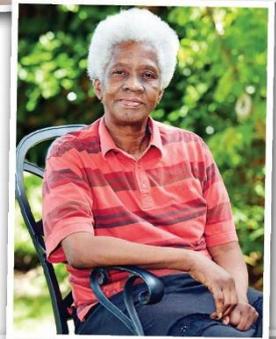




City of Westminster

St Mungo's
Ending homelessness
Rebuilding lives

SUPPORTING STAFF WHEN A CLIENT DIES



Westminster Rough Sleeping Pathway and HHCP
support document

April 2019

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This document aims to:

- 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 check list 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, and can arise months after the actual death has occurred. Supporting staff members through what can be a difficult time will help to reduce sick leave and absenteeism, helps avoid unnecessary staff turnover, and strengthens team morale.

Ways to help manage grief include:

- Creating an environment where staff are able to 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 to support your staff members after a death in your service. Feedback from a survey on how Homeless staff in Westminster would like to be supported after a client death has been included. This toolkit has been produced through consultation with St. Mungo's, in line with their policies and procedures around the death of a client.

How grief manifests, and how to recognise it in 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 in which 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, 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 practise.

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. **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.

Suggestions on how to support staff after a client dies

After a resident 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 (see figure 1, p5). However, this survey indicated that other support options; such as reflective practice and the use of an Employee Assistance Programme could be utilised at greater numbers. Unfortunately, 5% surveyed stated they did not receive any support after the death of a client.

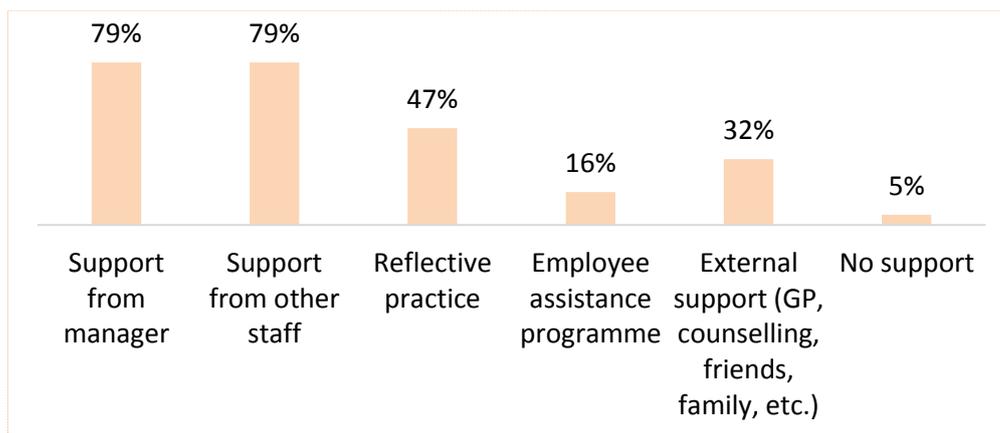
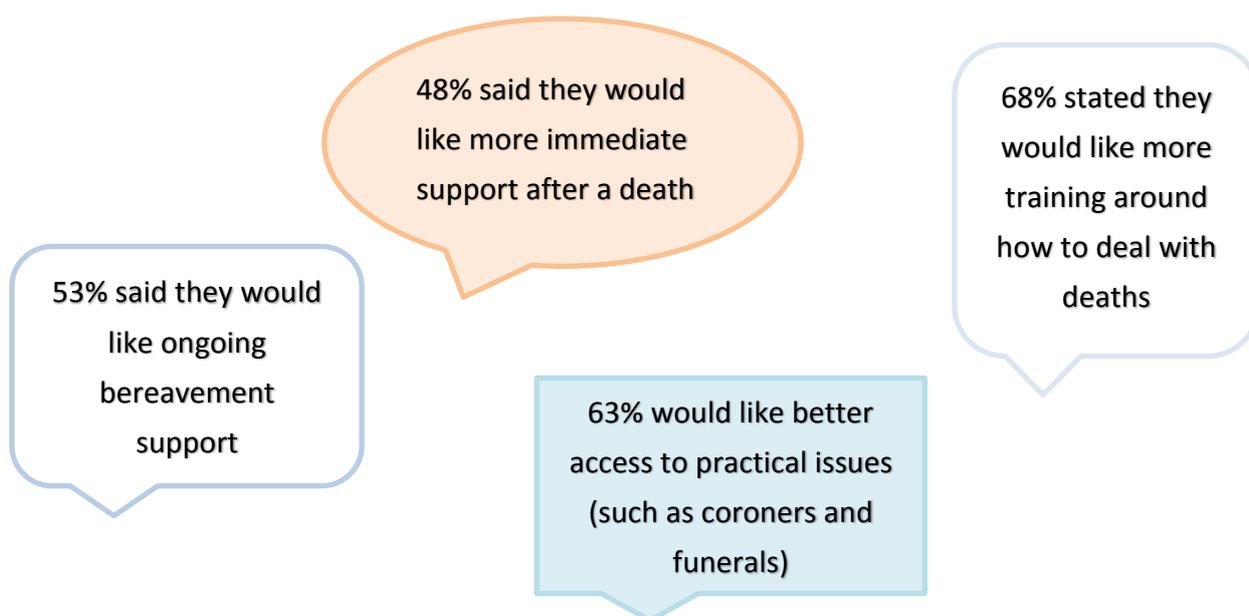


