

**Standards Evidence**

**Organisations are required to complete the following sections, providing evidence on how they meet the PHA Quality Service Standards.**

Name of Organisation: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Project(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

July 2018 Edition

**Section six:**

**Bereavement Support Services Standards**

Bereavement is a normal process of grieving for a loved one. Some level of distress is to be expected and is often an integral part of bereavement and adjustment.

It is recognised that individuals have different needs and circumstances and that as such there is no single ‘right’ way to respond to death by suicide. However, it is essential that these differing needs and circumstances are considered as part of a bereavement service as well as whether or not an individual may wish to avail of formalised support services. It has been reported that most often (60-80 percent of the time) individuals do not require intervention irrespective of the cause of bereavement[[1]](#footnote-1), but that where the reactions to the death are severe or complicated, intervention may be useful.

The unique experience and diverse needs of every person and family affected by bereavement should be respected, ensuring that care is holistic, appropriate and timely[[2]](#footnote-2). As such it is necessary to put in place services to provide individuals and communities with timely and appropriate bereavement support intervention to help and support survivors grieve and to reduce the risk of further suicide.

Key outcomes in providing support for those bereaved by suicide include: recovery from bereavement or trauma; increased resilience; improved mental health and emotional well-being; and improved family communication.

The PHA defines bereavement support as emotional, practical and information support services provided to individuals and / or groups of individuals who have been bereaved by suicide to assist in the grieving process and recovery.

| **Standard** | **What this means** | **What this might mean in practice** | **Linked standards** |
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| **Criteria 10 Bereavement Support Service**  |
| **C10.1** | The provision of Bereavement Support is in line with the providers’ constitution and strategic direction. | The provision of Bereavement Support services is clearly set out in the remit of the provider and will support the achievement of organisational objectives. |  | C1.1 |
| **C10.2** | The service is planned, designed and reviewed to meet the needs of the client group / community they serve. | Support services take into account emerging and changing needs of the client group and ensure that the needs of individuals bereaved by suicide are central to the service / organisation taking opportunities (where appropriate) to meet the needs of those affected by bereavement.The service should be based upon appropriate values which include respect for individuals bereaved by suicide and acknowledgement that they may not wish to engage in services.Providers should work to ensure they avoid duplication of existing services.  |  | C4.1C4.2C4.3  |
| **C10.3** | Services are promoted and delivered with consistency and continuity[[3]](#footnote-3) in an appropriate, safe and helpful manner and environment.  | Service providers strive to ensure continuity and consistency in both the promotion and delivery of services provided. Information provided should be clearly articulated in all forums, platforms and literature used. This can relate to: * Consistent, clear key messages and information which clearly articulates what the service can provide and limitations to the service.
* Continuity through one key individual providing support;
* A key support worker with different elements of support provided by others.

Format of the support and the level of services individuals can expect to receive should be clearly articulated to individuals / families accessing support.  |  | C3.3C3.4C3.6C3.8 C10.4 |
| **C10.4** | Information regarding the service is readily available, easily accessible and kept up to date to ensure it is in line with current evidence-based practice. | The availability of clear information and /or literature regarding the service is available in a user friendly format. Where a range of platforms are used it is necessary to ensure that these are maintained in an appropriate manner.The provision of information regarding an available service allows individuals to make an informed choice in relation to the suitability of the service to their needs. This may include, for example:* A description of the service:
* Who it is aimed at or suitable for;
* How to access it;
* Other sources of help and support etc.

