

#### 11:30 **Parallel Sessions: Providing Bereavement Support**

##### **1. Walk a mile in mine**

**Donna Hastings**, Child and Families Lead, St Columba's Hospice and **Ailsa Hill**, School Counsellor, MYPAS (Midlothian Young Person's Advisory Service)

Following on from two successful high school projects with young people, this session will offer participants the opportunity to explore and express how to convey to others how it might feel to walk a mile in their shoes, to better understand them and to be able to support them and their needs using creative resources. Often, especially when we are bereaved, we can feel lonely and isolated in grief. This session affords the opportunity to consider how it might support us if we had a way of being able to share with friends / family / colleagues how they might be more able to better support us in our grief if they were able to understand more from our perspective.

**Please could you bring paper and coloured pencils / pens to the session.**

##### **2. The Stories We Live By: Two creative innovations in baby loss bereavement support**

**Dr Tamarin Norwood**, Leverhulme Research Fellow, Loughborough University and **Nicola Welsh**, Chief Executive, Held In Our Hearts

This session reflects upon the design, delivery and evaluation of two innovations in baby loss bereavement care: a creative writing group, and packs of keepsake writing prompts included in Held In Our Hearts (HIOH) memory bags, distributed by HIOH and NHS hospital midwives. These low-cost and impactful innovations were funded, created and distributed through a collaboration between HIOH and Loughborough University in 2020-23.

Baby loss is too often unsupported by the social rituals, traditions, and acknowledgements we depend upon to make sense of death, leaving parents isolated and at higher risk of pathological bereavement trajectories. These innovations help parents make up for this lack of social traditions and narratives by supporting them to create their own: capturing, exploring and sharing fleeting impressions and memories. They are making an impact, for instance helping plan a funeral, reducing anxiety, improving sleep, aiding return to work

**Please could you bring paper and a pen to the session.**

##### **3. Talking to children who have been bereaved by sudden death**

**Elizabeth Wilson**, Training Development Lead, Child Bereavement UK and **Kristin O'Neill**, Bereavement Support Team Lead, NHS Greater Glasgow & Clyde / Child Bereavement UK

Around 13 children and young people are bereaved of a parent every single day in Scotland (and around 127 every day in UK). Many more children will experience the death of a sibling, grandparent or other important person.

Bereavement can be devastating at any age and a sudden death can bring an additional layer of complex feelings for a child. With no chance to say goodbye, there may be regrets over lost opportunities and altered futures. Children may need support to begin to make sense of what has happened.

This session will consider the impact of a sudden death. It will address feelings, thoughts and behaviours; the language we use to discuss death; sudden deaths (including through accident,

suicide, violence, physical causes, stillbirth) and the ways in which these can affect grieving.

Those attending will gain a practice-based insight into the most helpful ways to support grieving children and families.

#### **4. Suicide Bereavement Support Service – Scottish Government Pilot Project**

**Lara Van De Peer**, Suicide Bereavement Support Service, Project Manager, Change Mental Health and **Annie Lawson**, Suicide Bereavement Support Service Practitioner, Change Mental Health

The Suicide Bereavement Support (SBS) Service is a Scottish Government funded pilot delivering support across Highland and Argyll & Bute, and Ayrshire & Arran. The service provides bereavement support to anyone affected by suicide.

This session will provide an overview of the SBS service with a focus on who is accessing the service; the type of support provided and how it is offered; how the practitioner team is supported to deliver the service; and as the service potentially moves towards a national roll out, what the next steps for a wider delivery may look like. The session will use case studies and examples of service user journeys to demonstrate, what can often be the profound impact of using the service. We will also explore the residual impact on practitioners and how the service uses best practice to support staff.

#### **5. Bereavement experiences of older people**

**Dr Caroline Pearce**, Research Fellow, Advanced Care Research Centre, University of Edinburgh

Bereavement experiences are often categorised as ‘normal’ or ‘non-normative’, ‘sudden’ or ‘expected’, with bereavement in later life viewed as a normal and expected part of getting older. Yet bereavement can have just as significant of an impact on a person’s life and health in older age as at any other stage of the life course. Indeed, bereaved older adults may be at increased risk of social isolation, loneliness, and physical and mental health complications. This session will focus on these often hidden bereavement experiences of older people by exploring the research evidence and first-hand accounts, to work towards developing improved support and care for older people experiencing grief and bereavement.

#### **6. A primary care approach to bereavement: developing an educational resource for clinicians**

**Dr Sheena Sharma**, Associate GP Dean, Thames Valley / NHSE and Senior GP Partner and GP Trainer in Oxford (Bartlemas Surgery), specialist interest in Bereavement Care and **Dr Lynsey Bennett**, GP in Oxford and Bereavement Care Fellow, Thames Valley and Wessex Primary Care School

Managing loss is bread and butter GP work but it can instil feelings of helplessness and be viewed as demanding of our time. Excellent resources exist for the public, for therapists and psychiatrists but not really for GPs and the topic is scarcely covered in medical and GP education. We are developing an educational resource for clinicians which draws on current grief theory and examines how we might use our short GP consultations to support our bereaved patients through the psychological and physical manifestations of loss over months and years. As such, we have designed a toolkit which highlights 3 ‘points’ during the grief journey and aims to give clinician ‘tools’ they can reach for when they are feeling powerless that fit with our modern understandings of grief. We are delighted to have the opportunity to share this work with such a diverse and experienced group of bereavement specialists and hope you will join us to discuss its usefulness.

