



# **"Destined to walk alone?"**

## **A study of the unmet needs of bereaved people in the Banbury Area**

**Oxfordshire Cruse Bereavement Care  
A Healthwatch Oxfordshire Project Fund Report  
September 2016**

Banbury Area Bereaved People Needs' Study 2016.

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(a&b)**

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## 1. Executive Summary

This needs study, carried out by Oxfordshire Cruse Bereavement Care with funding from Healthwatch Oxfordshire, took place in the first half of 2016. The aims of the study were:

1. To establish what bereavement services are currently being delivered, and should be (according to prevalence) delivered, in the Banbury area.
2. To gather the views from the providers of services and people who have been bereaved on the impact of the current services in the Banbury area, find out where there are gaps and establish their views on the best solutions to filling those gaps.

It consisted of a desk-top information search and two focus groups each with professionals and bereaved people in an area surrounding Banbury covered by the North Oxfordshire Locality Group. In total, 12 professionals and 11 bereaved people attended the focus groups.

The results of the desk-top information search and the consultations produced several themes and generated some conclusions and recommendations.

The **themes** are:

- **Information** on services for bereaved people needs to be timely, accurate, widely available and comprehensive.
- **Access to services:** this information should enable bereaved people to access the appropriate service for them, through an assessment process and sign-posting.
- **Capacity to respond to need:** people who have been bereaved need a rapid response from the service they choose which means the services need to have capacity, in terms of both people and accessible local venues.

The **conclusions** generated are:

**Inadequate Level 1 (sign posting) services:** almost everyone consulted raised the problem of lack of information about available services, and lack of a sign-posting service to appropriate resources.

**Inadequate Level 2 (one to one support and facilitated groups) services:** the statistics obtained indicate that there is an unmet need for Level 2 services in the Banbury Area; added to this, the consultations with professionals and bereaved people give evidence that current services can't respond rapidly to demand, through lack of capacity in human terms (staff and volunteers) and in physical terms (lack of local premises).

The **recommendations** for the development of bereavement support services are:

1. **A Single Point of Access** is needed where coordination and information-sharing between services offer bereaved people comprehensive information about what is available and advice on how to access support. This Single Point of Access might also include an assessment process to enable people to find the most appropriate service for them.
2. **Better coordination.** People (paid and unpaid) working in the field of bereavement want improved partnership working between service providers; this will give opportunities to share information and address gaps in services by working in a more efficient and co-ordinated way. This will require support through well-targeted funding, and will go some way towards addressing the unmet needs of bereaved people, as expressed in this study. The Oxfordshire Bereavement Alliance<sup>1</sup> (OBA) offers a forum for this recommendation to be taken forward.
3. **On-going training on bereavement awareness and up to date information on services** is recommended for specialist and generic service providers; this should include on-going training on bereavement for professionals in related fields of work. This will ensure that good accurate information and a sensitive response is available as widely as possible for bereaved people.
4. **Increase the provision of one-to-one counselling.** In order to deliver these services, providers will need increased capacity, both people (paid staff and volunteers) and premises. More funding for agencies involved in bereavement support work (predominately delivered by trained volunteers) would address the capacity issue and increase provision. The level of funding would not necessarily be high; it is necessary to fund training and venue costs.
5. **More facilitated and social groups.** People living in the Banbury area (similar to bereaved people all over Oxfordshire) who have been bereaved, have said that contact with others who have been through similar experiences has been a priority for them. For those more recently bereaved, *facilitated* groups would be most appropriate, while for others, *friendship* groups, where people socialise and do things together, are more suitable. People want, and need, to share their stories.
6. **Services need to outreach to the BAME communities.** These communities are not well represented in bereavement services; given that there is a potential stigma around grief, especially with unexpected deaths, specific efforts need to be made to

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Oxfordshire Bereavement Alliance is a network of organisations who offer pre-bereavement and post-bereavement support to bereaved people; the network meets quarterly, usually in Sobell House, and is chaired by Dr Marilyn Relf.

link with under-represented communities in order to meet the needs of bereaved people within them.

