p>Level 1: Staff/volunteers receive general education about communication skills and bereavement awareness</p>	<p>It is suggested that:</p> <p>the Level Descriptor should additionally specify 'All staff/volunteers who are likely to come into contact with bereaved people within the service and the wider organisation'</p>	<ul style="list-style-type: none"> • Documented programme of communication skills and bereavement awareness trainings offered to staff/volunteers, <u>and</u> • Records of attendance at trainings
<p>Level 2: Staff/volunteers receive specialised training pertinent to their area of work</p>	<p>It is suggested that:</p> <p>the Level Descriptor be understood to mean 'Staff/volunteers receive dedicated training specific to their role'</p>	<ul style="list-style-type: none"> • Documented outline of specialised trainings offered to staff/volunteers, <u>and</u> • Records of attendance at trainings
<p>Level 3: Staff/volunteers receive opportunities to access externally accredited training and development opportunities to ensure continued</p>	<p>It is suggested that:</p> <p>the Level Descriptor be amended to clarify that it</p>	<ul style="list-style-type: none"> • Documented process for identifying and offering training and development opportunities to staff/volunteers, <u>and</u>

good practice	refers to those staff/volunteers with a dedicated bereavement related role.	<ul style="list-style-type: none">• Records of trainings attended
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Standard 6: Resources	Commentary:	Evidence of compliance:
<p>Statement: Resources are allocated so they are responsive to the differing needs of bereaved people</p>	<p>It is suggested that:</p> <p>the Statement be understood to relate to the need for services to be resourced to meet the needs of their identified client group (see 1. Planning above)</p> <p>'responsive to differing needs of bereaved people' be interpreted as referring to the variety of needs of bereaved people, including providing information and/or signposting for support for practical and financial needs.</p>	<ul style="list-style-type: none"> • Operational procedures for reviewing allocation of resources <u>and/or</u> • Written example of two differing types of response offered to two differing needs
<p>Level 1: Service provides designated areas and resources for providing bereavement care</p>	<p>It is suggested that:</p> <p>the Level Descriptor be understood to relate to areas and resources adapted for individual client needs</p>	<ul style="list-style-type: none"> • List of designated areas and resources for bereavement care <u>and</u> • Documented examples of arrangements to facilitate access to designated areas and resources
<p>Level 2: Service provides access to communication support e.g. interpreters</p>	<p>It is suggested that:</p> <p>'e.g. interpreters' be expanded to include 'e.g. interpreters, visual, aural, and cognitive aids'</p>	<ul style="list-style-type: none"> • List of support to address communication challenges for services in enabling the widest possible access for bereaved people, either in-house or through signposting to external agencies, <u>and</u> • A written example of one such provision

<p>Level 3: Service provides appropriate ratios of staff/volunteers to bereaved people, especially in relation to vulnerable and young people</p>	<p>It is suggested that:</p> <p>'appropriate' be removed and the Level Descriptor extended to include 'provide ratios of staff/volunteers to meet their clients' needs safely and ethically and within any applicable legislative or professional requirements'.</p>	<ul style="list-style-type: none"> • Documented policies and procedures for safeguarding, <u>and</u> • Reference for any professional guidelines applied to staff/volunteer ratios to bereaved people, <u>and</u> • Operational or strategic plans to show minimum levels of staffing in relation to identified needs
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Standard 7: Monitoring and evaluation	Commentary:	Evidence of compliance:
<p>Statement: Services continually review the support offered to ensure they are meeting the needs of bereaved people and to inform developments in the service</p>	<p>It is suggested that:</p> <p>the Statement be amended to read ‘Services continually review planning at regular intervals, no less than bi-annual, to ensure the support offered is meeting the needs of bereaved people in their client group/community, and to inform developments in the service’</p>	<ul style="list-style-type: none"> • Documented monitoring, evaluation and feedback procedures <u>and</u> • A written example of how they are taken account of in planning future provision
<p>Level 1: Service collects and analyses data, including service user feedback and complaints. Such data is used to improve the quality of the service offered</p>	<p>It is recognised this Level Descriptor relates largely to feedback on satisfaction rather than the efficacy of the support offered.</p>	<ul style="list-style-type: none"> • List of data and information recorded as standard, <u>and</u> • Example of how service has changed in respond to data and information collected
<p>Level 2: Service monitors and regularly evaluates performance against the minimum standards and documents accordingly. Such documentation is made available on request to the public. Such data is used to improve the quality of the service offered.</p>	<p>It is suggested that:</p> <p>the Level Descriptor be amended to make more specific reference to the BCSS Fundamental Principles, Statements and Level 1 as the minimum standards against which to monitor and evaluate.</p>	<ul style="list-style-type: none"> • Documented record of monitoring against the BCSS • Procedures for enabling public access to the documented record • A written example of a planned quality improvement as a consequence of monitoring against the BCSS e.g. compliance with Level 1 and working towards achievement at Level 2 or 3

Level 3: Service performance monitored against these minimum standards by independent review/evaluation. Such reports are made available on request

- Copy of external review/evaluation report

Example Portfolio

Evidence of Compliance

Paxes House Hospice

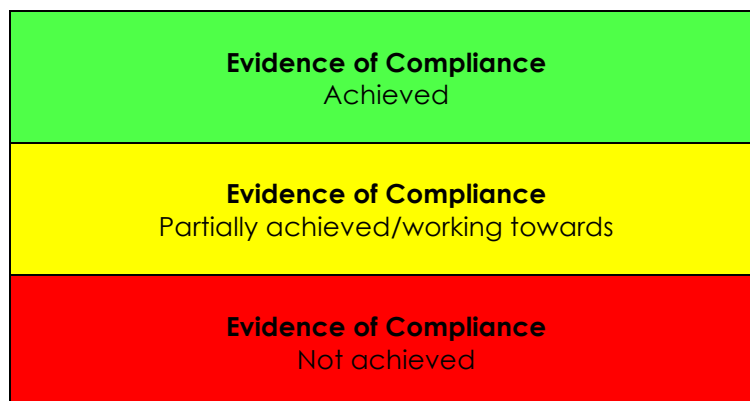


Appendix One – Example Portfolio

Paxes House Hospice (PHH) is a mixed statutory/voluntary organisation delivering palliative care within a defined, predominantly urban, geographical area. There are 30 inpatient beds on two wards, and a community team supports up to 50 patients in their home setting.

The Paxes House Bereavement Service (PHBS) offers a variety of bereavement support to anyone who may be significantly affected by the death of a patient under the care of the hospice. There is a paid staff team of five (two and a half Full Time Equivalents) who share managerial co-ordination of the service, each carrying a clinical caseload, and each supervising some of the team of 20 experienced and/or in-training bereavement counsellors. The PHBS staff team is part of the wider Psychological Therapies Team, through which emotional and psychological support is also offered to relatives pre-bereavement.

This Evidence of Compliance relates only to the support provided for bereaved adults, aged 18 and above. Bereaved children and young people are offered support through a separate section of the Psychological Therapies Team. A statement to support PHBS's 'Evidence of Compliance' is given for each BCSS Standard Statement and Level. These are colour coded to show:



Statement:

Where evidence cited contains material that would be personally identifiable or sensitive, reference is made to this evidence being available on request. It can be made available on an individual basis to an external auditor, bound by a contract of confidentiality, and not be otherwise reproduced or copied.

Where no formal documentation is available, statements on policies and protocols have been made. These reflect current working practice and this can be demonstrated to an external auditor if requested.

Signed: *Name/Position*

on behalf of Paxes House Hospice Bereavement Service

Standard: Fundamental Principles: (FP)

The following statement of fundamental principles should be integral to any bereavement service that meets the minimum standard (Level 1 across all seven Standard Statements):

- **Confidentiality:**
services should respect the confidentiality and privacy of each bereaved person and any information shared by them, with due regard to safeguarding, consent and data protection
- **Respect:**
services should respect the individuality of each bereaved person's grief and needs, with each person treated with compassion and sensitivity
- **Equality and Diversity:** services should be non- discriminatory and delivered without prejudice, recognising and responding to personal beliefs and individual situations including (but not exclusive to) age, culture, disability, gender, sexuality, race, religion and spirituality (Equality Act 2010)
- **Quality:** services should ensure that all those delivering support to bereaved people, whether in a paid or voluntary capacity, have the skills, knowledge, training, supervision and support relevant to their role, and that services work to improve what they offer
- **Safety:** services should have robust processes for recruitment, including appropriate levels of clearance with the Disclosure and Barring Service and ongoing staff/volunteer development. There needs to be due regard to safe and ethical practice in order to protect bereaved people and those who work with them. The necessary processes for safeguarding must be in place and accountability evidenced through an audit trail

Evidence of compliance:

PHBS is a member of the national umbrella body, the Association of Bereavement Coordinators (ABSCo), number 123456. ABSCo is in turn a member of the National Bereavement Alliance, which has necessitated endorsing the BCSS fundamental principles of Confidentiality, Respect, Equality and Diversity, Quality, and Safety on behalf of each member.

