## Moving from talk to action on bereavement:

## Improving signposting to bereavement support and information –

## part II

## **1 Introduction**

## This short report summarises discussions from an online gathering on 19th March to explore ways of improving signposting to available bereavement support in Scotland.

## The March event followed on from a meeting that took place in January 2024 which brought together over 100 people from across the bereavement sector and beyond to explore the same issues. Notes from January’s discussions informed the production of a:

## [draft vision for improvement of bereavement signposting in Scotland](https://www.goodlifedeathgrief.org.uk/content/resources/Bereavement_Signposting_-_a_draft_vision_for_Scotland.docx)

## [rough outline theory of change](https://www.goodlifedeathgrief.org.uk/content/resources/bereavement_signposting_envisioning_change.pdf).

## The March event was an opportunity for interested parties to discuss and build on these drafts, with the aim of developing a more detailed theory of change/action plan relating to improving signposting to bereavement information and support in Scotland.

## **2 Attendees**

## The event was promoted as being for anyone who feels they can play a role in improving signposting to available bereavement support in Scotland, including: those working in the bereavement sector, whether in the voluntary, statutory or private sector; funeral industry; NHS and social care staff who come into contact with bereaved people including GPs, care home staff, child death review co-ordinators and educational psychologists.

## Around 40 people attended, with roles including:

* Macmillan information centre manager
* Cancer Community Support Worker
* Support Practitioner
* Community Connector
* Policy Officer
* Music therapist
* Child Bereavement Support Practitioner
* West Area Manager
* Senior Policy Adviser
* Bereavement Support Practitioner
* Bereavement Support Services Co-Ordinator
* Lead Officer, Compassionate Communities
* Local Area Coordinator
* Head of Support Services
* PQL
* CNS Palliative Care
* Area contact
* Teenage/Young Adult Clinical Nurse Specialist
* Bereavement Coordinator
* Bereavement Worker
* Director of Services and Service Transformation
* National Advisor (Spiritual Care)
* ALISS Engagement Manager
* Suicide bereavement support Service Manager
* Head of Clinical Services
* Policy Officer
* Bereavement counsellor/ YP counsellor
* Advanced community macmillan CNS
* HR Manager
* Senior Business Manager
* Bereavement Lead
* Lecturer
* End-of-Life Coordinator
* Bereavement Administrator
* Clinical lead
* Bereavement Community Connector
* Bereavement and Family Support Coordinator

## Attendees were invited to come prepared to contribute ideas and explore taking practical action.

## **3 Feedback on draft Vision and Theory of Change**

Participants asked for their views on documents circulated a week prior to the meeting:

* draft write-up from the January event: [draft vision for improvement of bereavement signposting in Scotland](https://www.goodlifedeathgrief.org.uk/content/resources/Bereavement_Signposting_-_a_draft_vision_for_Scotland.docx)
* draft outputs outlined within the [rough outline theory of change](https://www.goodlifedeathgrief.org.uk/content/resources/bereavement_signposting_envisioning_change.pdf)

Feedback was sought anonymously via a live online menti questionnaire. Results are summarised below;

### Question: What do you think of the vision statement: "People who are bereaved can easily find out where to go for information and support that suits their individual circumstances?"

15 of 20 respondents voiced enthusiastic agreement with this vision statement:

* Fab!
* I think it is really clear - nothing jars - it ain’t broke
* Concise
* depends where they live
* Yes that looks good.
* Sounds good
* Sounds good!
* Yup, all good!
* Correct and clear
* All good
* looks good! Like the individual considerations
* I like it!
* I like the statement. I would like to add “people who are facing bereavement
* Clearly outlines what the group wants to achieve for people.
* It's clear and I like the word easily

Some people pointed out that there is a way to go before the vision is achieved:

* But can they? They feel low, maybe don’t need the care or feel deserving and life can feel foggy and heavy
* Region specific - can be complex. The most excluded people - how do they realistically access support
* Postcode lottery
* If no access to online it can be difficult
* Would be good to do a survey with general public for the answer.

One responses suggested an amendment to the vision:

* I like the statement. I would like to add “people who are facing bereavement also depends how they try to find out, if they have been signposted?

