Scoping of education and training for bereavement care

Final Report for NHS Education for Scotland

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The views expressed in this report are those of the authors and may not necessarily reflect those of NHS Education for Scotland.
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ABSTRACT

Shaping Bereavement Care (Scottish Government 2011a) paved the way for enhancement of education and training in bereavement care for health and social care staff and students. A tiered model with three levels of provision was suggested as appropriate. However, there is lack of clarity about what is currently provided, the level it is provided at, and how development of skills in this area should proceed. In addition, reviewing the literature identified a paucity of research or evaluation of interventions and resources for education and training for bereavement care in the UK. The study reported here collated detailed information on bereavement care education and training provided in higher education, NHS boards, colleges, local authorities, hospices/palliative care units and voluntary organisations in Scotland.

A survey questionnaire was designed and circulated widely to key contacts in departments and institutions. Information was mapped for each sector. Qualitative interviews were carried out with a representative of the key sectors to identify how education and training for bereavement care could develop.

Participation was achieved from institutions representing the main health and social care delivery services, further education and higher education providers in Scotland. Taking an overview of responses received, provision was found to be varied across and within the sectors. Courses and course content was identified in schools of nursing, social work and medicine at universities. Some colleges were found to cover bereavement within health and social care courses. In practice areas such as NHS boards and local authority services training in bereavement care is available at a generic level for all staff, sometimes in collaboration with hospice services. Training at a more specialised level is available in the voluntary sector for staff and volunteers, and there is collaboration with NHS services to deliver appropriate training. Gaps exist in some staff groups, for example, reception and ancillary staff.
The information collected in the study can be seen as a snapshot that is broadly indicative of bereavement care education and training activity in Scotland, but due to the short time scale and limited responses from some sectors it cannot be considered to constitute a definitive picture. Moreover there was often difficulty in mapping provision precisely to the three levels suggested in Shaping Bereavement Care.

Recommendations are provided for national and local development and address: raising awareness and encouraging utilisation and scrutiny of existing provision; developments to address specific gaps in provision, and specific content and format of provision.
PREFACE

During 2011, NHS Education for Scotland (NES) commissioned a scoping of education and training for bereavement care in health and social care services in Scotland and a research team at Robert Gordon University was successful in applying to undertake this work. This document reports the research carried out, provides detailed findings from the study and makes recommendations for the development of education and training in this area. The aims of the study initially were to identify and collate information about bereavement care education and training provided by a variety of statutory and voluntary sector organisations. Data analysis facilitated mapping existing provision against the three levels of education and training identified in Shaping Bereavement Care (SBC) (Scottish Government 2011a). Based on identified gaps in current provision, a further outcome of the project was a set of recommendations for strategic development of education and training in the subject area.

Providing appropriate education and training for staff in health and social care services may enhance opportunities for supportive care to take place for those who have been bereaved. It may also minimise negative impact on staff who regularly encounter grief and loss in the course of their work (Wimpenny 2011a). As such we hope that this report will not only provide a useful resource for those with interest in bereavement care in their field, but also stimulate further efforts to enhance education and training.
1. STUDY CONTEXT AND AIMS

Bereavement describes how people react to the loss through death of someone with whom they had a close relationship (Raphael 1984). In Scotland in 2010 there were 53,967 deaths (General Register Office for Scotland 2012). This means that a substantial number of people, family members and friends, become bereaved in the course of a year. Bereavement affects everyone at some point in their lives, and is known to be a severe form of psychological stress (Parkes and Prigerson 2010). As friends and relatives, people are needed to provide support to each other at times of loss and grief. With this kind of social support bereavement, though very painful at the time, is something that people adapt to and cope with in the context of their daily lives (Stroebe and Schut 1999).

Some people have their first experience of the death of someone close early in their lives, for example, when a sibling or parent dies. A recently reported survey found that 78% of 11-16 year olds in the UK have lost a close relative or friend (Childhood Bereavement Network 2012). Others may be older when bereaved and spousal loss is generally seen as a normal part of life in older age groups, while loss of a younger relative or friend is regarded as unusual and traumatic (Parkes and Prigerson 2010). Different types of loss, modes of death, relationships and bonds to the deceased all contribute to the diversity of bereavement experiences (Worden 2001).

Receiving support around the time of a death is vital to someone’s adaptation and ability to cope. In Scotland the majority of deaths occur in hospital, hospice or other institutional settings. In fact, 76% of cancer deaths between 2004 and 2008 occurred outside the patient’s home (ISD Scotland 2010). This indicates that when death occurs the dying patient and their relatives are often under the care of health or social care staff. Even when deaths occur in the community, whether sudden or expected, community nursing staff, a GP or specialist care staff may be closely
involved with the family or may be required to verify the death and complete the certification process. In addition, a range of health and social care staff may have involvement with bereaved relatives at different times in the bereavement journey. For example, hospital services may be involved in the lead up to the death and at the time of the death, though there may be less involvement afterwards. Local authority social work services, voluntary sector organisations and mental health services may become involved at a later time (Wimpenny 2011b).

Shaping Bereavement Care (SBC) (Scottish Government 2011a) is the recently published policy designed to lead NHS boards in Scotland in the development of high quality bereavement care services. It partners Living and Dying Well (Scottish Government 2008) in raising awareness of death, dying and bereavement as part of the natural life cycle. Key drivers for Shaping Bereavement Care are person centred care, patient safety and clinical effectiveness as identified in the Healthcare Quality Strategy for NHS Scotland (Scottish Government 2010). Fourteen recommendations were made in Shaping Bereavement Care, including the nomination of an executive lead and bereavement coordinator at each health board, and the development of local policy. The education and training of NHS staff is a key priority area identified in Shaping Bereavement Care, and provision at appropriate levels is seen as enabling and ensuring high quality care for the bereaved (Scottish Government 2011a).

The Career Framework for Health (Skills for Health 2010, Scottish Government 2009) guides the skills and competencies required at all levels of practice and works in parallel with the Knowledge and Skills Framework (KSF) (NHS Scotland 2003) which defines the knowledge and skills that staff require to apply to their work in order to deliver high quality services. In addition, education and training in Scotland is underpinned by the Scottish Credit and Qualifications Framework (SCQF) that helps learners to access appropriate education, and employers to understand the range of qualifications and how they can contribute to enhancing abilities in the workforce (SCQF 2012).
The roles of staff in the NHS in Scotland are diverse and Shaping Bereavement Care states that 'all healthcare workers regardless of role should have access to education and training in bereavement with the level being dependent on the nature of their role and their exposure to death and dying' (Scottish Government 2011a, p33). A tiered approach on three levels has been identified (Figure 1 below). Similar tiered models have been described in relation to bereavement across health and social care fields (Wimpenny 2011a) as well as in other areas of healthcare (West et al 2006).

**Figure 1. Tiered model of education and training for bereavement care**

![Figure 1. Tiered model of education and training for bereavement care](image)

Level 1. Core, for all staff and to include grief as normal, theories of grief, communication skills, and self awareness. KSF level 1-2.
Level 2. Staff exposed to bereavement more regularly and with closer involvement with families and carers. Training may include initiating end of life conversations, informing families and carers of a death, and psychological support. KSF level 2-3.
Level 3. Specialist level for staff who practice on a therapeutic basis with bereaved relatives. Training may include advanced communication skills,
management of complex grief, and components that are tailored to the needs of the trainee. KSF level 4.

Whilst there are identifiable areas where relevant courses and training resources have been developed and are delivered there is less clarity about content of courses, for example, whether bereavement is the main topic or a component part of generic training. In addition, provision across Scotland appears to be patchy, dependent on place and nature of the death, and skills and enthusiasm of those who run services (Stephen et al 2006). Lack of training has been identified as a factor that leads to poor confidence and inability to meet psychological needs of bereaved people (Reid, McDowell and Hoskins 2011).

Because NHS staff in a wide range of roles may have contact with bereaved relatives, training that is multidisciplinary in nature is necessary. Depending on staffs’ needs, the type of education provision may vary in content and scope within and between boards, sectors and working contexts. Social care and voluntary sector providers are also involved in supporting bereaved relatives in Scotland (Stephen et al 2009). Again, whilst formal training and education may be available for some working in specialist areas, for example, in hospice settings, for others it may be less readily available. Clarity is required regarding education and training that is already provided before recommendations can be made on development of national and local initiatives.

**Overall aims for the project**

1. Identify bereavement care education and training provided by a variety of organisations including Higher Education, NHS Boards, Scotland’s Colleges, and voluntary organisations.
2. Collate information on target audience, Scottish Credit and Qualifications Framework (SCQF)\(^1\) level, mode of delivery, attendance requirements and length of programme.

\(^1\) SCQF [http://www.scqf.org.uk/The%20Framework/]
3. Map existing provision against the three levels of education and training identified in SBC.
4. Make recommendations for development of future education and training resources based on identified gaps in current provision.
5. 

2. METHODS

Survey and qualitative interviewing methods were used to achieve the above aims. The study was funded for six months from October 2011 – March 2012. This meant that the study was designed to collect as much relevant data as possible from across the health and social care sectors within a relatively short timescale.

To guide and advise the researchers an Advisory Group for the project was set up and colleagues at NES had a role to oversee the work. Members of the group were a professional development facilitator; a NHS bereavement coordinator, and a lecturer in a school of nursing and midwifery. The main functions for the group were to provide balanced guidance and information to the project, advise on appropriate contacts for the project, and provide feedback on further development of education and training for bereavement care as informed by the research.

An application for review of the proposed methods to be employed was submitted to the Research Ethics Subcommittee at Robert Gordon University. It was reviewed and received approval at a meeting on 4th October 2011. An adjunct to the original application to the Research Ethics Subcommittee was tabled at a meeting on 24th January 2012. At this time a draft email inviting a small sample of questionnaire participants to take part in an interview in the latter stage of the project, and a consent form was reviewed and received approval.

2.1 Literature review

Databases searched for health, social care and education resources regarding education and training for bereavement care were Medline, Cinahl, Assia and the Education Resources Information Center (ERIC). Relevant words and terms were used to locate journal articles that have education on bereavement care as the main theme, or as a subtheme. Key search words were: bereave*; education; training; course*. Papers were read and relevant data tabulated (Appendix A). References were
stored in Refworks\textsuperscript{2}. Seventeen articles were reviewed and key themes were developed.

2.2 Survey
Data on education and training for bereavement care across Scotland was collected using a survey tool designed for the purpose (Appendix B). Information was collected about respondents, their institutions/places of work and roles, courses or modules specifically about bereavement and bereavement care, component parts of courses that include the topic, seminars, workshops and conferences that may contain relevant material. Particular aspects explored were:

- who the course is for;
- the level (Eckerd 2009) relevant to SCQF;
- who delivers the course (Field and Wee 2002);
- teaching method (Field and Wee 2002);
- whether or not the course is specifically on bereavement and bereavement care;
- component parts of courses, for example, diploma or degree courses in nursing;
- number of hours;
- timing i.e. annual/twice a year;
- cost.

Respondents were asked to supply a course description or a course manual. In addition, open ended questions were included in the survey to find out:

- what thoughts and opinions were regarding development of education and training for bereavement care;
- suggested additions to current provision to ensure adequate knowledge and practical skills in health and social care practitioners;
- views on how education and training in bereavement care should be delivered.

\textsuperscript{2} Refworks http://www.refworks-cos.com/refworks/
The survey questionnaire also provided respondents with the opportunity to take part in an interview for the study. Willingness to participate was indicated by providing contact details.

The survey questionnaire was developed as an online tool by a member of IT staff at Robert Gordon University. Radio buttons and drop down menus were used where appropriate to facilitate responses. Larger response boxes allowed expansion of thoughts on development of education and training. Potential respondents were approached via an introductory email with a link to the online survey (Appendix C). All 145 identified contacts were emailed individually with the survey on 30th November 2011 and 1st December 2011. Responses were collated on an Excel spreadsheet.

2.3 Formal approach to institutions
There were two key groups with whom to engage to obtain responses to the survey:
- staff groups who have contact with bereaved relatives in the course of their work (NHS, local authority services, hospice/palliative care units, voluntary sector providers);
- providers of education and training for health and social care professionals and staff (higher education institutions, colleges).

Health and social care staff groups were initially identified through established links in health and social care provision. For example, identified bereavement coordinators in NHS boards were approached via the lead development officer for SBC at Scottish Government. Others known to have responsibility for continuous professional development at NHS boards were also surveyed. Social work departments at local authorities were surveyed and, where possible, contact was made with key staff with responsibility for social work services and training. Local authorities in Scotland were identified using Confederation of Scottish Local Authorities (COSLA) website\(^3\) and individual council websites were

\(^3\) COSLA [http://www.cosla.gov.uk/](http://www.cosla.gov.uk/)
then used to locate contact information for heads of social work departments. Hospices and palliative care units in Scotland are well known providers of structured support to bereaved parents, siblings, relatives and friends through paid and volunteer members of staff. In addition, a range of education and training is undertaken in hospices across Scotland (Stephen et al 2006) and it was believed that useful information could be gathered about courses and training that may feed into future development across health and social care. The website of the Scottish Partnership for Palliative Care\(^4\) was used to identify hospices and palliative care units and individual hospice websites were explored for contact details. Voluntary sector providers of bereavement care were identified through internet searching, information on the Grief and Bereavement Hub of the Knowledge Network (since re-launched as Scottish Grief and Bereavement Hub\(^5\)), and through the personal knowledge of the research team. Where known, direct contacts at organisations were identified and when a specific person was unknown, generic contact information provided on websites was used.

Searches for higher education providers for nursing, medicine, social work, health sciences and colleges with health and social care courses were made via UCAS\(^6\) and Scotland’s Colleges\(^7\) websites. Websites for individual institutions were then searched for suitable contact persons. In some cases it was possible to identify the Head of School, in others a curriculum manager was identifiable while in many, particularly colleges, a generic type information email address was provided. A number of colleges also provide online enquiry forms as their means of email contact.

A range of other services that may provide education and training for bereavement care were identified in discussion with NES partners, and through internet searching and personal knowledge of the research team.

\(^4\) Scottish Partnership for Palliative Care http://www.palliativecarescotland.org.uk/
\(^5\) Scottish Grief and Bereavement Hub http://www.griefhub.org.uk/
\(^6\) UCAS http://www.ucas.com/
\(^7\) Scotland’s Colleges http://www.scotlandscolleges.ac.uk/Welcome.html
Examples include the Scottish Prison Service, City and Guilds, Scottish Social Services Council, Scottish Association for Mental Health.

Listings for the relevant staff groups and education providers were developed to facilitate and manage contacts. In addition, internet searching took place to look for evidence of other courses or components of courses, training events, seminars, workshops and conferences with content relevant to bereavement care. Little relevant information to this level of detail was available.

2.4 Interviewing

Further data collection for the study took the form of a short semi-structured interview with a selection of participants from across the sectors represented in survey responses. An interview schedule (Appendix D) was developed and 15-20 minute interviews were carried out by telephone. Recordings were made of the interviews which were used as an aide memoire. The recordings were reviewed and notes taken. Topics were:

- gaps in education and training for bereavement care;
- what could be done to enhance provision;
- how bereavement care education and training should be delivered;
- how cultural competency can be assured within education and training for bereavement care.

One participant from each of the six main responding groups for the survey was invited to take part in an interview (NHS, local authority social work services, hospice/palliative care unit, HEI, college, voluntary sector). Contact was made via an introductory email (Appendix E) requesting participation. A consent form (Appendix F) was attached to the email and respondents were asked to complete it and send it back to the research office by mail or fax. Initially, four respondents agreed to participate and interview dates and times were arranged. A further survey respondent from each of the sectors not represented was contacted until participation was achieved. However, insufficient informants from local authority social
work services had provided contact details and no interview took place in this sector.

2.5 Recommendations for enhancement

Collation of the results and analysis of the data collected through the internet search, literature review, survey questionnaire and interviewing components of the research informed the development of key recommendations for enhancement of education and training for bereavement care.
3. RESULTS

3.1 Literature review

Seventeen journal articles relevant to bereavement care education and training and published from 1996 to 2011 were reviewed. Table 1 below contains information about the methodology, the staff group of interest, and the location of the studies.