The Core Values and Policies of PHH complement the BCSS fundamental principles. The BCSS fundamental principle not specifically covered by the hospice Core Values is Confidentiality. Whilst this is implicit in some of the Core Value statements, the PHH Mission makes specific reference to respecting the patient's privacy and confidentiality.

The service conforms to the Framework of Ethics of the British Association for Counselling and Psychotherapy, which similarly complements the BCSS fundamental principles, particularly Safety.

Attachments:

FP1 Website extracts - PHH Core Values Statement and PHH Mission Statement

FP2 PHH Policy extracts

Standard 1: Planning (S1P)

Statement:

Services have plans in place to address the needs of the client group/community they serve in the most appropriate way

Evidence of compliance:

PHH has five-year strategic objectives, which cover the whole organisation. These incorporate provision of pre- and post-bereavement support to relatives of patients under the care of the hospice as an integral element of holistic palliative care. The client group/community served by the PHBS is defined as relatives (inclusive of anyone within the patient's immediate networks) of those referred to the hospice for terminal/end-of-life care.

Within annual evaluation and planning protocols, operational plans are regularly reviewed to show how the strategic objectives will be delivered. The PHBS as a Team, and as part of individual staff appraisals, identifies how they will maintain and develop services for the bereaved client group as part of the overall organisational strategic plan.

The PHH Bereavement Care Pathway shows how bereaved relatives are made aware of the bereavement service, how they can access the service, either through self-referral, or following proactive contact where potential immediate needs have been identified.

Once contact is established, bereaved relatives are offered face-to-face assessment with a staff team member to determine their support needs. This is based on a semi-structured interview, which is recorded on paper and forms the basis for allocating the bereaved person to specific support. Whilst the consequent 'matching' is often driven pragmatically e.g. times when the bereaved person can attend support sessions, where individual needs are identified these are taken into account as far as practicable e.g. working with interpreters, offering gender choice. Once the client is allocated and attending the service, the support is regularly reviewed to monitor progress and amend the support in response to any changes (see also Standard 3: Assessment and Standard 7: Monitoring and evaluation).

A recent example (case notes can be produced on request) to illustrate matching bereavement needs to support was a bereaved widow Y whose partner of 47 years had died as a hospice inpatient following a rapid decline after a late diagnosis for pancreatic cancer. She requested bereavement counselling and attended for an assessment session. At this session, it became clear that she was struggling to accept the enormity of her loss, that she was facing many practical and financial challenges, and was feeling socially isolated. Additionally, for religious and cultural reasons, she felt unable to meet with a male counsellor.

Y was signposted to support from the Social Work Team and Benefits Team to address some of her practical needs. She was offered one-to-one bereavement counselling with a female counsellor with an initial contract of 6 sessions before a review. During a review after attending four sessions, Y said she felt she now understood her loss and that, whilst still painful, her reactions to it were to be expected. She said she wanted to finish bereavement counselling but would still like some kind of support. She was referred to one of the hospice's monthly bereavement support groups. Every member of the mixed-gender group had experienced the death of their partner and there were two co-facilitators, one male and one female, which allowed Y to feel safe. As part of the support group management, Y's needs will continue to be reviewed and assessed with her.

Appendix One – Example Portfolio

Attachments:

S1P1 PHH Bereavement Care Pathway

S1P2 PHBS Assessment Form

Standard 1: Planning (S1P)
Level 1: Service is planned in response to identified need
Evidence of compliance: See Evidence of Compliance for Standard 1: Planning Statement above.

Standard 1: Planning (S1P)

Level 2:

Service regularly reviews plans and evaluates activity to ensure development in line with emerging needs

Evidence of compliance:

Individual, service and organisational plans are reviewed on a regular basis, at least annually. Data is recorded on the take up of services and is compared to previous years and nationally available data to inform changes in service development to match support to any emerging trends in the bereavement needs of the identified client group. One example would be tracking the ethnicity of clients, which shows that the ethnicity of clients of the PHBS matches the ethnic profile of the service users of PHH, which in turn matches the ethnic profile of the identified community served, rather than of national trends.

Operational plans and developments in need are monitored and reviewed at weekly staff team meetings, through quarterly reporting to managers, and in annual Team Away Days focused on service development.

An example of these processes in practice would be the recruitment of additional volunteer bereavement counsellors in 2015. Previously, new volunteers were recruited once a year to replace any volunteers who have left the service. However, in 2015 a marked increase in the number and complexity of referrals for bereavement counselling required the recruitment of enough new volunteers to increase the number in the team, not just replace leavers. Not only did the number of volunteers rise from 12 to 20 following two recruitment programmes but the quality and experience of the volunteers was increased through deliberate targeting of already qualified and experienced counsellors who wanted to contribute to the service and build their CVs.

Attachments:

S1P3 PHBS summary data on ethnicity of clients

S1P4 Notes extract from PHBS Team Strategy Away Day

S1P5 PHBS staff and volunteer team qualifications 2015/2016

Standard 1: Planning (S1P)

Level 3:

Service has awareness of/participates in relevant research initiatives to ensure support constitutes evidence-based practice.

Evidence of compliance:

The PHBS stays aware of relevant research initiatives through active membership of local and national bereavement networks and through reading relevant literature. Any learning is cascaded to the staff team and volunteers as applicable to their role. Specific journals such as Bereavement Care and Death Studies are available through the PH library.

Through a mix of individual and service membership at local, regional and national levels, the PHBS remains mindful of research and developments in the field of bereavement care through groupings such as the National Bereavement Alliance (NBA), ABCo, Hospice UK, and the Bereavement Research Forum (BRF). As part of continuing professional development, staff team members also attend relevant national conferences and cascade the learning to the staff and volunteer team (attendance certificates available on request).

The staff team is regularly called upon to make an input into organisation-wide research, such as supporting a local VOICES survey.

The PHBS follows the evidence-based NICE Guidance for improving supportive and palliative care (March 2004) and provides support in line with the three recommended component levels. 90 % of the PHBS resources are directed towards Component Three, specialist interventions, predominantly counselling, as this is the Component for which there is most research evidence of effectiveness (Schut H, Stroebe M. Interventions to enhance adaptation to bereavement. Journal of Palliative Medicine 2005; 8: S-140-146; Schut H. Grief counselling efficacy: have we learned enough? Bereavement Care 2010; 29(1): 8-9).

A more specific example of how research has informed service development has been the shift in assessing the bereavement needs of the client group, based on the work of Linda Machin, Marilyn Relf and Nikki Archer (Guidance for bereavement needs assessment in palliative care 2nd edition, Hospice UK, September 2010). A conceptual shift from potentially pathologising grief through a focus on vulnerability, to assessing and supporting bereaved people's resilience in the face of loss, has been backed up by the introduction of a new form and educating staff across the hospice to support this.

Attachments:

S1P1 PHH Bereavement Care Pathway

S1P6 Sample from list of journals held by PHH Library

S1P7 New Bereavement Form to inform resilience profile of bereaved family members

Standard 2: Awareness and Access (S2AA)

Statement:

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

Evidence of compliance:

General information on services provided by PHBS, and ways to contact the service, is contained in a leaflet, which is circulated to all those in the identified client group for whom there are contact details, and distributed to local health professionals. This material is duplicated on the PHH website.

General information on grief reactions to bereavement is contained within a booklet handed to all bereaved relatives and also duplicated on the hospice website.

All PHH staff and volunteers are given a training on loss and grief which includes reference to these materials, and also on how to put anyone in touch with the PHBS staff team to access support or be signposted for support elsewhere.

Directories and lists of other agencies for signposting and onward referral are maintained within the Team office.