## **2. Introduction**

Cruse has been providing a bereavement support service in Oxfordshire since the 1960s. Currently the service consists of a telephone helpline, as the first point of contact with bereaved people; this gives advice and information and, if appropriate, people are referred for one-to-one counselling, given by trained Bereavement Volunteers (BV). Between 800 and 900 people contact this helpline each year, and about 300 receive one-to-one counselling. Cruse runs three Friendship Groups, in Oxford, Wallingford and Abingdon, for people who are looking for social contact rather than counselling. In addition, there are two Bereavement Support Groups, one in Abingdon, and one in Oxford, the latter for people bereaved by suicide. Cruse also offers bereavement support to homeless people living or passing through two hostels for the homeless in Oxford. Cruse has three rented rooms in central Oxford, and a part-time paid administrator. Apart from the administrator, the organisation is run entirely by circa 80 volunteers, most of whom are trained BVs.

Two branches covered the county until March 2013, when the Cruse branch based in Banbury closed; for the past three years, the county-wide service has been run through the office based in Oxford. Conscious of the demand for our services, and concerned that bereaved people in the north of the county may not be receiving timely or local support, Cruse Oxfordshire thought it important to establish whether there is a more extensive unmet need for support to bereaved people in the Banbury area compared to the rest of Oxfordshire. Hence, funding was secured from Healthwatch Oxfordshire to carry out this needs' assessment.

The aims of the study were:

1. To establish what bereavement services are currently being delivered, and should be (according to prevalence) delivered, in the Banbury area.
2. To gather the views from the providers of services and people who have been bereaved on the impact of the current services in the Banbury area, find out where there are gaps and establish their views on the best solutions to filling those gaps.

This report summarises the methodology of the work done, the findings, draws conclusions and makes recommendations.

## **3. Area and population covered**

This study covered a 'Banbury Area' as defined by Oxfordshire Clinical Commissioning Group (OCCG) North Oxfordshire Locality Group (NOLG). NOLG is one of the six localities in Oxfordshire which are part of the OCCG, with 108,040 registered patients in twelve GP

practices. This is around 15% of the total of registered patients in Oxfordshire<sup>2</sup>. It includes Bloxham, Chipping Norton, Cropredy, Deddington and Hook Norton.

For this study, we considered bereavement services for people over 18 years old living in the Banbury area who have experienced loss through the death of someone who was emotionally very significant to them. Bereavement services for people under 18 years old are provided by See-Saw across the county and are not included in this study.

#### 4. Methodology

A project management group was set up as a sub-group of the Cruse Management Committee. This project management group, chaired by the Cruse Chair, was responsible for the governance of the project, establishing the terms of reference, and overseeing the implementation of the project. All financial expenditure on the project was agreed by this group and accounts kept by the Cruse Oxfordshire Treasurer.

The needs study was comprised of three activities:

- **Desk top information search:** the aim of this was to map the current services in the Banbury area and, where possible, establish the number of adults who have received bereavement services during the same period, 2013 - 2016. This information can be found in Appendix 1.
- **Focus Groups:** we held four focus groups, two for professionals from bereavement services in the Banbury area, and two for bereaved people. The purpose was to hear from people working in the area and from bereaved people whether or not they perceive there to be service gaps and/or overlaps and, to seek recommendations on how best the needs of bereaved people could be met in the future, given the current financial climate. We heard views from 12 professionals and 11 bereaved people in these groups. The detailed findings are contained in Appendices 2 and 3.
- **Personal experiences:** these were gathered from 4 people who had been bereaved, of whom some had had their needs met and others had not. The accounts of these experiences are contained in Appendix 4.
- A great many individuals and organisations were contacted, in both their professional and personal capacities, and invited to participate in the focus groups. These contacts included people working in statutory and voluntary health services, health-related and in social care services. In addition, we contacted faith groups, social groups, and individuals who had or had not received bereavement support. Some of these people who were unable to attend the focus group meetings gave their views by email. The full list of organisations invited is in Appendix 7.

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Source: OCCG website

## 5. Findings and recommendations

### A. The significant findings from the desk-top information search

In Cherwell, with an estimated population of 144, 494 people in 2014, 1254 people aged 20 years and over, died<sup>3</sup>. The NOLG population is estimated at 108,040 so, proportionally, there will have been an estimated 938 deaths of people aged 20 and over.