### Questions: What do you think of the four bullet points that add detail underneath the vision?

*“More specifically:*

*People whose circumstances mean they don’t proactively access information and support are encouraged and supported to do so.*

*Everyone can independently access relevant, up-to-date signposting information in their preferred way, whether that be from a person, a website or hard-copy information.*

*Information is understandable and accessible for everyone no matter their language, location or personal circumstances.*

*Everyone, particularly those most likely to be in professional contact with bereaved people, feels able to help someone who is bereaved find appropriate support and information.”*

11 responses voiced support for the wording and content of the bullet points:

* They seem to be sensible … maybe mention social media in terms of information source as distinct from websites
* These cover any concerns about the first statement and I like the responsibility part
* Good overview - ownership important to keep information contemporary
* I think these are good. Hard to do but the right destination.
* It's really good, so much information included.
* A very honest write up - -as close to perfect as possible !!!
* I have nothing else to add to the great comments
* Be affirmed
* the bullet points cover everything we need to look at
* Agree with the bullet points and the responsibility of everyone
* congratulations on managing to sum everything up so concisely!

Some responses explored details relating to making improvements:

* Keeping information up to date can be difficult
* If it’s a central place for signposting then could it be an opt out rather than opt in
* So much to try and streamline for action. Where to start?

Other points were raised for consideration within the bullet points:

* It should also for people who are facing bereavement to find signposting
* Think it needs to be a community engagement. - are we missing anything about reaching people before they think they need support - e.g. compassionate communities etc?
* Sorry i dont have papers but wonder if children and young people are mentioned specifically?
* Think the word professional might not describe all who might help another to signpost … professional or those who support people ??
* Agree re upstream cultural change being part of how this change may
* happen
* Does the "networking paragraph" need to include members of the community/informal support
* Are CYP included?

### Question: What are your thoughts on the draft write-up of the January event?

Everyone was satisfied with the write-up of the January event:

* Captured very well!
* I think it’s very realistic and inclusive. The draft write up is achievable
* Good write up / summary of important factors / points
* I feel everything has been captured and fed back clearly
* It's really good, so much information included
* As close to perfect as possible !!
* It seemed to cover the important aspects
* As close to the points as I can remember
* Concise with really clear points
* Great and nothing further to add
* Nothing further to add
* Pre bereavement is a good shout

### What do you think of the four draft outputs?

There was enthusiasm for the four draft outputs:

* Very concise, covers most present issues
* Really good, I think everything has been captured
* Really well captured and the format is excellent
* seems to cover it well!
* they sound concise and well thought out
* I think they are a really tight description of the four topics and with the accompanying slides have a sense of real energy and direction about them - brilliantly done !!
* Broken down and captured concisely!
* Think you’ve captured it all I think they’re ambitious but it makes sense
* Good concise summary.
* Looks good. I like how the picture shows a route to where we all want to get.
* It's covers everything
* Looks good. I like how the picture shows a route to where we all want to get.

A few suggestions were made:

* Missing is perhaps how people who respond to bereavement are offered supervision / reflective practice
* Needs pre bereavement included?
* In my experience GP's dont have the training either (output A).

## 4 Developing our Model – Focusing on Activities and Responsibilities

Delegates form small groups to consider each of the four ‘outputs’ in turn:

* Training
* Networking
* Central signposting resource
* Raising awareness

Each small group spent around 15 minutes discussing each of the 4 outputs, and was tasked with answering the questions:

* What activities are needed to achieve this output?
* What people/organisations are best placed to contribute to this activity?

Discussions were broader than the two suggested questions, and many comments were made that reinforced the importance of issues previously highlighted in the Bereavement Summit paper. There was general support for and reiteration of the ideas and suggestions in the pre-circulated discussion papers.