A recent example of signposting/onward referral where need is beyond the service remit is that of a bereaved person X, who self-referred for bereavement counselling. X had a history of severe depression and compulsive behaviours. He was also drinking heavily and unable to control his physical aggression. In liaison with the hospice social work team, and the local mental health team, he was found protected housing and referred on to a rehabilitation service to address his immediate concerns. He subsequently attended weekly sessions with a psychiatrist and was then able to attend bereavement counselling in parallel with this.

Attachments:

S2AA1 PHBS leaflet

S2AA2 PHH information booklet extract on grief reactions

S2AA3 Extract from list for signposting/onward referral to other services

Standard 2: Awareness and Access (S2AA)

Level 1:

Clear information is available in a user-friendly form about the service and what it can offer; and about other local and national bereavement services, agencies and support resources, for signposting or onward referral purposes.

Evidence of compliance:

See Evidence of Compliance with Standard 2: Statement above and attachments.

Duplicating the information on the PHH website allows for it to be read through translation software and to be enlarged for the visually impaired. Where there is a particular need, the service can be explained through the use of an interpreting service. Translations of letters confirming administrative arrangements are sent in their primary language when a client has insufficient command of English.

Attachments:

S2AA4 Extract of information on PHBS held on PHH website in larger font, translated into French.

S2AA5 Extract from appointment letter in Turkish

Standard 2: Awareness and Access (S2AA)

Level 2:

Service offers immediate response, whether by telephone, online or in person, and sets out acceptable waiting times and operates within them.

Evidence of compliance:

The service operates to defined protocols, including expected response times, with an initial offer of a face-to-face assessment appointment within two working weeks. To deal with differing levels of demand each client is informed of the likely waiting time at the time of their assessment and where risk is identified some form of holding support is provided.

Referrals are tracked on paper from receipt to allocation. All referrals are recorded on an electronic database and tracked for progress to monitor adherence to timescales up to the end of the support contract.

Attachments:

S2AA6 PHBS response times to referrals – extract form protocols

S2AA7 Tracking sheet for referral journey from receipt to allocation

S2AA8 Highlighted extracts from database to show tracked progress for client referrals

Standard 2: Awareness and Access (S2AA)

Level 3:

Service works collaboratively with other statutory, community, commercial, voluntary or faith sector services to meet the diverse needs of bereaved people and maximise the potential for access to appropriate services

Evidence of compliance:

One example of collaborative working with other agencies – client X - is described above in Evidence of Compliance with Standard 2: Awareness and Access Statement above.

This was a complex presentation. Another example was of a bereaved widow W seeking support where the assessment process clarified her need as principally social, arising from her isolation. In this case, she was introduced to the Macmillan Live Well Team to explore possibilities for activities she could engage with in her local community, to the Complementary Therapies Team, and to the Chaplaincy Team who signposted her to a local faith/community group. This was recorded on an electronic database.

Standard 3: Assessment (S3A)

Statement:

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.

Evidence of compliance:

The PHH Bereavement Care Pathway documents the schedule for referral and assessment of potential clients. Clients are usually assessed face-to-face by a counsellor member of the staff team as this best matches the way the in which any support is likely to be delivered. Information gleaned at assessment is recorded to inform the allocation of clients to the most relevant support, including an assessment of risk.

The client's case file contains a front sheet, completed by the allocated counsellor at the end of the first session, outlining the client's presentation and the nature of the contract, with an indication of the timing of any review. This also records agreement on the ending of the bereavement counselling contract.

Ongoing review is monitored in clinical supervision (notes can be seen on request) and is recorded in the client case notes (example notes available on request).

An example of matching support to need through a continuous and ongoing two-way process was described in the case of client Y, under Statement 1: Planning above.

Attachments:

S1P2 PHBS Assessment Form

S3A1 Example of initial summary from case notes

Standard 3: Assessment (S3A)
Level 1: Service staff/volunteers assess presenting situation and formulate a plan of action
Evidence of compliance: See Evidence of Compliance for Standard 3: Assessment, Statement, above. See also Standard 7: Monitoring and Evaluation, Statement, for evidence of monitoring content and outcome through key health indicators. Attachments: S1P2 PHBS Assessment Form S3A1 Example of initial summary from case notes S7ME3 PHBS key health outcomes

Standard 3: Assessment (S3A)
Level 2: Service staff/volunteers undertake regular review of progress with the bereaved person with appropriate action taken.
Evidence of compliance: In addition to recording the client's initial assessment, the client's initial presentation, the nature of the contract, and an indication of the specific timing of any review, conversations is recorded and held in the client case notes. Ongoing review is monitored in clinical supervision (notes can be seen on request) and any action taken as a result of review is recorded in the client case notes. Attachments: S1P2 PHBS Assessment Form S3A1 Example of front sheet from case notes S3A2 Example of ongoing review recorded in case notes

Standard 3: Assessment (S3A)
Level 3: Service staff/volunteers use an assessment tool/framework and document accordingly
Evidence of compliance: Assessment by the PHBS is based on a semi-structured interview, which is recorded on paper. This forms the basis for allocating the bereaved person to specific support. The framework for assessment draws on the work of Linda Machin, Marilyn Relf and Nikki Archer (Guidance for bereavement needs assessment in palliative care 2nd edition, Hospice UK, September 2010). The focus is assessing bereavement support needs by considering the individual bereaved person's resilience in the face of their loss. Attachments: S1P2 PHBS Assessment Form

Standard 4: Support and Supervision (S4SS)

Statement:

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.

Evidence of compliance:

All clinical staff and volunteers at the PHBS receive supervision at prescribed levels. This supervision addresses both clinical accountability to ensure safe and ethical practice, and encourages reflection on the personal and professional impact of their work. This includes support to withdraw from direct clinical contact when their resilience and robustness in their role has been potentially compromised by personal experience e.g. of a significant family bereavement.

The requirement for supervision is set out in employment contracts for staff and in the PHBS Volunteer Handbook for volunteer counsellors.

Volunteer bereavement counsellors are supervised either individually or in groups by staff members, at the ratio of one hour of supervision for every 6 client counselling hours to match good practice for counsellors in-training. Staff members receive periodic supervision for their role as supervisors.

PHBS staff receive at least one and a half hours per month of individual clinical supervision with an external qualified supervisor to match BACP required levels for accredited counsellors. This is increased where there is an exceptional clinical caseload.

Supervisors keep handwritten notes of supervision sessions, including attendance (examples available on request).

When staff or volunteers fail to attend supervision to the prescribed level, informal disciplinary procedures are instigated and may include their suspension from client contract.

Attachments:

S4SS1 Extracts from PHH staff employment contract re supervision

S4SS2 Extracts from PHBS Volunteer Handbook, re supervision

Standard 4: Support and Supervision (S4SS)
Level 1: Service staff/volunteers have ready access to timely ad hoc support
Evidence of compliance: When the occasion demands, ad hoc support and additional supervision may be readily accessed; for staff through their peer colleagues and/or line manager and/or clinical supervisor; for the volunteer bereavement counsellors, through their clinical supervisor and/or a staff team member. An example of this would be where a client is considered at risk, for instance in the case of suicidal ideation. Notes of the outcome of the supervision and subsequent action are recorded in the case file – see S4SS/3 for anonymised example. Attachments: S4SS3 Notes extract of ad hoc supervision for suicide risk

Standard 4: Support and Supervision (S4SS)

Level 2:

Staff/volunteers have access to and attend regular structured support activities

Evidence of compliance:

Support is a key element of the supervision offered to all staff and volunteer bereavement counsellors at the PHBS and is documented as described in Standard 4: Support and Supervision, Statement and Level 1 above.

Training is also seen as an important supportive activity – see Standard 5 Education and training, Levels 2 and 3. Staff members are supported further through study leave and opportunities for continuous professional development. This includes attending the ABSCo annual conference, which provides the chance to network with others in similar roles.

Volunteer bereavement counsellors are provided with a programme of quarterly training days, which similarly provide a chance to network with peer colleagues.

PHH runs a series of anniversary and celebratory events throughout the year, which encourage a more social, and supportive, connection across all staff and volunteer teams.

Attachments:

S4SS4 List of support activities accessible to PHBS volunteers during the previous 12 months

Standard 4: Support and Supervision (S4SS)
Level 3: Service staff/volunteers have access to regular supervision as a requirement of continued practice
Evidence of compliance: See Evidence of Compliance for Standard 4: Support and Supervision, Statement above.