Figure 1: The percentage of staff and the type of support received after a client death

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



Immediate support

Immediate support for staff after a client dies could include the following:

- **Reviewing support systems in place** within your service, potentially as a team. An activity sheet can be downloaded at: <http://www.homelesspalliativecare.com/wp-content/uploads/2018/09/Bereavement-support.pdf>
- **Sensitively communicating the news** of a death to staff team.
- **Ensuring there are procedures in place** to inform off duty staff that a client has passed away.
- **Granting time off** for staff member(s) working closely with a client that dies.

- Staff indicated that one of the most beneficial forms of support after a client death came from their peers. Managers could facilitate this by **allocating time for staff to support each other**.
- **Supporting staff / clients to attend the funeral** for deceased and arrange transport for them to get there and back. If it is a family funeral, check whether staff/ clients can attend. If the local council is organising the funeral you may need to contact them to find out the date, time and where the funeral is being held.
- Offering **formal and informal opportunities for staff to debrief** e.g. one-to-one chat with their manager, sharing personal stories and memories of client at team meetings.
- Circulating your organisations' **Employee Assistance Programme** number.
- **Checking in with staff** around the death in daily handovers to ensure staff feel supported.
- **Arranging a reflective practice session**. If your service doesn't have access to a regular reflective practice session, consider who you could get in to support your staff team to process the death together.
- It is good practice to **inform partner agencies** that were currently working with the deceased and worked with them in the past (e.g. outreach teams, last hostel they resided in, Groundswell).
- If the police are involved in the client death, **clarify what staff members can divulge** to any of the client's family members.
- **Explaining to staff that a coroner will be involved** when the cause of death is unknown; sudden, violent or unnatural. An investigation could take several months to determine the cause of death, which may will delay the funeral.

Ongoing support

As grief can be multi-faceted and affect staff members at any time, it is important to have a flexible support programme in place.

- **Recognising the loss** of each resident when they die. For example, placing a photograph of the resident, plaque or flowers in an appropriate place.
- When you meet your staff for supervision **encourage them to reflect on how they are feeling**.
- **Continuing to check in with staff** at reflective practice and team meetings until required.
- **Prioritising the St Martins in the Fields Annual Service** of remembrance on the rota. This is usually scheduled in November (<https://www.stmartin-in-the-fields.org/whatson-event/annual-service-of-commemoration-never-failed-me-yet/>).
- **Offering training** around managing grief and loss. Consider including information in staff induction around death highlighting that an emotional response to a client death is normal and expected.
- **Ensuring staff and services are given feedback** when coroners complete their reports on the deceased.

Support around suicide

There will be times when staff and clients need to be supported after a resident decides to take their own life. Managers **may wish to employ suicide post-vention** in their service. This can include activities which reduce risk of suicide and promote healing after a suicide death. After a suicide, residents and staff can be left with unanswerable questions and may experience intense emotions including guilt, shame, rejection and grief. It is **important that emotions experienced are acknowledged and normalised** as a grief response. For further information please refer back to the section on grief (p3).

If an investigation is taking place after a suspected suicide, **it may be unclear how to proceed** around supporting 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 that can determine the cause of death.

The section below provides sign posting to useful resources to read both around suicide prevention and post-vention.