The National Institute for Health and Care Excellence (NICE) guidance recommends a three-component model of bereavement care, described in following table 1:

Component	Description of service
1	All bereaved people should be provided with information about grief and bereavement and how to access local and national support services
2	Some people need more formal support to reflect on their loss this can be provided by faith and community groups, mutual help groups, volunteer bereavement support workers – it does not have to be professionals
3	A minority of people will need more specialist interventions as their grief may be complex – this should be provided by specialist counsellors or mental health professionals

It should be noted that some organisations delivering bereavement services use different words when referring to these components, such as 'levels', and there is often overlap between the components and levels.

According to the current consensus in palliative care services, 60% of bereaved people will not need further support other than that provided by their families and friends. 30% may need component 2 services, and 5 - 10% may need component 3 services.

So, on the assumption that, on average, one person is affected by every death, in 2014, an estimated 281 people in NOLG would have required component 2 services, and 94 people would have required component 3 services.

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ONS Website

The services available in the NOLG area, as identified by the desk-top information search, are listed in Appendix 1 of that work. We also asked the focus groups to identify local services and this list is found in Appendix 5. This more comprehensive list includes the mental health services (MIND, Talking Space, Restore), social groups (Late Spring, Silverline, WAY Up and WAY Forward, Chipping Norton Friendship Club for the Bereaved) and other organisations that bereaved people come into contact with that can be supportive (Royal Voluntary Services, funeral directors, faith groups). The components offered by these services is described by the providers of the services and usually referred to as 'levels' rather than components.

The challenge for our work has been obtaining numbers of people supported by the different services. Table 8 of the desk-top information research report lists these services and the numbers obtained to date.

### **Referrals and/ or the people seen for bereavement services in Banbury area 2012/13 to 2014/15**

<b>Name of service</b>	<b>Details</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
<b>Cruse Oxfordshire</b>	Number of referrals	45 (est)	36	26
<b>Katherine House Hospice</b>	Pre-bereavement and post bereavement service	77	124	91
<b>Primary Care Bereavement Service Banbury</b>	2013-2015 total service users seen is 379 for complex grief. NB. PBS only takes referrals from 8 of the 12 GP practices in NOLG.	c126	c126	c126
<b>Late Spring</b>	Peer Support Group Banbury: started September 2015	-	-	14
<b>Late Spring</b>	PSG Chipping Norton: started 2013	14	14	14
<b>Lawrence Home Nursing Service</b>	Focus is on end of life care for patients and pre bereavement support for patient.	49	51	61
<b>Way and Way Up</b>	Way reported 11 people in the last 3 years	4	3	4
<b>Integrated Locality Team (Community services) Oxford Health</b>	Offer 1:1 meeting up to 5 weeks after a death; sign-posting and listening ear; often doubles with Katharine House and Lawrence Home Nursing; demand increasing			69

Taking 2014 as the year for which we have estimated numbers for population and deaths, it can be seen that people given Component 2 services totalled 228 (Cruse, Katharine House, Lawrence Home Nursing, Late Spring, WAY Foundation), and 126 people received

Component 3 services (Primary Care Bereavement Service). It should be noted that Katharine House and Lawrence Home Nursing figures also include pre-bereavement support, so if we deduct the Lawrence Home Nursing figures, as they focus on end-of-life support and pre-bereavement, then 177 people received a Component 2 service.

In 2015, the Integrated Locality Team offered a new End of Life service and helped 69 people, which was a component 1 service of sign-posting with an element of listening ear (i.e. component 2 service). However, the Matron of this service emphasises that the people they have seen are 'often' receiving support from Katharine House and Lawrence Home Nursing. We have not therefore counted these people as additional to the figures already calculated.

The table below summarises these figures, and the level of provision of service for components 2 and 3. We were not able to estimate the need for and provision of component 1 services, although it will be seen later in the study that provision of information and advice was seen as significantly poor by people consulted in the focus groups.

