

SUPPORTING STAFF WHEN A CLIENT DIES



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Acknowledgments

Thank you to everyone who helped create this toolkit. This toolkit was originally produced through consultation with St. Mungo's, using a staff survey to input, produced in line with their policies and procedures around the death of a client. It has been updated by Groundswell's HHCP.

Aims

- Explain how grief can manifest and how to recognise it
- Suggest systems you can put in place to support staff after a client dies
- Provide details of national and local support services that could be useful
- Provide a checklist of tasks that need to be completed after a client passes away

Introduction

The death of a client can deeply affect staff members and your staff team, but as a manager, it might be difficult to know how to support them. Although the relationship between the staff member and client is a professional one, the impact and emotions experienced might be strong. They can arise months after the actual death has occurred. Supporting staff members through what can be a challenging time will help reduce sick leave and absenteeism, avoid unnecessary staff turnover, and strengthen team morale.

Ways to help manage grief include:

- Creating an environment where staff can express their grief
- Helping to foster a supportive team
- Creating a meaningful context in which to place death

This toolkit aims to be a reference point to help you support your staff members after a death in your service.

How grief manifests and how to recognise it within your staff team

Grief is a term which describes a constellation of emotions which may or may not occur in some form after a death or other significant loss. How that constellation is shaped and manifests is unique to each individual and to each situation, and will change for each person over time. ***There is no right or wrong way to grieve, and there is no time frame for this experience.*** Below are some of the ways grief can manifest, but this is by no means an exhaustive list. Any change in feeling or behaviour in a staff member after a significant loss may or may not be a result of grief.

Experiencing the loss of a client is a very particular sort of loss. Staff might feel that they 'shouldn't' feel grief for someone with whom they had a professional relationship. However, each staff member will have had a different relationship with the deceased and different personal histories of loss.

Supporting staff involves supporting people; however, their grief might manifest. Some people ***express their grief through feelings***; they may cry, feel angry, upset, agitated (and so on). These staff members may well wish to access therapeutic services, may want to attend reflective practice sessions, and can engage in an emotionally focused conversation about the loss. There are others who will ***express their grief in a practical way***. This is a different way of expressing, rather than a denial of, grief. These staff members may wish to engage in practical tasks such as attending the funeral, clearing the room, and engaging in a relevant fundraising event. Being involved in any or all of the tasks listed can provide fruitful ways for someone to express their grief.

Grief is not a linear process. Most of us move in a cyclical fashion between coping and not coping, between engaging with the future and positivity and being grief-focused. This is our instinctive way of coping with that which would otherwise overwhelm us.

The death of a client can create an intensified fear among staff about risk to other clients and, as a result, an intensified fear of being (or being found) at fault. ***Staff members may require additional reassurance and supervision*** to cope with their own feelings and to avoid falling into risk-averse practice.

Here are ***some of the feelings*** staff may experience: fear, anger, pain, shame, guilt, and relief. Conversely, they may feel no particular set of emotions, or they may feel numb. ***Whatever the staff member feels is OK.*** Acceptance of a range of emotional responses within a team will help both individual staff members and the team as a whole make sense of and cope constructively with events. It is also important to remember that those managing the team will also have their own feelings and reactions, and need their own place to express their grief and concerns to be able to

support the team.

Supporting staff after a death

After a resident's death, each staff member will have different support needs; a one-size-fits-all solution is not suggested. A high proportion of staff surveyed (79%) stated that they received internal support from either their manager or from other staff after a client died. However, this survey indicated that other support options, such as reflective practice and the use of an Employee Assistance Programme, could be utilised by greater numbers. Unfortunately, 5% respondents stated they did not receive any support after the death of a client.

Surveyed staff suggested what else their organisation could do to support them when a client dies:

- 48% said they would like more support after the death of a client
- 53% said they would like ongoing bereavement support
- 63% would like access to practical issues (coroners and funerals)
- 68% stated they would like more training around how to deal with deaths.

Tasks to complete after a death

Tasks to complete as soon as possible	Completed?
Communicate sensitively	Let the staff team know about the death in a compassionate way.
Inform off-duty staff	Ensure there's a process to notify staff who aren't on shift.
Offer time off	Allow staff who worked closely with the client to take time off if needed.
Encourage peer support	Set aside time for staff to support each other, recognising how valuable this can be.
Support attendance at the funeral	Help staff and clients attend the funeral. Arrange transport and check whether attendance is appropriate (e.g. if it's a family funeral or council-organised funeral).
Provide opportunities to debrief	Offer one-to-one chats with managers and time at team meetings to share memories.
Share Employee Assistance details	Circulate the organisation's Employee Assistance Programme contact information.
Check in at handovers	Use daily handovers to ask how staff are coping and ensure they feel supported.