Useful reading around **prevention**:

- The HHCP's tool kit '**Working with suicidal clients**' can be downloaded from: [http://www.westminsterhhcp.org/Resources\(2\)/Working%20with%20suicidal%20clients%20Toolkit.pdf](http://www.westminsterhhcp.org/Resources(2)/Working%20with%20suicidal%20clients%20Toolkit.pdf)
- Papyrus has several useful leaflets; coping strategies, distraction techniques. Find at: <https://papyrus-uk.org/help-advice-resources/>
- Appendix 3 (page 12 in this tool kit) – provides an example Suicide Risk safety plan to fill out with client
- Free suicide prevention e-training for staff: <https://www.zerosuicidealliance.com/>

Useful after a suicide:

- The Samaritan's **Help when we needed it most** report (this document is to help to prepare and respond to suicide in schools and colleges, but is still very useful), this can be found at: <http://supportaftersuicide.org.uk/support-guides/help-is-at-hand/>. For example, page 13 provides a list of questions that could be asked to work with residents affected by the suicide.
- The **Help is at Hand** book has been written for people bereaved and affected by suicide, by people bereaved by suicide. This is an excellent resource and you can download the guide from <http://supportaftersuicide.org.uk/support-guides/>
- **Survivors of Bereavement by suicide (SOBS)** may be able to provide support. They provide a telephone helpline and local support groups. Visit <https://uksobs.org/> for further information.

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 London W1F 8FL Telephone: 020 7437 9360
Counselling services: IAPT	The CNWL Talking Therapies Service Westminster is part of IAPT (Improving access to psychological therapies). Please note that it does not cover areas Paddington/North Westminster	People can self-refer at http://www.westminsteriapt.org.uk/ , or be referred by their GP. Alternatively you can refer via telephone: 0303 330 0000
Counselling services: Community Living Well	This service is for people registered with a GP in the Queen's Park and Paddington areas of Westminster.	It is possible to self-refer at: https://gateway.mayden.co.uk/referral-v2/d65351bb-6848-4b60-82c3-c2a73683d5fa
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@gsa.org.uk
Government Bereavement Helpline	This is for help around tax after someone dies	Telephone: 0300 200 3300
Survivors of Bereavement by suicide	National helpline and local support groups	Telephone: 0300 111 5065 , 9am to 9pm Monday to Friday.
Westminster Coroner's Office	65 Horseferry Rd, Westminster, London SW1P 2ED	Telephone: 020 7641 1212
Westminster Council funeral/cemetery information	https://www.westminster.gov.uk/cemeteries-funerals	

Further resources

1. Information about when a death is reported to a coroner, interim death certificate:
<https://www.gov.uk/after-a-death/when-a-death-is-reported-to-a-coroner>
2. Homeless Link's Taking Action After the Death of Someone Sleeping Rough guidance:
<https://www.homeless.org.uk/taking-action-when-someone-dies-while-street-homeless>

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

a. The police will contact the next of kin

b. The doctor may refer the death to the coroner if the death was sudden, violent or unexplained

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 that involved 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 client's care in order 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:
<http://www.westminsterhhcp.org/Case%20conference%20took%20kit.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	INFORM CLIENTS IN THE SERVICE	START AN INCIDENT REPORT
Service Head	All staff in service must understand that informing clients should be sensitive and within the boundaries of confidentiality	Include: <ol style="list-style-type: none">1. When the body was discovered2. When the ambulance was called3. When the ambulance arrived
Service commissioner, following their reporting requirements		
Care Quality Commission (if service is registered)	Inform clients to prevent rumours, and allow support to be offered promptly	Ensure CCTV is saved
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	Clients close to the deceased should be informed in person, in private	
Communications team	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	

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 of the psychological impact of losing a housemate may have 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

Appendix 3 - Template suicide safety plan

Plan developed by: _____ (Service User)

and: _____ (Worker)

On: _____ (Date)

1. Main current risks and warning signs / triggers:
2. Coping strategies that have helped in the past:
3. What is the most helpful approach from people around me?
4. People that I know whom I can ask for help and support:
5. NHS services or agencies that I can contact if I need to:
My GP: _____ at: _____ Tel: _____ Go to my nearest Accident & Emergency Department (open 24 hours) or call 999 for the Ambulance service. The nearest A&E is: _____ (ask for duty Psychiatrist) Samaritans 116 123
6. Immediate plans to ensure safety
7. Plan for what to do if you do not attend an appointment without notice:

Service User's Name: _____

Worker's name: _____

Signature: _____

Signature: _____