Standard 5: Education and training (S5ET)

Statement:

All staff and volunteers who come into contact with bereaved people have the necessary skills and knowledge to provide support to these people

Evidence of compliance:

PHH recognises that all staff and volunteers may be in contact with bereaved people and need to hold the necessary skills and knowledge to deal with emotional distress and signpost to sources of support.

Where contact with bereaved people is required by their role, staff and/or volunteers are given induction training tailored to the level and type of support they are expected to provide.

The induction training, compulsory for all PHH staff, includes a section on self-care which considers the impact of working in a palliative care setting.

Records of attendance at trainings are held centrally and available on request.

Attachments:

S5ET1 Summary content of loss and grief training delivered for all PHH staff and volunteers

S5ET2 Induction training programme for all PHH staff.

Standard 5: Education and training (S5ET)

Level 1:

Staff/volunteers receive general education about communication skills and bereavement awareness

Evidence of compliance:

Sage and Thyme training in basic communications skills is provided to all PHH staff and volunteers, as well as training on loss and grief in keeping with their role. This is supplemented by periodic facilitated groups for volunteers to reflect on the personal impact of working with grief and loss.

Records of attendance are held centrally and available on request.

Attachments:

S5ET1 Summary content of loss and grief training delivered for all PHH staff and volunteers

S5ET2 Induction training programme for all PHH staff

S5ET3 List of periodic facilitated support group dates provided for PHH volunteers

Standard 5: Education and training (S5ET)

Level 2:

Staff/volunteers receive specialised training pertinent to their area of work

Evidence of compliance:

In addition to basic communications and loss and grief training, PHH staff and volunteers who have a dedicated role supporting bereaved people, are given specialised training tailored to that role.

The PHBS staff are recruited with the necessary skills and experience for their role.

The PHBS volunteers recruited to work as bereavement counsellors are required to be studying at at least postgraduate diploma level and with a minimum of 80+ hours experience of delivering one-to-one counselling. This is supplemented by four days of induction training in aspects of loss and grief.

The PHBS volunteer bereavement counsellors are also required to attend 4 in-house training days per year to support service development, and their own continuing professional development.

Records of attendance are held centrally and available on request.

Attachments:

S5ET4 Recruitment ad for PHBS volunteer bereavement counsellors

S5ET5 Induction training programme for PHBS volunteer bereavement counsellors

S5ET6 Ongoing in-house training programme for PHBS volunteer bereavement counsellors

Standard 5: Education and training (S5ET)

Level 3:

Staff/volunteers receive opportunities to access externally accredited training and development opportunities to ensure continued good practice

Evidence of compliance:

The PHBS volunteer bereavement counsellors are either in external accredited therapy trainings or are qualified and responsible for their own continuing professional development. Four in-house training days are provided to the volunteer bereavement counsellors at PHBS each year and information on external training opportunities is circulated to them as they arise.

PHBS staff members are supported by study leave and partial funding for continuing professional development applicable to their role. Where an area of training is identified as key to improved service delivery of good practice, for instance in the use of interpreters, this is provided in-house using in-house or external specialist trainers.

Records of attendance are held centrally and available on request.

Attachments:

S1P5 PHBS staff and volunteer team qualifications 2015/2016

S5ET6 Ongoing PHBS in-house training programme for volunteer bereavement counsellors

Standard 6: Resources (S6R)

Statement:

Resources are allocated so they are responsive to the differing needs of bereaved people

Evidence of compliance:

The PHBS budget and resources are reviewed as part of annual service planning. Where PHBS development necessitates changes to facilities these are negotiated with the wider PHH organisation.

Recent changes in the support needs of the identified community the PHBS serves, has meant addressing changes to the ways in which bereaved people can access support. A recent sustained increase in referrals and the complexity of bereavement needs for some clients has led to the conversion of former offices into three extra counselling rooms. One of these is large enough to hold group support sessions to meet increasing demand for this kind of support. Additionally, all the counselling rooms have recently been equipped with telephones to enable access to support for those bereaved people who are unable to travel to the service location. The internet provision has been boosted to allow online access to support.

These additional and adapted facilities are available for inspection.

The largest PHBS resource is its staff and volunteers. As the PHBS has expanded and acquired additional income, new recruitment has taken place to ensure timely interventions are possible. This recruitment has focused on increasing the skills and experience of the staff/volunteer bereavement counselling team to meet increasingly complex client presentations. The staff team has been supported to go on accredited supervision training to ensure increased capacity for clinical accountability to complement this change.

Attachments:

S1P7 PHBS staff and volunteer qualifications 2015/2016

Standard 6: Resources (S6R)
Level 1: Service provides designated areas and resources for providing bereavement care
Evidence of compliance: See Evidence of Compliance for Standard 6: Resources Statement. Attachments: S6R1 List of PHBS designated areas and resources

Standard 6: Resources (S6R)
Level 2: Service provides access to communication support e.g. interpreters
<p data-bbox="603 459 933 488" style="text-align: center;">Evidence of compliance:</p> <p data-bbox="209 524 1326 748">The facilities provided by the PHBS, as part of the PHH, are accessible by those with physical disability. Barriers to accessing counselling such as hearing impairment and language other than English are addressed through a contract with an interpreting/advocacy agency, which includes signing provision and a telephone service. The PHBS staff team has attended training on working with interpreters. Some members of the diverse staff/volunteer bereavement counsellors team are able to counsel in a language other than English.</p> <p data-bbox="209 784 1326 846">The PHBS offers alternative ways of working, such as arts therapy, where spoken language may be a barrier.</p> <p data-bbox="209 882 1326 976">Additional support and supervision is offered to those counselling bereaved people with cognitive and learning impairments, provided they are assessed as having the capacity to engage in a counselling relationship.</p> <p data-bbox="209 1012 1326 1075">The PHBS maintains lists of resources for specialist agencies for signposting and onward referral.</p> <p data-bbox="209 1111 384 1140">Attachments:</p> <p data-bbox="209 1176 1145 1205">S6R2 Extract from list for signposting/onward referral to specialist services</p>

Standard 6: Resources (S6R)
Level 3: Service provides appropriate ratios of staff/volunteers to bereaved people, especially in relation to vulnerable and young people
Evidence of compliance: The PHBS meets the legal requirements for working with vulnerable adults, including current enhanced DBS checks for all staff and volunteers (details available on request). All PHBS staff/volunteers are trained in aspects of loss and grief to ensure safe and ethical support. Whilst one-to-one bereavement counselling is a self-defined ratio, all support groups have a minimum of two co-facilitators. At all times, there is a trained member of staff available on site to deal with any safeguarding issues. The PHBS also monitors the size of the staff and volunteer team to ensure where practicable that no significant delay occurs in vulnerable clients accessing relevant bereavement support. Lists of staff and volunteers are available on request. Attachments: S6R3 Extracts from PHH Safeguarding /Suicide Policy

Standard 7: Monitoring and evaluation (S7ME)

Statement:

Services continually review the support offered to ensure they are meeting the needs of bereaved people and to inform developments in the service

Evidence of compliance:

PHH encourages feedback from users of any of its services, and meets the inspection requirements of the Care Quality Council (CQC). The PHBS routinely issues evaluation questionnaires, in paper and electronic form, to clients at the end of the bereavement counselling contract, which provides feedback on their experience of the service. This provides information in relation to satisfaction, rather than the success or otherwise of the support intervention.

During the last 6 months, the PHBS has introduced a key health indicators form for completion in the penultimate or last session of a bereavement counselling contract, which provides evidence for health-related changes in the individual client's wellbeing during the time during which they received bereavement counselling through the service. The indicators are general, and not bereavement specific.

Neither form of feedback provides sufficient bereavement-specific and intervention related evidence to fully inform clinical service development.

The PHBS has plans to introduce a validated bereavement-specific assessment tool, which has been increasingly used in bereavement services in the UK and internationally to assess the nature of grief and the support needs of bereaved people. Because the PHBS identified client group has a high proportion of English speakers from a non-British cultural heritage, it is hoped to supplement this with a university research partnership to explore its applicability to this demographic.

Once this assessment tool is in use, and particularly with the added perspective provided by the research, the PHBS will be in a much better position to make evidence-based developments to their provision of bereavement support.