<table>
<thead>
<tr>
<th>Reference</th>
<th>Methodology</th>
<th>Group of interest</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reid, McDowell and Hoskins (2011) Communicating news of a patient's death to relatives</td>
<td>Opinion piece, informed by literature</td>
<td>Nurses</td>
<td>UK</td>
</tr>
<tr>
<td>Williams et al (2006) How well trained are clergy in care of the dying patient and bereavement support?</td>
<td>Survey</td>
<td>Ministers and clergy</td>
<td>UK</td>
</tr>
<tr>
<td>Oliver (1998) Training and knowledge of palliative care of junior doctors (Abstract only)</td>
<td>Survey</td>
<td>Doctors</td>
<td>UK</td>
</tr>
<tr>
<td>Read (1996) Helping people with learning disabilities to grieve</td>
<td>Description/evaluation</td>
<td>Social workers</td>
<td>UK</td>
</tr>
<tr>
<td>Study Reference</td>
<td>Methodology</td>
<td>Professional Group</td>
<td>Organisation</td>
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<tr>
<td>-----------------</td>
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<tr>
<td>Blackman (2002) Grief and intellectual disability: a systematic approach</td>
<td>Description/evaluations</td>
<td>Psychologists</td>
<td>UK</td>
</tr>
<tr>
<td>Chan et al (2007) Attitudes of midwives towards perinatal bereavement in Hong Kong</td>
<td>Correlation</td>
<td>Midwives</td>
<td>Hong Kong</td>
</tr>
<tr>
<td>Chan, Chan and Day (2004) A pilot study on nurses' attitudes toward perinatal bereavement support: a cluster analysis</td>
<td>Cluster analysis</td>
<td>Nurses</td>
<td>Hong Kong</td>
</tr>
<tr>
<td>Walsh-Burke and Csikai (2005) Professional Social Work Education in End-of-Life Care: Contributions of the Project on Death in America's (PDIA) Social Work Leadership Development Program</td>
<td>Review</td>
<td>Social workers</td>
<td>USA</td>
</tr>
<tr>
<td>Matzo et al (2003) Strategies for teaching loss, grief and bereavement</td>
<td>Review</td>
<td>Nurses</td>
<td>USA</td>
</tr>
<tr>
<td>Eckerd (2009) Death and dying course offerings in psychology: a survey of nine midwestern states.</td>
<td>Survey</td>
<td>Psychologists</td>
<td>USA</td>
</tr>
<tr>
<td>Supiano and Vaughn-Cole (2011) Impact of personal loss on the experience of health professions: graduate students in end of life and bereavement care</td>
<td>Description/evaluation</td>
<td>Nurses, doctors</td>
<td>USA</td>
</tr>
</tbody>
</table>

Six of the studies reviewed were surveys of current provision as regards education and training for bereavement care. Although spanning a range of settings, these are necessarily a snapshot of activity at a certain point in a limited number of organisations. However, those that surveyed different staff groups commonly emphasised the need to develop
additional courses and address gaps in knowledge. Five studies reported implementation of an educational intervention through description and qualitative or opinion based evaluation. There were four opinion and review type papers, one correlational study of attitudes and activities as regards bereavement care, and one cluster analysis examining attitudes of nurses. Using the CONSORT statement for randomised controlled trials (Schulz, Altman and Moher, for the CONSORT Group 2010) and the consolidated criteria for reporting qualitative research (Tong, Sainsbury and Craig 2007) as guides, none of the reviewed studies were reported in a way that indicated high methodological quality. Therefore, though the studies reviewed identified what it is possible to provide for health and social care practitioners and where gaps may exist, there is little robust evaluative evidence to inform the development of educational and training strategies. There is also a paucity of research relevant to health and social care services in the UK.

To give some flavour of what was found in the literature three main areas of interest were identified and are reported in the remainder of this section: current provision and in particular limited provision of education and training; training needs; and ideas for content and delivery of education and training.

**Current provision**

In nursing practice a lack of confidence and inability to meet families’ psychological needs when communicating news of a death is recognised (Reid, McDowell and Hoskins 2011). Small numbers of nurses and midwives report having had bereavement care training (Eckerd 2009, Chan et al 2007, Chan, Chan and Day 2004) and there is inadequate preparation across health profession students (Supiano and Vaughn-Cole 2011). However, when nurses have positive attitudes to bereavement care this correlates positively to their need for training (p<0.001) (Chan, Chan and Day 2004). Johnston, Davison and Reilly (2001) found that about 60% of nurses in palliative care in Northern Ireland responding to a questionnaire sought further knowledge. For medical staff education and
training in bereavement care was also seen to be limited. Low et al (2006) found that less than 44% of GP registrars responding to a UK wide survey had training in bereavement care, 57% were dissatisfied with their training or had not had training, and 33% had no confidence in their skills in bereavement care. Training and knowledge of junior doctors in relation to bereavement as part of palliative care was also found lacking by Oliver (1998) and 50% of responding GPs to a survey in Northern Ireland identified a need for further training (Johnston, Davison and Reilly 2001). Surveying psychology departments in universities in Midwestern America Eckerd (2009) found that only 33 from 160 offered a course on death, dying and bereavement. Courses were at advanced level in those institutions where they were offered and were taught by faculty members in 54% of cases. Of 54 schools that provided information about why a course of this nature was not offered, 34% cited faculty reasons (low number of students, insufficient expertise), 33% said it was covered by another course or department, 33% cited curriculum issues (no room, not part of curriculum, too specific), and 11% said there was lack of demand (Eckerd 2009). Also in the USA, Dickinson (2002) indicated that the number of schools offering death education to medical students rose from 7% to 18% between 1975 and 2000. A multidisciplinary approach was taken with nurses and social workers involved, though there was less input from psychologists, psychiatrists or sociologists (Dickinson 2002).

Students of athletic training, who can be exposed to catastrophic injuries and deaths of sportsmen and women, also have limited preparation in terms of bereavement care education (Maurer-Starkes et al 2010). Additionally, Williams et al (2006) have studied training of clergy for caring for dying patients and providing bereavement support and found that though 75% of ministers reported comprehensive skills in pastoral care for the bereaved, 63% would like further training. Across colleges that responded to the survey, the range of hours for training in pastoral care for the bereaved is 6-34 hours. However, in more recent years ministers are more likely to be trained in bereavement care (Williams et al 2006).
Training needs

Nurses report needing more education to give them the skills to deliver sensitive news without undue stress (Reid, McDowell and Hoskins 2011), and to confidently support bereaved individuals (Douglas, Pemberton and Hewitt 2002). Midwives in Hong Kong have needs for more experience with bereaved parents, improved communication skills, greater support for team members, and greater support through hospital policy (Chan et al 2007). In social work, multifaceted roles have been identified, and a wide range of competencies required including grief and bereavement knowledge and skills (Walsh-Burke and Csikai 2005). A particular area in which it is important that care staff are competent in providing bereavement support is in care of people with learning disability. Deficits in knowledge and understanding in care staff in this field have been identified (Read 1996). Educational opportunities, particularly in nursing, are needed to enable students to be aware of their feelings, responses and reactions to death (Matzo et al 2003). Psychology students need to understand death and grief, and to be less stressed when they have to deal with bereavement and end of life decision making in practice (Eckerd 2009). Additionally, need for enhanced knowledge, attitudes and skills about grief and loss to foster empathy in healthcare professionals in a range of roles has been identified (Supiano and Vaughn-Cole 2011). Specifically, Johnston, Davison and Reilly (2001) identified that training at tertiary level is desired more often by nurses than other professions.

Ideas for content and delivery of education and training.

The literature reviewed identified a range of ideas for content of education and training for bereavement care, as well as methods for delivery. Reid, McDowell and Hoskins (2011) identified that to enable nurses to effectively communicate the news of a patient’s death to relatives their training should focus on emotional and psychological aspects. Also in this vein, Matzo et al (2003) advocated that student nurses should have educational experiences that help them to become aware of their feelings, responses and reactions to death. She indicated four things that influence emotional and spiritual awareness that may be included in training. These are verbalising feelings and expressing emotions; past experiences of
loss; anticipated or ongoing changes in their lives; presence or absence of support systems. Sudden and unexpected death, development of specialist reflective knowledge, skills and attitudes are further important considerations for training of nurses and to enhance quality of care for dying patients and their relatives (Douglas, Pemberton and Hewitt 2002). Topics to be included for athletic trainers on bereavement are the grief process, grief through the life cycle, mediators, philosophical and theological attitudes and ethical issues (Maurer-Starkes et al 2010).

For social workers, important aspects of training are bereavement assessment and intervention, dying and grieving children and adolescents, and complicated grief (Walsh-Burke and Csikai 2005). In addition, enabling competence for carers of people with learning disability to provide effective support after bereavement may help the individual to cope healthily with loss (Read 1996). Pre and post registration training input is necessary, as is training for non professional care staff (Read 1996). Training for staff providing direct care for people with learning disability may contain information about loss and bereavement, theoretical perspectives and interactive techniques. Again trainees can be encouraged to share experiences of loss and coping. This type of programme helps staff to understand therapeutic interactions, build communication skills, reduces the need for referral and can have long term positive impact in people with learning disability (Blackman 2002).

Immersion in palliative care work, intensive meetings and supervision, generalist and specialist courses, distance learning, continuing education programmes, seminars, conferences, and interdisciplinary education were all identified as useful strategies for graduate programmes in death, dying and bereavement for social workers (Walsh-Burke and Csikai 2005). Already in use at educational institutions in USA are text books developed with relevant content and resource websites. A programme to train teachers, a central repository of model syllabi, exercises and assignments, secure funding for educational establishments and for students to take time away from work are required to maximise benefits of educational interventions. Input of social workers and service users is also a key
component of training in social work. However, lack of resources and staff trained to teach the subject are barriers to programme delivery (Walsh-Burke and Csikai 2005).

Salford NHS Trust in England has developed a programme to enhance quality of care for dying patients and relatives. Nurses’ confidence to deliver appropriate care has increased, and generally services offered by the trust are said to have improved (Douglas, Pemberton and Hewitt 2002). For nurses, Matzo et al (2003) advocate incorporating a system of support for training with the purpose of assisting students to explore and express feelings associated with anxiety, loss and grief experienced when caring for dying patients. Informal gatherings, support from a mentor, debriefing, memorials, and providing privacy are a range of strategies to employ. Facilitators should have strong grief and bereavement backgrounds. Matzo et al (2003) also made suggestions of suitable methods to employ when teaching students about loss and grief, including experiential learning and role modelling. Story telling, testimonials, poetry and pictures are also useful teaching methods to promote self reflection and critical thinking. Paired with classroom based learning the learner can practice facilitating the grief process, complete an assessment, and sit in or participate in a support group. In a pilot of training for cancer care nurses, Bell et al (2004) identified that flexible approaches to continuing learning may influence motivation. Collaborating with the voluntary sector has been shown to help qualified staff to develop their practice, including bereavement care (Bell et al 2004).

For educating GPs and community nurses in palliative care, including bereavement, contact with specialists, lecture or discussion were preferred methods. Media generated methods and computer based learning were least popular (Johnston, Davison and Reilly 2001). A multidisciplinary approach to medical education and training on bereavement care was considered appropriate by medical school staff in the USA. In this way nurses, social workers and attorneys were involved
in delivering lectures, seminars and small group discussion (Dickinson 2002).

Two potential programmes have been identified as useful for athletic trainers to access education in bereavement care. These are a mandatory course on death, dying and bereavement, and a workshop or seminar. If neither is possible, then adding content to current courses may be the best option (Maurer-Starkes et al 2010).

Taking a multidisciplinary approach to training of students in nursing, social work, counselling, pastoral care and genetic counselling, Supiano and Vaughn-Cole (2011) ran a trial of students working as co-facilitators of grief support groups. Medical students also took part but only as observers in a palliative care service. Most students, other than medicine and gene counselling, had prior knowledge of grief and loss and group work. However, in the trial all student facilitators received instruction and were accompanied by a licensed clinician, and 80% had experienced bereavement in their own lives. All were pre and post tested, including medical students, on cognitive, behavioural and affective components. Overall scores improved post test, with the largest increase in knowledge in social work students, and skills in students of mental health nursing. The main themes from qualitative data collected from students were that being co-facilitators or observing palliative care helped students understand suffering, become empathetic and compassionate, understand grief, recognise uniqueness of each loss, and to prepare for their role as practicing professionals.

This broad overview of the literature on education and training for bereavement care identifies a wide range of training needs, practices and opinions about how it should be delivered. However, though it may be possible to identify good practice, the lack of evaluation studies of interventions hampers development of evidence based strategies for delivery of appropriate courses and materials.
3.2 Response to the questionnaire
A total of 145 emails with links to the survey questionnaire were distributed and 47 (32%) responses were received. Five interviews were carried out after making eight requests for participation. Table 2 below shows numbers of responses across the sectors. Responses were received from all of the main areas of exploration. However, in the NHS in particular, though bereavement coordinators were the main contacts responses were received from a range of staff with education and training in their roles. Other respondents were in education, palliative care services or chaplaincy, for example. A range of roles was also identified in other main areas of response:

- Local authority, social work – learning and development, team leaders, community living manager, chief nurse Community Health and Care Partnership (CHCP);
- Hospice – education, social work;
- University – lecturers, programme director;
- Colleges – heads, curriculum leaders, lecturers on health/care courses.

Voluntary sector organisations were represented by Cruse Bereavement Care Scotland (CBCS), the Notre Dame Centre and others.

A range of representatives of services also provided information for the study outside the survey. For example, information was received by phone or email. These are not represented in Table 2, though the information they provided is included in the mapping of education and training for bereavement care (section 3.3 below).

3.3 Findings
There were six specific sectors that provided information for the scoping exercise: NHS; Higher Education Institutions; Colleges; Council Social Work Departments; Hospices/Palliative Care Units; voluntary sector. In addition, a range of other services provided responses including, Scottish Prison Service and Institute of Counselling. In the sections to follow provision of education and training is represented in a table for each sector and indication is provided of level of provision in terms of the tiered
Table 2. Survey distribution and response

<table>
<thead>
<tr>
<th>Depts where contacts sent survey</th>
<th>Institution</th>
<th>No. sent</th>
<th>Responses</th>
<th>Interview invitees</th>
<th>Interview participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bereavement co-ordinators</td>
<td>NHS Board</td>
<td>18</td>
<td>8</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Social Work Depts</td>
<td>Local Authority</td>
<td>31</td>
<td>8</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Hospices/palliative care units</td>
<td>NHS/Voluntary sector</td>
<td>17</td>
<td>7</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Others (including voluntary sector)</td>
<td></td>
<td>15</td>
<td>5</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Schools of Nursing and Midwifery</td>
<td>HEI</td>
<td>16</td>
<td>9</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Schools of Social Work</td>
<td>HEI</td>
<td>6</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Schools</td>
<td>HEI</td>
<td>5</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colleges</td>
<td>HEI</td>
<td>37</td>
<td>7</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>HEI</strong></td>
<td><strong>145</strong></td>
<td><strong>47</strong></td>
<td><strong>8</strong></td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>
model for education and training provided in SBC (Scottish Government 2011a) (see p4 of this report). However, the data provided in the survey was limited in its ability to accurately define on each occasion the SBC level. Institutions that reported no provision of education and training for bereavement care are not included in the tables. Tables are supplemented with additional information about courses and training in figures presented in Appendix G. Sections 3.3.1 – 3.3.7 provide examples of education and training interventions as a means to gain fuller understanding of how modules, courses or sessions are delivered in practice.

3.3.1 NHS services

Questionnaire responses were received from eight representatives of NHS boards. However, NHS Tayside and NHS Grampian provided three separate responses each. As Table 3 below indicates there is a range of provision in health boards in Scotland. Some health boards are promoting and using e-learning tools developed by Cruse Bereavement Care Scotland (CBCS), for example, NHS Tayside. Others have developed specific modules for staff (NHS Tayside). In addition, training has taken place recently in a range of boards that is related to small grant funding for dissemination of Shaping Bereavement Care (NHS Fife and NHS Grampian). Education and training is generally provided to multidisciplinary groups and is at level 1 on the tiered model (SBC). However, use of CBCS e-learning tools provides up to level 3. Two specific examples of training available in boards are provided below: in NHS Grampian a workshop for medical students; and in NHS Tayside a range of opportunities are available.