### **7. 'She felt like she'd had a weight taken off her back': Providing support with grief and practice-based learning after a death in a care home**

**Dr Julie Watson**, Clinical Lead Care Home Programme, Marie Curie Scotland, **Lucy Johnston**, Senior Research Fellow, Edinburgh Napier University and **Maggie Byers-Smith**, Lead Nurse, QI & Standards, Care Homes and Primary Care, NHS Lothian

Dying is a normal part of life in care homes and because care home care is relationship-centred, care home staff often grieve the loss of those in their care. Online Supportive Conversations and Reflective Sessions (OSCaRS) with care home staff are a structured approach that have been found to be an acceptable and feasible way to provide support around grief alongside practice-based learning after the death of a person receiving care in a care home (Johnston et al 2022). They can be facilitated from outwith the care home by a professional with palliative care expertise or a nurse who has undertaken bespoke facilitator training. This session will share our experiences and learning from a 2 year project from inception to roll out in one Health Board area and participants will explore and discuss with us how we can best support end of life care through in-reach into care homes.

### **8. Delivering Last Aid within an NHS organisation**

**Keri Fickling**, Clinical Effectiveness Lead Palliative and End of Life Care, Scottish Ambulance Service, **Susan Speke**, Last Aid Development Officer, Highland Hospice and **Scott Mackinnon**, Project Lead, SAS Macmillan Palliative and End of Life Care Project, Scottish Ambulance Service

Encouraging a supportive workplace environment where staff feel safe to talk about death, dying and share experiences can be a challenge in a busy NHS environment, the Last Aid course offers a half day safe space environment to nurture those conversations and develop staff into 'Last Aiders'.

This Parallel session will give you an insight to the last aid course as well as how it has been implemented as a staple within a large NHS health board. Supporting Staff with discussions about death and dying from an early stage and giving a safe space and point of contact will be an additional support when staff find themselves dealing with bereavement.

### **9. National Bereavement Care Pathway - Good Bereavement Care and the impact on parents who have experienced pregnancy loss and / or death of a baby**

**Sue McKellar**, National Bereavement Care Pathway, Scotland Manager, Sands

High quality bereavement care is essential for the wellbeing of those who are going through pregnancy loss or the death of their baby. The care they receive has an impact in the short term and in the longer term, on further pregnancies and relationships with health care providers. However, providing bereavement care for those going through pregnancy loss or baby death can be personally and professionally challenging. It takes training, experience, and support to build the confidence, knowledge and skills required to provide high quality care at the same time as looking after your own wellbeing. During this session we will consider the principles of bereavement care and how healthcare staff can develop the confidence and skills to work with those who are grieving.

### **10. A Heavy Workload to Carry – Anticipatory grief of staff: Staff who experience death and bereavement in their line of work**

**Roseann Logan**, Assistant Director, Links Worker Programme, Health and Social Care Alliance Scotland and **Margaret Ann Prentice**, Senior Officer, Links Worker Programme, Health and Social Call Alliance Scotland

Within Primary Care and third sector organisations, person / patient-professional relationships are often long-standing and span several generations, become a natural platform to building relationships where the professional may acquire knowledge of the individual and their family, way beyond medical care.

Community Links Practitioners (CLPs) play an intrinsic role within Primary Care, along with the Deep End GPs and Practice staff, all experience death and bereavement, sometimes unexpectedly experiencing a range of emotions characterised as grief.

This session will explore and inform what is or can be done to support CLPs and Primary Care Staff on accepting patients dying and in death, bearing witness to raw family grief, how they show compassion without compromising their own self-care, what is an acceptable level of resilience? And what leadership should be in place to ensure staff have collegial support to prevent lack of experience leading to guilt and poor person/patient traumatic event care.

### **11. How to move through grief with self-compassion**

**Dr Wendy Simpson**, Health Psychologist, NHS Fife

We will all experience grief in many ways across our lifetime. Grief is inevitable and it can be an intense, emotional, scary and difficult experience. It is not uncommon for us to become highly self-critical and unforgiving to ourselves while we are grieving. Being kind to ourselves is one of the most helpful things we can do for ourselves during bereavement. This session will describe what self-compassion is, what it's not, and how it helps us, as defined in the scientific literature. Together we will reflect on how we can be more self-compassionate and how we can practice it in our daily lives so that it becomes a habit which can boost our wellbeing and help us cope in difficult situations.

### **12. Training in Psychological Skills for Health and Social Care Staff Working with Children and Young People with Life-Limiting Conditions and Aspects of staff wellbeing and self-care: The work of the NES Training in Psychological Skills – Paediatric Healthcare (TIPS-PH) Programme**

**Dr Shona Murphy**, Head of Programme - Paediatric Psychology, NHS Education for Scotland

The NES TIPS-PH programme contains a number of modules relevant to health and social care staff working with children, young people and families, when a child is dying or has died. All staff have a role in promoting psychological wellbeing for families and effective communication around death and dying is crucial to improve outcomes for the child who is dying and the family who are bereaved. This session will consider the impact of this role on staff who experience death and bereavement in the course of their work and give an overview of the most relevant training modules we offer in this regard, focusing on aspects of self-care and wellbeing for staff. The session will allow for time to reflect on staff support needs and share examples of good practice.