For these reasons, the PHBS believes it is only partially achieving compliance with Standard 7: Monitoring and Evaluation, and is 'working towards' full compliance.

Attachments:

S7ME1 Extracts from CQC Inspection Report on PHH

S7ME2 End of PHBS bereavement counselling evaluation questionnaire

S7ME3 PHBS key health indicators form

S7ME4 Example bereavement-specific assessment tool

Standard 7: Monitoring and evaluation (S7ME)

Level 1:

Service collects and analyses data, including service user feedback and complaints. Such data is used to improve the quality of the service offered

Evidence of compliance:

The PHBS collects and analyses a variety of service-specific and national comparison data to inform service development, including feedback from service users. See Evidence of Compliance for Standard 1: Planning, S1P/7, S1P/8, S2AA/5, S7ME/2 and S7ME/3.

By reporting to a potential funder on client satisfaction with the service through the evaluation feedback forms (S7ME/2), the service was able to secure additional funding to increase the number of sessions available and reduce waiting times for allocation.

Attachments:

S1P3 PHBS summary data on ethnicity of clients

S1P4 Ethnicity data on community served by PHBS

S1P5 MDS data on ethnicity of service users

S7ME2 PHBS end of bereavement counselling evaluation questionnaire

Standard 7: Monitoring and evaluation (S7ME)

Level 2:

Service monitors and regularly evaluates performance against the minimum standards and documents accordingly. Such documentation is made available on request to the public. Such data is used to improve the quality of the service offered.

Evidence of compliance:

As this is the first time the PHBS has reported against the BCSS, this falls within the category of 'working towards'.

Standard 7: Monitoring and evaluation (S7ME)

Level 3:

Service performance monitored against these minimum standards by independent review/evaluation. Such reports are made available on request

Evidence of compliance:

As this is the first time the PHBS has reported against the BCSS, this has not been achieved. There are no current plans to move towards independent review/evaluation. This remains an aspiration, which it is hoped to achieve once ABSCo/Hospice UK has provided a model of cost-effective auditing to support this.

Evidence of compliance: Summary

	Statement	Level 1	Level 2	Level 3
Fundamental Principles		N/A	N/A	N/A
Standard 1				
Standard 2				
Standard 3				
Standard 4				
Standard 5				
Standard 6				
Standard 7				

Evidence of Compliance Achieved
Evidence of Compliance Partially achieved/working towards
Evidence of Compliance

Attachments:

This folder of evidence is offered in support of statements in the Guidance. Each item is referenced by a BCSS standard number and a numerical sequence, as follows:

Standard:	Reference:
Fundamental Principles	FP1, FP2, ...
1. Planning	S1P1, S1P2, ...
2. Awareness and Access	S2AA1, S2AA2, ...
3. Assessment	S3A1, S3A2, ...
4. Support and supervision	S4SS1, S4SS2, ...
5. Education and training	S5ET1, S5ET2, ...
6. Resources	S6R1, S6R2, ...
7. Monitoring and evaluation	S7ME1, S7ME2, ...

FP1

PAXES HOUSE HOSPICE WEBSITE EXTRACT:

(Match to BCSS Fundamental Principles)

Core Values

Compassion (Compassion/Quality)

- Offer understanding and empathy
- Acknowledge suffering
- Be authentic
- Pay attention to unmet needs

Dignity (Respect/Equality and diversity)

- Value each person's individual contribution
- Celebrates individual differences
- Act in a culturally appropriate manner

Fairness (Respect/Equality and diversity/ Quality/Safety)

- Respect the rights of others
- Advocate for the vulnerable
- Demonstrate fairness in decision making
- Act responsibly
- Facilitate access to services
- Offer practical solutions to those in need

Quality and accountability (Quality)

- Promote quality care and excellence
- Encourage constructive criticism and feedback

Mission (Confidentiality/Respect)

- Be open and honest when communicating with patients and family members
- Respect the patient's privacy and confidentiality
- Respect the patient's expressed wishes

FP2

PAXES HOUSE HOSPICE POLICY EXTRACTS:

Confidentiality

- 1.1 In accordance with its Core Values and Mission, the PHH has a duty of confidentiality to patients.
- 3.3 Any information obtained in the course of their duties by PHH staff and volunteers should only be shared on a need to know basis, to support delivering care to PHH patients.
- 4 Any information shared should be communicated sensitively in a form that is easily understood.
- 4.7 Any information stored must comply with relevant legislation ...

Equality and diversity

- 1.1 In accordance with its Core Values and Mission, the PHH values diversity, and seeks to eliminate discrimination and promote equality of opportunity in all its activities.
- 1.2 It is the policy of the PHH to ensure no-one under the care of the Hospice or employed by the Hospice, paid or unpaid, receives less favourable treatment, directly or indirectly, on the grounds of the nine 'Protected Characteristics' of the 2010 Equality Act – race, sex, sexual orientation, disability, religion or belief, gender re-assignment, pregnancy and maternity, marriage and civil partnership, and age.
- 1.3 The PHH recognises that applying the principles of equality means additionally ensuring no-receives less favourable treatment for types of discrimination not currently covered by legislation, such as blood-borne virus status, unrelated criminal activity.
- 2.5 Promoting equality of opportunity means acknowledging and celebrating individual differences
- 2.6 Promoting equality means zero tolerance towards bullying, harassment or unlawful discrimination ...

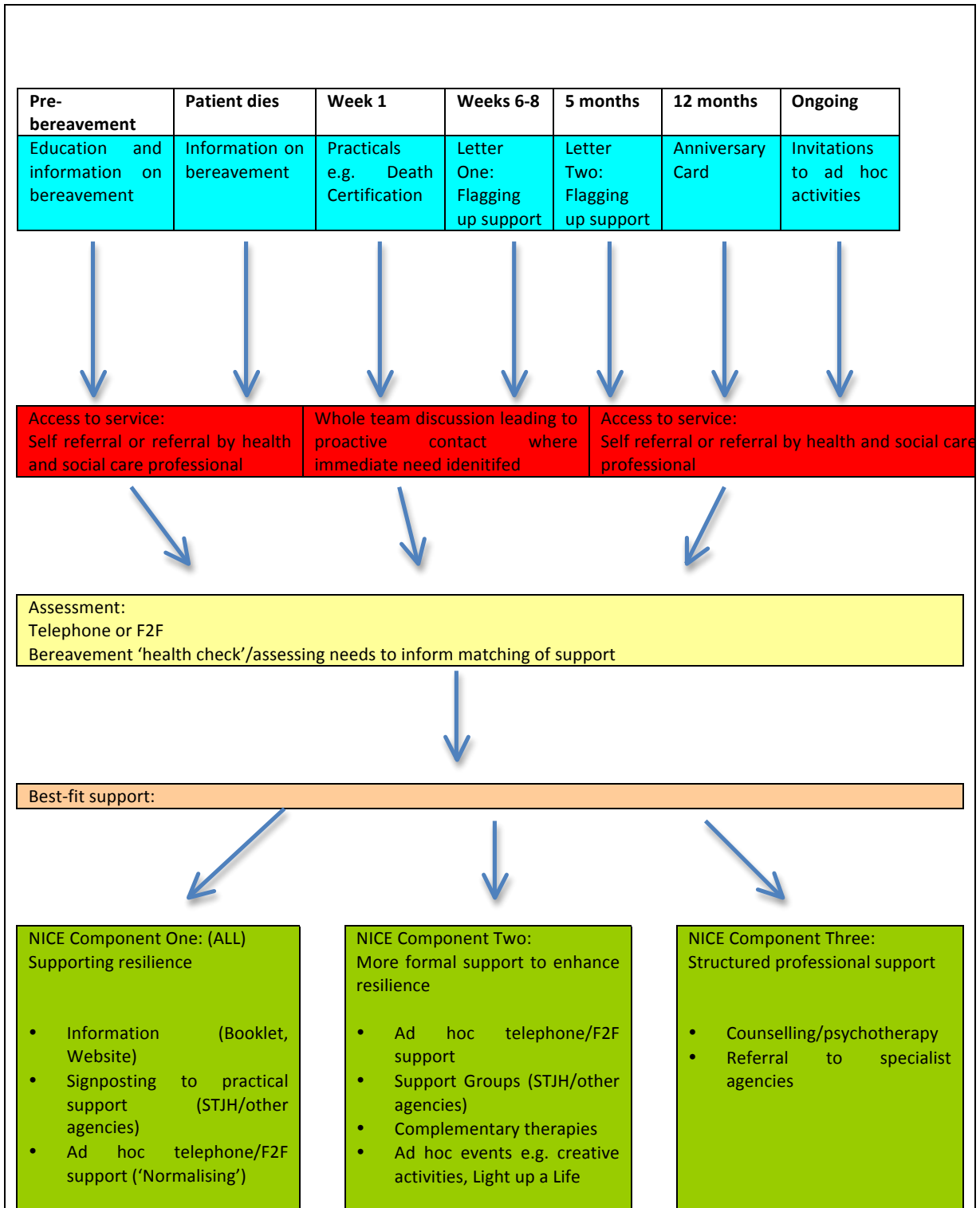
Safeguarding

The PHH aims to provide, as far as is practicable, a safe environment consistent with its Core Values and Mission. This means acting to prevent and reduce any significant harm to adults from abuse or exploitation.