NHS Grampian provides a two hour workshop on bereavement for undergraduate medical students as part of a week of palliative care training for Phase III (final third of year 3 and year 4). The session is delivered by a community Macmillan nurse and includes topics such as approaches to bereavement, grief and loss, and care prior to death. There is also opportunity for discussion of the topic.
<table>
<thead>
<tr>
<th>Provider</th>
<th>Title of programme</th>
<th>Target audience</th>
<th>Mode of delivery</th>
<th>SBC level</th>
<th>SCQF level</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Tayside</td>
<td>Introduction to Palliative Care / Bereavement Support</td>
<td>Newly qualified staff nurses Volunteers</td>
<td>Lectures and group work</td>
<td>1</td>
<td>N/A</td>
<td>Nil</td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>Communication Issues in Palliative Care, includes • Models of loss and bereavement • Manifestations of grief • Risk factors • Resilience • Bereavement support</td>
<td>Pre registration nurses and allied health professionals</td>
<td>Face to face and online</td>
<td></td>
<td>Level 9</td>
<td>Nil for CPD £100 for academic credit</td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>National e-learning programme for Shaping Bereavement Care</td>
<td>All staff</td>
<td>Online</td>
<td>1, 2, 3</td>
<td>Levels 4-6</td>
<td>Unclear</td>
</tr>
<tr>
<td>NHS Fife</td>
<td>Bereavement Care</td>
<td>Medical students Multidisciplinary groups Allied Health Profession students Non clinical staff Support workers Student nurses</td>
<td>Depends on target group</td>
<td>1</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>NHS Grampian</td>
<td>Bereavement and Loss</td>
<td>All staff groups and bands</td>
<td>Face to face, discussion and patient story</td>
<td>1</td>
<td>N/A</td>
<td>Nil</td>
</tr>
<tr>
<td>NHS Grampian</td>
<td>Bereavement</td>
<td>Phase III medical students</td>
<td>2 hour workshop - tutorial, discussion</td>
<td>1</td>
<td>Not given</td>
<td>N/A</td>
</tr>
<tr>
<td>NHS Grampian/Robert Gordon University</td>
<td>Shaping Bereavement Care: Education and Information for NHS Grampian Staff</td>
<td>All staff</td>
<td>Lecture, discussion, patient story, information sharing</td>
<td>1</td>
<td>None</td>
<td>Nil</td>
</tr>
<tr>
<td>NHS Orkney</td>
<td>Understanding loss and grief</td>
<td>Multidisciplinary team</td>
<td>Online</td>
<td>1, 2, 3</td>
<td>Not given</td>
<td>Unclear</td>
</tr>
</tbody>
</table>
NHS Tayside appears to be particularly well engaged with bereavement care. In addition to the information provided in Table 3 the following interventions have taken place:

- Hosted national conference in 2008 and 2010 which local staff attended;
- 2nd year medical students spend a half day at a funeral directors;
- A chaplain and a funeral director speak to 5th year medical students;
- Palliative care teams arrange local training either by their own staff or with invited speakers;
- Bereavement coordinator and chaplains accept invitations to deliver training at ward level;
- SANDS (Stillbirth and Neonatal Death Society)\(^8\) occasionally deliver training for midwives.
- Staff wishing to study further are directed to:
  - Open University courses;
  - CBCS accredited courses;
  - Other local events and conferences in Tayside and Fife.

Other boards link with organisations in the local area to offer education and training opportunities around end of life care, grief and loss. For example, in NHS Lanarkshire sessions on breaking bad news and communication for loss, grief & bereavement are provided by St Andrews Hospice. In addition, Glasgow Caledonian University’s Centre for Spiritual & Pastoral Studies provides input on grief & bereavement counselling.

A gap in education and training for bereavement care identified through the questionnaire appears to occur for administration and reception staff in NHS services. Further exploration via the Admin Centre\(^9\) (NES) revealed that while there was no specific training centrally individual boards may provide locally. Clerical as well as clinical staff at NHS Dumfries and Galloway have access to a module called Sage and Thyme. This is a module that was developed at the University of Manchester and is purchased under licence by user groups (Connolly et al 2010). The

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\(^8\) Stillbirth and Neonatal Death Society [http://www.uk-sands.org/](http://www.uk-sands.org/)

session covers emotional distress; supportive relationships; communicating and psychological support; and knowing when to refer. Staff are trained, through the module, to spend time with people, ask questions and explore a person’s coping and their own resources to cope. It is delivered over a half day, however, though it still remains available staff are currently not being released from their clinical areas to attend. In NHS Lanarkshire administration and clerical staff have been directed to CBCS online modules and to date three members of administration staff have accessed and passed a module.

3.3.2 Higher education institutions

Responses to the questionnaire were received from eight representatives of higher education institutions and variously from schools of nursing, midwifery, applied social studies, social work and medicine (Table 4 below). One university representative from a research department described a training programme, funded by a small grant from Shaping Bereavement Care, which was run in collaboration with NHS colleagues. Other universities also provide services to other sectors, for example, Highland Hospice and the University of West of Scotland work together on a Graduate Certificate in Palliative Care that includes an online module on bereavement. At Robert Gordon University there are two specific courses in the pre-registration curriculum for Bachelor of Nursing and Diploma of Higher Education in Nursing for students of adult nursing within which bereavement care is a topic. The courses are entitled Critical Perspectives in Adult Nursing, and Essentials for Initial Nursing Practice. Topics include advance care planning, communication in end-of-life care, last offices, care of family after a death, integrated care plans in end of life care. The courses are at SCQF level 9 and cover bereavement related topics for 6 hours out of a 25 hour module (Stage 3 students) and 3 hours out of a 40 hour module (Stage 1 students). No response to the questionnaire was received regarding content in mental health nursing or children’s nursing courses.
<table>
<thead>
<tr>
<th>Provider</th>
<th>Title of programme</th>
<th>Target audience</th>
<th>Mode of delivery</th>
<th>SBC level</th>
<th>SCQF level</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Gordon University, School of Nursing and Midwifery</td>
<td>Component within pre registration courses</td>
<td>Student nurses</td>
<td>Lectures and tutorials</td>
<td>1</td>
<td>Level 9</td>
<td>N/A</td>
</tr>
<tr>
<td>Robert Gordon University, School of Applied Social Studies</td>
<td>Input to a range of modules/specialist training courses</td>
<td>Social work students, social science students Specialist training for workers with looked after children.</td>
<td>Lectures, tutorials and skills workshops</td>
<td>1, 2</td>
<td>Not given</td>
<td>Variable</td>
</tr>
<tr>
<td>Queen Margaret University</td>
<td>Course content in pre registration Nursing programme</td>
<td>Student nurses</td>
<td>Group discussion, lectures Elements of course work</td>
<td>1</td>
<td>Level 10</td>
<td>N/A</td>
</tr>
<tr>
<td>Glasgow Caledonian University</td>
<td>Component of pre-registration midwifery course</td>
<td>Student midwives</td>
<td>8-10 hours Workshops, modified lectures, seminar presentations</td>
<td>1 (may be at level 2 but unable to define from the data)</td>
<td>Not given</td>
<td>N/A</td>
</tr>
<tr>
<td>University of Edinburgh</td>
<td>Death, Dying and Bereavement</td>
<td>Medical students</td>
<td>2 hours, lectures, tutorial</td>
<td>1</td>
<td>Level 11</td>
<td>N/A</td>
</tr>
<tr>
<td>University of Edinburgh</td>
<td>Loss, Death and Grief</td>
<td>Social work students</td>
<td>3 hours, lecture and group work</td>
<td>1</td>
<td>Level 10/11</td>
<td>N/A</td>
</tr>
<tr>
<td>University of Dundee, School of Nursing and Midwifery</td>
<td>Content in several modules plus individual modules which form part of the Bachelor Nursing degree, the MSc Advanced Practice or the Masters in Palliative Care Spiritual Care Matters (SCM) module</td>
<td>Undergraduate nurse (adult, child, mental health), midwifery education CPD and postgraduate education programmes for clinical, management and strategic positions, all healthcare workers</td>
<td>Tutorials, e-learning, group work</td>
<td>1, 2</td>
<td>Level 9-11 (20-30 points)</td>
<td>30 point level 9 module, £490 30 point Level 11 module, £720 SCM £100</td>
</tr>
<tr>
<td>University of the West of Scotland, School of Nursing and Midwifery</td>
<td>Content in Adult Branch &amp; Mental Health Branch courses, and in Palliative Care and module</td>
<td>Student nurses, health and social care workers</td>
<td>Tutorials, seminars and small group work</td>
<td>1 (pre registration courses) May be at level 2 for palliative care module, but unable to define from the data</td>
<td>Level 9 for nursing students</td>
<td>£225 for qualified palliative care staff</td>
</tr>
</tbody>
</table>
Edinburgh Napier University similarly run courses with content specific to bereavement and loss for undergraduate nursing students. The palliative care module (SCQF level 9) has an online unit specific to bereavement and raising awareness of Shaping Bereavement Care and theoretical perspectives as well as providing the opportunity for discussion. A module on long term conditions at SCQF level 8 also has a loss component and is a core module for undergraduates. In addition, a specific module entitled *Living with Loss* is offered regularly but is undersubscribed and therefore cannot run.

In pre-registration midwifery, Bachelor of Midwifery and post graduate diploma in Midwifery Studies, at Glasgow Caledonian University a 6 hour workshop on loss takes place. However, bereavement care is integrated throughout all modules of the midwifery programme but is possibly most obvious within the module which deals with complications of childbearing and the newborn. Within the midwifery programme bereavement care is taken to include loss not only of the fetus at various stages but also failure to meet expectations. The SANDS or other groups may be involved with the workshops.

For medical students at University of Edinburgh, death, dying and bereavement are covered in lecture and small group sessions for all students in Year 1 of the Bachelor of Medicine and Bachelor of Surgery (MBChB) degree programme. Loss, death and grief are also taught as topics for social work students at University of Edinburgh, again using combined lecture and group work. The cohort is a mix of 3rd year undergraduate (Hons) and first year postgraduate students. All students are working towards professional registration as well as an academic qualification. Three hours in a 16 hour module is given to the topics, at SCQF level 10/11. Included in the sessions are staged theories of bereavement, contemporary theories, cultural awareness, self awareness and application to social work.

Education and training at universities for a range of student groups in general can be considered level 1 (SBC) provision. However, certain
courses aimed at specialist practitioners may be pitched at level 2 (SBC). For example, a course provided at the School of Applied Social Studies at Robert Gordon University provides specialised training for those who work with looked after children.

### 3.3.3 Colleges

Responding colleges provide distinct components of social care courses that focus on the topic of bereavement care (see Table 5 below). The data indicates that they are all provided at level 1 (SBC). Motherwell College, for example, provides a free standing unit entitled Understanding Loss and Grief as part of the Intermediate 2 Care programme at SCQF level 5. The target group for this course is students who wish to gain employment at support worker level in the health or social care sectors. It is also suitable for those wishing to progress to further study, for example, students who wish to undertake a qualification in nursing or social care. The course provides students with understanding of the stages of loss and grief; understanding of the effects of loss and grief on the individual in relation to their changing needs; knowledge of informal and formal support networks that are available. Teaching sessions take the form of lectures and discussion. There is a written assessment at the end of the course. Similarly, an optional unit is provided at Moray College on Understanding Loss and the Process of Grief for Higher National Certificate (HNC) Social Care students. Support workers can also access the unit as a stand alone unit. Taking the course will enable candidates to evaluate a variety of theoretical models of grief, identify helping strategies to support individuals, families and carers in the process of grief and identify individual and cultural needs. The course is taught at SCQF level 7. Students are required to produce a 3000 word essay for assessment.

The Scottish Qualifications Authority\(^{10}\) (SQA), the awarding body, provided data out with the survey regarding Scottish Vocational Qualifications (SVQs) with content about bereavement and loss. The specific units identified are work based units and the student is assessed on

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\(^{10}\) Scottish Qualifications Authority [http://www.sqa.org.uk/](http://www.sqa.org.uk/)
competence in this area of practice in their work place. The SVQs are based on National Occupational Standards (NOS) and are owned by Sector Skills Councils, in this case Skills for Care and Development. A course is provided for health and social care workers entitled, *Support Individuals Through Bereavement*, and covers:

- preparing individuals to cope with bereavement;
- supporting individuals through their bereavement;
- supporting individuals to manage changes due to bereavement.

Students are assessed using a variety of means including, questioning and professional discussion, observation of practice, and written evidence (care plans, diary).

A further SQA unit is *Support Victims, Survivors and Witnesses who have Suffered Bereavement*. This course is particularly for support workers who work with people who are experiencing bereavement through crime, road death, murder, manslaughter or culpable homicide. Again, competency is assessed through questioning and discussion, observation of practice, and providing supporting documentation.

Currently, 34 colleges in Scotland have approval from SQA to teach *Support Individuals Through Bereavement*. However, there are only candidates registered for the course at four colleges. No colleges currently have approval to teach *Support Victims, Survivors and Witnesses who have Suffered Bereavement*. 
Table 5. Education and training for bereavement care in Scotland’s colleges

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title of programme</th>
<th>Target audience</th>
<th>Mode of delivery</th>
<th>SBC level</th>
<th>SCQF level</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen College</td>
<td>a) Dealing with Loss and Grief</td>
<td>Support workers Non clinical staff Student nurses Social work students</td>
<td>Lectures, group work, tutorials, interactive activities</td>
<td>1</td>
<td>a) Level 5 b) Levels 5-8</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>b) Sociology theories of loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motherwell College</td>
<td>Understanding Loss and Grief</td>
<td>Int 2 Care students</td>
<td>Lectures and discussion</td>
<td>1</td>
<td>Level 5</td>
<td>N/A</td>
</tr>
<tr>
<td>Clydebank College</td>
<td>Understanding loss and the process of grief</td>
<td>HNC Social Care students</td>
<td>Distance learning pack and tutorials</td>
<td>1</td>
<td>Not given</td>
<td>N/A</td>
</tr>
<tr>
<td>Moray College</td>
<td>Understanding loss and the Process of Grief</td>
<td>HNC Social Care students</td>
<td>Online</td>
<td>1</td>
<td>Level 7</td>
<td>N/A</td>
</tr>
</tbody>
</table>
3.3.4 Hospice/palliative care services

Education and training in bereavement care appears to be provided in two ways at the hospices/palliative care units responding to the questionnaire: as in house training for staff; and/or provided externally to other groups, for example, NHS staff groups (see Table 6 below). Depending on the target groups and the nature of the modules provided, the data suggests that approaches at responding hospice/palliative care units can be considered to be at level 1 and 2 (SBC). Whether level 3 provision takes place is undefined by the data. At Strathcarron Hospice two courses are available: Supporting Adults Experiencing Grief and Bereavement (1 day course) and Supporting Children and Young People through Bereavement and Loss (2 day course). The courses are for health and social care professionals who support those experiencing grief and bereavement associated with life limiting illness in a variety of settings. The children and young people course is particularly targeted at anyone working with young people including primary and secondary school teachers, nursery staff, support workers, doctors, nurses, social workers and other allied health care professionals. There is a cost of £70 for a day course and £130 for a 2 day course. Topics covered include: overview of grief theories/models; exploring individual grief responses; assessing vulnerability and resilience in those facing loss; and grief pre and post bereavement. It is taught using presentations and group work.

