



MANAGING LOSS AND GRIEF

Guidelines to assist in the management of loss and grief in residential aged care facilities and community care.



Another initiative of the SAfer Industries
Aged Care Working Party

DISCLAIMER

The information produced by WorkCover Corporation of South Australia in this publication is correct at the time of printing and is provided as general information only. In utilising general information about workplace health and safety and injury management, the specific issues relevant to your workplace should always be considered. This publication is not intended as a substitute for the requirements of the Workers Rehabilitation and Compensation Act, 1986 or the Occupational Health Safety and Welfare Act 1986.

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MANAGING LOSS AND GRIEF

INTRODUCTION

This guide was developed in response to an identified need within South Australia for guidelines to assist in the effective and appropriate management of loss and grief in both residential care and community care facilities.

As part of the South Australian Safer Industries Aged Care Industry 2002 – 2004 OHS&W Strategic Plan, a steering committee was established to review the 'Injury Prevention: Managing Loss and Grief in the Aged Care Industry' guidelines developed by WorkCover New South Wales to adapt them to South Australia. It was also deemed appropriate that the guidelines reflect the broader needs of the aged care industry within South Australia, as well as the broadened scope of the SAfer Industries Aged Care Strategic Plan including:

- needs of residents with a disability
- care providers within the community care sector
- nursing agencies
- school children interlinking with community eg, work experience and/or community work
- ancillary services within aged care
- community care.

PURPOSE OF THIS GUIDE

This guide has been developed to assist employers to meet their responsibilities regarding the health, safety and welfare of their employees, volunteers and other members of their communities or work groups in relation to work-related grief and how it can best be managed.

The guide uses a risk management approach of identification, assessment and control, ie, identify the problem, assess the risks and take appropriate action to eliminate or minimise identified risk factors where practicable. It also adopts the required practices of aged care facilities in meeting the expected outcomes of Aged Care Principles/Aged Care Act (1997).

People work in the aged care industry in a range of capacities including:

- cleaning
- hospitality
- office staff
- maintenance
- nursing
- volunteers
- work experience
- school children visiting.

These people often form meaningful relationships with clients as a result. They may experience some degree of loss and grief following a death. People need different kinds and levels of support. This guide is about providing choices that are not meant to be prescriptive, but instead present a range of ideas and strategies for employers, employees and volunteers to consider together.

The objectives of the guide are to:

- assist all employers, employees and volunteers in understanding that grief is a normal response to loss including death and dying
- help workers recognise grief reactions in themselves and their co-workers
- prepare workers to offer effective support in grief situations
- provide ideas that will help create a supportive work environment
- promote an understanding of the importance of grief education to:
 - help people cope
 - reduce confusion and isolation

- reduce long-term emotional withdrawal
- help people understand what is normal.
- facilitate the development of policies and practices that enable recognition of grief and appropriate intervention when necessary
- provide a list of resources and contacts that can assist individuals and organisations to manage grief.

All workers in the aged care sector have their own stories to tell. This document helps us to work through the sometimes bewildering feelings we have, to understand that intense feelings are common and that it is possible to grow from grief.

WHAT IS GRIEF?

Grief can be experienced as a reaction to different kinds of loss – the death of someone we know and care for, their declining health, the decline in a relationship once shared because of the escalation of dementia or Alzheimer's, organisational changes at work or staff leaving. In addition, grief can originate from losses at home such as divorce, the death of a pet, or a child leaving home, and can be triggered by other losses at work.

Wendy's story

Wendy is a nurses' assistant in a rural nursing home. This is the story of her first significant experience with grief through her job. She had been caring for Mrs Kelly, a kind and sometimes quite funny lady in her late eighties. As they got to know each other, Mrs Kelly shared with Wendy that she had a son whom she had not seen since he was 18. Mrs Kelly's health was declining rapidly, and it was clear that she did not have long to live. She was aware that she was dying and told Wendy how much it would mean to her to see her son before she died. Wendy, with the support of her work team, was determined to locate Mrs Kelly's son and reunite them before she died. On a Wednesday morning, Wendy came into work to find Mrs Kelly's bed empty. She had died suddenly the evening before. They had been unable to contact the son in time. Wendy said she just cried and cried and ended up having to go home. She was a wreck for weeks – not sure if she was sadder to lose Mrs Kelly, or in knowing that she was unable to prevent her from dying alone.

GRIEF IS A REACTION TO MANY DIFFERENT KINDS OF LOSS

In the course of their work, staff in the aged care industry interact closely with residents. They exchange stories and laughter and cross words with those for whom they care. They discuss problems and help develop solutions. They look after the physical and emotional well being of the people in their care. The depth of grief staff may feel as a result of loss or change at work can sometimes take them by surprise. It can cause confusion and anxiety or arouse many conflicting and bewildering emotions. It can leave them feeling aching and exhausted and doubtful about their ability to cope further at work, or even at home.

Staff sometimes incorrectly assume that feelings of grief ought to be limited to close friends and family. As a result of sometimes overwhelming feelings, they may project their distress onto others, causing alienation amongst colleagues. In some cases staff may hide their grief by withdrawing from relationships in the workplace. To protect themselves against further feelings of grief, some staff may withdraw from close or meaningful involvement with other residents. They may question why this death, or this person's accelerated dementia is so upsetting, or they may feel distressed or angry that others don't seem to feel upset at all. Grief can make staff feel isolated.

It may mean:

- feeling sadness for the loss of the person from their lives
- feeling relief at the end of suffering

- re-experiencing the grief of past losses
- experiencing heightened emotions and over-sensitivity to feeling sorrow and anger and helplessness for the person who has died, and for their families
- experiencing fears about their own aging and death
- being fearful about the aging and death of their loved ones.

Feelings of grief are different for everyone; they have no set time limits and are a natural reaction to loss.

The various effects of grief include emotional distress, disturbed or confused thought patterns, physical symptoms and behavioural changes. Because of confusing, sometimes bizarre and often misunderstood grief reactions, the grief of one person may also affect family, friends, work colleagues, clients and other personal and professional relationships.

Feelings of relief – the end to suffering – are quite common and are another sign of caring.

An episode of intense grief may be triggered by unrelated things going wrong, emotional upsets or an anniversary day of special significance. Repressed grief may be the cause of long-term difficulties in a close relationship, dysfunctional coping patterns, depression, and serious physical illness.