**NB: Rather than reiterating points already included in the draft theory of change and at the bereavement summit, this summary report highlights only new points raised in discussion that have direct relevance to augmenting and improving the draft theory of change.**

## 4.1 OUTPUT A

**What activities are needed to achieve Output A?**

***Output A: Training to enable people across various public-facing roles to feel able to initiate signposting conversations with bereaved people. Ideally this should include: police, fire service, teachers, registrars, funeral directors, social workers, faith leaders, employers, trade unions (And primary care staff, and everyone in public-facing roles eg hair dressers, taxi drivers etc etc)***

**Potential areas for action**

* Encourage people to put training in their personal development plans.
* Training needs to be regularly updated and refreshed.
* Promote currently available training.
* Short-term working group.
* Develop a training package to reach people earlier.
* Some sort of needs assessment for what training people need. For some it may not be so much needed on knowledge around bereavement but more about communication (having difficult conversations).
* Advocacy/awareness raising required because often orgs don't know they need training until something happens.
* Create an online hub of training resources (including capacity to feedback on training)

**Work to learn from**

* SG / HIS have hub for Child Death Review work. Similar issues of awareness, training for signposting for this particular group.

**Creating the conditions**

* Senior managers need to be on board - especially in big hierarchical organisations - they control/shape use of training resource. Need for ministerial promotion/endorsement.
* Training should be provided in local settings to gain local knowledge support and provided by local providers.

**What people or organisations are best placed to contribute to Output A activities?**

* Identifying someone in an organisation as a bereavement champion could support and encourage implementation across the organisation for matter relating to bereavements.
* In schools there might be pastoral support, or some schools might be able to access support from a local organisation but not always available.

## 4.2 OUTPUT B

1. **What activities are needed to achieve Output B?**

***Output B: Networking opportunities that enable those most likely to be approached for bereavement information to signpost effectively, and funding to enable staff to take up these opportunities. This should include consideration of GPs and primary care staff, education staff, and those working in the bereavement sector. (A ‘no wrong door’ approach.)***

* Ensure networking opportunities accommodate those outwith the bereavement sector including schools, colleges, workplaces, nurseries, counsellors, social workers, funeral directors.
* Short sessions to engage busy people eg GP lunchtime sessions? Be flexible.
* What networking structures already exist? Get 5 minute bereavement sessions at those?
* Promote existing networking opportunities within the sector - lots of people still don't know about these - more awareness needed and because they are online they are easily accessible from wherever you are

1. **What people or organisations are best placed to contribute to Output B activities?**

* Identify a bereavement champion within organisations to cascade/filter information throughout an organisation.
* CBUK – currently already involved in work - could they be a starting point for a central base?
* SPPC runs networking activities of various kinds and is well placed and experienced in this.

## 4.3 OUTPUT C

**What activities are needed to achieve output C?**

***Output C: A well-publicised, stably funded, up-to-date central resource, accessible by phone, email and website, where people can easily get information about bereavement and/or direction to appropriate bereavement support for their personal circumstances.***

Suggestions for similar but alternate outputs:

* Perhaps more localised awareness of resources would be better and easier to maintain than a larger national hub
* Establish physical premises that are accessible, where people can access information/support

Suggested activities:

* Have a system annually to check with people /organisations if information is up to date and correct - people should have a reminder that they have a responsibility to do this.
* Funding for a staffed hub to ensure all information is valid, and up to date is key.

**What people/organisations are best placed to contribute to Output C activities?**

* Everyone needs to keep their information updated
* All those currently providing signposting, including: Including CBUK, Cruse Scotland, At A Loss, ALISS, Good Life, Good Death, Good Grief

## 4.4 OUTPUT D

**What activities are needed to achieve Output D?**

***Output D: Activities to raise awareness of the impact of bereavement and where to go for more information/support if you are bereaved or want to help someone who is bereaved***

* Ensure the right language is used in any awareness raising - this sends messages about normalisation, and accessibility.
* Engage people in understanding what happens if people don't get support eg criminal justice system.
* Use social media
* There is an ongoing need to ask and check in with public and their needs.

1. **What people/organisations are best placed to contribute to Output D activities?**

* Local networks
* Needs to empower frontline and grassroot/communities - not just national organisations.

## 4.5 Other thoughts?

* Sticking with short term, medium and long term plans in a realistic time frame for this to be rolled out.
* App development for bereavement
* Health improvement Scotland - right decisions services (would they support this type of project -maybe worth exploring)
* Podcasts are widely used and can be a valuable tool for people.