Highland Hospice provides packages for external and internal staff groups. Care home staff attending the Highland Hospice Education Programme have a 4 hour session on loss, grief and bereavement included in the programme. Programme duration is six days over a six month period. Bereaved carers sometimes participate in the session ‘telling their story.’ Training on loss, grief and bereavement is also delivered to community hospital staff, primary care staff, and voluntary sector staff as requested. Highland Hospice has also facilitated a two day course (delivered on two separate occasions) to NHS staff, including registered nurses and allied health staff, in response to the recommendations in Shaping Bereavement Care. This course will be delivered again in 2012 and two courses are planned for delivery in the Western Isles. All registered nurses and health
<table>
<thead>
<tr>
<th>Provider</th>
<th>Title of programme</th>
<th>Target audience</th>
<th>Mode of delivery</th>
<th>SBC level</th>
<th>SCQF level</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Andrew’s Hospice</td>
<td>Communication, Loss, Grief and Bereavement Skills Course</td>
<td>District general hospital staff; Care home staff; Social workers; Support workers; General practitioners; Community healthcare staff</td>
<td>14 hours, lecture, group discussion, small group work</td>
<td>1</td>
<td>Level 3</td>
<td>Not given</td>
</tr>
<tr>
<td>Children’s Hospice Association Scotland</td>
<td>Bespoke training provided for external organisations</td>
<td>Student nurses; medical students; social work students; allied health profession students; non clinical staff; support workers</td>
<td>Workshops, lecture</td>
<td>1</td>
<td>Not given</td>
<td>Donation to CHAS</td>
</tr>
<tr>
<td>Prince and Princess of Wales Hospice</td>
<td>Coping with Loss and Change Good Grief</td>
<td>Qualified staff at the hospice Staff in GG&amp;C Health Board</td>
<td>Lectures and group work</td>
<td>1 (external), 2 (internal)</td>
<td>None</td>
<td>Nil</td>
</tr>
<tr>
<td>Accord Hospice</td>
<td>Supporting people through loss</td>
<td>Clinical and non clinical staff</td>
<td>16x2 hour sessions, short lecture, experiential learning, reflection</td>
<td>2</td>
<td>None</td>
<td>Nil</td>
</tr>
<tr>
<td>St Vincent’s Hospice</td>
<td>In-house education sessions (no title given)</td>
<td>Multidisciplinary team; students on placement; support staff; receptionist; kitchen staff; housekeeping team; office staff; fundraising staff; charity shops manager; volunteers</td>
<td>Workshop, lecture, reflective practice session</td>
<td>1, 2</td>
<td>None</td>
<td>Nil</td>
</tr>
<tr>
<td>Highland Hospice</td>
<td>Graduate certificate in palliative care (UWS) (loss, grief and bereavement component)</td>
<td>Multidisciplinary</td>
<td>Distance/online learning; problem-solving; individual study; directed study; optional face to face study days (12 hrs in total)</td>
<td>2</td>
<td>Level 9</td>
<td>£210</td>
</tr>
<tr>
<td>Strathcarron Hospice</td>
<td>Supporting Adults Experiencing Grief and Bereavement (1 day) Supporting Children &amp; Young People Through Bereavement and Loss (2 days)</td>
<td>Health and social care professionals; anyone working with young people: primary and secondary school teachers, nursery staff, support workers, doctors, nurses, social workers and other allied healthcare professionals</td>
<td>Presentations and group work</td>
<td>2</td>
<td>None</td>
<td>£70 (1 day) £130 (2 days)</td>
</tr>
</tbody>
</table>
care assistants at Highland Hospice complete a competency framework at foundation level and advanced level. Loss, grief and bereavement are included in this training and as part of ongoing annual updates.

### 3.3.5 Local authority services

Eight local authorities provided responses to the questionnaire, and those currently engaged in education and training for bereavement care are listed in Table 7. Responses came from representatives of social work and health teams, although there were a range of departmental titles for services. Two examples are Social Work Services at City of Glasgow Council and Housing and Social Work at Aberdeenshire Council. From West Lothian response was from a representative of the Community Health and Care Partnership run jointly by NHS and local authority services. Education and training in local authorities appears to be generally at level 1 (SBC), however, the data suggests that longer courses with more focused bereavement care content may be provided at level 2. For example, at South Lanarkshire Council formal and informal training events are organised and two formal courses specifically on bereavement care were identified:

- *Dealing with Bereavement*, 1 day, £30
- *Bereavement Communication Skills*, 2 days, £60

These courses are delivered to social work staff by trainers from St Andrew’s Hospice using a group learning approach. Informal training may be provided by partners, for example, NHS staff, or trained social work staff. Taking both courses may allow practitioners to operate at level 2 (SBC).

Care workers in council run care homes for older people and in home care services at City of Edinburgh Council are offered training in bereavement care as part of a two day course on palliative care in dementia. Materials from Alzheimer Scotland[^11] are used and the one hour session on loss, grief and bereavement provides an introduction to common theories of grief. Group discussion about care workers’ experiences is also a key

Table 7. Education and training for bereavement care in local authorities

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title of programme</th>
<th>Target audience</th>
<th>Mode of delivery</th>
<th>SBC level</th>
<th>SCQF level</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeenshire Council</td>
<td>Palliative Care (Bereavement Care); Loss &amp; Change in Children’s Services; Loss &amp; change</td>
<td>Support workers, family centre workers, social workers, care home staff and home carers</td>
<td>Tutor presentation, group discussion, case studies</td>
<td>1</td>
<td>None</td>
<td>Nil</td>
</tr>
<tr>
<td>Glasgow City Council</td>
<td>OU Death and Dying option</td>
<td>Module in BA Social Work</td>
<td>Open learning and tutorials</td>
<td>1 (though content of course unclear)</td>
<td>Level 9</td>
<td>Unclear</td>
</tr>
<tr>
<td>City of Edinburgh Council</td>
<td>Palliative Care in Dementia (1 hour on bereavement)</td>
<td>Support workers in care homes and home care</td>
<td>Tutor led session</td>
<td>1</td>
<td>None</td>
<td>Nil</td>
</tr>
<tr>
<td>South Lanarkshire Council</td>
<td>Dealing with Bereavement (1 day, externally provided) Bereavement and Communication Skills (2 days, externally provided) Palliative Care Champion 'Train the Trainer' course (13 weeks, provided by NHS Lanarkshire)</td>
<td>All social work staff</td>
<td>Formal and group learning</td>
<td>1, 2</td>
<td>None</td>
<td>£30 (1 day) £60 (2 days)</td>
</tr>
<tr>
<td>West Lothian Community Health and Care partnership</td>
<td>Introduction of the Liverpool Care Pathway Breaking bad news</td>
<td>Multidisciplinary groups Allied Health Professionals Nurses GPs</td>
<td>Tutorial, study sessions</td>
<td>1</td>
<td>None</td>
<td>Nil</td>
</tr>
</tbody>
</table>
element. A new Essential Conversations DVD\textsuperscript{12} (Alzheimer Scotland) and resources from the Good Life, Good Death and Good Grief website\textsuperscript{13} will be included in courses planned for 2012.

\begin{itemize}
\item \textsuperscript{12} Essential Conversations: Talking about death and dementia
  \url{http://www.essentialconversations.org.uk/6-information.html}
\item \textsuperscript{13} Good Life, Good Death, Good Grief \url{http://www.goodlifedeathgrief.org.uk/}
\end{itemize}
However, though education and training for bereavement care is ongoing in some areas, training for social workers, occupational therapists, and community care assistants may be currently lacking. Much of the education and training initiatives identified by respondents from council services were relevant to palliative and end of life care. It is not always apparent how much is specifically related to bereavement and bereavement care.

3.3.6 Voluntary sector

Two voluntary sector organisations provided responses to the questionnaire. Additionally, others representing voluntary sector organisations responded by email or phone. Information in Table 8 below outlines the type of training provided for volunteers and staff of voluntary services, and by voluntary services for partner organisations like the NHS. In the voluntary sector, organisations providing support for bereaved relatives, including children and young people, at a specialist level were identified (Level 3 SBC provision). Voluntary services also work within other organisations, for example, the NHS providing this level of service.

Cruse Bereavement Care Scotland has been heavily involved in recent years in the development of bereavement care in health and social care settings. There was key input from Cruse Bereavement Care Scotland to Shaping Bereavement Care and this has been followed up with the development, in collaboration with NHS Scotland, of a range of online training materials for NHS staff. This work is supported by funding from Scottish Government. Five modules, presented at three levels corresponding to SBC levels, have recently (September 2011) been launched on the LearnPro platform and are accessible to staff of all roles and grades across most, though not all, health boards. The modules are: *Understanding Loss and Grief* (Level 1 course for all staff); *The Grieving Process* (Level 2 course for staff working with dying and bereaved); *Interventions and Support* (Level 2 course for staff working with bereaved people); *Supporting Bereaved Staff* (Level 3 course for managers); *Supporting Bereaved Children* (Level 3 course for staff working in this specialised area). Each module can take around 2 to 4 hours depending
on the student and requires on-line study, reflection, reflective writing, and directed reading. There is a short online assessment for each module. Each online module contains theoretical and practical learning. There will be opportunities for participants to reflect on their own experiences of loss and on particular aspects of their learning. All modules fit with specific dimensions of KSF. CBCS also provides training for local NHS facilitators to help them deliver a course on bereavement support skills to groups of staff in their own areas. In addition to providing training for NHS staff, CBCS offers a range of training courses for their volunteer staff:

1. **Certificate in Bereavement Counselling Skills** for people with little or no counselling experience. It includes four modules and runs over 24 days.
2. **Specialist Module in Bereavement and Loss** for trained counsellors who wish to obtain a bereavement counselling qualification. This course is of six days duration.
3. **Working with Bereaved Children and Young People** for CBCS volunteers. The course is also suitable for professionals who work with bereaved children and young people.
4. **Counselling Supervision Course** for trained and experienced counsellors:
   - Part 1: **Certificate in Counselling Supervision Skills**
   - Part 2: **Certificate in Counselling Supervision**

The above courses are all validated by COSCA (the professional body for Counselling and Psychotherapy in Scotland).

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### Table 8. Education and training for bereavement care in the voluntary sector

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title of programme</th>
<th>Target audience</th>
<th>Mode of delivery</th>
<th>SBC level</th>
<th>SCQF level</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cruse Bereavement Care Scotland</td>
<td>E-Learning to support Shaping Bereavement Care</td>
<td>All NHS and social care staff</td>
<td>e-learning with home study and reflective writing</td>
<td>1, 2, 3</td>
<td>Levels 4-6</td>
<td>Not given</td>
</tr>
</tbody>
</table>
| Notre Dame Centre                 | Seasons for Growth:                                 | a) Teachers, classroom assistants, school nurses, health improvement officers, chaplains etc  
                              b) Chaplains, social workers, psychologists, counsellors | Lectures, discussion, activities, self reflection, journaling etc | 2, 3      | Level 7    | Companion training £270 – £290  
                              Half day staff seminar £200 | |
| Cancer Link Aberdeen and North (CLAN) | a) Offering support, helping relationship, listening skills, cancer loss & bereavement  
                              b) Relating theories to client work, explore current research | a) CLAN staff and volunteers  
                              b) experienced staff and volunteers – in-depth course | Face to face and practical experience | 2, 3      | COSCA validated | Not given |
| Shetland Bereavement Support Services (SBSS) | Bereavement support (developed in collaboration with Shetland College) | Professionals pre qualified in counselling, SBSS volunteers, social care professionals | Face to face | 1, 2, 3    | COSCA validated | Not given |


COSCA\textsuperscript{15} validated courses are also provided to volunteer staff by other voluntary sector organisations like Shetland Bereavement Support Services and Cancer Link Aberdeen and North (CLAN). At CLAN an initial in-house course is offered to all staff and volunteers and covers themes around offering support within a helping relationship, listening skills, and has a specific focus on cancer and loss and bereavement. This course is run over four weekends and includes substantial practical experience within the CLAN centre. The facilitators are COSCA validated trainers. A three day course on loss and bereavement is also delivered to more experienced staff and volunteers at CLAN. It includes in depth study relating theoretical perspectives to client work and exploring the latest research findings in bereavement care.

Organisations also link up with health and social care service providers. For example, Shetland Bereavement Support Services have developed a one day course for social care professionals and have delivered this to staff locally for a fee. As well as raising the profile of loss and bereavement as a concern for health and social care staff, this increases the sustainability of the service and it becomes less dependent on external funding.

The Notre Dame Centre in Glasgow provides the \textit{Seasons for Growth}\textsuperscript{16} programme. This is an educational programme which aims to promote the social and emotional wellbeing of children and young people coping with significant loss and change in their lives. The programme emphasises resilience and emotional literacy through developing skills in communication, decision making and problem solving. Evaluation consistently demonstrates the programme’s effectiveness (Newell and Moss 2011). The Notre Dame Centre provides training for companions to facilitate \textit{Seasons for Growth} groups in their local areas with children, young people and adults. Companions are working for organisations with policies, supervision, and controls. This could be in the NHS though has

\textsuperscript{15} COSCA \url{http://www.cosca.org.uk/}
\textsuperscript{16} Notre Dame Centre, \textit{Seasons for Growth} \url{http://www.notredamecentre.org.uk/home.html}
not focussed in this area in particular. There are almost 3000 companions in all local authorities across Scotland, most working with children. Two day companion training covers grief within William Worden’s (2001) task model and the translation into a ‘Seasons’ framework; recognising and coping with your own losses; resources, activities and strategies required to run groups; codes of ethics, including confidentiality and child protection; development of an implementation plan.

Work with bereaved people is well developed in a range of voluntary sector organisations in Scotland and links with statutory services are apparent. However, there may well be further opportunities to develop alliances in terms of supporting NHS and social care services to provide bereavement care and train individuals in organisations.

### 3.3.7 Others

Other organisations providing information were RCN Scotland, the Royal College of Psychiatrists, the Institute of Counselling and the Scottish Prison Service (see Table 9 below). Neither of the professional bodies, the Royal College of Nursing nor the Royal College of Psychiatrists provides educational services for members. However, the Institute of Counselling provides a distance learning module entitled *Grief and Bereavement Counselling* that is worth 30 Level 9 SCQF points. The module forms part of a Diploma in Clinical and Pastoral Counselling (Glasgow Caledonian University) and is offered to those currently working in a helping role in the public or voluntary sectors. This may be considered as level 2 (SBC) provision as bereavement appears to be a component of the whole course. Students study the module for six months part-time, the equivalent of 300 hours. The course looks at models of bereavement, for example, Worden (2001) and Kubler-Ross (1995) and synthesises them with the Skilled Helper Model of Egan\(^\text{17}\) to provide the student with a powerful and practical model to assist grieving clients to make sense of their feelings and the journey they still have to take to healing and acceptance.

\(^{17}\) Egan’s skilled helper model [http://www.gp-training.net/training/communication_skills/mentoring/egan.htm](http://www.gp-training.net/training/communication_skills/mentoring/egan.htm)
Assessment is by a practice portfolio assessed by a mentor and written assignments.

Contact was made during the study with a chaplain working with the Scottish Prison Service (SPS) who helpfully made contact with colleagues around the prisons in Scotland to explore provision regarding education and training for bereavement care. His impressions are as follows: In summary, it would appear that there is no structured bereavement training offered to new recruits or prison officers, although one or two exceptions exist where individual establishments have offered this, for example, to residential staff. Healthcare staff including mental health professionals will respond to the needs of those bereaved and will have
Table 9. Education and training for bereavement care in other services

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title of programme</th>
<th>Target audience</th>
<th>Mode of delivery</th>
<th>SBC level</th>
<th>SCQF level</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institute of Counselling</td>
<td>Grief and Bereavement Counselling (part of our Diploma in Clinical and Pastoral Counselling)</td>
<td>Those working in a helping role in the public or voluntary sectors</td>
<td>Distance learning</td>
<td>2</td>
<td>Level 9</td>
<td>Not given</td>
</tr>
<tr>
<td>Scottish Prison Service</td>
<td>Arranged by individual prisons</td>
<td>All prison staff, chaplains, residential staff, prisoners as skilled listeners</td>
<td>Through sessions provided by NHS locally, one off sessions from Cruse counsellors, chaplain training, prison nurse may give training</td>
<td>1</td>
<td>None</td>
<td>N/A</td>
</tr>
</tbody>
</table>
received bereavement education as a part of their vocational qualification. Chaplains are regularly involved in the care of the bereaved and have received specific bereavement care training including, for many, refresher training. The SPS National Suicide Risk Management Group has worked on the care of those whose relatives have died in custody and made known to all staff the supportive role chaplains, with others, can offer at such a time. Cruse, the NHS, Scottish Government and Children in Scotland\(^{18}\) have offered training opportunities.

Appendix H contains information about training at specific prison establishments. It appears that, though education and training in bereavement care for prison staff may be unstructured and patchy, there is considerable skill and expertise in counselling and support services that will include bereavement support. Of particular note is that Elizabeth Kubler-Ross, a renowned author of studies of end of life and bereavement, has had input to vocational training at Peterhead Prison. It is also noteworthy that some prisoners are trained as skilled listeners and that bereavement awareness is part of the training provided to prison officers by the Samaritans\(^{19}\).

### 3.4 Gaps in response to questionnaire

Many more email contacts with attached questionnaires were made than were returned. The main area that was under represented in terms of their strategic position was bereavement coordinators in NHS services. Further key areas under represented were social work education and training and providers of vocational qualifications for health and social care staff.