GRIEF TAKES TIME

It is important for employers, employees, volunteers and others to understand that grief takes time. They need to allow themselves and their staff time before expecting things to be 'normal' or before making decisions about career changes.

THE CARER'S PERSPECTIVE

One of the most meaningful aspects of working with people in a caring situation is the development of a relationship with those people, and often with their families. Carers can derive satisfaction from knowing that they are helping people and adding quality and care to their lives. Whether caring for people in their own homes or in a nursing home or hostel, the carer is brought into a very personal role with each individual. As much as possible a home-like atmosphere is sought, and the association can be quite long-term and close. There are also special considerations in the development of relationships with very dependent people amidst the harsh realities imposed by limited time and money, which can create personal angst for the carer.

Unrecognised or unresolved grief can lead to prolonged feelings of helplessness, anxiety and stress, and to the development of depression.

Carers and other health and non-health staff tend to have an image of their role as ably assisting the frail, disabled and the dying. They often place themselves in the role of 'keeping spirits up' and always being seen to be 'up'. In this way, they may be reluctant to reveal to others or even to themselves any feelings of sadness and despair.

In some cases they may say to themselves, "This is just my job. These people are not my family," to try to talk themselves out of any feelings of loss and sorrow, without allowing themselves to acknowledge that they may, in the last few months, have seen more of the people they care for at work than their own parents.

Unrecognised or unresolved grief can lead to prolonged feelings of helplessness, anxiety and stress, and to the development of depression. In some cases it can lead to the decision to leave the setting or the profession. On the other hand, grief that is acknowledged and mitigated can have positive effects including aiding decisions to invest in new relationships or to become more caring and compassionate, and can assist in clarifying one's own thoughts about the meaning of life and loss.

HOW TO USE THIS RESOURCE

The information presented in this guide is intended as a ready reference rather than a report to be read from start to finish. It is suggested that this resource be drawn to the attention of the Occupational Health and Safety Committee and promoted to all staff. Perhaps a copy can be kept in the staff room or reference library/area. It is intended that staff freely raise ideas that arise out of this document and that the checklist of strategies be circulated for comment, discussed at meetings and/or pinned on a notice board in staff-only areas.

The document is divided into sections and each section can be consulted separately:

Managing loss and grief

– an organisational perspective

covers issues relating to loss and grief that can be addressed through training, policy development and management practices. It stresses the importance of creating a supportive work environment and provides ideas on how this can be achieved. It is recognised that not all ideas are appropriate for all organisations, but helps organisations identify what they are currently doing to manage grief in the workplace and to introduce techniques that may be of further benefit.

Managing loss and grief

– information for employers

is directed at managers as well as other staff members who want to better understand grief, how to manage one's own grief and how to recognise and respond appropriately to grief in others. It covers the skills that can be developed to manage grief and provides ideas on how management can promote a more supportive environment.

Managing loss and grief

– information for employees and volunteers is intended for all employees and volunteers and discusses the impact of grief on the employee. In addition, there is a leaflet that can be photocopied and distributed to all staff.

The Appendices present some tools, checklists and lists of useful contacts. These are intended to be copied and circulated, posted on notice boards, filled in and reviewed frequently.

MANAGING LOSS AND GRIEF – AN ORGANISATIONAL PERSPECTIVE

This section provides management with information, choices and protocols that can facilitate the expression of grief care workers.

A FRAMEWORK FOR PLANNING

LOSS AND GRIEF: A WORKFORCE ISSUE THAT REQUIRES PLANNING

Loss and grief, while an individual experience, can be an important management issue in terms of occupational health and safety, productivity and staff turnover. The care industry is a 'people-based' industry. Workers must face the stresses of working with numerous different personalities (in their fellow workers as well as residents or clients) within the context of strict procedures and protocols, all in addition to time, budgetary and staffing constraints.

WHO SHOULD BE COVERED IN THE PLANNING?

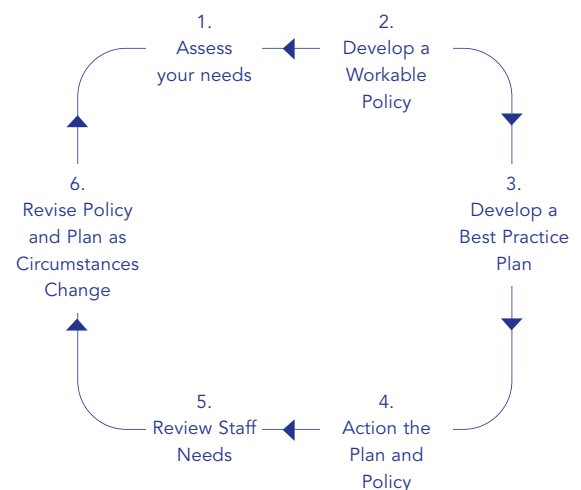
Everyone who works with people in your organisation should be considered in the planning for better management of loss and grief. Nursing, medical, administrative, domestic and catering staff, diversional therapists, physiotherapists, trainees, gardeners, maintenance workers, work experience staff, school children providing community service and management are all vulnerable to feelings of loss and grief when someone they have cared for dies, or a relationship or workplace changes. Of course, the experience differs greatly and will vary, depending upon the relationship with the person. Other factors including an individual's personal attitude to and experiences with death can have an impact on their experience of grief.

Particular groups of workers within the care industry and their special needs in the management of loss and grief are discussed later in this section. Carers and nursing staff represent the largest proportion of staff, however other staff, such as domestic and catering staff, diversional therapists and doctors have roles with older people that may be less clear or less formalised. This can pose its own problems in recognising and coping with grief.

Leadership, management and the environment they create are key to worker satisfaction in the face of numerous job stressors.

WHAT ARE THE ELEMENTS OF THE FRAMEWORK?

This guide proposes a framework for managing loss and grief. The elements of the framework are set out in the following diagram, while the remainder of this section provides the detail necessary to implement each of the elements of the framework.



Many organisations will have most of the elements of the framework well 'in-hand'. For some, this framework will serve as a checklist to note what you already have and what else could be added to better manage grief in your workplace. For others, it may provide a structure to undertake formal planning for an issue that has already acquired a degree of familiarity. For others still, it may provide the first step in addressing an area that needs to be addressed

In other words you are encouraged to:

- understand the framework
- share it widely with your staff
- discuss it
- debate it

and then select those elements that apply to your organisation:

- Assess your needs.
- Develop a workable policy.
- Develop a best practice plan.
- Action the plan and policy.
- Review policy and plan as circumstances change.