## 4.6 What can you do? Share your pledge of how you/your organisation can contribute.

Five individuals shared pledges showing their willingness to support this area of work going forward.

## **5 Summary and Reflections**

* The interest in/attendance at the January and March events indicates there is widespread enthusiasm and support for work to improve signposting to bereavement support and information in Scotland.
* The draft vision for improving bereavement signposting in Scotland accurately represents a consensus view of those working in the sector.
* The draft theory of change is a strong foundation for future work in this area, receiving endorsement at the March meeting.

Though sector representatives are enthusiastically supportive of this work, suggestions of practical actions and pledges to move the work forward have been few, possibly reflecting a sector already stretched and under-resourced with little capacity to undertake further innovations.

Discussions indicate that the draft theory of change includes the key elements people think are needed and is a helpful way of articulating the sector’s vision for change.

The draft Vision and Theory of Change has been amended to take account of comments from the March meeting – see Appendix 1 for a list of changes made.

## **6 Next steps**

The theory of change is designed to provide a useful overview of potential helpful next steps.

However, the question remains, **how** will this work be undertaken and co-ordinated in future?

From the outset it has been clear there is no additional budget for bereavement work, and that this work is being led by an informal sector collaboration. Organisation of meetings so far has been undertaken by the Scottish Partnership for Palliative Care with support and input from a small informal working group, but SPPC has competing priorities and no designated budget to enable it to continue this work in the long term.

In the absence of dedicated resources to lead and co-ordinate building on this work, next steps will be to:

* Publish this report and the theory of change so that they can be referenced and used to inform any future work in this area.
* Consider how the Bereavement Charter Group can create further opportunities for cross-sector collaboration on the issues raised within the Bereavement Summit Report.

## Appendix 1: Updating the draft theory of change

Below we consider what amendments are needed to the draft theory of change to accommodate key points from the March discussions.

The theory of change is meant to be quite high level, so more specific or detailed suggestions made during discussions wouldn’t fit into a high level theory of change made during discussions, but would be encompassed under a broader heading.

**Wording of the Vision and Outputs**

|  |  |
| --- | --- |
| **Comment** | **Amendment required?** |
| It should also for people who are facing bereavement to find signposting | The vision circulated to the group prior to the meeting included ‘people who are anticipating bereavement’, though this wasn’t in the summary text presented on the menti survey, so no amendment is required. |
| Think it needs to be a community engagement. - are we missing anything about reaching people before they think they need support - e.g. compassionate communities etc? | The bullet does talk about reaching people before they realise they need support: “People whose circumstances mean they don’t proactively access information and support are encouraged and supported to do so.” This could (and should) include signposting by communities. |
| Sorry i dont have papers but wonder if children and young people are mentioned specifically? | Yes – ‘people’ encompasses everyone, and ‘individual circumstances’ are also referred to. |
| Think the word professional might not describe all who might help another to signpost … professional or those who support people ?? | ‘Professional’ refers to people who doing a role where they are paid, as oppose to community members and volunteers, who are also mentioned in this bullet point by the word ‘everyone’. |
| Agree re upstream cultural change being part of how this change may happen | No comment needed. |
| Are CYP included? | Yes – ‘people’ encompasses everyone, and ‘individual circumstances’ are also referred to. |
| Missing is perhaps how people who respond to bereavement are offered supervision / reflective practice | This vision specifically relates to signposting, so this isn’t an appropriate place to add in ideas about staff support. |
| Needs pre bereavement included? | The vision circulated to the group prior to the meeting included ‘people who are anticipating bereavement’, though this wasn’t in the summary text presented on the menti survey, so no amendment is required. |

The vision circulated to the group prior to the meeting included ‘people who are anticipating bereavement’, though this wasn’t in the summary text presented on the menti survey, so no amendment is required.

**Output B**

A couple of suggestions were made regarding the aim of output C

* Perhaps more localised awareness of resources would be better and easier to maintain than a larger national hub
* Establish physical premises that are accessible, where people can access information/support

Adopting these suggestions would materially change the content of output C, which was based on previous discussions and the bereavement summit report. But it could potentially be done by making the following amendments:

“~~A~~ Well-publicised, stably funded, up-to-date central resources, accessible by phone, email, website and in person, where people can easily get information about bereavement and/or direction to appropriate bereavement support for their personal circumstances.”