Tasks to complete as soon as possible		Completed?
Arrange reflective practice	Organise a session to process the death together; bring someone in if your team doesn't have regular sessions.	
Inform partner agencies	Let current or previous partner organisations know (e.g. outreach teams, previous hostels, Groundswell).	
Clarify with police	If the police are involved, check what staff can share with the client's family.	
Explain the coroner's process	Let staff know that a coroner is involved in unknown, sudden, violent or unnatural deaths, which may delay the funeral.	
Ongoing tasks		
Recognise each person's loss	Mark the death with a photo, plaque or flowers in a respectful place.	
Reflect in supervision	Encourage staff to talk about how they're feeling during supervision.	
Continue check-ins	Keep checking in at team meetings and reflective practice sessions for as long as needed.	
Prioritise remembrance events	Make time in rotas for the St Martin-in-the-Fields Annual Service of Remembrance (usually November).	
Offer grief training	Provide training on managing grief and loss and include information at induction to show that emotional responses are normal.	
Share coroner feedback	Ensure staff and services are informed when the coroner's report is completed.	

Support around suicide

There will be times when staff and clients need support after a resident decides to take their own life. Managers may wish to implement **suicide postvention** in their service. This can include activities that reduce the risk of further suicides and promote healing after a suicide death. After a suicide, residents and staff may be left with unanswerable questions and can experience intense emotions such as guilt, shame, rejection, and grief. These emotions must be acknowledged and normalised as part of the grief response.

If an investigation is taking place after a suspected suicide, it may be unclear how to support clients around the death. Explain to residents that, while it may be known that a resident has died by suicide, the coroner is the only person who can officially determine the cause of death.

The [HHCP's Suicide Postvention toolkit](#) provides;

- a list of possible actions after a suspected suicide at your service,
- a checklist of what tasks need to be completed immediately and soon after a client dies after

a suspected suicide,

- suggests ways that you can support staff and clients after a suspected suicide, and
- provides details of national and local support services that could be useful to refer individuals.

When a palliative client dies in accommodation

When a client passes away due to an overdose, physical health complications, or by suicide, then we would normally call the ambulance and the police, who will inform the coroner. However, if a client is identified as palliative, then the ambulance services and the coroner will not collect the body.

In this case, you will need to:

- Contact the GP to confirm death and sign the death certificate.
- Contact the family to arrange the funeral. If the family is unavailable, contact the local authority's contracted funeral directors for the collection of the body at:
publichealthfunerals@westminster.gov.uk.
- If the death occurs over a weekend, call Sherry's, the funeral directors (020 8994 5474) for the collection of the body.

Support services

Organisation	Information	Contact details
Counselling service for clients - Great Chapel Street	Counselling service for clients. Times available can be found at: http://www.greatchapelst.org.uk/opening-times/	Great Chapel Street, 13 Great Chapel Street W1F 8FL Telephone: 020 7437 9360
Counselling services: Westminster talking therapies	The CNWL Talking Therapies Service Westminster, is available to adults over 18 who live in Westminster or are working in Westminster . Please note that it does not cover areas Paddington / North Westminster	People can self-refer or be referred by their GP. Referral form https://talkingtherapies.cnwl.nhs.uk/westminster/refer-yourself-westminster
Counselling services: Community Living Well	This is a free and confidential NHS service for people aged 18 and over and based in Queens Park and Paddington area .	The client needs to be registered with a GP to refer to this service. To self-refer fill out the form at: https://communitylivingwell.co.uk/self-referral-form-mental-health/
Down to Earth	Down to Earth can help those on low income and struggling to pay for funeral expenses.	Telephone: 020 8983 5055 Email: downtoearth@qsa.org.uk Website: https://quakersocialaction.org.uk/we-can-help/helping-funerals/down-earth
Government Bereavement Helpline	This is for help around tax after someone dies	Telephone: 0300 322 9620
Survivors of Bereavement by suicide	National helpline and local support groups	Telephone: 0300 111 5065 , 9am to 7pm Monday to Friday. Website: https://uksobs.com/
Westminster Coroner's Office	65 Horseferry Rd, Westminster, London SW1P 2ED	Telephone: 020 7641 1212 Email: innerwestlondoncoronerscourt@westminster.gov.uk
Westminster Council funeral/cemetery information	If the client's family is unavailable to organise the funeral, contact the local authority's contracted public health funeral team.	Email: publichealthfunerals@westminster.gov.uk Website: https://www.westminster.gov.uk/registrars/public-health-funerals