All literature developed should be appropriate to the target client group.  |  | C3.8C5.1C5.2C5.3  |
| **C10.5** | Timely and accessible information pertaining to death, loss and bereavement by suicide should be available to those bereaved and those that care for them including relevant personnel.  | The format and content should be suitable to the needs, abilities and preferences of the individuals receiving the information evidence based and reflect recognised best practice.Care should be taken in communicating information during the grieving process. In particular support to parents of children who have died, individuals with special needs and those from different cultures should be available.Information should be communicated verbally and reinforced/supported by written information. |  | C3.8C5.1C5.2C5.3  |
| **C10.6** | Support and access to services is provided in an appropriate and timely manner to individuals / families who have consented to support.  | Where individuals or families who have been impacted by a bereavement by suicide have indicated that they want support, support should be offered in an appropriate and timely manner, which respects their needs and wishes.Response times will vary depending upon the service provided. Providers must ensure that service users are responded to within a timely manner and in line with timeframes specified in any service delivery contracts held.  |  | C1.5 |
| **C10.7** | The needs of individuals are assessed and a specified review period set.  | The needs of individuals accessing support services are assessed in a manner that is relevant to the service and used to inform an appropriate plan to meet individual needs.This assessment process should be continual with individual plans reviewed in an appropriate and timely manner.The assessment process should consider whether or not the service available meets the needs of the service user, with appropriate signposting / referrals made where necessary. To support this process service providers strive to make links and work collaboratively with other services and providers.Where appropriate, support service exit reviews should be carried out and if relevant onward referral / signposting made.  |  | C3.3C3.4C3.5C3.8 |
| **C10.8** | Education and Training Awareness programmes are appropriate. | Where education and or training programmes or materials are used as a support for individuals or families who have been bereaved by suicide, these must be based upon evidence based practice and, where appropriate, in line with Training Standards outlined within this document. Where new programmes are developed this should only occur after consultation with relevant bodies and should be tested and evaluated to ensure effectiveness. Providers should work to ensure they avoid duplication of existing programmes. |  | C6.1–C6.14C10.5C10.6 |
| **C10.9** | Where support groups form part of a bereavement service, the standards should be adhered to as outlined in **sub- section 10A.** | The important role that support groups have as a powerful and constructive means for people to help themselves and each other is recognised as a key form of support for some individuals / families who have been bereaved by suicide.In recognition of this role a separate sub-section relating to bereavement support groups has been developed to ensure that groups have a benchmark against which to examine, improve and validate themselves. |  | C10A |
| **C10.10** | Relevant personnel are suitably trained to have awareness and understanding of bereavement and have experience of working with bereavement and with the organisations primary target group(s)  | One of the main concerns[[4]](#footnote-4) of the provision of bereavement support is that it may lead to the initial trauma being retriggered, indeed debriefing after trauma can be harmful. Consequently, it is necessary to ensure that those working in the field of bereavement support are appropriately trained. While it is acknowledged that the specific requirements of service users cannot be predicted and that bereavement by suicide can impact upon all members of society, many organisations have a target group e.g. young people, general population etc. Therefore, relevant personnel should remain up to date with best practice and guidance in relation to bereavement and how it impacts on their target group as well as other ongoing complementary initiatives.Organisations and individuals should recognise their limitations in relation to specific issues / target groups and refer / signpost either internally or externally as appropriate.  |  | C2.1C2.4C3.7C3.8 |
| **C10.11** | Relevant personnel have access to appropriate support and supervision to ensure safe practice.  | Support and supervision is available to relevant personnel to ensure safe working practice.This can vary depending on the service that is provided and may consist of ad-hoc supervision / support or be a system of structured support / supervision activities. |  | Link to support and supervision in core. |
| **C10.12** | Providers ensure that premises where the service is delivered are suitable and accessible to all service users. | Providers must ensure that methods used in the delivery of the service and premises are accessible to all service users. Accessible means, as far as possible, ensuring the removal of barriers, or potential barriers, to the full participation of those service users with disabilities.Premises should be clean, appropriately lit, furnished and ventilated and assure privacy.  |  |  |
| **C10.13** | Service providers and relevant personnel demonstrate an active commitment to self-care.  | Self-care is about individuals taking responsibility for their own physical as well as mental and emotional wellbeing, and involved individuals being mindful of their own health, self and happiness.The ethos of self-care is twofold. Firstly, do no harm. Secondly, to actively look after personal needs i.e. physical, social, emotional or spiritual. |   |  |