IDENTIFYING THE NEEDS OF YOUR STAFF

Start with identifying your staff's concerns, fears, ideas, skills and experiences. Good management of loss and grief in the workplace begins with knowing the following about your staff:

- What do they feel most uncomfortable about?
- What do they fear the most concerning the death of their clients or residents?
- What questions do they have?
- What training have they had, and what further training would they like?
- What successful strategies for managing loss and grief have they already tried?

- In general, how effectively are staff dealing with this issue?

Three approaches are suggested for conducting a staff-needs assessment:

- 1) A workshop to discuss the issue as a group.
- 2) Individual interviews with staff to gather information free from the influences of what others may say.
- 3) Written anonymous surveys.

Each of these has both strengths and limitations related to time commitment, detail, quality and honesty of information collected. You might consider these options at a staff meeting and get your staff to identify the approach or combination of approaches they would prefer.

Below are some details on the three approaches.

WORKSHOP

The 'needs assessment' workshop might explore:

- personal responses to working with frail, disabled and dying people
- the needs that these responses highlight (for example, further support, training, etc.)
- ways in which these needs might be addressed.

Agenda

Possible topics include:

- concerns and fears (allow sufficient time for all to participate)
- identifying needs – what things do people feel most uncomfortable about?
- What is upsetting to them when a resident or client dies?

- Do they recognise grief when they feel it?
- How does it impact on their lives at work and at home?
- brainstorming ways to address identified issues (this helps to empower the staff and to develop a range of approaches that could be taken)
- recommendations – try to reach a set of agreed recommendations for the way forward
- whole-of-group debrief – to ensure no one walks away with unresolved issues.

Time

A workshop or extended staff meeting devoted specifically to grief in the workplace may last from a few hours to a whole day. It is important to allow enough time for all the issues to emerge and for all staff to have the opportunity for input.

Facilitator

Appoint a staff member with knowledge of the grief process and counselling skills to facilitate the workshop/meeting. Your facilitator must have adequate skill and experience to manage the workshop effectively, as talking about grief and the sharing of personal experiences may bring about a grief reaction in some staff. Consider bringing in an outside facilitator.

Facilitation technique

Employ the facilitation technique of input by the facilitator, small group discussion, and whole group debrief. Each small group should have a 'leader' and someone to take notes on the issues raised.

Feedback

Ensure that recommendations or resolutions arising from the meeting or workshop are circulated back to staff (including those unable to attend) to confirm management's intention to take action on the issues and to undertake further consultation.

Appoint a staff member with knowledge of the grief process and counselling skills to facilitate the workshop/meeting.

INTERVIEWS WITH STAFF

Interviewer

A member of staff should ideally conduct interviews or an outsider who, like the workshop facilitator described above, understands the grieving process and has appropriate counselling skills. Again, you need to have someone who is prepared to manage grief reactions that may arise when staff are interviewed.

Issues to cover

Cover the sorts of items identified in the agenda above:

- Personal responses to working with frail - aged, disabled and dying people - concerns and fears.
- Experiences they have had with grief and ways in which they have been helped through or otherwise coped with these experiences.
- Addressing the needs these responses highlight (for example, where staff feel they could be provided with more support, training, and information).
- Ways in which these needs might be addressed – ideas for how grief might be better managed in their workplace, and skills they would like to acquire.

Interviewees

If high staff numbers preclude interviewing everyone, ensure that a good cross-section of staff (based on age, sex, experience, cultural background and job-type, including health and non-health workers) is represented in the interviews.

Feedback

Summarise the interview findings without bias, and develop a set of draft recommendations for action. Circulate the draft to all staff for comment.

WRITTEN SURVEY

Aims

A written survey can be used to:

- canvass the views of all staff in a fairly time efficient manner
- draw out honest feelings by providing anonymity, and removing the influences of others' responses
- provide a quantified response that can be used to track change over time.

Limitations

This method is not appropriate if you have staff that are not literate or not confident in writing English, or from non-English-speaking backgrounds (NESB). With a written survey, you will lose some richness of discussion that is only available through verbal exchanges. You will have to watch that you don't get a non-representative few responding (think of ways to get a high return rate – such as providing 10 – 15 minutes as part of their shift to complete the survey) and be aware that written surveys may be a satisfactory starting point for a more focused discussion at a special staff meeting.

Focus groups

This method may be a useful way of gathering information from people who are not confident with reading and writing in English or from a NESB. For workers of culturally and linguistically diverse backgrounds bilingual facilitators or interpreters should be used to enable participants to express themselves freely. WorkCover's Access and Equity unit provide a free consultancy service to organisations on strategies for ensuring workers of NESB can participate.

Content areas

Questions could include:

- What sorts of issues about loss and grief would you like to learn more about? (You could list examples such as: what to say to relatives? What to say and when to the dying resident? Understanding multi-cultural issues. How can I better cope with feelings of grief? How can I better manage stress?)
- What does our organisation currently do that you feel helps to manage the impact of the death of a resident or client on staff?
- What do you think we could do that is not being done? List at least three things.
- Do you feel you have adequate access to counselling? Training on the management of grief? Support from fellow workers when a resident or client close to you has died? Support from your supervisor?
- What things do you do to help you through times of stress or grief?

Style

The survey should consist mainly of open-ended questions that encourage freer responses (as opposed to multiple choice). Leave plenty of space for the responses and limit the number of questions to less than ten. Try to keep it to two sides of one page.

Feedback

If a survey is undertaken ensure the collated results are made available in a brief report to staff. You could summarise the findings in a brief circular for staff comment and then hold a meeting to look specifically at the issues raised by the findings of the survey. A survey will not provide all the answers needed to commence planning. The idea is to use common concerns or comments identified through the survey as a starting point for further discussion.

If a survey is undertaken ensure the collated results are made available in a brief report to staff.

IDENTIFYING BARRIERS AND OPPORTUNITIES

WHAT ARE THE CURRENT CONSTRAINTS AND OPPORTUNITIES?