Further reading and resources

1. [HHCP's Coroner and Inquest Information Sheet](#)
2. [HHCP's Grief Information Sheet for clients](#) (this is a foldable handout for clients)
3. [HHCP's Grief information sheet for staff](#)
4. [HHCP's Postvention toolkit](#)
5. [HHCP's Palliative Care information sheet](#)
6. [HHCP's Mental Health Support Services Directory](#)

Appendix 1: How to respond when a client has died

A

- Keep calm and focused
- Call 999 and follow the operator's instructions
- Risk assess the area (sharps, weapons etc.)
- The 999 switchboard will always contact the police if the person is known, or suspected, to be dead
- Ask clients/visitors to clear the area

B

Record the following times:

1. When the body was discovered

2. When the ambulance was called

3. When the ambulance arrived

C

- Inform the manager, or if out of hours the on-call manager
- Lock the room/ area where the body is located
- Do not allow anyone to enter the room/ area
- If the deceased individual's flat/ room is shared with another client/s, the client/s must be relocated

D

Provide this information to the police and ambulance service:

- Client's name
- Date of birth
- Current medication
- Brief medical history
- Contact details of next of kin
- Details of last contact with the client- who, where, circumstances
- Who found the body and when
- Contact name and phone number of your service

If the death was sudden, violent or unexplained, the doctor may refer the death to the coroner

If the service is aware of the next of kin, the police will contact them

Next steps to be done as soon as possible:

A

- Complete an incident report
- Report accident/incident to your organisational H&S team
- Inform commissioners
- Inform housing benefit

- Inform DWP
- Book client out on rent account system (if needed)
- Find out funeral arrangements and inform staff and clients (if appropriate)

B

Inform any other individuals/organisations involved in the client's care and support:

- Social services
- Occupational therapist
- CMHT
- GP
- Hospital/psychologist/psychiatrist
- Key worker
- Outreach worker

- Care coordinator
- Housing support
- Substance use worker
- District nurse
- JHT
- Groundswell
- Any others as appropriate

C

Arrange a case review - The aim is to bring together all the different support services involved in the client's care to:

- Discuss what happened (clarify cause of death- via family/coroner)
- Explore service provision in place before a client's death
- Discuss good practice and any areas for improvement/learning
- Download the case conference template at:
<https://groundswell.org.uk/wp-content/uploads/2020/10/Case-conference-toolkit.pdf>

Useful note:

A person should not register the death unless they intend to take responsibility for the funeral. In the absence of next of kin, the council will arrange the funeral. For individuals that pass away in hospital the bereavement service (or PALS) will make a referral to the council for the funeral.

Appendix 2: Tasks to complete within the first 24 hours

INFORM COLLEAGUES AND PARTNERS

Service Head

Service commissioner, following their reporting requirements

Care Quality Commission (if service is registered)

Staff who work at the service to be informed during work hours.

This should be done in person or by phone. Texts or voicemails should not disclose details

Communications team

INFORM CLIENTS

All staff in service must understand that informing clients should be sensitive and within the boundaries of confidentiality

Inform clients to prevent rumours, and allow support to be offered promptly

Clients close to the deceased should be informed in person, in private

Clients that were not close to deceased can be informed in writing, or at a meeting

If information cannot be passed on to clients, this must be explained

START AN INCIDENT REPORT

Include:

1. When the body was discovered
2. When the ambulance was called
3. When the ambulance arrived

Ensure CCTV is saved

Appendix 3: How to support clients emotionally

Arrange a resident's meeting

- Inform residents or clients who knew the deceased
- Create a safe and comfortable space for clients to express their feelings about the death of their fellow housemate as soon as possible
- As a team, decide how much/little you can share about the details of the death (particularly important if there is a police investigation)
- Be sensitive to the psychological impact of losing a housemate and impact on residents

Offer support

- Ask them how they want the team to support them through the grieving process
- Reassure them they can come and talk to staff at any time
- Ask them how they want to be involved in organising the funeral (if appropriate)
- Reassure them there are support services available to them (counselling)
- Be available if they need support

Encourage sharing

- Encourage clients to talk about how they feel, to share memories about the person and discuss how they want to remember him/her
- Encourage clients to lead in the meeting
- Listen without judgement
- Be emphatic
- Be patient
- Acknowledge their sadness about losing a housemate/friend

Key work sessions

- Offer support in key work sessions - ask how they are feeling about the recent death of their housemate/ friend
- They may say 'I am ok', but let them know they can always talk to staff if needed at a later time
- Don't provide advice, just listen attentively and sign post for extra support if needed

Risk assess

- Any concerns or changes in a client's behaviour/ mental health/ intake of substance use should be recorded and monitored
- Risk assessment and support plans to be reviewed if needed
- External agencies to be informed accordingly



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