In line with the Care Act 2014 and the Care & Support Statutory Guidance DH 2015, the PHH, forms of abuse and exploitation include discriminatory abuse, domestic abuse, financial or material abuse, mate crime and hate crime, modern slavery, neglect and acts of omission, organisational abuse, physical abuse, psychological and emotional abuse, and self-neglect

SIP1

PHH BEREAVEMENT CARE PATHWAY:



S1P2

PHH FORM FOR RECORDING SEMI-STRUCTURED ASSESSMENT

Client	Ref No	
Assessed by:	Phone/F2F	Date:
Nature of the bereavement		
Issues / difficulties / concerns		
Support / family circumstances (add genogram if appropriate)		
Risk assessment (Suicidal ideation/potential violence)		
Type of support? (counselling, group, telephone, referral on)		
Previous counselling?		
Understanding / expectations of counselling		
Psychiatric history / involvement with mental health services?		
Seen GP?		
Current medication? (anti-depressants, tranquillisers, sleeping tablets)		
Alcohol / drug use?		
Signed:		

S1P3

Summary data on ethnicity of clients

	PHH %	PHBS %	Identified Community	National %
Asian other	3	2	3	1
Bangladeshi	6		1	1
Bengali		2		
Black British		2	2	2
Black Caribbean	8	11	12	1
Black African	4	4	5	2
Black other	2	2	8	1
Chinese		1		1
Eastern European		1	2	
Far Eastern	1	1	1	
Greek		1		
Indian	3	2	2	
Mixed white/black African	-	1	2	0
Mixed white/black Caribbean	1	2	2	1
Mixed white/Asian	1	2	1	1
Mixed other	2	2	2	1
Pakistani	2	1	1	2
Turkish		1	2	
White British	51%	46	36	80
White Irish	4	4	5	1
White other	4	12	13	5
Not stated	4			
All other	4			

S1P4

Notes extract from PHBS Team Strategy Away Day

Team Away Day – 12 July 2016

' ... As part of a wide-ranging discussion on how the service identifies and meets the needs of the local bereaved community, S gave a breakdown of the age profile of service users and the type of support they accessed.

The Team agreed to explore options for increasing the number of facilitated support groups which would both support older bereaved people in processing their grief and also reduce their social isolation, a key factor in minimising depression ...'

S1P5

PHBS staff and volunteer qualifications 2015/2016

Name	Status	2015	2016
A	Trainee Counsellor	✓	✓
A	Qualified Counsellor	✓	✓
A	Experienced trainee psychotherapist	✓	✓
B	Qualified counsellor trainee psychotherapist	✓	✓
C	Experienced Qualified Psychotherapist	✓	✓
C	Experienced Qualified Counsellor	✓	✓
C	Experienced trainee counselling psychologist	-	✓
D	Experienced Qualified Counsellor	✓	✓
E	Qualified arts psychotherapist	-	✓
F	Qualified Counsellor	-	✓
G	Experienced Accredited Counsellor	✓	✓
H	Experienced Qualified Counsellor	-	✓
J	Experienced Accredited Counsellor	✓	✓
J	Qualified Counsellor	✓	✓
K	Qualified counsellor/trainee psychotherapist	-	✓
K	Experienced Qualified Counsellor	✓	✓
L	Experienced Qualified Counsellor	✓	-
M	Qualified Counsellor	-	✓
M	Experienced Trainee Psychotherapist	✓	✓
M	Trainee counsellor	-	✓
P	Experienced Qualified Counsellor	-	✓
R	Trainee Psychotherapist	✓	✓
R	Experienced Qualified Psychotherapist	✓	✓
S	Experienced qualified Psychotherapist	✓	✓
T	Experienced Qualified Psychotherapist	✓	✓
U	Trainee Counsellor	✓	-

S1P6

Sample from list of journals held by PHH Library

- Bereavement Care
- British Medical Journal
- British Journal of Psychiatry
- Death Studies
- International Journal of Palliative Nursing
- Journal of Death and Dying
- Journal of Mental Health Counselling
- Therapy Today
- ...

S1P7

New Bereavement Form to inform resilience profile of bereaved family members

Overwhelmed + Vulnerable		Overwhelmed + Resilient
Strong emotions are uppermost and and make day-to-day living difficult		Able to face and accept feelings even if grief powerfully present
Comments		

Controlled + Vulnerable		Controlled + Resilient
A fear of loss of control makes clear thinking and acting difficult		Able to think and act clearly and manage life demands
Comments		

Struggle to make sense of the loss		Able to make sense of the loss
Comments		

Difficult factors		Positive factors
E.g. physical or mental health problems, caring demands, financial/housing problems etc.		E.g. positive past experience, hopeful outlook, support available, no other demands
Comments		

Difficult social factors		Positive social factors
Isolated; perceives support as lacking, or makes poor use of it		Socially integrated; support felt to be adequate
Comments		

Any other comments/information:
--

Name of bereaved:

Completed by:

S2AA1

PHBS leaflet

Paxes House Hospice Bereavement Service

We care about you too

Support is available to anyone affected by the death to someone whilst under the care of Paxes House Hospice

The death of someone close to you can bring many challenges. People react to loss in their own individual way and you may find that you need help to understand what is happening to you and to support you as you face the consequences of your loss.

Paxes House provides a range of support, including:

- Face-to-face Individual and family bereavement counselling

Usually weekly, for around 50 minutes, counselling sessions provide the chance to talk about your grief and how your loss is impacting on you. All of our counsellors are trained and experienced in working with bereavement.

- Telephone counselling and ad hoc support

If you are unable to visit the hospice regularly, then counselling can be provided over the telephone, or it is possible to speak with one of our counsellors at times when you are finding it particularly difficult to deal with your grief, such as around an anniversary.

- Bereavement support groups

Facilitated by one of our counsellors, these provide you with a chance to share and talk about your experiences with other bereaved people who have shared similar experiences.

- Bereavement club

For some bereaved people, the loss of a loved one can leave them feeling socially isolated. Our club provides the chance to meet with other bereaved people on an informal basis and can help them feel less alone in their grief.

.....

S2AA2

PHH information booklet extract on grief reactions

Grief reactions: There is no formula for how people respond to the death of a family member or friend. You will react in your own individual way because you had your own unique relationship with the person who died.

Feelings: You may face some very painful and unwanted changes in your life, which can leave you feeling overwhelmed. Even if the death was expected, you can feel a range of emotions, including anxiety, panic, depression, emptiness, numbness, sadness, anger, blame, guilt. You may also feel relief.

You may be surprised by the strength of your feelings, some of which you may not have experienced before, and you may become critical and angry with yourself and others.

Physical changes: Bereavement can also affect your physical wellbeing. You may find yourself unusually tired, sleeping much less or much more, eating much less or more, having trouble concentrating and becoming confused and forgetful. These changes can be distressing and it is important to discuss them with your GP if you feel concerned about them.

Making sense of the loss: After a bereavement, it is natural to want to make sense of the loss, and the meaning and purpose of life. You may be reassured or comforted by religious or spiritual beliefs. You may think that nothing makes sense and question those beliefs. You may have no religious or spiritual beliefs yet still feel the need to make sense of what has happened.

Finding it difficult to make sense of the loss does not necessarily mean you are not coping so be kind to yourself and accept this may take time.