Component or Level of service	Est. number of people needing the service according to NICE guidelines	Est. number of people receiving a service in 2014	Percentage provision
1	-	-	-
2	281	177	63%
3	94	126	134%

From this the figures indicate that:

1. People who might have needed support for complex grief (Component 3) were well provided for by Primary Care Bereavement Service(PBS), this may be because of the lack of component 2 services available and the PBS has met that need. Nevertheless, it should be noted that PBS only receives referrals from 8 of the 12 GP practices in NOLG.
2. The figures also show that only 63% of bereaved people needing support from Component 2 services actually received that support (177 out of 281).

The desk-top research identified three important factors that will have an influence in the level of need for bereavement services in the area:

- **An ageing population:** 17% of people in Cherwell are aged 65 and over, compared with 11.3% in Oxford; 3 wards in Cherwell have more than 25% older people. The older population in Oxfordshire is expected to grow twice as fast as the overall county population. Older people are more likely to be living with life-limiting health conditions and are especially vulnerable to isolation and loneliness when bereaved.

- **Housing:** The Oxfordshire Local Plan anticipates that most housing and infrastructure growth will be directed to locations within or immediately adjoining Banbury. This implies a significant population increase, and thus increased levels of mortality in this part of the county.
- **Race and ethnicity:** the statistics from the 2011 census show that Cherwell had the highest percentage of Black African and other Minority Ethnic (BAME) communities in the county at 7.8% after Oxford (22.4%). This is reflected in the history of Banbury's population growth ascertained at the focus groups. One participant suggested that Banbury has seen influxes of Pakistani and Sikh communities, followed more recently by Polish people, seeking job opportunities. Significant efforts were made by the project to find out more information from the BAME populations in the area, including contacting the 'Sunrise Multicultural Project' who advertised the focus groups, the OCCG leads for BME communities, the Cherwell/Northants engagement lead for faith communities yet were unsuccessful in involving anyone from those communities.

It is often assumed that BAME communities have strong internal support systems for bereaved people, this is now being challenged by changes in the life-styles of the second and third generations and it could be anticipated that a growing number of people from those communities will seek support from services outside their communities. Services therefore need to build better links with these communities in the future.

## **B. Consultation with professionals**

12 professionals in total, from a range of organisations in the Banbury area attended two focus group meetings, on 20th and 27th April 2016. The following organisations were represented: Cruse Oxfordshire and Northants, Age UK Oxfordshire (AUKO), Primary Bereavement Service, Katharine House Hospice, Oxfordshire Clinical Commissioning Group, Samaritans, Methodist Church, Edd Frost & Daughters Funeral Directors, North Oxfordshire Locality Forum. Banbury Restore and Laurence Home Nursing contributed by email.

People were present in their professional capacity however, some of them had experienced bereavement and commented on their experiences.

The aims of the meetings were:

- To hear from professionals who work with bereaved people about their experiences of bereavement services
- To hear from professionals about gaps and overlaps in bereavement services
- To hear from professionals what good bereavement service looks like
- To make recommendations, with priorities, about bereavement services, for inclusion in the needs assessment report
- To establish the contact names of leads within services working with bereaved people who can be contacted by Cruse for information on the use of their services.

### **a) Services available in the Banbury Area**

The quote below summarises many of the views:

"There is a black hole in the Banbury area"

Many professionals felt there are not enough bereavement services on offer for people in Banbury.

See Appendix 5 for the aggregated list of services mentioned at the meetings. For fuller details on some of these services, please refer to Appendix 1.

### **b) Gaps in service provision**

"...clients (in the midst of bereavement, often) do not know what they want"

This quote reflects a view of professionals, namely that bereaved people, especially in the early days of their bereavement, don't know what is wrong with them, where to turn for help, and are in such a difficult and painful place that they find it very hard to make any effort to seek out support.

The following gaps were identified:

- A lack of pre-bereavement services
- Not enough self-referral options: there were not enough services that bereaved people could ring directly and ask for support
- Not enough information, advice and signposting
- A lack of befriending and social support
- More group support: there was a strong view that people wanted more facilitated (and therapy) groups, particularly for those relatively recently bereaved.
- There is a need for more one to one services for bereaved people with complex needs
- A lack of psychological services for bereaved people diagnosed with mental ill health
- More services needed for people suddenly bereaved many of whom are relatively young
- Bereavement services based in or near to Banbury (not Oxford)
- A lack of awareness training about bereavement for those who currently provide information and sign posting, e.g. Town Council, AUKO Community Information Networks.