**Bereavement Support Groups Standards**

**PLEASE NOTE:** this section relates to Criteria C10.8 and as such all standards outlined in Criteria 10 **‘Bereavement Support Services’ must be considered.**

| **Standard** | **What this means** | **What this might mean in practice** | **Linked standards** |
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| **Subsection 10A Bereavement Support Groups**  |
| **S10A.1** | Support groups operate within a formal organisational structure.  | The support group is either constituted in its own right or part of a wider constituted organisation to ensure that appropriate management and organisational governance and risk management arrangements are in place.The support group has terms of reference which clearly defines to members and perspective members what they do. * This includes defining, articulating and adhering to a clear vision for the group. This may include e.g. An outline of who the groups is for;
* Appropriate age of attendees;
* Protocols about communication and information sharing;
* Key personnel and their roles and responsibilities;
* Maximum / minimum group size etc.
* Frequency and length of meetings etc.
 |  | C1.1C1.2C10.1S10A.1 |
| **S10A.2** | Support groups have a clearly defined meeting format which is articulated to current and potential group members.  | Support group meetings can take a number of formats including both structured/formal, unstructured/informal groups, psycho-education model etc.The format of the group should be clearly defined and articulated to ensure individuals can make an informed choice in relation to the suitability of the group to their needs. This may include: * An outline of the format of the group;
* How long it will last;
* How it is arranged;
* What is expected of individual members;
* Formal or informal agreements/protocols in relation to communications and information shared during sessions;
* Other activities which form part of the session etc.
 |  | C10.8 |
| **S10A.3** | Support groups develop and operate to a defined Code of Ethics.  | A Code of Ethics relates to a set of guidelines for the operation of meetings. It will provide clear guidelines for group members and should include mutually agreed values and principles which the group meetings operate to and which members agree to abide to.Typically a code of ethics will include details relating to confidentiality, respect, individual rights and responsibilities and will allow members to know what to expect from the group and provide safe boundaries in which they can freely express themselves. The Code of Ethics should be reviewed annually to ensure it remains relevant to current group members and to allow new members the opportunity to input.The Code of Ethics should be read out at the beginning of meetings with copies distribute to new or prospective members. |  |  |
| **S10A.4** | Ongoing risk assessment to ensure joining, continuation in and of the group is of benefit to members.  | There are a number of potential risks that occur in groups such as over reliance on particular members, the dominance of a particular member or indeed the traumatisation or re-traumatisation of members.Facilitators and co-facilitators should have the skills, knowledge and processes in place to identify and manage risk to self or others participating in the group. |   | C3.6S10A.5 |
| **S10A.5** | Support groups are appropriately and safely facilitated. | For support groups to be successful in meeting the needs of members in a safe and supported manner, it is important that facilitators and co-facilitators have the appropriate skills, knowledge and experience to:* Effectively manage the group in a safe manner;
* Support individuals when required;
* Refer / signpost as appropriate.
* Adhere to the ‘do not harm’ principle
* Appropriately address any issues which arise;
* Assess and manage risk.

In order to ensure facilitators and co-facilitators have appropriate skills and knowledge it is important that that their roles and responsibilities are clearly defined.  |  | C2.1C2.2C2.4C3.8C10A.1C10A.4 |
| **S10A.6** | Facilitators and co-facilitators are appropriately supported. | Support and supervision is available to facilitators and co-facilitators to ensure safe working practices.The type and level and support and supervision should be defined and included within the role description(s).  |  | C2.2S10A.1 |
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| **S10A.7** | Support groups strive to ensure meeting spaces are appropriate. | Where possible meeting space should be neutral, safe, comfortable, accessible to all, inviting and private with a withdrawal space if possible. |  |  |
| **S10A.8** | Support groups are reviewed and evaluated. | Review and evaluation of support groups is important to ensure they remain relevant to the members, to capture and measure effectiveness and satisfaction and to determine if the group is achieving its stated vision. |  | S10A.1C4.3  |

1. Prigerson et al., 1995 cited in Petrus Consulting et al., 2008 [↑](#footnote-ref-1)
2. Northern Ireland Health and Social Care Services Strategy for Bereavement Care, June 2009 [↑](#footnote-ref-2)
3. Patient experience in adult NHS services pathways (<http://pathways.nice.org>) highlights the importance of continuity of care and relationships. Reiterated by respondents. [↑](#footnote-ref-3)
4. Petrus Consulting, Bates, U., Jordan, N., Malone, K., Monaghan, E., O’Connor, S. & Tiernan, E. (2008). Review of General Bereavement Support and Specific Services Available Following Suicide Bereavement. Dublin: National Office for Suicide Prevention. [↑](#footnote-ref-4)