After identifying the needs of the staff and drafting some possible directions for future action, you will need to take stock of the current economic and practical constraints that may impinge upon some forms of action. You may do this through a working group or sub-committee to get a diversity of views.

BUDGETS

What funds do you have available or could you access for:

- Training?
- Increasing access to counselling services?
- Undertaking events to build peer support among staff?
- Making any recommended changes to the work environment?
- Incorporating a certain number of 'bed days' per year as lost due to a waiting period after a resident or client dies?

POLICIES

What current policies need to be considered when making changes to how grief is managed in the workplace? What policies support such changes and can help gain the necessary approval?

EXISTING INITIATIVES

What is currently in place that seems to be well received by staff? What practices seem to lack support and need to be revised or eliminated? What initiatives are in place that could be reshaped to create a supportive work environment in which to better manage loss and grief? Make a list and a rough assessment of where change is needed.

INTERNAL RESOURCES

Consider the skills and experience of existing staff, which could be used to address identified needs. Needs might be addressed through training, providing information (eg, on cultural issues) planning (such as memorial services), or implementing creative strategies like social events to bring staff closer together or developing grief boxes (resource kits with cards, tapes and information).

EXTERNAL RESOURCES

Consider resources and resource people in your local community and strategies to address some of the needs that have been identified. Such resource people could include the local chaplain, rabbi, mental health professional or funeral worker who could assist by running informal groups, or provide clinical supervision.

DEVELOP AND IMPLEMENT A WORKABLE POLICY OR PROCEDURE

Following an assessment of your organisation's needs and resources, the next step in the framework is to develop and implement a policy or procedure that will work within your organisation.

A policy or procedure is only as effective as the action taken to implement it. Development of a written policy or procedure on the management of grief and loss can help foster the necessary support for action. A policy or procedure conveys the message that management is committed to addressing the issue and ensures that employee expectations are consistent with management's commitment and capacity to implement.

If you have not already done so, you should develop an organisational policy or procedure on the management of loss and grief in consultation with employees, volunteers and management. The policy or procedure is a reflection of management's responsibility and commitment to ensure a workplace that provides for the health, safety and welfare of its employees and volunteers.

The policy or procedure should be posted prominently, made widely available and referred to as needed.

It should also be revised or refined as circumstances change. Examples of policies and procedures, which you can adapt to the needs and context of your own organisation, are set out on the next page.

DRAFT PROCEDURE RELATING TO: LOSS AND GRIEF IN THE WORKPLACE

Objective: *To ensure that staff have the opportunity for debriefing and counselling on loss and grief in the workplace.*

Procedure: The supervisor or manager will organise for access to counselling services for staff on loss and grief where the need is recognised. Supportive meetings will also be organised by the loss and grief team on a needs basis. Annual training sessions will be available to staff so they:

- understand the grief process and individual responses to this
- develop skills in recognising personal reaction to grief as well as others going through the process
- learn how to better manage grief in themselves and others.

References: Aged Care Accreditation Standards 4.5 Occupational Health and Safety OHS&W Regulations 1995

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DRAFT SAMPLE POLICY**POLICY ON MANAGING LOSS AND GRIEF**

Grief experienced by staff at “<organisation>” is recognised as a common part of loss and an occupational health and safety issue that requires assessment and appropriate management.

POLICY GUIDELINES

Facility/program managers in consultation with the OHS Committee shall determine the need and support for a workplace related grief management strategy. Consultation and confidentiality are key factors in the grief management program.

Management shall facilitate the nomination of peer support person(s) in each facility/program. These employees and volunteers will be provided with appropriate training and resources and support. Access to counsellors and other external specialists will be made available to employees and volunteers through agreed procedures.

The management of <organisation> is committed to the provision of debriefing and clinical counselling to all staff, especially following critical incidents and unexpected deaths.

Training shall be provided to ALL staff who interact with the residents and/or clients and their families, in order to help them to:

- understand grief and responses to grief
- develop skills in the recognition of one’s own grief and grief in fellow workers
- better manage grief in themselves and others.

Appropriate orientation of workers will be provided on the protocols surrounding the death of residents and/or clients and the avenues for any necessary support.

The management of <organisation> will undertake periodic reviews of the grief management strategy to ensure it continues to reflect current needs, resources and opportunities.

Signed:

CEO/General Manager

Date

DEVELOP A PLAN THAT WILL WORK FOR YOUR ORGANISATION

There are three key factors to keep in mind when planning for the effective management of grief:

- 1) Planning and outcomes are relevant to the current needs and resources of your organisation.
- 2) All sectors of your workforce are involved in the planning process. Be sure to consult with staff ranging from nurses of all levels of training and experience, to domestic, maintenance and catering staff.
- 3) The plan makes clear how and when it will be put into action.

These three elements will help ensure the plan is appropriate, well received and effective. This section discusses the main elements of the implementation plan:

- Providing a supportive work environment.
- Providing adequate and appropriate training.
- Planning for death and other critical events.
- Special groups to consider.
- Cultural considerations.

PROVIDING A SUPPORTIVE WORK ENVIRONMENT

PEER SUPPORT AND THE WORK CULTURE

Much of the literature about loss and grief stresses the importance of a supportive work culture in easing grief in workers. Some leading practitioners and researchers in the field indicate that the greatest step towards best practice in managing grief in the workplace is to provide a supportive work culture and encourage activities that facilitate the development of peer support among workers.

A supportive work environment demonstrates:

- friendly relations between workers
- ready access to non-threatening supervision
- non-segregation of different work groups (i.e., a common staff room for all staff, social events that include all staff, and the representation of all work groups at staff meetings)
- staff that have a sense of job satisfaction and commitment.
- recognition by management of the emotional needs of staff following the death of a resident or client.

Your organisation can foster strong peer support across all work groups by adopting some of the following approaches:

- Accepting that, in this workplace, staff may grieve.
- Understanding the need of workers to be supported without judgment.
- Making accessible a senior staff member with whom to talk things through, or through your Employee Assistance Program or Union.
- Enabling all staff to acquire the skills to support each other encouraging open communication.