In short, of the services that are available, few are in the Banbury area, there are no specific bereavement services for people living in the community, the available services are uncoordinated, delivered in silos, little advertised and accessed by chance by people needing them. There is no clear pathway in to services and little linking through services.

A bereaved person said: "At the point when I came to looking for services, there was a wilderness out there"

A funeral Director commented: "it's knowing where to turn afterwards - need for friendship; loneliness is a problem".

"many people miss out on pastoral care offered by ministers"; there is "a profound need to give expression to the spiritual side of the person".

Concern was raised about the difficulty of finding volunteers especially as the majority of bereavement services are run by volunteers. For example, Cruse relies almost entirely on volunteers to staff and run the organisation, with only one part-time paid administrator. Banbury has high levels of employment, so volunteers give their time for 3 or 4 months before finding paid employment. This results in high training input being lost to people who are not able to continue offering their time. Bereaved people specifically asked and were reassured to find that most organisations have good support systems in place for volunteers.

#### **c) Elements of a good service:**

##### **Professionals also input into what they thought a good bereavement support service should be able to offer people:**

- Responsive people staffing a widely-available phone line
- Telephone helpers with a sympathetic engaging manner with a *"low, slow, warm and calm"* voice tone
- Service needs to have up to date information and be good at sign-posting to other services
- If possible it is best not to have an answer-phone - it's like a *"slap in the face"*

#### **d) Banbury-specific issues**

People living in the Banbury area see it as including South Northants and South Warwickshire. When planning and developing services, a wider perspective should be taken.

#### **e) Recommendations and ideas for the development of bereavement services**

- **Single Point of Access** where staff with appropriate expertise can assess and sign-post people to appropriate services: one phone number; including for pre-bereavement services; well-resourced with care to avoid barriers, especially for people from black and ethnic minority groups.
- It was seen as important to have good information for services to refer to one another and regular local meetings for services to share information.

“Perhaps we could create a network of agencies to work together”

- Bereavement Champions should be created in generic services. These assigned staff would have up to date knowledge and expertise on bereavement and act as a resource to the whole service.
- Befriending services and places for bereaved people to meet others were seen to be needed.
- Faith services should be involved and their expertise and information shared.
- Use local resources, not necessarily dedicated ones. For instance, Samaritans and Ed Frost (Funeral Directors) said they could offer rooms for meetings and 1:1 support. Connections with businesses can be made to use their networks to find support and premises. The Banbury Breakfast Club, Rotary Club, Inner Wheel were all mentioned.
- Increase 1:1 support provided by paid and unpaid staff.
- More publicity about services through the use of leaflets, slots on local radio and Radio Horton were mentioned.

#### f) Summary

The most significant recommendation from the above consultation was for a **single point of access** for bereaved people, where all services share their information; this single point of access, properly staffed, would then be able to assess the need of the bereaved person and signpost them to the most appropriate service.

#### C. Hearing the views of bereaved people

There were two aspects to this part of our work. The first was focus groups; one on 21st April 2016 in Banbury, attended by eight people and a second with three members of Chipping Norton Friendship Group on 2nd June 2016. Notes from these meetings are in Appendix 3.

The second aspect was gathering personal experiences from four individuals in four separate interviews, for their full submissions please see Appendix 4.

##### a) Focus Group Meetings

The aims of these meetings were:

- To hear from people (aged 18 and over) who have been bereaved about their experiences of bereavement services
- To hear from bereaved people their experience of gaps and overlaps in bereavement services
- To hear from bereaved people what, in their view, a good bereavement service would look like

- To obtain their prioritised recommendations about bereavement services, which they would like included in the needs assessment report

We invited attendees to complete a short questionnaire (the template is in Appendices 6.1 and 6.2) giving us some brief information about themselves and their experiences. The participants included 3 men and 8 women, with an age range from 47 to 94. . Those that chose to, identified themselves as white and British, and of the 11, two had been bereaved in the period 2013 - 2016. Two people were bereaved over 9 years ago.