Gaps have also been identified in terms of provision of education and training for bereavement care. The narrative provided above suggests under-provision of appropriate education and training for staff groups working at Level 2, with roles that mean there is more frequent or more intense engagement with bereaved individuals. However, there is also


\(^{19}\) Samaritans [http://www.samaritans.org/](http://www.samaritans.org/)
lack of clarity about which roles in healthcare may be practicing at this level. It may be that in the NHS, specialist cancer nurses, medical staff in cancer and oncology services, Macmillan nurses with roles that cross hospital and community services, or even bereavement coordinators are meeting relatives on this level. However, their education has not been revealed in responses to the survey. It seems important, therefore, that there is attention to identifying who may require preparation at this level, and how this may be delivered. There are some examples of courses in the narrative above that could be identified as preparation for practitioners at Level 2. However, in the main the data does not reflect courses or components of courses that may be aimed at specialist practitioners, and it was difficult to categorise provision exclusively to SBC level.

3.5 Enhancement to education and training
The scoping questionnaire contained questions to elicit comment from participants on how education and training for bereavement care should develop in health and social care services. Questions allowed identification of groups who may not currently have access to such training; thoughts around what could be added to current provision to ensure adequate knowledge and practical skills in health and social care; and how education and training in bereavement care should be delivered. This section reports responses to these questions.

Groups not currently accessing education and training for bereavement care
Questionnaire respondents identified a range of staff groups who may not have access to education or training for bereavement care. These included: catering staff; domestic staff; administration staff; volunteers in some areas; social workers; occupational therapists; community care assistants; porters; receptionists; care staff (local authority). In some of these roles staff may be first points of contact for bereaved relatives, particularly in NHS services. Community care staff may also have contacts on a daily basis with people who have been recently bereaved.
However, preparation for such contacts appears to be lacking in some areas.

Responses below regarding enhancement of current provision have been grouped in terms of the type of institution.

**Social work**
Respondents thought that there should be more options available in further education, including HNC courses and SQA units in colleges. Some suggested that this should be supported by in-house courses in organisations, while others advocated a multi-agency, multidisciplinary approach. Linking to hospices to access training was seen as possible. Short study sessions, shadowing experienced colleagues, and one to one supervision available in practice areas were suggested as ways to enhance current training. Courses should allow and encourage open discussion of death, dying and bereavement; reflective learning; and peer support. Gaps were identified in training for home care workers and a comprehensive package that involves training the trainers and cascade of learning was seen as a suitable means of ensuring equitable provision.

**Colleges**
College lecturers would like to see bereavement care included in a range of courses including those at lower levels than HNC. Content would focus on bereavement in the wider sense of loss across the lifespan. However, there is little flexibility within current provision to add other topics. Small group work, on line courses, face to face teaching, and group discussion were all suggested as suitable means of delivery. Staff delivering courses should be appropriately trained and experienced.

**Hospices/palliative care units**
Hospice respondents indicated that training of health and social care professionals in bereavement care should be integral to their undergraduate courses. Within organisations gaps were seen in training for administration staff and some volunteers. A multidisciplinary approach was advocated by some while others thought that training should be
tailored to the needs of various groups. There should be consistent provision using a range to styles: short courses; online courses; and face to face teaching within a safe environment. Some thought it was a high priority topic and should be added to mandatory training, though there was concern that staff would not be given the time to attend. The feasibility of providing hospice training programmes in the NHS should be explored. Training that is linked to Shaping Bereavement Care was advocated, with vignettes or case studies used to raise discussion.

**Higher Education Institutes**

University lecturers in nursing and social work education recommended a multidisciplinary approach with expert facilitation and group discussion. An inter-professional education approach could potentially facilitate provision. In particular, a midwifery lecturer saw a place for bereavement care in all areas of the midwifery curriculum. Again a mix of e-learning and traditional teaching methods is believed to be optimal. Guided by Shaping Bereavement Care, topics suggested for inclusion are: open disclosure; discussion about being professional and being alongside; communication skills; sensitive and supportive care; respect and dignity; coping with negative responses; self care, supervision and debriefing; supporting children, parents, grand-parents, families; signposting to organisations; role of chaplain/ spiritual leader; and complicated grief.

**NHS**

NHS staff responding thought that bereavement care should be included in pre registration courses in medicine and nursing. It was also identified that generalist staff need additional education and support for providing bereavement care. Specialist staff in, for example, palliative care services may have access to training whereas non specialists do not. A range of availability of different types of training is recommended: e-learning; discussion with trained facilitator; and interactive face to face training sessions. On-line courses are useful when there are demands on staffs’ time but in bereavement care training there is a need for face to face contact. Components of a course may include: theoretical underpinnings; exploration of beliefs; attitudes and values; sharing experiences; and
good care prior to death. It was also noted that having knowledge does not necessarily translate to good bereavement care and a respondent indicated that good role models were required.

**Voluntary sector**
Organisations need funding to access training, and to support service users there needs to be knowledge of bereavement care services. Views of service users should be sought to determine what should be in training and education packages.

### 3.6 Interviews
Five interviews took place with participants representing five sectors. Local authority social work departments were not represented. Key points from the interviews are provided below in relation to the set questions (Appendix D).

#### 3.6.1 Gaps
Gaps in education and training were expressed in two ways: staff groups for whom no training is available; content of courses/training.

**NHS**
The interviewee representing the NHS identified that ancillary staff including porters, receptionists and domestic staff did not have access to education and training for bereavement care. This is a concern because staff in these groups are on the front line with a large amount of public contact. For example, receptionists can have distressing first encounters with relatives, and porters regularly come in contact with families when moving bodies. Training of medical staff was additionally identified as lacking in terms of bereavement care. Training issues include how to fill out a death certificate properly. There was also concern about how doctors feel, cope, and self care.

**College**
A college lecturer interviewed believed that education and training for bereavement care would be beneficial for younger people and would provide some insight to the process. Currently 2/3 of students engaged in bereavement education and training are over 25 years of age.
HEI
Researching and teaching about the experience and effects of multiple bereavements experienced through work in caring professions was a key concern that lacks coverage in undergraduate education.

Hospice
The hospice interviewee also believed that there was insufficient coverage of bereavement in pre-registration curricula for health and social care professionals.

Voluntary sector
Gaps were identified around different experiences of loss: when an adult child loses a parent; the impact of sudden death; adults with learning disabilities who lose a parent; disenfranchised grief, losses outside of conventional relationships.

3.6.2 Enhancing provision

NHS
Education and training for bereavement care should be mandatory, in an induction module for all staff and should include where to go to for information and advice. Study days are popular and there is a need for the knowledge. It should be delivered in partnership with others who engage with bereaved relatives: procurator fiscal; pathologist; funeral director. People often give up their own time to attend sessions and it is important to provide hospitality to convey the idea that staff are cared for. A menu format for arranging training as used by NHS Lothian may be useful. For example, put ten training items on a list (death certification, abnormal grief), ward staff tick the four they are most interested in, and then arrange training sessions for the staff on topics selected. However, release of staff for training was identified as difficult currently.

College
Again, enhancement was seen as difficult due to the current financial situation in colleges. However, the interviewee believed in the importance to encouraging all students to engage with the topic and saw a place for raising awareness in schools, for example, with 5th-6th year pupils. The loss and grief unit in HNC Social Care is mandatory for students at the
interviewee’s college. However, she was unsure how to encourage people to take courses by free will.

**HEI**
The interviewee saw a clear opportunity to roll out broad based e-learning modules focused on bereavement for NHS staff. Useful modules have been developed for spiritual care and a bereavement care module may be developed in a similar format. However, the support of a facilitator may be necessary when people need to talk about their own experiences of loss. She saw a need for students in adult nursing to engage more with bereavement and loss. However, experienced educators are required to facilitate learning.

**Hospice**
The online platform is seen by the interviewee as an accessible way of providing bereavement care education. However, this may not suit everyone and there may also be a need to have some face to face contact. Skilled educators are essential to success. Additionally, the interviewee saw opportunities to collaborate and work across agencies to deliver training.

**Voluntary sector**
E-learning is a major part of a realistic and economic solution, in that it is easily accessible. It needs money but most cost is in initial development. E-learning can be delivered in short sharp bursts, even done in the trainee’s own time. It can also be part of a blended learning approach: e-learning, face to face, shadowing. Additionally, there is up to date equipment to enable access for hearing or visually impaired people. It does not have personal interaction so may be a disadvantage for training in bereavement care. However, the interviewee saw Skype as offering possibilities.

**3.6.3 Delivery**

**NHS**
Training should be delivered in a variety of ways: e-learning; small groups; study day. However, the interviewee believed that the best way to teach on bereavement is the small group (3-4 participants) with a trainer. Introduction and raising awareness with, for example, porters or
nurses should be done face to face in a medium sized group. Participants can then carry out further reading or take e-learning modules.

**College**

Again a range of means of delivery were discussed: small groups; online. The Loss and Grief unit in HNC is taught online. The interviewee thought that theories and the impact of grief on people, and work around experiences is best done in a group. Online may be helpful for raising awareness around grief and loss. Some content may be about loss in general, loss of job, moving house, shifting from friends. Often the topic can be introduced in that way and can lead on to considering loss through death.

**HEI**

The interviewee felt that there is a need initially to be clear about what education and training is needed for specific professional groups. In that way bespoke training that is relevant to real life situations can take place. For example, children’s nurses may wish to talk about what they feel they need to know to break bad news or to be with people.

**Hospice**

Shaping Bereavement Care should be used to raise awareness.

**Voluntary sector**

The interviewee believed that bereavement care education and training should not be focused in health and social care and saw caring for bereaved people as a life skill for everyone. He thought that the important thing to do was to build capacity to cope in the wider population.

**3.6.4 Cultural competency**

**NHS**

Chaplains are an underused resource in the NHS and may have knowledge of different cultural requirements. To have cultural requirements in policies was seen as essential to enable it to be included in training for the particular policy, for example, last offices. In addition, opportunities should be explored for people from ethnic minority communities to assist with training. Knowledge is necessary to enable consideration of
requirements and preparation before staff are in the position of having to provide care for someone with cultural needs.

**College**
Looking at cultural traditions around different religions is currently part of a wide range of college courses. This includes bringing in members of ethnic minority groups to help out with teaching.

*Much better than tutors getting them to read something or talk about something. When you’ve someone in the room who can give them their take on what it’s like for them living in a country that isn’t their own, and how they perceive us as well.*

**HEI**
The importance of cultural considerations being in education and training materials was identified. However, the interviewee felt that there was no way of ensuring delivery in practice.

**Hospice**
Aligning education and training for bereavement care with the equality and diversity agenda to ensure quality care was seen as necessary by the interviewee. Again, she also felt that cultural needs should be included in educational materials.

**Voluntary sector**
Being culturally aware and prepared was identified by the interviewee to be a huge worry in the voluntary sector. Work around supporting people has grown up with secularising of society and families being more dispersed. To be culturally competent we need to understand needs and experiences. Translating a few leaflets and going to a few workshops is not enough. In addition, the interviewee had experience of changed needs across generations in families. Needs may differ between older generations and younger members of the family who have adopted more western values.

### 3.6.5 Summary of gaps in provision
Taking an overview of responses to the survey and points raised in interviews, it has become apparent that there are gaps in provision of education and training for bereavement care across the sectors. Table 10 (below) brings together the identified gaps and indicates some of the
difficulties experienced by respondents in the study. Respondents also provided some suggestions for enhancement and these are also included in the table below.
Table 10. Gaps in provision of education and training for bereavement care

<table>
<thead>
<tr>
<th>Staff group</th>
<th>Difficulties</th>
<th>Suggested action</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS</td>
<td>Managers/individuals do not see as relevant to role</td>
<td>KSF requirement</td>
</tr>
<tr>
<td></td>
<td>Limited availability of Level 2 training</td>
<td>Potential to have Seasons for Growth companions in NHS</td>
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<td></td>
<td>Release of staff for training</td>
<td>Inter-professional education (IPE)</td>
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<td>Cultural awareness</td>
<td>Hospice type training programmes rolled out (Level 2)</td>
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<td>Including ethnic minority representatives in training/developing training</td>
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<tr>
<td>HEI</td>
<td>Relevance not seen for physiotherapy, radiography, OT students</td>
<td>Loss and grief components in all UG healthcare courses</td>
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<td></td>
<td>Requires experienced educators</td>
<td>Inter-professional education (IPE)</td>
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<td></td>
<td>Cultural awareness</td>
<td>Online modules</td>
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<tr>
<td>Colleges</td>
<td>Limited availability of SQA units</td>
<td>Roll out across colleges and health and social care courses</td>
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<td></td>
<td>Limited capacity in curriculum</td>
<td>Improved uptake of SQA units</td>
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<td>Encouraging students to take non mandatory modules</td>
<td>Including ethnic minority representatives in training/developing training</td>
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<tr>
<td>Hospice/ palliative care</td>
<td>Limited time for staff to attend</td>
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<td>Training tailored to need (Level 2)</td>
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<td>Collaborative cross sector training</td>
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<td>Local authority</td>
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<td>Explore potential links to hospices</td>
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<td>Train the trainers approach</td>
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<td></td>
<td></td>
<td>Include social work students in IPE sessions in HEIs</td>
</tr>
<tr>
<td>Voluntary sector</td>
<td>Cultural awareness</td>
<td>Build capacity in wider population</td>
</tr>
<tr>
<td></td>
<td>Life skill for everyone</td>
<td>e-learning, potential to use Skype for face to face component</td>
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<td></td>
<td>Limited awareness of diversity of grief situations</td>
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</table>
4. DISCUSSION

The nature of information collected by the survey questionnaire was adequate to reflect useful details about content, teaching methods and target groups for courses. Participation was spread across key sectors and organisations to form a broad perspective on current practice in terms of educating students and staff development. However, social work education and training, staff development and vocational qualifications may be under represented. In terms of the needs of specific individuals when bereaved, an important area of concern identified in the literature was in supporting bereaved people with learning disability. Specific education or training for health and social care workers in this area was not evidenced in this study and provision remains undefined.

Across the sectors respondents to the survey and interviews conveyed information, thoughts and opinions specific to their areas of practice. This may not be representative of other providers in the same sector or in other regions of Scotland. In addition, it remains unclear whether organisations that did not provide any data for the project run similar or different activities or courses or have little or no engagement with students, learners or staff in terms of education and training for bereavement care. Specific groups with their own needs also are under represented, for example, children's services, and mental health services. A further limitation of the study was the lack of sensitivity in the survey instrument to collect definitive information about education and training interventions for particular staff groups that would allow accurate mapping to the three levels of provision indicated in SBC. An additional concern for moving forward with enhancements to provision is the lack of systematically evaluated evidence to support interventions that may be identified as good quality.

Current provision of education and training for bereavement care appears to be lacking across the sectors where there may be opportunities to enhance or initiate delivery of relevant topics, courses, and continuing
professional development interventions. This is also identified in the literature as a difficulty across professions (Walsh-Burke and Csikai 2005, Low et al 2006, Chan et al 2007). There appears to be lack of awareness of what may be available, for example, SQA units have been developed but are only accessed by a small number of further education colleges, if any. There may be a need for college staff responsible for delivery of health and social care courses to have more information about such courses and their relevance. Nevertheless, there is clear engagement with grief and loss across health and social care and evidence that organisations recognise the need to build skills in this area (Stephen et al 2009). When organisations invest in education and training for bereavement care the outcomes are likely to be felt by bereaved individuals (Walsh-Burke and Csikai 2005) and by health and social care staff in terms of confidence to interact with people recently bereaved (Reid, McDowell and Hoskins 2011, Supiano and Vaughn-Cole 2011).

It is clear that a range of approaches to education and training for bereavement should be available to support diversity of roles and interactions with bereaved relatives across sectors. Awareness of response to losses and the potential needs of bereaved people, and providing appropriate support and signposting are important in health and social care services that endeavour to provide person centred care (Scottish Government 2011b) that meets each person with compassion and respect (Scottish Government 2010). A further key driver for health and social care staff is the consideration of patient and client safety in their roles and competent care of the bereaved is a key part of more open and honest service delivery (Health Improvement Scotland 2012).