- Providing opportunities for staff to communicate freely through formal group discussion and informal, spontaneous interaction.
- Providing time off to attend funerals.
- Creating time for social events outside work, morning teas at work, and other similar activities for all staff.
- Supporting regular “get-togethers” or meetings for more isolated workers such as home care workers; these could include guest speakers, group discussion and the sharing of experiences, stories and coping mechanisms.
- Establishing a forum for ceremony or ritual to promote sharing of experiences, e.g. memorial services that include patients, staff and relatives.¹

CLINICAL DEBRIEFING

A supportive work environment can be fostered through regular meetings between workers and their supervisors. Such meetings are most important following critical incidents or a distressing death and are valuable in fostering a positive attitude for the work being performed.

PROFESSIONAL COUNSELLING

Counselling services available to staff should be widely promoted, readily accessible and encouraged where the need is recognised by the worker or by their peer group or supervisor. Regardless of whether internal or external consultants are used, all counselling must be kept confidential.

Professional counselling provides support in coping with personal matters, and when normal grief in the workplace becomes ‘complicated’.

CLINICAL SUPERVISION

This is a formal process that uses a supportive and confidential environment to encourage reflection and exploration of work practices. It may be conducted on an individual basis fortnightly or monthly. Its aim is for staff to achieve a deeper understanding of their relationships with other staff, residents and clients in order to improve staff satisfaction and the quality of resident/client care.

Clinical supervision needs to be voluntary and it requires management to be fully committed to the process and actively encourage staff participation. For clinical supervision to be effective the supervisor needs to have certain qualifications and must not have line or management responsibility to the staff being supervised.

It is important to note that clinical supervision is very different to mentorship, education and line management supervision. It is not concerned with issues of hiring, firing or discipline. Clinical supervision is believed to not only improve client/resident care but also allows for professional growth and competence in staff. This means that management fosters a happier, more productive and stable workforce.

A supportive work environment can be fostered through regular meetings between workers and their supervisors eg, included as an agenda item at OHS&W meetings or at handovers.

EMPLOYEE ASSOCIATIONS

- Employee associations.
- OHS&W Committees.

PROVIDING ADEQUATE AND APPROPRIATE TRAINING

The needs assessment component of this framework should have provided you with an understanding of the areas where training is required or desired by staff. Managers should support regular training on aspects of grief management of the worker as part of staff development. In-service workshops need to be very interactive. Allowing participants to explore death and loss issues through a range of experiential activities is more effective in reducing death and loss anxiety than traditional didactic methods such as formal lectures.

NEW STAFF

Staff new to your organisation, particularly those who are new to the field, need to also be oriented to the following issues:

- Organisational policies on the management of the death of residents.
- The procedures of handling deceased people (if relevant to their role) – and ways that this can be made more humane, or embraces cultural needs.
- Obtaining support – who to turn to for talking things through or obtaining professional counselling if needed.
- Where to obtain further information, training, etc. (e.g. workshops being planned, books that are available).

Training for new staff might include:

- a workshop/lecture or presentation, specifically designed for new staff, which focuses on:
 - externalising fear and apprehension without judging or fear of being judged

- specific skills and techniques to manage grief
- identifying support services, resources and resource people.
- ongoing, sensitive on-the-job instruction/mentoring
- immediate, post-incident debriefing during the first three months
- ongoing peer support.

Careful consideration should be given to training new staff from all work areas to prepare them for the death of clients or residents, as well as procedures to be followed.

STAFF DEVELOPMENT

The following points should be considered when planning staff training in loss and grief:

- Ensure managers and supervisors are provided with suitable and adequate training in loss and grief.
- Provide training at regular intervals (every six to 12 months), particularly in view of staff turnover.
- It should be like a fire drill – EVERYONE, including senior staff, should take part.
- Allow at least a half-day. A full day workshop is good – some organisations spend two days. A workshop can cover powerful emotions, so adequate time should be available for a thorough debrief and any follow-up required.
- Training should be reinforced with regular discussions, printed information to read and further training workshops.
- Include loss and grief training as part of the organisation's ongoing training program.
- Employee Assistance Program

- It is not essential to spend a lot of money on training. Consider using internal resources or organisations such as funeral services.
- Training is important because it provides employees with input – it balances all the output required in their jobs.
- Family and friends may have varied reactions to discussing work issues at home. This may be a matter to explore.
- The brochure on page 39 of this document can be photocopied and distributed.

WORKSHOP ELEMENTS

Workshops (depending upon the length) should address many important areas:

- *Defining terms: **What are grief, mourning and bereavement?***
- *Loss: **A universal human experience.***
- *Reactions to loss: **Emotional, cognitive, physical, behavioural, spiritual and personal experience.***
- *Working with frail-aged, disabled and dying people*
- *Skills development*
- *What to say?*
(input and examples) Communicating with a grieving person – providing support that enables the person to move through the process of grief. Communicating with family and with people who are dying
- *What to do? (**Brainstorming**)*
What are the little things you can do to make a difference to the way you feel?
- *The caregiver's perspective:*
"And what about you.... what to do to care for yourself".
- *Relationship issues and expressing feelings*
- *The grief of relatives and other residents*
- *Dealing with the stress*
- *Meditation and relaxation techniques*
- *Defining "what is my role?"*
Moving from feeling inadequate to valuing your role in the organisation.
- *Defining*
"What is the organisation's role?"
– provision of a supportive environment regularly reviewing current practices.
- *Building up personal management skills*
- *Acknowledging that it's OK to feel these things.*

PLANNING FOR DEATH AND OTHER CRITICAL EVENTS

Some of the confusion, anger and anxiety associated with grief can be managed better through appropriate planning for the death of the person for whom care is provided. Some researchers have termed this "death planning". This approach is about managing the death from the perspective of:

RESIDENT/CLIENT

What are their wishes? (e.g. do they want to be revived? Whom would they want for an undertaker?).

FAMILY

What are their wishes?

STAFF

How involved do they wish to be?
Do they wish to be contacted at home? Are they adequately informed to respond to questions from the resident and family? If contacting staff by phone is not feasible, perhaps a book completed by duty staff that details time of death, circumstances and family members present, could be completed for oncoming staff. This book can also be used as a memory book.

ORGANISATION

Do policies enable planning for the death of residents by such means (for example) as budgeting an average number of days per year with an empty bed?

As a matter of policy, issues associated with the death of residents should be discussed with the residents or clients and their families during the admission process or engagement of the service. Discussions should be documented and the documents kept on file. This avoids bringing up such sensitive issues when a resident or clients' health begins to deteriorate.