Reducing isolation: It takes time to adjust to, and come to terms with your loss, in the most helpful way for you. During this time, you may find yourself feeling alone, that no-one else understands your reactions to your loss. You may find it helpful to talk to someone about your feelings and the changes you are facing.

This may be difficult as it you may need to let others know if you want to talk about your loss in order to receive support. Speaking with your family and friends may not be possible, for fear of upsetting each other. You may find it easier to talk to someone outside your family and friendship networks. Such support is available through PAXes House and other agencies.

Do please ask us how we might help you. [Call us on 0123456](tel:0123456) or [e-mail@phh](mailto:phh)

...

S2AA3

Extract from list for signposting/onward referral to other services

Asian Women's Advisory Service Tel: 012 678910

Childhood Bereavement Network Tel: 020 7843 6309 cbn@ncb.org.uk

Cruse Bereavement Care Helpline Tel: 0844 477 9400

LGBT Bereavement Project Tel: 0800 12345

Samaritans Tel: 08457 90909

Sittingham and Brownchurch Child Bereavement Service Tel: 020 1234 5678

info@sb.org

Way Foundation for younger widows and widowers Tel: 0300 0124929

enquiries@widowedandyoung.org.uk MIND Tel: 0300 123 3393

...

S2AA4

Extract of information on PHBS held on PHH website in larger font, translated into French

...

'Le décès d'une personne proche de vous peut apporter de nombreux défis. Les gens réagissent à la perte de leur propre façon individuelle et vous pouvez trouver que vous avez besoin d'aide pour comprendre ce qui se passe pour vous et pour vous soutenir que vous faites face aux conséquences de votre perte.

Paxes House offre une gamme de soutien, y compris:

- **Conseil individuel et familial**

Habituellement hebdomadaires, pendant environ 50 minutes, des séances de counseling permettent de parler de votre chagrin et de la façon dont votre perte influe sur vous. Tous nos conseillers sont formés et expérimentés dans le travail avec le deuil.

- **Assistance téléphonique et soutien ad hoc**

Si vous n'êtes pas en mesure de visiter l'hospice de façon régulière, le conseil peut être fourni par téléphone, ou il est possible de parler avec un de nos conseillers à des moments où lorsque vous êtes particulièrement difficile de traiter votre chagrin, comme autour d'un anniversaire .

...

S2AA5

Extract from appointment letter sent in Turkish

...

Seni 16 Haziran Salı günü saat 11: 00'da kederin hakkında V ile konuşmak için hastaneye davet etmeye hazırlıyorum.

Size görmek için sabırsızlanıyoruz.

....

S2AA6

PHBS response times to referrals – extract from protocols

In-house hospice and external referrals are received via telephone, e-mail, fax, online, or in person.

The following timings are operational guidelines. Where contact and re-contact with referrers/referred proves difficult e.g. no reply, no voicemail, try alternative methods of contact where possible but close referral if no response from referrer/referred within 5 working days.

Within three working days from receipt of referral:

- Address any immediate support needs e.g. containing distress – signpost to other support/agency if necessary
- Check detail against referral criteria, contact referrer/referred to clarify any omissions
- If criteria not met, inform referred and/or referrer, giving reasons for not proceeding with the referral, and signpost to other support/agency if necessary
- If criteria met:

Within five working days from receipt of referral:

- Send offer of assessment appointment within the following two weeks, by mail and/or e-mail

If no response from referred within 10 working days, close referral

S2AA7

Tracking sheet for referral journey from receipt to allocation

PHBS Referral Tracking Sheet	
Referral number: Referrer: Reason for referral:	Received:
Name of bereaved: Relationship to the patient: Contact address:	Date of birth:
Telephone:	E-mail:
Patient: Name: Details of death:	Date of death: Reference number:
GP/Practice: Permission to contact: Y/N	
Communication log: Date/Action/Outcome:	
Date assessment completed: Availability for counselling:	Assessor:

PHBS Referral Tracking Sheet (continued)
Allocation
Allocated to: Appointment day/time:
Date of first appointment offered: How many days since receipt of referral:
Letter of confirmation sent: Yes/No Referrer informed: Yes/No Counsellor informed: Yes/No Client database updated: Yes/No

S2AA8

Highlighted extracts from database to show tracked progress for client referrals

Reference:	Referred:	Source:	Assessed:	Allocated to:	First session:	Days since referral:	Last session:	No of sessions:
PHBS16/5	04/04/16	MDT	12/04/16	F	21/04/16	17	02/06/16	6
PHBS16/6	07/04/16	GP	15/04/16	C	20/04/16	13	13/07/16	10
PHBS16/7	07/04/16	Self	21/04/16	K	04/05/16	27		
PHBS16/8	11/04/16	Self	21/04/16	M	10/05/16	37	17/05/16	2
....								

S3A1

Example of initial summary from case notes

Client summary

Client referral number: PHBS 16/6
Allocated to: C
Date of first session: 20/04/16
Estimated number of sessions: 12
First review at: 6

Brief history:

Client's brother died in December 2015, as inpatient. Liver cancer diagnosed in October 2015. She and her brother lived together following the death of both their parents in a care crash two years ago.

Client's support system:

Network of "close" friends but none of them have experienced significant loss and Client feels isolated in her grief. Has a supportive colleague at work whose mother died recently.

How did client present at first session:

Reported feeling highly anxious, with somatic resonances and showing strong affect in the room. Feels "scattered" and wants to keep herself busy.

Risk assessment:

No immediate concerns. Had suicidal thoughts after bullying at school but cannot imagine harming herself now.

Signed: *C Smith*

Date: *20th April 2016*

S3A2

Example of ongoing review recorded in case notes

PHBS/16/6:

Session 6: 08.06.16

...

At the end of the session, reviewed progress with client. She reported that the counselling had provided an "invaluable" space to talk about her brother and that she now had more "good" days than "bad". She has started a new relationship, which she finds supportive.

Client is now planning a three-month trip in July so wants to work towards an ending by then. We agreed to focus on resilience strategies and 'self-counselling' in future sessions.

Next session – 15.06.16

S4SS1

Extract from PHBS staff employment contract re supervision

...

5.2.1 You are required to attend regular clinical supervision, provided in-house by an external qualified supervisor, to meet BACP guidelines for accredited counsellors. This equates to at least one and half hours each month.

5.2.2 Failure to maintain this level is a serious breach and will be addressed with your Line Manager to establish if you are able to continue to practice in a safe and ethical manner.

5.2.3 If personal factors impact your ability to attend supervision, these need to be discussed with your Line Manager and a strategy agreed for a temporary change of role to reduce your clinical responsibilities.

...

S4SS2

Extracts from PHBS Volunteer Handbook, re supervision

...

8: Supervision

Attendance at supervision is essential. Failure to attend regularly will be addressed by your Placement Manager as it may require your withdrawal from the service.

In-house clinical supervision by qualified and experienced counsellors and psychotherapists is provided for all volunteers. By agreement volunteers may also receive external supervision at their own cost.

Volunteers may be supervised individually, or as part of a fortnightly supervision group. This will be at a minimum level of one hour for every six client contact hours.

There is a supervision agreement, which all Volunteers are required to sign.

...

S4SS3

Notes extract of ad hoc supervision for suicide risk

PHBS/16/6:

Session 2: 27.04.16

...

I asked the client how she felt about/after the first session. She said that during the week she had felt really low as talking about life without her brother and any close family had added to her sense of isolation and being completely alone in the world. I asked how low? She said, "One night I couldn't sleep and I kept thinking it would be better not to be here and I went to the bathroom to see what pills I had and started googling what would happen if I took them all, like I did when I was sixteen. I realised that I would not be able to kill myself this way and the feelings seemed to subside."

We explored this and the client said she didn't imagine ever going through with it but was concerned that she might do "something silly" all alone in the middle of the night. We then ran through the ways she can limit the chance of this, including disposing of any obsolete medication, having a list of numbers like the Samaritans by her bedside, and asking a close friend if she could go and stay with her if she felt very low one evening. I also reconfirmed permission for the service to contact her GP if felt necessary. The client said she had an appointment with the GP the following day and would talk with them about it too.

We agreed to monitor this during future sessions.

(As it would be a week to my next regular supervision session, I spoke to a staff team member the same day and agreed that the service would call the client's GP to inform them of the client's presentation ahead of their meeting the next day. No further action was deemed necessary before the next session)

...