As part of all round high quality service delivery, provision of education and training for bereavement care at three levels has been recommended in the tiered model represented previously (Scottish Government 2011a, Wimpenny 2011a). While the data reflect provision at the three levels it isn’t possible to define with confidence where many courses and modules lie. Those at level 1 appear to be relatively easy to define, while the distinction becomes less clear between levels 1 and 2, and between levels
2 and 3. Even in the data provided by hospice and palliative care providers it is difficult to define level 2 and 3 education and training for staff whom have been previously identified as providing specialist intervention for the bereaved (Stephen et al 2009). With hindsight, it may have been useful to ask interviewees to define the education and training undertaken in their areas in terms of the tiered model. Nevertheless, there may be scope to raise the level of provision for staff with greater interest in bereavement care and a desire to work at level 2 or 3 in particular services like the NHS, social work services or even in the care home sector. Collaboration between organisations working at level 3 in the voluntary sector or in hospice/palliative care units and generic providers may be worthwhile exploring and pursuing. At the other end of the scale, training for administration, reception, a range of care and ancillary staff was identified as lacking in both health and social care sectors. Wider inclusion of staff in these roles in level 1 education and training is necessary (Braun and Zir 2005). Bereavement co-ordinators in the NHS and managers in other sectors require to engage with staff to identify needs. However, ensuring participation may be difficult if staff do not see their roles as key to care delivery. Incentives to attend such sessions may be necessary, as is continued interaction with facilitators beyond the training session.

Respondents in the study supported a multidisciplinary and inter-professional education (IPE) approach to education and training for bereavement care. The Centre for Advancement of Inter Professional Education (CAIPE) emphasises the value of IPE to facilitate collaborative responses to the needs of individuals, families and communities (CAIPE 2012). Additionally, the World Health Organisation (WHO) recognises IPE as having an important role in mitigating the global difficulties presented in organisation and delivery of health care services by preparing a workforce that can collaborate to address needs (WHO 2010). In essence, IPE enables professionals to learn together to become informed about each other’s roles with the goal of improving the quality of care (CAIPE 2012). Including bereavement and bereavement care in IPE would ensure that it is taught at undergraduate level for a range of professions. A pilot
course in a NHS trust in England has previously reported the development of such a course to enhance understanding of each other’s roles and to meet the needs of bereaved children and young people (Braund and Rose 2001). The course, involving staff in nursing, medical, chaplaincy and social work roles has been run successfully for a number of years and has led to development of services for bereaved children, and practitioners have established a programme of support, supervision and development of learning opportunities. This indicates that IPE can take place in practice settings as well as in under graduate education where it may be commonly taking place.

A teaching strategy commonly used in the settings we have surveyed involves opening with discussion of loss and its wider implications (Matzo et al 2003b). This is an approach that has been used by others, particularly when teaching on peri-natal loss (Mitchell 2005). This may be particularly useful in under graduate or college programmes where students may not have encountered the experience of being bereaved of a close family member or friend (Wimpenny 2011a). Combined with a reflective approach as described above students can move towards greater theoretical understanding of bereavement and go on to learn the skills required to be effective supporters and be alongside the bereaved.

In undergraduate and college programmes the mix of classroom based learning and practicing what is learnt whilst on work based placement seems essential. Shadowing a mentor and close supervision are key components of the success or educational intervention (Severinsson and Sand 2010).

Whether teaching on bereavement care is incorporated in other topics or taught separately in its own right most likely depends on staffing and time resources. However, the content of the course and skills of the facilitator may be the crucial components for enabling learning and not the number of hours allocated to a topic. Opportunities for students to learn and be assessed while working in their role seem valuable for the quality of care delivered. This is all part of a generic level of training that is essential to foster appropriate skills in health and social care professionals. That
further development takes place when becoming registered practitioners with provision of accredited and non-accredited courses seems obvious. However, responses gathered in the study seem to suggest sporadic attention to bereavement care as a topic for professional development. Introduction of bereavement co-ordinators in the NHS with a key role in developing local policies means that the ground has been laid for development of education and training for staff (Scottish Government 2011a). Linking training to systems for planning and recording personal development, for example, KSF in the NHS is also essential for continued engagement in this topic area. A particular group that may benefit from informal and formal educational opportunities in bereavement care may be health and social care support workers (HSCSW) who are non-registered staff employed in clinical roles (NHS Education for Scotland 2010). There are three levels of HSCSW who are required to be educated to levels 6-8 (SCQF) within the Career Framework for Health (Skills for Health 2010, Scottish Government 2009). In terms of bereavement care, it may be pertinent to initially provide training at level 1 (SBC) for HSCSW and senior HSCSWs. To address the need for workers trained to the second level of the tiered model (SBC), depending on area of practice and amount of contact with bereaved relatives, it may be that those practicing as assistant practitioners can upgrade their skills in bereavement care. Supervision of the HSCSW, either directly or indirectly, will be key to safe progression of roles in this way and enhancement of bereavement care (NHS Education for Scotland 2010). More widespread use of SVQs relevant to bereavement care, already available through some further education colleges, may appropriately support learning in the workplace for this group.

E-learning is in use, particularly within NHS services, for learning about bereavement and bereavement care. Modules developed by CBCS are currently being accessed by staff in some health boards, and more widespread roll out is currently being negotiated. In universities, e-learning tools are commonly used in educational input and as part of a blended learning approach (Kavanaugh et al 2009). More widespread use of such modules in other key areas, like local authority social work,
appears to be a reasonable recommendation. However, ongoing issues around freely available access and support for use of e-learning tools are concerns in certain areas, for example, health boards. In addition, a key factor in learning about grief and loss is the need to reflect on personal and professional experiences and this should be addressed (Scottish Government 2011b, Wimpenny 2011a, Mitchell 2005). The development of online learning tools with a skilled facilitator to monitor students’ postings in relation to the module is necessary to identify difficulties that may occur for the student and the need for discussion. The use of Skype may enable this type of interaction at a distance. However, this will be more resource intensive in terms of staff time and running costs.

A train-the-trainers type approach may be feasible, particularly in social care, to aid the preparation of home care workers and staff in care homes to provide bereavement care to clients, residents and relatives. This type of approach has been used previously to train doctors in common problems faced in elderly care with small positive changes in practice achieved through peer-led, community-based sessions (Levine et al 2007). Training a small number of experienced professionals to cascade training and information on bereavement care to members of their team may be prudent economically in terms of social care services and staff time.

Collaboration between sectors is clearly established in some areas to facilitate training in end of life care, including bereavement care. This kind of engagement may be a useful vehicle to encourage staff to increase their interest in bereavement care and provide higher level services. Existing collaborations between universities, hospices, palliative care units and statutory sectors should be nurtured and where there is evidence of quality, or it is known that they work in practice, these alliances may be replicated. For example, hospice type training programmes may be transferrable to the NHS and indeed this is already in place in board areas across Scotland (see Table 6 above). Collaborations for the purposes of staff training potentially could have benefits in terms of improved understanding and confidence to interact with the bereaved. There can
also be rewards in terms of increasing the profile of both organisations and extending the sustainability of the voluntary sector provider.

Collaboration may also be helpful for developing the understanding of health and social care staff and students of grief and loss in different cultures. Members of ethnic groups can inform programme development and provide dialogue with learners (Stein, Sherman and Bullock 2009). Simply applying western perspectives universally to bereavement care demonstrates lack of preparation and is unrealistic and unlikely to succeed (Singer and Bowman 2009).

Education and training of health and social care staff for bereavement care is multifaceted as discussed above. Challenges exist in both statutory and voluntary sector services to provide a level of staff preparation and ongoing development that truly reflects needs in areas of practice and that respond to the variety of grief experiences that staff could potentially encounter. This report provides some insight into current provision and perspectives in Scotland and gives a range of recommendations that may move the agenda ahead. Consideration will be given to the developing curriculum in healthcare services in terms of the Career Framework for Health (NHS Education for Scotland 2009), the education and training of healthcare support workers (NHS Education for Scotland 2010), and inter-professional education (World Health Organisation 2010). Recommendations are relevant to NHS Education for Scotland to inform the development of training and education resources to support health boards, local authorities, the university and college sectors to train staff across the workforces in bereavement awareness and bereavement care. However, these are provided in light of limitations in coverage of the data collated in the study, and poor knowledge about quality and effectiveness of approaches due to lack of evaluative evidence.
5. CONCLUSION

The research study documented in this report has drawn together information about provision of education and training for bereavement care in health and social care in Scotland. Many examples of what appears to be good practice exist across education providers and service delivery. However, there is currently a lack of systematically evaluated evidence available to guide development and enhancement. Recommendations for strategic enhancement are based on developing strategies to raise awareness and use of existing provision, addressing gaps in programme delivery and continuous professional development, and promoting evaluation to clarify outcomes for learners and for the bereaved.
6. RECOMMENDATIONS

Collation of the data collected in this study, mapping of provision to the tiered model represented in Shaping Bereavement Care (Scottish Government 2011a), and identification of gaps has led to a position where key recommendations for development can be made. The recommendations are presented in this section in terms of appropriate approaches to developing education and training in health and social care. They are designed primarily for NHS Education for Scotland to inform strategic developments that respond to gaps in awareness, provision, and evaluation, addressing the needs of organisations, individual roles, and bereaved people who have contacts with health and social care staff around the time of the loss of a close relative or friend.

A. Awareness, utilisation and scrutiny of existing provision

It is recommended that:

1. NES and other relevant national bodies concerned with strategic development of education in health and social care initiate processes to raise awareness of the nature, scope and potential value of existing bereavement care education and training.

2. Relevant national processes could involve production and dissemination of materials with exemplars of provision at the three SBC levels. The Scottish Grief and Bereavement Hub could be used to provide signposts to resources.

3. Research takes place:
   a. to evaluate processes and impacts of bereavement care education and training approaches at the three SBC levels;
   b. and to clarify the nature and scope of health and social care bereavement work at the three SBC levels and the related match to existing educational provision.
B. Developments to address specific gaps in provision

It is recommended that:

4. SQA extend the provision and uptake of modules with bereavement care content and supervision and practice based assessment. This should include work with colleges to enhance capacity to include the topic in all health and social care courses.

5. Bereavement care is developed as a topic for inclusion in the training of regulated and non regulated health and social care support workers as relevant to areas of practice and competencies.

6. There is associated development of supervision roles for registered professionals to delegate, direct, guide and support health and social care support workers to consolidate skills learned in practice.

7. Systems to cascade training within organisations should be developed, particularly in large organisations like NHS boards and local authorities. A train-the-trainers type approach in, for example, local authority home care and care home services may usefully disseminate practical and theoretical knowledge on bereavement care.

C. Content and format of provision

While it was beyond the scope of this project to formally evaluate content, format and impact of approaches to bereavement care education and training, some aspects come across as being particularly valued by respondents.

On this basis, at national level, NES might wish to consider:
8. Supporting the roll-out of facilitated e-learning approaches relevant to staff and students in all sectors, including local authority services and Scottish Prison Service.

9. Promoting bereavement care to HEIs and NHS boards as an ideal focus for inter-professional education approaches, providing exemplars of possible structures and processes.

Local educators might wish to consider:

10. An approach to study that promotes open discussion, reflective learning and peer support as a key part of bereavement care education and training. A person with appropriate experience should facilitate education and training and be available for discussion and support for students/learners.

11. Including bereavement care in all undergraduate programmes for health and social care students, including medicine, nursing, social work, occupational therapy and others. There may be a range of courses or modules in a programme where such inclusion is appropriate, with continued engagement while on clinical placement. Education that is tailored to the needs of particular student groups such as mental health nurses and children’s nurses should be available. An inter-professional education approach that is multidisciplinary is also appropriate.
7. REFERENCES


## APPENDIX A

### Literature review

<table>
<thead>
<tr>
<th>Reference, country</th>
<th>Methodology/aims</th>
<th>Evidence/findings</th>
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<tbody>
<tr>
<td>Reid, McDowell and Hoskins (2011) Communicating news of a patient’s death to relatives Scotland</td>
<td>Opinion piece, informed by literature. Examination of nurses’ role in communicating news of a death to relatives and assessment of training and education available. Score 2.</td>
<td>Communicating the fact of a death is the hardest part of dealing with families. Lack of training identified, leading to lack of confidence &amp; inability to meet psychological needs. Only 35% of nurses feel that practice is evidence based. In order to carry out their role successfully nurses need more education. This will give people the skills to break news without undue stress. Focus of training should be on emotional and psychological aspects, practicalities holding less importance.</td>
</tr>
<tr>
<td>Williams et al (2006) How well trained are clergy in care of the dying patient and bereavement support? England</td>
<td>Questionnaire surveys of parish clergy and training institutions. Determine training for clergy on supporting dying patient and bereaved relatives. Questions on training in key areas including pastoral care of the bereaved; hours of training received; composition of training (medical, sociological, psychological, theological, legal aspects). 39.4% response rate.</td>
<td>Further training in pastoral care of the bereaved was desired by 66.3% of respondents. However, pastoral support skills were a significant component of the training for those who had been trained, and sociological and psychological elements were included. Comprehensive skills in pastoral care for bereaved were reported by 75% of respondents. Methodist denomination, and not having been placed in a hospice during training were associated with desire for more training. More recently trained ministers were more likely to have been trained in bereavement care. Ability rated highly when ministers had been trained. Half the colleges approached responded to the questionnaire. A lot or comprehensive content in training was reported: psychological knowledge (80% of institutions); sociological knowledge (50%); theological knowledge (79%); pastoral support skills (68%). The range of hours training in pastoral care for bereaved 6-34.</td>
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<tr>
<td>Low et al (2006) A UK-wide postal survey to evaluate palliative care education amongst General Practice Registrars (GPRs)</td>
<td>Survey of GPRs palliative care education UK wide. 65% response</td>
<td>Only half received communication skills training, less (44%) had training in bereavement care. Fifty seven percent were dissatisfied with their training or had not received training in bereavement care. Thirty three percent of respondents weren’t confident about their skills in bereavement care.</td>
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<tr>
<td>Bell et al (2004) Piloting cross-boundary training to develop cancer care nursing (Abstract only) UK</td>
<td>Flexible approaches to lifelong learning have the potential to increase motivation and influence recruitment and retention. This study explores how the introduction of a collaborative rotational placement programme between the NHS and the voluntary sector helped qualified staff to develop their practice in caring for patients with</td>
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<tr>
<td>Author(s)</td>
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<tr>
<td>Douglas, Pemberton and Hewitt (2002)</td>
<td>Addressing bereavement issues through education (Abstract only)</td>
<td>England</td>
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<tr>
<td>Oliver (1998)</td>
<td>Training and knowledge of palliative care of junior doctors (Abstract only)</td>
<td>England</td>
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<tr>
<td>Read (1996)</td>
<td>Helping people with learning disabilities to grieve</td>
<td>England</td>
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<tr>
<td>Johnston, Davison and Reilly (2001)</td>
<td>Educational needs assessment in palliative care: a survey of GPs and community nurses.</td>
<td>Northern Ireland</td>
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<tr>
<td>Author(s) and Year</td>
<td>Description</td>
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<tr>
<td>Chan et al (2007) Attitudes of midwives towards perinatal bereavement in Hong Kong</td>
<td>Descriptive correlational study Exploration of attitudes to bereavement care in terms of education (among others); explore relationship between attitudes to bereavement care and need for bereavement education.</td>
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<tr>
<td>Chan, Chan and Day (2004) A pilot study on nurses' attitudes toward perinatal bereavement support: a cluster analysis Hong Kong</td>
<td>Survey of attitudes of obstetrics and gynaecology nurses to perinatal bereavement, their support and training. Two clusters (formed on basis of demographic data and attitudes): cluster B, older, more experienced and higher level of training. The majority of nurses had positive attitudes towards providing bereavement care. However, sig diff between clusters in attitudes to perinatal bereavement support. Nurses in cluster B had higher scores in attitudes to bereavement. Only 25% of nurses had bereavement care training. Attitudes towards bereavement care were positively correlated to training needs and belief in the need for hospital policy support for bereavement care. Nurses' attitudes towards bereavement care positively correlated with both hospital policy on bereavement management (p&lt;0.001) and</td>
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ROC loss and bereavement service offered to adults with intellectual disability. Originally run by a drama therapist. Brief intervention – assessment, 12 weekly sessions for client, one day training for staff. Funding secured for service and for two days training for staff providing direct care. Rationale for training: therapy more likely to succeed if supported outside therapeutic setting; more confident approach to grief and loss in adults with intellectual disability; better and more proactive support in future bereavements preventing need for further intervention; identify own losses and explore how they influence approach to bereaved; clearer idea of when to refer. Contents of training: basic information about loss and bereavement and affects on people with intellectual disability; theory; interactive techniques. Exercises to encourage participants to draw on experiences of loss to recognise coping mechanisms. Provides consistent approach to support individuals. Equips staff with understanding of therapeutic process how to support it. Builds strategies for communication with people with intellectual disability. Builds skill base to reduce need for referral. Outcomes: change over time in types of referrals; partnerships between support staff and therapist – integrated approach; long term positive changes for adult with intellectual disability. Hong Kong nursing schools have not included bereavement education in core curricula. Courses can be sourced from outside HK. The study found that attitudes of midwives to bereavement care emphasised their need for improved knowledge and more experience, improved communication skills and greater support for others in the team. In addition supportive hospital policy was found to be an important factor that positively affects midwives attitudes. Nurses' attitudes towards bereavement care positively correlated with both hospital policy on bereavement management (p<0.001) and
| Walsh-Burke and Csikai (2005) Professional Social Work Education in End-of-Life Care: Contributions of the Project on Death in America's (PDIA) Social Work Leadership Development Program | Review of programs and models for professional social work education and training in end of life care (including bereavement). Tracks history of development of training in USA. | Social work education (Bachelors and Masters levels) is missing content about end of life care, palliative care and bereavement. 2001- Society for Social Work leaders in healthcare – ‘Care at the end of life.’ Identified multifaceted roles and competencies required, including grief/bereavement. 2002 – social work summit on end of life care, 10 priorities identified. 2004 – standards for social work practice in palliative and end of life care (National Assoc Social Workers). Curricula set by Council of Social Work Education in Bachelors and Masters courses, however, training in end of life care is limited. Students could opt to take elective courses, e.g. ‘Death and Dying.’ Social work text books also gave sparse coverage, though one of the topics covered more often was ‘loss, grief and bereavement.’ PDIA Identified content areas (from surveys, lit reviews, focus groups with experts in the field) - includes bereavement assessment and intervention, psychological distress at end of life, advanced directives, spirituality. Masters level - dying and grieving children and adolescents, complicated grief. Graduate programmes redesigned to include the areas identified. Several models of delivery: immersion in palliative care work; intensive meetings and supervision for practitioners; generalist and specialist courses; distance learning; continuing education programmes; seminars; conferences; interdisciplinary education. In addition, text books were written and resources websites developed. Barriers – lack of resources including members of faculties trained to teach end of life care. Programmes to train teachers are required. A central repository of model syllabi, exercises and assignments is required. Secure funding needed for educational establishments, and for students to enable time away from work and travel to courses. Input of social workers and service users needed to ensure curricula are relevant. |
| Matzo et al (2003) Strategies for teaching loss, grief and bereavement USA | Discussion of pedagogical methods for teaching loss, grief and bereavement and key content areas. | Nurses role: facilitating the grief process; assessing grief; assist bereaved person to express the loss. Use skills of multidisciplinary team. Death anxieties, grief and cumulative losses experienced by nurses are focus of the article. Student nurses should have educational opportunities to become aware of their feelings, responses and reactions to death. Helps them to convey caring, acceptance and respect, and communicate |
Four things that influence emotional and spiritual awareness: verbalising feelings and expressing emotions; past experiences of loss; anticipated or ongoing changes in their lives; presence or absence of support systems.