### **Services that supported them in the Banbury Area**

Cruse, Late Spring (Age UK), RVS, Restore, counselling via the doctor. The quotes that follow illustrate how important support can be, in both the one-to-one situation (Cruse Counselling):

"(the Cruse volunteer) let me talk a lot and get it out of my system"  
 "...a listening ear, genuinely compassionate and caring that I can offload to"  
 "...being able to talk to a stranger can be good - you don't feel you're burdening family"

and the group situation (Late Spring):

"I didn't feel anyone really knew how I felt before I went to Late Spring"  
 "Having joined a group I woke up to the knowledge that I was not the only one hurting"

Most people reported that friends and family and neighbours were the most helpful to them in their bereavement.

"My family weren't there for me, but my neighbour was"

This was followed by the funeral director, the Cruse helpline, and others in a similar situation:

What was most helpful was: "The person I spoke to put me at my ease"  
 "...offloading how you're feeling and getting a compassionate and caring response"  
 "...not necessarily coming up with answers, yet sharing is halving"

## How people helped themselves

People found a range of activities helped them. These included social activities, hobbies, church, meeting others in the same situation, and getting out of the home.

## What people found unhelpful and what was missing

- People said that they found agencies and individuals were not always sensitive to their situation, including professionals who seemed to be insensitive. There was some criticism of doctors, who did not follow-up patients that they knew to be bereaved:

"It would be very helpful for people to follow-up"  
"A phone call would be a good idea"  
"Someone to have a listening ear... and person at the other end is  
compassionate and caring"

- Most people felt that services took too long to respond to their needs - the initial phone call or contact was not followed up quickly enough - and the waiting time for services was unacceptably long.
- Many people expressed frustration about information, either too much or too little, about available bereavement services, and no sign-posting service to help people choose the most appropriate service for them. Here's what they said:

"Something simpler, not lots of information, too much to deal with"  
"The only time I found out (about Cruse) was when I went to the  
Probate Office"  
"..would be helpful to have something online"  
"...more and better signposting"

- A very specific need for a specialist service for 18 - 80 for people with learning difficulties was expressed by one participant.

## What would help - ideas and recommendations

- **Shorter waiting times to access bereavement services**, but people recognised that some services depend on volunteers
- **Options** to be seen at home or elsewhere
- **Sharing facilities** with other services or even using local business premises. This idea was proposed in order to address the capacity problem for some agencies in terms of lack of, and cost of, venues
- **Clearer signposting of information** with leaflets about emotional and practical issues and how to meet other bereaved people
- **Bereavement packs** available following death in hospital, which should also be available to registrars, funeral directors, GPs and other key places
- **One contact point** for information about all the services available

"A shame there can't be some sort of amalgamation of services - GP, funeral director, Hospital, Bereavement Service - they might be able to assess level of need"

- **More 1:1 support services that are local and timely:** this reflects the lack of component 2 services (such as provided by Cruse) in the Banbury area, and fits with the findings of the desk-top study.
- **Talking with individual bereaved people**

#### **b) Individual Accounts**

Here are some notable quotes from the individual accounts of the effect bereavement has on a person, and what their experiences were of seeking support. They are given without comment as they are entirely self-explanatory.

#### **About the effects of bereavement:**

*"...when R died, I went into a state of deep shock and despair"*

*"As my wife was dying, I felt we were both on a precipice looking down into a crevasse where there was no light - there was lots of snowy blizzard though."*

*"I'm sure my loss will continue to impact my life but I am still here still alive and the tears still make tracks down my face"*

*"I felt pressured, avoidant, anxious, the fear of what it would be like to be alone and living life without intimacy."*

#### **What helped me:**

*"Writing poetry about R with tears streaming down my face, reading familiar books, prayer and Buddhist thinking and mindfulness helped bring some relief into my life"*

*".. my family"*

#### **Help I sought and received:**

*"Although I was supported by my friends, I knew very soon after R died that I needed extra help..... I contacted Cruse very soon..."*

*"I enabled myself further by rekindling an old friendship"*

*"What did help was becoming a Cruse client"*

*"My counsellor was so kind, flexible... caring and professional"*

*"...my counsellor suggested I look at the WAY Up online group.... this national online support forum was a lifeline"*