Everyone concerned, including staff, should understand policies related to the death of residents or clients. Staff need to know ahead of time what to expect in the way of protocol (and the reasons behind it). They are then more likely to come to terms with organisational practice that may refer back to new staff training induction. Otherwise the practice may be a source of anger or confusion when a resident or client dies (such as the filling of a bed so soon after a death).

Training that covers the management of such critical events, ready access to counselling services, and familiarity of all staff with protocols and procedures relating to such incidents is an important part of planning.

OTHER GROUPS TO CONSIDER

Organisations need to identify potential critical events/incidents and have processes in place for managing them e.g. employee suicide.

Several groups of workers within the aged care industry warrant particular consideration in the development of a strategy for managing loss and grief. Below is a brief discussion of the features of each of these groups.

HOME CARE WORKERS

Issues and concerns

Home care workers are involved in a close, caring relationship with their residents/clients. The worker may be the only person to regularly visit the person, and the closeness of this relationship may provide both carer and person with a sense of belonging and meaning. The complex dynamics of such a relationship, together with the fact that many home care workers are isolated from other workers and the opportunity for peer support, can mean that the death, physical or mental decline of a person they have cared for can be particularly devastating.

What can be done?

These workers need opportunities to meet with colleagues on a regular basis, to be allowed time to talk through their feelings, create meaningful endings and attend funerals. They need to be able to vent and be listened to without judgment and be included in training opportunities for understanding and managing grief.

Critical incidents such as suicide, unexpected deaths, injuries or sudden deterioration in health can be associated with unique feelings of loss and grief.

ANCILLARY STAFF AND VOLUNTEERS**Issues and concerns**

Domestic, catering, maintenance, gardeners, some office staff and possibly volunteers may feel isolated from the health care team and thus lacking in peer support. Without formal training in grief management or a formally recognised caring role, they may feel particularly at a loss for what to say to dying residents or clients, or to families once their loved ones have died.

What can be done?

It is essential that all employees/workers be treated as part of the team. They should be respected for their contributions and for any cultural differences. Further, they should be represented at staff meetings, be included in social functions and morning teas, be given time to attend training workshops and be involved in the planning and implementation of grief management programs.

WORKERS WITH SPECIAL SKILLS IN WORKING WITH THE DYING**Issues and concerns**

Employees and volunteers who are working with the dying and their families tend to be placed in critical care wards or with dying residents. These workers may become 'immersed in death'. This is unhealthy in the long-term, and staff members need to experience a more balanced exposure to health care.

What can be done?

Basic management principles can be introduced specifically for these workers – careful planning, varying rostered duties, providing peer support and valuing the worker are some approaches. Provision of counselling for this group of employees should be included in the training/counselling programs.

CHAPLAINS/DOCTORS/NURSES**Issues and concerns**

The role expectation of 'coping' can deny people in this group the right to grieve. Society's 'grieving rules' and the individualist internalisation of these rules may conflict with employees' feelings of attachment to the client and sense of loss and grief at the death of the client.

What can be done?

All employees, regardless of their role in the planning and implementation of the grief management strategy, should be given grief education, permission to grieve, peer support, and opportunities to safely express their feelings (and possibly to change their own role expectations).

WORKERS AND VOLUNTEERS OF CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS

Older people from culturally and linguistically diverse backgrounds (CLDB) make up a significant proportion of workers, volunteers, residents and clients. The variety of cultures, religions and their traditions held by other staff, people, and their families, makes for a varied, interesting and challenging work environment for health workers.

What can be done?

It is essential that all employees/workers be treated as part of the team. As an employer or staff member you should:

- respect all workers and volunteers for their contributions regardless of any cultural differences
- encourage them to attend staff meetings and social functions such as morning teas
- give time to attend training workshops
- provide workers and volunteers with the organisations loss & grief policy and relevant information in their preferred language and format
- encourage them to be involved in the planning and implementation of grief management programs.

You may find that a person who is able to communicate adequately in English in day-to-day situations may not be able to or may choose to express their feelings and emotions in a situation of grief and loss in their first language. You may want to give them the opportunity to speak to a colleague or family member. Studies also show that many people revert back to their first language as they get older and cannot speak/understand the second language.

As with all other groups of workers listed in this document ensure that this group of employees is included in the training/counselling programs.

Bilingual counsellors should be made available, or alternatively counsellors with skills in working with interpreters.

SCHOOL CHILDREN: WORK EXPERIENCE/WORK PLACEMENTS

Issues and Concerns – School

Children

School aged children may visit aged care facilities as a part of their schooling, either as a part of a 'visiting program' for the residents of the facility or as a part of a work experience or work placement program.

Each of these scenarios present differing concerns and issues dependent on the purpose of the visit and the frequency and amount of time the children spend at the facility.

Younger children ie, primary school students engaged in a 'visiting program' may visit a facility on a regular basis during the course of a school year. During this time relationships may be established between the residents and the students.

In the event of a resident dying during the visiting program or between visits, the students will need to be provided with information and services to deal with the death of a person they have established a pleasurable relationship with, as this is not dissimilar to the death of a family member.

What can be done?

It is important that early in the establishment of a visiting program, the coordinating teachers or representative from the school is provided with information and advice prior to the commencement of a visiting program. Information and advice should include:

- a liaison person responsible for the visiting program to maintain contact between the school and the facility
- a process of informing the school in the event of the death of a resident involved in the program
- an opportunity for students to express their grief through writing cards to the resident's family via the facility.

Issues and concerns – work experience/work placement programs

During the course of work experience/work placement programs, students may not establish as strong a bonding relationship as those in visiting programs, however the students may connect with residents to some degree.

In addition to the above and the nature of the work experience program, students may be confronted with the passing of a resident at an early stage of the program. There is a remote chance that a student may be the first to discover a resident has passed away.

What can be done?

It is essential that students engaged in work experience/work placement programs are treated as part of the facility's workforce, as is the intent of work experience/work placement programs:

- The student should be provided with an induction program, adapted to suit the work to be performed during the time the student is at the facility.
- The induction program must provide students with information and advice in relation to counselling in the event of the death of a resident.
- Students should be made aware of and introduced to a designated staff member with whom they can raise and discuss their feelings in relation to the loss and grieving process.
- A reporting process established to inform the student's work education/work placement coordinator and school of the need for loss and grief counselling.