Teaching and support strategies:
Incorporate system of support – purpose to reduce effects of death anxiety and cumulative loss by assisting student to explore and express feelings associated with anxiety, loss and grief experienced when caring for dying patients – informal gatherings, support from mentor, debriefing, memorials, privacy. Experiential learning and role modelling important.

Use of loss exercises – facilitator with strong grief and bereavement background, group process, debriefing.
Case studies – do bereavement assessment, stimulate critical thinking, match goals to training, controlled environment to practice skills.
Story telling, testimonials, poetry and pictures can be used as affective type teaching methods – promotes self reflection, critical thinking.
Preceptor/mentor programmes – the learner can practice facilitating grief process, complete an assessment, and sit in or participate in a support group. Best paired with classroom based learning.

Eckerd (2009) Death and dying course offerings in psychology: a survey of nine midwestern states. USA

Survey of psychology depts., track changes over time. 9 midwestern states: 287 contacts made, 187 psychology dept chairs or coordinators responded. 161 completed online survey, 26 opted out, 95 did not open survey.

If students leave college with some understanding of death and grief they will be less psychologically stressed when they have to cope with these issues, and will be more prepared to make end of life decisions. 33 indicated a DD&B course had been offered in last 5 years; 127 did not

Modal number of times offered was 6 (in 6 years).
No. of psychology majors in an institution not related to whether DD&B course offered.
DD&B courses offered were at advanced level in almost all institutions who answered this question (69%).
In 54% of cases course taught by member of psychology faculty.
Whether DD&B course would be offered next year: 47% no; 28% unsure; 18% yes; 7% did not answer. Depts. offering in last 5 years sig more likely to offer in future (p<.001).
54 schools provided info about why not offering DDB; 34% faculty issues (insufficient number; insufficient expertise); covered by
another course or dept (33%); 22% curriculum issues (no room; not part of curriculum; too specific); 11% lack of interest/demand. 1/3 of schools said another dept offered – sociology; religion/theology; social work; philosophy; nursing; other health science. Covered in another psychology course (26 schools): ageing; lifespan development; adult development; psychosocial adjustment.

<table>
<thead>
<tr>
<th>Dickinson (2002) A quarter century of end of life issues in US medical schools.</th>
<th>Questionnaire to US medical schools to determine emphasis on death and dying in curriculum (1975-2000)</th>
<th>Number of offerings in death education increased from 1975-2000 from 7% of medical schools to 18%. Increasingly multidisciplinary approach taken and by 2000 more involvement with nurses, social workers, attorneys. Less input from psychologists, sociologists, psychiatry. Combination of methods favoured: lecture; seminar; small group discussion. 69% have clinical case discussions, 50% have hospice visits; 46% use videos, 39% use role play; 33% use simulated patients. Bereavement and grief was one of was one of most frequently taught topics in US medical schools (73% of schools).</th>
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<tr>
<td>Supiano and Vaughn-Cole (2011) Impact of personal loss on the experience of health professions: graduate students in end of life and bereavement care USA</td>
<td>Development, implementation and evaluation of educational placement for students in nursing, social work, counselling, pastoral care and genetic counselling. Involves them as co-facilitators in bereavement support groups.</td>
<td>Inadequate preparation of health profession students to care for dying and bereaved. Purpose: enhance knowledge, attitudes and skills about grief and loss; foster empathetic compassion; prepare to use selves and life experiences. Meaning construction theory used. Grief support groups that students co-facilitated were sponsored by the university. Medical students observed clinical care in palliative care service. Twenty five students who took part in groups and 10 med students who took palliative care elective included in study. Pre-assessed and post tested using 15 item questionnaire measuring cognitive, behavioural and affective components of learning. Also included open ended questions about experiences of death, grief and loss, and self assessment of impact of loss (if present). Student facilitators received instructions and they were accompanied by a licensed clinical for 8 week support groups. Continuous support provided. Reassessed after 8 wks. Medical students assessed using same instrument as above. Half day of preparation. Worked with palliative care team for 2 days, shadowed team social worker, regular debriefing. Results: All nursing, social work, counselling and pastoral care students had previous instruction in death and dying. Medical and genetic students...</td>
</tr>
</tbody>
</table>
did not have such teaching. Assessment yielded high scores across domains and disciplines (insufficient sensitivity), but modest disparity in preparation and knowledge. Overall increase in scores across disciplines at post test. Largest gains in grief knowledge in social work students, and skill scores of mental health nursing students (not stat sig).

43% had prior experience of group work (less in gene counselling and medicine). Personal experience of bereavement in 80% of students. Death of grandparent most frequent, though 14 had lost closer family member, 8 were multiply bereaved, 4 students experienced unexpected or traumatic death. 1 student lost 2 friends during clinical experience, 1 had family member with life threatening illness.

Themes in narratives: helping suffering persons; becoming empathetic; compassionate; understanding grief; recognising grief unique for each loss; preparation for role. Themes presented in context of prior preparation in group work, prior personal experience with loss, and preparation for each profession.

Maurer-Starkes et al (2010)
Who helps the helper?
Lessons on grieving for athletic trainers.
USA

Literature review to review theories, identify successful interventions, offer suggestions for implementing teaching strategies in athletic training curriculum

Public awareness of catastrophic injuries and deaths that affect athletes. Current provision for students of athletic training is limited, no space in curriculum.

2 potential programmes: a course on death, dying and bereavement in the mandatory curriculum. Topics to include grief process, grief through life cycle, mediators, traditional philosophical and theological attitudes, ethical issues.

A workshop or seminar including above topics and professional responsibilities, and establishing support network. However, if neither is realistic then adding content to existing courses is best option. Peer support among athletic trainers was also advocated.
# APPENDIX B

## Survey questionnaire

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1a</td>
<td>Name of institution</td>
</tr>
<tr>
<td>2</td>
<td>Your department</td>
</tr>
<tr>
<td>3</td>
<td>Your role</td>
</tr>
<tr>
<td>4</td>
<td>Education/training on bereavement care takes place in the dept/institution</td>
</tr>
<tr>
<td></td>
<td>If No, please go to question 18</td>
</tr>
</tbody>
</table>

## Education or training course/event

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>5</td>
<td>Title</td>
</tr>
<tr>
<td>6</td>
<td>Nature of course/ event e.g.: module/ lecture/ part of a module/ part of a lecture/ workshop/ tutorial/ seminar/ conference</td>
</tr>
<tr>
<td>7a</td>
<td>Target group (tick all that apply)</td>
</tr>
<tr>
<td>7b</td>
<td>More information on target group</td>
</tr>
<tr>
<td>8</td>
<td>Is this education or training event linked to a qualification?</td>
</tr>
<tr>
<td></td>
<td>If yes, what qualification?</td>
</tr>
<tr>
<td></td>
<td>What level or credit rating?</td>
</tr>
<tr>
<td>9a</td>
<td>Who delivers the course/ event/ training? e.g.: lecturer/ Continuous Professional Development facilitator/ Practice Education Facilitator</td>
</tr>
<tr>
<td>9b</td>
<td>Who organised the conference/ event?</td>
</tr>
<tr>
<td>10</td>
<td>Duration of course or training event</td>
</tr>
<tr>
<td></td>
<td>Question</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>11</td>
<td>Proportion of course that is about bereavement care</td>
</tr>
<tr>
<td>12</td>
<td>How often the course takes place?</td>
</tr>
<tr>
<td>13</td>
<td>Cost (for participants)</td>
</tr>
<tr>
<td>14</td>
<td>Please provide detail of course content relevant to bereavement.</td>
</tr>
<tr>
<td>15</td>
<td>Teaching method</td>
</tr>
<tr>
<td>16</td>
<td>How is knowledge assessed?</td>
</tr>
<tr>
<td>17</td>
<td>Do voluntary sector groups dealing with bereavement input to your course/module/ education or training?</td>
</tr>
</tbody>
</table>

Please supply copy of course description/ guidelines/ manual if applicable.

If you wish to provide information about other courses/events with bereavement care content, please attach this information below or contact the researcher, Audrey Stephen, by email: a.i.stephen@rgu.ac.uk

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>If your institution does not currently provide any education in bereavement care where would employees/students access this education?</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Are there any staff who have contact with bereaved relatives that currently have little access to bereavement care training/ education?</td>
<td>e.g. porters, receptionists</td>
</tr>
<tr>
<td>21</td>
<td>What could be added to current provision to ensure adequate knowledge and practical skills in health and social care practitioners?</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>What are your views on how education and training in</td>
<td></td>
</tr>
<tr>
<td></td>
<td>bereavement care should be delivered?</td>
<td></td>
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<tr>
<td>---</td>
<td>--------------------------------------</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Would you be willing to participate in an interview with the researcher to explore how bereavement care education and training could be developed?</td>
<td>Y/N If yes, please provide your name and email address for further contact</td>
</tr>
</tbody>
</table>

Thank you very much for completing the questionnaire.
APPENDIX C
Introductory email

Dear (Named person where possible),

Our research team at Robert Gordon University in Aberdeen, is working with NHS Education for Scotland (NES) to carry out a scoping of education and training for bereavement care in health and social care services. This is in response to a recommendation contained in Shaping Bereavement Care (http://www.sehd.scot.nhs.uk/mels/CEL2011_09.pdf), the Scottish Government policy for NHS Boards to develop high quality bereavement care services. We would like to collect information about courses, modules, lectures, workshops, tutorials, conferences and seminars that are about bereavement care or include bereavement care as a topic. Attached to this email is a link to a questionnaire that we would like you, or a person with suitable knowledge in your department, to complete.

Overall, the aims of this project are to identify and collate information about bereavement care education and training courses and events. Existing provision will be mapped against the three levels of education and training identified in Shaping Bereavement Care. Finally recommendations for development of future education and training resources will be made based on identified gaps in current provision.

Information that you provide in response to the questionnaire will be made available publically in reports for NES, in papers for journal publication, and in conference presentations. Therefore, please do not provide any information that you would not be willing to share in the public domain. The study has been given ethical approval from Robert Gordon University Research Ethics Subcommittee.

A link to the questionnaire is provided below. Please either provide the information yourself, or forward this email to others in your organisation with the necessary knowledge to complete. Please complete the questionnaire by Friday 23rd December 2011. Thank you very much for taking part in this study.

www.rgu.ac.uk/bereavement-care

Kind regards,

(Signature block with contact details)
APPENDIX D

Interview topic guide

NES Scoping of education and training for bereavement care

Aim: make recommendations for development of future education and training resources based on identified gaps in current provision.

What are the gaps in education and training for bereavement care in your sector?
What could be done to enhance provision? What resources are needed?
How should bereavement care education and training be delivered?
How can cultural competency be assured within education and training for bereavement care?
APPENDIX E

Introductory email (interview)

Scoping of education and training for bereavement care

Dear ..... 

You may recall recently completing a questionnaire for the above study and providing us with your contact details indicating your willingness to be contacted again. Thank you very much for doing so, the information is proving valuable in building a better picture across Scotland. For the final phase of the research, we would like you to consider taking part in a short interview with a researcher that will inform recommendations we make for development of future education and training resources for bereavement care. You will be interviewed by either myself, Dr Audrey Stephen, or Dr Colin Macduff from Robert Gordon University. Interviews will take place over the phone and will last 15-20 minutes. They will be recorded as an aide memoir and then destroyed after relevant note taking and analysis.

You will be asked about:

- gaps in education and training for bereavement care in your sector;
- what could be done to enhance provision;
- how bereavement care education and training should be delivered;
- how cultural competency can be assured within education and training for bereavement care.

Please reply to this email to let me know if you can take part. A date and time for your interview can then be arranged. The information that is collected in interviews will be used to give further general insights into provision within particular sectors and you will not be named in any reporting of interviews. The study has been reviewed and approved by the Research Ethics Sub Committee at Robert Gordon University.

Thank you very much for your continued interest in this study.
CONSENT FORM

SCOPING OF EDUCATION AND TRAINING FOR BEREAVEMENT CARE

Participant identification Number:
Name of Researcher: Dr Audrey Stephen / Dr Colin Macduff

Initial the boxes

1. I confirm that I have read and understand the information I have been given (email/oral) for the above study.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without my legal rights being affected.

3. I agree for the interview to be audio recorded.

4. I understand that the data from the recording will not be attributed to me personally in the reporting of the study.

5. I agree to take part in the study.

Name of participant          Date          Signature

_________________________________  _______________   _______________________
Researcher                     Date              Signature
APPENDIX G
Additional information about courses and training
Figure 1. Education and training for bereavement care in NHS Boards
NHS Orkney
Understanding Loss and Grief - online learning
6 module course
Each module will take 15 - 20 minutes, suggestions made for further study. Links to KSF. Short assessment
Nature of loss, bereavement as a specific type of loss. Reflective, using case study material and encouraging students to reflect on their experiences.