*"...building my own support group...through joining... 'Single file'- a place where people meet and are aged between 45 and 70 who were divorced, bereaved, single"*

*".. learning that we can be in different stages of loss with different experiences"*

**What was not helpful:**

*"I had to wait 6 weeks"*

*"I did feel let down by the lack of support from my doctor and surgery."*

*"...lack of choice..."*

*"...empathy and care was poor"*

*"...there are some groups...(but) this requires effort, taking a risk of connecting and being in unfamiliar places"*

*".. lack of pre-bereavement counselling"*

**Ideas and recommendations for improving services:**

*"...it could be of help to others if there was an opportunity to receive counselling via group sessions"*

*"...it would have been helpful if there had been a local Cruse office where I could have perhaps gathered more information and left messages more easily for my counsellor"*

*"I believe that what is missing in the Banbury area is a Cruse office, where people can pop in, call, be heard and understood. I had to go to Oxford for help and it's quite a way"*

*"I wish GPs, particularly those with decades of experience, would watch out for complacency and attend regular training..."*

*"I would like to see a place to meet, exchange feelings, particularly for people in the early stages of grief. I would like to see a drop-in place... where there are cushions, refreshments, events, gatherings - an opportunity to connect!"*

**iii) Conclusions**

There are three main themes that emerge from the consultations:

- **Information about bereavement support services:** this needs to be timely, accurate, widely available and comprehensive.
- **Access to services:** information needs to lead to people being able to recognise the appropriate service for them, through an assessment process and sign-posting.
- **Capacity** to respond to need: people need a rapid response from the service they choose which means the services need to have capacity, in terms of people and accessible local venues. The capacity issue could be addressed by additional funding for recruitment and training of volunteers, renting premises, supervision, and management support.

One idea that was mentioned which would address the first two issues, and which agrees with the main recommendation from the consultation with professionals, is that of a **single contact point**, where good information is available and an assessment of needs can be done in order to help people to find the most suitable service for them. This contact point could be a physical place and/or a telephone helpline. People staffing this contact point would need appropriate training, which is kept up-to-date through regular refreshers. Similarly, professionals working in related fields to bereavement could benefit from training about bereavement services in the Banbury area in order to advise bereaved people they come into contact with about where to go for support.

## 7 Recommendations for the development of services in the Banbury Area:

1. **A Single Point of Access** is needed where coordination and information-sharing between services offer bereaved people comprehensive information about what is available and, advice on how to access support. This Single Point of Access might also include an assessment process to enable people to find the most appropriate service for them.
2. **Better coordination.** People (paid and unpaid) working in the field of bereavement want improved partnership working between service providers; this will give opportunities to share information and address gaps in services by working in a more efficient and co-ordinated way. This will require support through well-targeted funding, and will go some way towards addressing the unmet needs of bereaved people, as expressed in this study. The Oxfordshire Bereavement Alliance offers a forum for this recommendation to be taken forward.
3. **On-going training on bereavement awareness and up to date information on services** is recommended for specialist and generic service providers; this should include on-going training on bereavement for professionals in related fields of work. This will ensure that good accurate information and a sensitive response is available as widely as possible for bereaved people.
4. **Increase the provision of one-to-one counselling.** In order to deliver these services, providers will need increased capacity, both people (paid staff and volunteers) and premises. More funding for agencies involved in bereavement support work (predominately delivered by trained volunteers) would address the capacity issue and increase provision. The level of funding would not necessarily be high, it is necessary to fund training and venue costs.
5. **More facilitated and social groups.** People living in the Banbury area (similar to bereaved people all over Oxfordshire) who have been bereaved, have said that contact with others who have been through similar experiences has been a priority for them. For those more recently bereaved, *facilitated* groups would be most appropriate, while for others, *friendship* groups, where people socialise and do things together, are more suitable. People want, and need, to share their stories.
6. **Services need to outreach to the BAME communities.** These communities are not well represented in bereavement services; given that there is a potential stigma

around grief, especially with unexpected deaths, specific efforts need to be made to link with under-represented communities in order to meet the needs of bereaved people within them.

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