***Output A: Training to enable people across various public-facing roles to feel able to initiate signposting conversations with bereaved people. Ideally this should include: police, fire service, teachers, registrars, funeral directors, social workers, faith leaders, employers, trade unions (And primary care staff, and everyone in public-facing roles eg hair dressers, taxi drivers etc etc)***

|  |  |
| --- | --- |
| **Suggestion** | **Amendment required to theory of change?** |
| Encourage people to put training in their personal development plans. | This is a more detailed action that would fit under ‘promotion/relationship building’. |
| Training needs to be regularly updated and refreshed. | This is a more detailed action that would fit under ‘development/collation of training’. |
| Promote currently available training. | Already covered under ‘promotion/relationship building’ |
| Short-term working group. | Already covered by ‘Establish a working group’. |
| Develop a training package to reach people earlier. | This is a more detailed action that would fit under ‘development/collation of training’ |
| Some sort of needs assessment for what training people need. For some it may not be so much needed on knowledge around bereavement but more about communication (having difficult conversations). | Yes – now added an action ‘Develop a needs assessment to find out what training people need.’ |
| Advocacy/awareness raising required because often orgs don't know they need training until something happens. | Already covered under ‘promotion/relationship building’ |
| Create an online hub of training resources (including capacity to feedback on training) | Already covered under ‘development/collation of training’. |
| In my experience GP's dont have the training either (output A). | GPs already included as ‘primary care staff’. |

***Output B: Networking opportunities that enable those most likely to be approached for bereavement information to signpost effectively, and funding to enable staff to take up these opportunities. This should include consideration of GPs and primary care staff, education staff, and those working in the bereavement sector. (A ‘no wrong door’ approach.)***

|  |  |
| --- | --- |
| **Suggestion** | **Amendment required to theory of change?** |
| Ensure networking opportunities accommodate those outwith the bereavement sector including schools, colleges, workplaces, nurseries, counsellors, social workers, funeral directors. | Already covered under ‘create networking opportunities specifically for the groups we want to target’ |
| Short sessions to engage busy people eg GP lunchtime sessions? Be flexible. | Already covered under ‘create networking opportunities specifically for the groups we want to target’ |
| What networking structures already exist? Get 5 minute bereavement sessions at those? | Already covered under ‘create networking opportunities specifically for the groups we want to target’ |
| Promote existing networking opportunities within the sector - lots of people still don't know about these - more awareness needed and because they are online they are easily accessible from wherever you are | Already covered by ‘promotion/relationship building’. |
| Does the "networking paragraph" need to include members of the community/informal support | The words ‘those most likely to be approached for bereavement information’ are deliberately broad and could encompass community members. |

***Output C: A well-publicised, stably funded, up-to-date central resource, accessible by phone, email and website, where people can easily get information about bereavement and/or direction to appropriate bereavement support for their personal circumstances.***

|  |  |
| --- | --- |
| **Suggestion** | **Amendment required to theory of change?** |
| Have a system annually to check with people /organisations if information is up to date and correct - people should have a reminder that they have a responsibility to do this. | Yes – added this in as an action. |
| Funding for a staffed hub to ensure all information is valid, and up to date is key. | Already covered under ‘apply for funding’. |

***Output D: Activities to raise awareness of the impact of bereavement and where to go for more information/support if you are bereaved or want to help someone who is bereaved***

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| --- | --- |
| **Suggestion** | **Amendment required to theory of change?** |
| Ensure the right language is used in any awareness raising - this sends messages about normalisation, and accessibility. | This is a more detailed action that should be part of other actions, eg promotion/relationship building and participating in existing awareness weeks. |
| Engage people in understanding what happens if people don't get support eg criminal justice system. | This is a more detailed action that should be part of other actions, eg promotion/relationship building and training. |
| Use social media | This is a more detailed action that should be part of other actions, eg awareness week participation and promotion/relationship building. |
| There is an ongoing need to ask and check in with public and their needs. | This is already covered under ‘evaluation to see if activities are making a difference’ |