CONSIDER CULTURAL ISSUES

Australia is a multi-cultural society. As public policy, multiculturalism encompasses initiatives undertaken by government to respond to that diversity by recognising that each of us has the right to maintain our cultural and linguistic heritage. It is intended to foster a cultural environment where each of us can participate in, and effectively contribute to, the organisations to which we belong; an environment in which equal treatment and opportunities are available for all.

Aboriginal and Torres Strait Islander residents also have traditions and cultural practices which need to be catered for by your service.

In practical terms, when someone from a cultural or religious background less well known to us than our own dies or is dying, we have a responsibility to respond in ways that are culturally appropriate. Often, simply not knowing “What is the right thing to do? What is the right thing to say?” can compound any feelings of anxiety or inadequacy. It is not within the scope of this resource to provide all the answers. This section simply raises some commonly asked questions about managing the death of people from different cultural and religious backgrounds including Aboriginal and Torres Strait Islanders and provide some useful contacts and references for further information.

Since people are all individual it is important to remember there will be differences among people from the same religion, and cultural backgrounds and it is important not to stereotype or expect people to have the same reactions or practices in relation to grief or death.

Some of the difficulties staff may face in dealing with cultural differences derive from lack of information. ‘Different’ cultural behaviours and religious beliefs can lead to misunderstandings between health workers and the people in their care. It is therefore important for staff to be sensitive to the particular needs of their patients and their relatives. Staff who work with the aged and dying patients need at least a preliminary understanding of the cultural norms, particularly concerning death and dying, of the people for whom they are caring. Issues of common concern include:

- viewing or touching the body
- religious and or cultural practices concerning death, funerals or memorial services
- whether to involve non-family (such as staff or other residents) in the funeral
- customs regarding displays of support for the loved one.

What can be done?

Include information in service/care plans. Given that everyone is an individual you may want to discuss any practices that are important in delivering appropriate services, including palliative care and death, with residents and/or their families. This information could be recorded on the resident’s care/service plan.

Cross cultural training sessions for staff/volunteers

If you have a high number of workers and/or residents and clients of diverse cultural and linguistic background it is important that the staff and management receive cross-cultural awareness sessions and are skilled in managing grief and loss in a culturally appropriate manner.

In undertaking any cross cultural awareness training (both CLDB and indigenous) for staff it is important to select a trainer and training program that offers:

- information and strategies for becoming aware of and accepting cultural differences
- opportunity for participants to become aware of personal values
- how to recognise the impact of a person's beliefs on the service/care you are providing
- strategies for how to respond to culture in the delivery of services.

Resources

Staff within your organisation may consider the development of a booklet that answers the major questions about the primary cultural groups represented in residents. You may put someone in charge of this document and have them seek answers from staff members from different cultural backgrounds, ask residents and their families who are not currently faced with the death of a loved one.

If you have staff from a culturally and linguistically diverse background, they can be a good resource and may provide some information about cultural practices in relation to death, however it is important not to stereotype (because everyone is an individual) and to clarify any issues with the resident/client or their family.

By making this resource available to all staff, they can be more confident in responding to the cultural needs of residents who are dying, of the families of those who have died or fellow workers of different cultural backgrounds.

MORE INFORMATION/RESOURCES

Multicultural

- Migrant Health Service
21 Market Street
ADELAIDE SA 5000
(08) 8237 3900
- Office of Multicultural Affairs,
24 Flinders Street
ADELAIDE SA 5000
(08) 8226 1944
- Migrant Resource Centre
53 Flinders Street
ADELAIDE SA 5000
(08) 8223 3604

Indigenous

- Nunkuwarrin Yunti
182-190 Wakefield Street
ADELAIDE SA 5000
(08) 8223 5011
- Council of Aboriginal Elders
(08) 8226 8900

INFORMATION ON LOSS AND GRIEF FOR MANAGERS/EMPLOYERS

The purpose of this section is to provide managers/employers with an understanding of the grief experience, its impact on health and stress levels, how to manage one's own grief and how to recognise and respond appropriately to grief in others.

KNOWING WHAT GRIEF IS AND THEREFORE WHAT IS 'USUAL'

PERSONAL PERSPECTIVE

People faced with loss and grief may feel helpless and overwhelmed by the reactions of others and themselves. Grief is painful. It is painful to experience and to witness. We feel helpless, and this challenges our need to be helpful. We can be touched personally by the grief of others and we can feel a resurgence of a past loss. We can be put in touch with the inevitability of death, and we can become fearful for ourselves and for our loved ones.

Grief creates a need to be heard. "It's almost as though the ears are deaf to the skills of helping until the heart is heard". It's an old truth revised – to be able to see outward, we need first to look inward.

Implications

The implications for staff working in care settings are profound. In working with the aged and disabled there are enormous rewards in caring for people, adding quality to their lives, sharing their pasts and being a valuable part of their 'present'. With caring, comes the pain of loss. "If (a person) loves, there will be great rewards of human intimacy, in its broadest sense; and yet when he does so, he becomes vulnerable to the exquisite agony of loss." (Raphael B: The Anatomy of Bereavement, Unwin Hyman publishers, 1984).

An individual who experiences the pain of loss may respond in many ways. They may withdraw from intimacy with other residents/clients, or seek and develop support networks (thereby strengthening relationships with peers). They may try to gain strength by finding greater meaning in their role. Sometimes a worker, rather than face the ongoing risk of further loss, might make plans for career changes or re-evaluate personal goals.

The experience of grief will be different for every member of staff and will vary for individuals depending upon the person who has died and the circumstances surrounding their death. An individual's past grief experiences or attitude to death will also affect their response.

STRESS RELATED TO LOSS AND GRIEF

RECOGNISING STRESS AND WHERE IT COMES FROM

Stress is one of the most common 'fall-outs' from grief. Stress not only influences our thoughts, our capacity to function and the quality of our interaction with others, but can also result in physical (or psychosomatic) symptoms including exhaustion, skin conditions, backache, headaches, gastrointestinal problems and breathing difficulties. Stress can sometimes be so overwhelming we may feel we just can't go on. There are many opportunities for the death of the person we care for to take its toll on our stress levels:

- A loss of a resident or client triggers issues of unresolved loss.
- We fall into the 'rescuing trap' and find ourselves taking on the grief being experienced by others.
- We feel great sadness because we feel theirs was not a 'good' death.
- We feel we could have prevented a death or suicide attempt.
- We feel inadequate about what to do or what to say to the dying resident or to a grieving family.
- We have been focusing on everyone else's needs but our own – neglecting our health, diet and need for time-out.

