Bereavement support for care home and home care staff

Grief is the normal response to loss. We all grieve and recover in our own way

Messages for practice

* When a resident in a care homes dies, care staff are very likely to feel affected and bereaved.
* Good practice lies in acknowledging staff may be affected by a death and need time to reflect on and deal with feelings of bereavement.
* Staff need to be able to talk openly about their feelings and emotions. Managers can support staff to do this in one to one meetings as well as group settings.
* This acknowledges the importance of staff to the care and confirms how important and valuable is their contribution to good care.
* It is important to recognise that grief may take some time to surface in staff following a death.

Physical and emotional reactions to loss and grief may include:

• Feelings of helplessness, confusion, sadness, anger, anxiety, apathy and stress.

• Difficulty concentrating on tasks or interacting with others.

• Withdrawing from relationships at work or in your personal life.

• Avoiding social activities.

• Lack of motivation to do things that you usually enjoy.

• Not eating or sleeping properly.

• Physical and mental exhaustion.

• A sense of not being ‘in control’ of your own thoughts, feelings or behaviour.

• Loss of confidence in your ability to function well at work or in your personal life.

• Physical illness.

• Challenges to your religious or spiritual beliefs.

Creating a Positive Workplace Environment:

Participate in creating and maintaining a workplace culture that recognises and actively supports staff experiencing grief. For example:

• Recognise the loss of each resident when they die – e.g. by placing a photograph of the resident or flowers in an appropriate place at your facility, by contributing to a ‘memory book’ dedicated to the resident.

• Support the attendance of staff at the funeral/memorial service for the deceased resident (subject to permission from the family).

• Ensure that there are procedures in place to inform off duty staff that a resident they have been caring for has died.

• Provide formal and informal opportunities for staff to debrief following the death of a resident – e.g. encourage staff to share their personal stories and memories about caring for the resident.

• At staff meetings, promote open discussion, reflection and the sharing of information about clinical practice and related matters.

• Participate in staff education and training related to death and dying. Increased awareness about what to expect and how to communicate may reduce concerns and fears about caring for dying residents

Supporting Colleagues:

Staff may have developed effective ways to deal with loss and grief that can be shared (formally and informally) with their colleagues. Staff can support each other by:

• Recognising and acknowledging the loss and grief that a colleague may be experiencing.

• Encouraging colleagues to share their concerns and feelings following the death of a resident.

• Listening and responding in a ‘non-judgemental’ way to colleagues’ experiences and needs.

Useful websites

macmillan.org.uk cruse.org.uk crusescotland.org.uk help.dyingmatters.org sad.scot.nhs.uk goodlifedeathgrief.org.uk hopeagain.org.uk (for young people) childhoodbereavementnetwork.org.uk hscbereavementnetwork.hscni.net hospicefoundation.ie/bereavement-2 cruse.org.uk/northern-ireland