Next session – 04.05.16

S4SS4

List of support activities accessible to PHBS volunteers during the previous 12 months

PHBS Volunteer Support Activities 2016:

- 4 x training days, including networking with peers, on:
 - Endings and rituals
 - Bereavement by suicide
 - Vicarious trauma and self care
 - Current bereavement research and new models
- Supervision – at least 1.5 hours per month
- Summer Garden Party
- Memorial Service (November)
- Seasonal/end of year social, including acknowledging of clients
- Quarterly journal club + networking evening
- Ad hoc access to support and supervision from staff team

S5ET1

Summary content of loss and grief training delivered to all PHH staff and volunteers

- It starts and ends with us: self care
- Feelings and loss:
 - The process of transition
 - Range of reactions to loss – emotions, physical symptoms, thoughts, behaviours
 - What does grief look like?
- Making sense of loss:
 - what factors affect the way people grieve
 - theories and models of bereavement
- Making it real: Case scenarios
- What to say: the how's and why's
- How PHBS helps: Signposting

S5ET2

Induction training programme for all PHH staff

- Understanding bereavement needs:
 - Values of palliative care
 - Decrements of grief, dimensions of loss
 - Clinical evidence for efficacy of support
- Bereavement needs assessment:
 - Factors affecting grief
 - Current bereavement models and research
 - Identifying and supporting resilience, not pathologising risk
- Supporting bereaved people:
 - Evidence base for aligning support to needs
 - What to say: the how's and whys of talking with bereaved people
 - Narratives and meaning making
- Signposting

S5ET3

List of periodic facilitated group dates provided for PHH volunteers

Working with loss and grief:

Facilitated support group for volunteers working with bereaved relatives

Supporting bereaved people in distress can be rewarding and personally challenging. To help celebrate the rewards and reflect on the challenges, there will be a series of drop-in facilitated group meetings at the following times, in the PHH Library:

Wednesday February 17th, from 2 pm till 4 pm

Tuesday 10th May, form 10 am till 12 noon

Thursday 10th August, from 6 pm till 8 pm

Friday 12th November from 4 till 6 pm

S5ET4

Recruitment advert for PHBS volunteer bereavement counsellors

Voluntary placement

The Paxes House Hospice is offering placements to counselling and psychotherapy students, and qualified therapists looking to widen their experience.

Candidates must be in at least Year Two of an accredited training course and have already completed more than 50 hours of face-to-face counselling.

If successful, candidates will be required to attend a four-day induction training with a focus on supporting bereaved people, and four one-day ongoing trainings per year.

Clinical supervision to BACP/UKCP guidelines will be provided in-house.

For an information and application pack, please call 0123456 or [e-mail@phbs.org](mailto:email@phbs.org)

S5ET5

Induction training programme for volunteer bereavement counsellors

Four-day induction training for PHBS volunteer bereavement counsellors

Day 1:

- Introduction to PHH
- Aims and objectives of PHBS
- Why do people seek bereavement counseling?

Day 2:

- Feelings and loss:
 - The process of transition
 - Range of reactions to loss – emotions, physical symptoms, thoughts, behaviours
 - What does grief look like?
- Making sense of loss:
 - what factors affect the way people grieve
- Current bereavement models and research

Day 3:

- Working with bereaved people:
 - Practice challenges
 - Case scenarios
- Safeguarding, including suicide risk assessment

Day 4:

- Contracting, reviewing, and ending
- PHBS policies and procedures

S5ET6

Ongoing in-house training programme for PHBS volunteer bereavement counsellors

PHBS Volunteer counsellor training days

Each training day will consist of a mix of group case study discussions and workshop presentations focused on a series of themes. They will earn a certificated credit of six hours of Continuing Professional Development.

16th January: [Endings and Rituals](#)

- Exploring different approaches to endings and how they impact the counselling relationship
- Creative ways to make ending rituals, drawn from diverse cultures, beliefs and non-belief

15th April: [Bereavement by suicide](#)

- How to work with the 'special scar' (Wertheimer) of bereavement by suicide
- Working with suicidal ideation

15th July: [Vicarious trauma and self-care](#)

- What is vicarious/secondary trauma?
- How do we experience trauma?
- How do we support ourselves and each other to deal with the cumulative impact of witnessing trauma?

15th October: [Current bereavement research and new models](#)

- Update on latest research developments in the field of bereavement
- Resilience and models of support

S6R1

List of PHBS designated areas and resources

The following spaces are available for use by the PHBS:

- 3 x individual dedicated counselling rooms furnished for three occupants
- 2 x counselling rooms with furnished for between to and twelve occupants
- 1 x resourced art therapy room
- access to education facilities, lecture room for 50 delegates, 3 x seminar rooms for 20 trainees
- volunteer counsellor office for administrative tasks and records
- library for literature sources and quiet study
- 2 x supervision rooms furnished for six occupants
- private waiting area for clients, next to main hospice reception

S6R2

Extract from list for signposting/onward referral to specialist services

CAMHS: Tel: 0678910

Family Action: emotional and practical support for Turkish, Kurdish and Somali communities: Tel: 0234567

Refugee Therapy Centre: Tel: 0345678

Sittingham and Brownchurch MIND: Tel: 0300 123 3393

...

S6R3

Extracts from PHH Safeguarding/Suicide Policy

Safeguarding adults at risk policy

PHH Policy is that every person has the right to live a life free from violence and abuse. All staff and volunteers share a responsibility for safeguarding and must undertake training on safeguarding awareness and their duty to report safeguarding issues.

...

The PHH aims to:

1. treat all patients and clients with honesty, respect and dignity
2. prevent and reduce the risk of significant harm to patients and clients from abuse
3. support patients and clients to maintain a sense of control, including being able to make informed choices without pressure
4. ...

...

Assessment and management of suicide risk

PHH Policy is that, where a patient or client is at risk of suicide, all staff and volunteers should act to dissuade or prevent the suicide from occurring. Training is provided to support this.

When a patient or client directly or indirectly indicates they are contemplating suicide, an immediate assessment should be made to determine how high or immediate is the risk, and if any action is needed.

This assessment must always be discussed with a colleague and/or supervisor and fully recorded with a note of any decisions made and actions taken.

...

S7ME1

Extracts from CQC Inspection Report on PHH

Overall rating:

Safe? Effective? Caring? Responsive? **Good**
Well-led? **Outstanding**

Is the service caring?

The service was exceptionally caring.
Service users spoke highly of staff and the compassionate care and support they received.

...

Is the service responsive?

The service is very responsive. Care was adaptable, proactive and supportive of patient choices.

S7ME2

End of PHBS bereavement counselling evaluation questionnaire

1. On a scale of 1-5 where 1 = very low and 5 = very good, how would you rate your emotional state when you commenced counselling?

1 2 3 4 5

2. On a scale of 1-5 where 1 = very low and 5 = very good, how would you rate your emotional state on completion of counselling?

1 2 3 4 5

3. Counselling experience - please rate the following on the scale as above;

- Did you feel heard and understood by your counsellor? Yes/No
- Did you feel your and your counsellor were a good fit? Yes/No
- Did you feel able to speak freely to your counsellor? Yes/No
- Were there areas where you did not feel able to speak freely? Yes/No
- If yes, can you pinpoint these?

4. General:

- Did you receive any written information prior to your sessions? Yes/No
- If yes, did you find it useful?
- In what ways did you feel counselling helped you?
- Is there anything you would have liked to be done differently in relation to your counselling experience?

Date:

S7ME3

PHBS key health indicators form

	Yes	No	Not an issue for me
I feel more positive about the future			
I am coping better with daily tasks			
My sleep has improved			
My eating has improved			
I feel less depressed			
I feel less anxious			
I feel more able to concentrate			
I feel more motivated			
I have been able to return to work/study			
My relationships with others have improved			
Has anything else improved?			

S7ME4

Example bereavement-specific assessment tool

Adult Attitude to Grief scale	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1. I feel able to face the pain which comes with loss					
2. For me, it is difficult to switch off thoughts about the person I have lost					
3. I feel very aware of my inner strength when faced with grief					
4. I believe that I must be brave in the face of loss					
5. I feel that I always carry the pain of grief with me					
6. For me, it is important to keep my grief under control					
7. Life has less meaning for me after this loss					
8. I think it's best just to get on with life and not dwell on this loss					
9. It may not always feel like it but I do believe that I will come through this experience of grief.					

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