NHS Grampian
1. Bereavement and Loss
   - Available to all staff
   - Awareness of issues surrounding bereavement and loss
   - Underpinning theory to practice
   - Allow participants to explore experiences of caring for the dying and supporting bereaved
     - Current policies
     - Shaping Bereavement Care
     - 2 hour bereavement workshop
     - Medical students (Phase III)
     - approaches to bereavement,grief, loss
     - care prior to death
   3. Shaping Bereavement Care: Education and information for NHS Grampian staff
      One off workshop for all staff
      - Introduction to SBC
      - Relative's story and discussion
      - Theory and research
      - Debriefing after a death
      - Signposting

NHS Lanarkshire
Bereavement care session
A range of staff groups
- Communication in loss, grief, bereavement
- Grief and bereavement counselling
- Sessions provided by Accord Hospice and Glasgow Caledonian University

NHS Tayside
1. National e-learning programme for Shaping Bereavement Care (Cruse)
   - Available to all staff
   - Supports KSF (SCQF levels 4 - 6)
   - Before you start - preparing to study bereavement
     - Understanding loss and grief
     - The grieving process
     - Interventions and skills
     - Supporting bereaved staff
     - Supporting bereaved children and young people
   2. Introduction to Palliative Care/ Bereavement Support
      New staff nurses and volunteers in palliative services
      - Models
      - Normal Grief
      - Therapeutic interventions
   3. Communication Issues in Palliative Care
      Module for post reg nurses and AHPs (SCQF level 9)
      - Models of loss and bereavement
      - Manifestations of grief
      - Risk factors
      - Resilience
      - Bereavement support

NHS Fife
Bereavement care module/session
A range of staff groups
- Introduction to Bereavement
- Models of bereavement
- Good practice

NHS Staff training, CPD
- Multidisciplinary
Figure 2. Education and training for bereavement care in higher education institutions

Robert Gordon University
- Social Work BA (Hons) Social Work
- PG Dip/MSc Social Work
- Social Science Degree
- Specialist Courses
  - Understanding loss and change
  - Models, stages, and skills in working with loss
  - Complicated grief
  - Understanding and working with trauma
  - Bereavement and young people
  - Bereavement and older people
  - Bereavement through the life cycle
  - Understanding transitions
  - Counselling skills
    - Nursing
  - 2 under graduate courses with bereavement content:
    - Critical perspectives in Adult Nursing, and Essentials for Initial Nursing Practice
    - Topics include advance care planning, communication in end-of-life care, last offices and care of family after a death, integrated care plans in end-of-life care.
    - Support for families around time of death
    - Good communication with relatives & carers
    - Potential impact of small gestures
    - Importance of self-care for nurses
    - Ethical issues

University of Glasgow
- Part of the undergraduate degree programme for adult nursing students
  - 1st year - 6 hours
  - 2nd Year - 4 days 2 hours
  - 3rd Year - 5 days
- Content: Death, Dying, Spirituality, Palliative care, sudden death, cancer care
- Pre req midwifery workshop
  - Integrated throughout all modules
  - Specifically in complications of childbearing and the newborn module.
  - Includes loss, not only of the fetus at various stages, but also failure to meet expectations

University of Dundee
- Nursing
- Diploma of Higher Education/Bachelor of Nursing or Midwifery, COP, MSc Advanced Practice, MSc Advanced Practice, Masters in Palliative Care (partial content in several modules)
- Under graduate - theories of death, dying and bereavement, grief and loss, societal cultural and spiritual issues related to grief and loss, SCQF Level 9-11

Queen Margaret University
- Nursing
- In pre reg nursing programme
  - Discussed briefly in year 1 related to clinical skills, last offices and communication
  - More depth in year 2 when studying palliative care
  - In year 3 discussed within Acute and Critical Care module and Long term issues module. Some focus alongside advance care planning and Liverpool Care Pathway in year 4.
- Theories of loss, grief, adaptation
- Talking with relatives
- Role of Macmillan team in bereavement care
- SCQF Level 10

University of Edinburgh
- Medical students
- Death, Dying and Bereavement
  - The lecture and linked workshops provide all necessary information for medical students related to death, dying and bereavement.
  - Bereavement is also a key learning objective in the Clinical Communication theme, runs through all five years of the curriculum, and applied in clinical placements in interactions with patients and relatives.
  - SCQF Level 11
- Social Work
- Loss, death and grief
  - 3rd year UG, PG students
- Staged theories, contemporary theories, cultural awareness, self awareness and application to social work
- SCQF Level 10/11

University of West of Scotland
- Nursing
  - Adult Branch, Mental Health Branch
  - Palliative Care Module, BSc Higher Education
  - Pre and post registration education and training
  - Level 9 SCQF
- Grief and Bereavement education and training included in the titles below:
  - Becoming a Person
  - Nursing at the End of Life plus Interventions for Grief
  - And Loss
  - Breaking Bad News
  - Palliative Care
  - School of Health Sciences
  - No course offers bereavement care

University of Glasgow
- Social Work
- BA (Hons) Social Work
- Social Science Degree
- Specialist Courses
- Understanding loss and change
- Models, stages, and skills in working with loss
- Complicated grief
- Understanding and working with trauma
- Bereavement and young people
- Bereavement and older people
- Bereavement through the life cycle
- Understanding transitions
- Counselling skills

University West of Scotland
- Social Work
  - One session in the Lifespan Development module (level 8 social work)

University of Edinburgh
- Social Work
- Loss, death and grief
  - 3rd year UG, PG students
- Staged theories, contemporary theories, cultural awareness, self awareness and application to social work
  - SCQF Level 10/11

University of Dundee
- Nursing
- Diploma of Higher Education/Bachelor of Nursing or Midwifery, COP, MSc Advanced Practice, MSc Advanced Practice, Masters in Palliative Care (partial content in several modules)
- Under graduate - theories of death, dying and bereavement, grief and loss, societal cultural and spiritual issues related to grief and loss, SCQF Level 9-11

Queen Margaret University
- Nursing
- In pre reg nursing programme
  - Discussed briefly in year 1 related to clinical skills, last offices and communication
  - More depth in year 2 when studying palliative care
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- Theories of loss, grief, adaptation
- Talking with relatives
- Role of Macmillan team in bereavement care
- SCQF Level 10

University of Edinburgh
- Medical students
- Death, Dying and Bereavement
  - The lecture and linked workshops provide all necessary information for medical students related to death, dying and bereavement.
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  - SCQF Level 11
- Social Work
- Loss, death and grief
  - 3rd year UG, PG students
- Staged theories, contemporary theories, cultural awareness, self awareness and application to social work
  - SCQF Level 10/11

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- Role of Macmillan team in bereavement care
- SCQF Level 10

University of Edinburgh
- Medical students
- Death, Dying and Bereavement
  - The lecture and linked workshops provide all necessary information for medical students related to death, dying and bereavement.
  - Bereavement is also a key learning objective in the Clinical Communication theme, runs through all five years of the curriculum, and applied in clinical placements in interactions with patients and relatives.
  - SCQF Level 11
- Social Work
- Loss, death and grief
  - 3rd year UG, PG students
- Staged theories, contemporary theories, cultural awareness, self awareness and application to social work
  - SCQF Level 10/11

University of Dundee
- Nursing
- Diploma of Higher Education/Bachelor of Nursing or Midwifery, COP, MSc Advanced Practice, MSc Advanced Practice, Masters in Palliative Care (partial content in several modules)
- Under graduate - theories of death, dying and bereavement, grief and loss, societal cultural and spiritual issues related to grief and loss, SCQF Level 9-11
Figure 3. Education and training for bereavement care in further education colleges

**Clydebank College**
Understanding loss and the process of grief
For support workers, HNC Social Care
Models of grief
Understanding how to support someone grieving
Cultural differences in approach

**Aberdeen College**
Social care and health care students
Theories of loss, understanding grief and mourning, understanding different cultures, support of others through bereavement
Lectures, group work, tutorials, interactive activities
Levels 5-8 SCQF
Open and closed book assessment

**Moray College (UHI)**
Understanding loss and the process of grief
For support workers, HNC Social Care
Models of bereavement
Statutory and voluntary support agencies
Helping strategies
Organisational policies and procedure
Level 7 SCQF
Written assessment

**Motherwell College**
Int 2 Care students
Understanding loss and grief
Review of Kubler-Ross and Parkes
Lectures and discussion
Level 5 SCQF
Written assessment
Figure 4. Education and training in bereavement care in hospice/palliative care units

**St Andrew’s Hospice**
Communication, Loss, Grief and Bereavement Skills, 2 day course
- District General Hospital staff
- Care Home staff
- Social Workers
- Support workers
- General Practitioners
- Community health care staff
Includes listening and communication skills, frameworks of grief, the tasks of mourning, coping with feelings, meeting the needs of the bereaved and the importance of confidentiality.

**Highland Hospice**
Loss, Grief and Bereavement as a component of Graduate Certificate in Palliative Care (UWS), or as standalone module.
For multidisciplinary staff
Distance learning
SCQF Level 9

**St Vincent’s Hospice**
- Inhouse education sessions
  Workshops, part of lectures, reflective practice sessions
  All staff included
- Butterfly Project (Child bereavement support)
  Volunteer training
- Education and support to guidance teachers in local schools
  Talks on bereavement to teachers and pupils
- Pre training for group workers
- Greater Glasgow & Clyde – bereavement education for acute hospitals and community

**Accord Hospice**
- Supporting people through loss
  Module for clinical and non clinical staff
  Theories of loss
  Models of bereavement
  Use of counselling skills to offer support

**Strathcarron Hospice**
- Supporting Adults Experiencing Grief and Bereavement
- Supporting children, young people through bereavement and loss
  For Health and Social Care Professionals
  Presentations and group work
  Overview of grief theories/models
  Exploring individual grief responses
  Assessment

**Rachel House (CHAS)**
Provide training for external organisations

**Prince & Princess of Wales Hospice**
Coping with Loss and Change
All hospice staff and Greater Glasgow & Clyde Health Board staff
- Models of bereavement & loss
- Different types of loss
- Challenges and reactions
  - Communication
    - Spirituality

**Hospice/Palliative Care services**
Figure 5. Education and training for bereavement care in local authorities

Glasgow City Council
Staff and Social Work students can take OU Death and Dying option Part of BA Social Work

South Lanarkshire Council
Formal training for non clinical staff, provided by St Andrew's Hospice: Dealing with Bereavement Bereavement and Communication Skills

West Lothian CHCP
Introduction of the Liverpool Care Pathway/ Breaking bad news Multidisciplinary approach – AHPs, nurses and GPs • raising difficult topics • breaking bad news • preparation for end of life care

Aberdeenshire Council
Palliative Care (Bereavement Care)
• Loss & Change in Childrens Services
• Loss & change Part of training programme for support workers, care home staff, home carers Contributions from Cancer Link Aberdeen and North (CLAN) and Grampian Child Bereavement Network

City of Edinburgh Council
1 hour session on loss, grief and bereavement within 2 day course on Palliative Care in Dementia For frontline care workers in council run care homes and home care services • introduction to common theories • group discussions about experiences

Scottish Borders Council
A member of staff has attended the launch event for Good Life, Good Death, Good Grief (Scottish Partnership for Palliative Care)

Council Services
• Social Work

Level 1 (SBC) provision

Level 2 (SBC) provision

Level 3 (SBC) provision
Figure 6. Education and training for bereavement care in voluntary sector organisations

- **Cruse Bereavement Care Scotland**: On-line modules for NHS staff.
  - Preparing to study bereavement
  - Understanding loss and grief
  - The grieving process
  - Interventions and skills
  - Supporting bereaved staff
  - Supporting bereaved children and young people
  - SCQF Levels 4-6

- **Shetland Bereavement Support Services**
  - Course title: Bereavement Support
  - Key counselling skills
  - Grief & bereavement models
  - For professionals pre-qualified in counselling who work with bereaved people or for those working in a voluntary capacity with issues of grief and loss.
  - The course was produced in association with Shetland College.
  - 1 introductory session + 6 full days
  - COSCA* validated

- **Notre Dame Centre**
  - (Support for young people and families through emotional and behavioural problems)
  - Training Companions to work with people through loss and change (not exclusively bereavement).
  - Seasons for Growth programme.
  - Companions work for external organisations (NHS etc)
  - SCQF Level 7

- **Cancer Link Aberdeen & North**
  - For staff and volunteers – a COSCA* validated course
  - Themes: offering support, helping relationship, listening skills, cancer loss & bereavement.
  - For experienced staff and volunteers – in-depth course, COSCA* validated.
  - Themes: relating theories to client work, explore current research.

- **Voluntary Sector Services**
  - Cruse & NHS Scotland on-line modules for NHS staff
  - Preparing to study bereavement
  - Understanding loss and grief
  - The grieving process
  - Interventions and skills
  - Supporting bereaved staff
  - Supporting bereaved children and young people
  - SCQF Levels 4-6

- **Voluntary Sector Services**
  - Preparing to study bereavement
  - Understanding loss and grief
  - The grieving process
  - Interventions and skills
  - Supporting bereaved staff
  - Supporting bereaved children and young people
  - SCQF Levels 4-6
Institute of Counselling
Grief and Bereavement Counselling – 30 Level 9 SCQF points
A Distance Learning module that forms part of Diploma In Clinical and Pastoral Counselling
95% of students taking this course work in a helping role in public or voluntary sectors and they use this module to add value to their role.
- Models of bereavement – synthesises them with the Skilled Helper Model of Egan

Scottish Prison Service
Arranged by individual prisons
## APPENDIX H

### Scottish Prison Service information

<table>
<thead>
<tr>
<th>Location</th>
<th>Information Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPS College</td>
<td>Unaware if specific training in Bereavement Care is offered. (The SPS College provides training to Prison Officers and other staff, and is also used by many groups and facilitators).</td>
</tr>
<tr>
<td>SPS Chaplains</td>
<td>Specific Bereavement Care Training is a component in the vocational education of clergy, taught as part of a Pastoral Care course at degree level or equivalent. Clergy in their work meet many bereaved people, conduct funerals and provide aftercare. Many receive refresher training in Bereavement Care. Chaplains are much involved in the care of bereaved persons in prison, both prisoners and staff.</td>
</tr>
<tr>
<td>SPS Chaplains Development Day and SPS National Suicide Risk Management Group</td>
<td>A Session was offered on ‘The experience of Bereavement in Prison’ by a CRUSE Counsellor working at HMP Edinburgh.</td>
</tr>
<tr>
<td>HMP Aberdeen</td>
<td>The Clinical Manager has done bereavement training. A Nurse has conducted a module on loss and grief. SPS Aberdeen allocated bereavement training to the Residential Staff. Two Chaplains have received formal training in connection with military chaplaincy which has been to do with bereavement and loss as a consequence of violence or sudden trauma.</td>
</tr>
<tr>
<td>HMP Barlinnie</td>
<td>One Chaplain at HMP Barlinnie had been involved in setting up a Rainbows Group to care for children who had lost a parent through violence or drug abuse.</td>
</tr>
<tr>
<td>HMP Dumfries</td>
<td>No specific training offered.</td>
</tr>
<tr>
<td>HMP Greenock</td>
<td>One of the Chaplaincy Team is a CRUSE Counsellor and Supervisor.</td>
</tr>
<tr>
<td>Health &amp; Care Directorate, SPS</td>
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<tr>
<td>Location</td>
<td>Description</td>
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<tr>
<td>HMP Inverness</td>
<td>‘The NHS used to provide a course on Bereavement Care but not for some years. It would be good if such resources were for all staff and not only Healthcare staff’.</td>
</tr>
<tr>
<td>HMYOI Polmont</td>
<td>Chaplains attended Bereavement Care Training Conferences provided by The Scottish Executive, Children in Scotland and the NHS.</td>
</tr>
<tr>
<td>HMP Perth</td>
<td>A Training Session for SPS Chaplains was provided through NHS Tayside’s Bereavement Services.</td>
</tr>
<tr>
<td>HMP Peterhead</td>
<td>In the early nineties bereavement training was provided here by Elizabeth Kubler-Ross.</td>
</tr>
<tr>
<td>Family Contact Officers</td>
<td>Family Contact Officers are involved with prisoners’ families at times of bereavement, co-ordinating attendance at a funeral, for example, but specific training is not provided.</td>
</tr>
<tr>
<td>Listeners Scheme</td>
<td>Listeners are prisoners provided with training by the Samaritans to support prisoners in need; they have a bereavement awareness component in their training.</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>Mental health referrals offer support for those bereaved and Mental Health practitioners will advise on the care of bereaved persons in prison. Some Mental Health practitioners have attended training events in this area.</td>
</tr>
<tr>
<td>Prison Based Social Workers</td>
<td>Social Workers employed in prisons may have had some input on this issue in terms of their SW training.</td>
</tr>
<tr>
<td>SPS Staff Support</td>
<td>All staff are provided with information that the Employee Well-being Programme offers a confidential advisory telephone line through which a number of Counselling sessions can be arranged. This is set up to cater for a number of concerns and bereavement is one of them.</td>
</tr>
<tr>
<td>HMP Kilmarnock</td>
<td>Serco Staff Support Group members are all trained to COSCA 4 standard and in addition staff have access to an external Company called UNUM who employ professional Counsellors. Serco are the private contractor who run this prison.</td>
</tr>
</tbody>
</table>