MANAGING STRESS

The first step in managing stress is recognising it – realising that our behaviour, our health, our energy levels, our capacity to get things done, and our emotional well being have changed.

Stress can be managed as a work-related issue as well as in the things we do away from the workplace. There are a number of strategies to help us better manage stress. While you may get some ideas from this, you may want to seek assistance through a trained counsellor or attendance at a workshop on stress management to develop these skills properly. Encourage and educate your employees and volunteers to do the following:

- Obtain peer group support – this is an effective way to release emotional pressure (just talk to someone about it). It reminds us of our 'humanness' and the need for nurturing and can provide a stronger relationship with others in a similar role.
- Seek assistance through counselling or one-to-one debriefing.
- Take 'time for yourself'.
- Exercise – this is nature's anti-anxiety mechanism and can offset such stress-linked psychosomatic conditions as backache, headaches and gastrointestinal problems.
- Practice relaxation techniques, which provide the body with restfulness, calmness and a sense of well being.
- Reach out to others – share your vulnerable self, create meaningful relationships, and get to know yourself better.
- Develop a good sense of role perspective ie, valuing what you do (described below).

VALUING WHAT YOU DO

An important strategy for making sense out of loss, managing your own stress and the stress a staff member feels as a result of loss is to consciously recognise and reflect on your contributions to:

- the quality of the life of the older person
- the members of your work team
- the family members of the person who has died
- yourself – the personal rewards you have received through caring for this person.

FROM CARE TO CLOSURE

Caregivers spend much of their time looking after the needs of others. This can impact on both work and home life. Sometimes minor problems may suddenly appear larger and can be blown out of proportion eg, getting angry at the people they love most, feeling let down by 'the system', by life and by themselves.

It is important that caregivers, especially after critical events such as the death of a resident or client, take time to reflect and move towards closure. It is important to avoid bottling up loss and grief issues or taking them home. Closure for your employees and volunteers can be achieved through one-to-one or team debriefing with a supervisor or counsellor, or at a regular forum with clinical supervision. A team approach is particularly recommended because:

- the members of a work team can jointly review work issues that have arisen over the preceding days or shifts

- there can be some input by a supervisor or discussion led by a facilitator concerning the issues raised, and a chance for important issues to be raised and resolved
- team meeting can then close with drinks, tea and social time so that staff can 'de-focus' and leave their work issues behind them.

For shift workers, it might be possible to look at the structure of shifts and identify some opportunities throughout the week to hold these sessions with a few colleagues, a manager and facilitator.

COMMUNICATION SKILLS

TALKING ABOUT DEATH AND GRIEF

Knowing what to say when someone is dying, what to say to relatives of someone who has died, or what to say to someone else who is grieving can be uncomfortable for many people. This section deals with effective communication so that staff can feel more confident in talking about death and grief.

HOW WE COMMUNICATE

To communicate effectively, we need to listen and watch, at least as much as we need to talk. Communication is about 50 per cent body language, 40 per cent tone of voice and inflection, and only about 10 per cent words.

It's not what we say, it's how we say it.

ACTIVE LISTENING

Active listening is a skill that provides support to those who wish to talk without imposing judgment on what they are saying. By actively listening we can more easily understand what other people are feeling and help them to express themselves. We support them by acknowledging that their feelings are real and natural. It is important that managers and supervisors develop some skills in active listening. See Appendix A for possible contacts for training courses in this area.

The following table provides some examples of active listening and explains how to go about it. The examples used will not fit all circumstances, but are used to illustrate the principles.

We actively listen by	This can be done by:
<i>Being with and showing interest in the other person</i>	<ul style="list-style-type: none"> • saying 'aha' or giving other signs you are listening. • listening rather than talk. • eye contact, nodding your head, looking at them. • noting their body language.
<i>Understanding what another person is feeling and saying</i>	<p>Concentrate on:</p> <ul style="list-style-type: none"> • feelings rather than facts • the person rather than the problem • the particular rather than the general • their feelings rather than your feelings.
<i>Giving back to the person</i>	<p><i>"You seem/ you appear to be - Upset, unhappy, angry, relieved, sad, Frightened, anxious, worried, finding it difficult to cope, happy, enjoying yourself, feeling good about that".</i></p>
<i>What they are feeling, not what they are saying</i>	<ul style="list-style-type: none"> • Avoid saying: <i>"You can't mean that", "That's horrible", "Yes, you are right"</i> • Resist defending the person they may be criticising • Avoid using should /ought, e.g. <i>"You should do this", "You should have done that" "You shouldn't say that"</i>
<i>Not making judgments (good or bad)</i>	<p>Should is a very strong word</p> <ul style="list-style-type: none"> • Don't question <i>"Why did you say that?", "When did this happen?"</i> • Don't look for reasons in what is being said • Avoid offering reassurance: eg, <i>"Everything will be all right", "I know how you feel", "Don't worry about that"</i> • Resist talking about your own experience

It is important that managers and supervisors develop some skills in active listening

NOTE:

Don't use active listening when:

- the other person simply needs information
- you are involved in the outcome of the problem
- you are emotionally involved with the person on this issue
- you don't feel up to it eg, personal problems or tiredness.

COMMUNICATING WITH STAFF

Staff grief is real and their sadness needs to be shared. Displays of grief by staff are natural and should be accepted as common. Hiding behind a professional emotional wall is a coping mechanism for some, but is not necessarily the most effective method in the long term. Below are some recommended approaches to communicating with staff that are experiencing grief:

Allow grief to be expressed

The expression of grief should be allowed in a manner and at a time that is appropriate for staff members and the workplace. Suppressing emotional responses should not be encouraged.

Let staff talk about positive and negative memories

Staff may need to express negative, as well as positive emotions and opinions about the deceased. We cannot like everyone on this earth. Sometimes there is a need to express anger about a resident's past behaviour, or relief that the staff member no longer has to deal with them.

Accept humour as natural

Humour, especially black humour, is often used to cope with distress. Relating stories about the deceased can be a way of dealing with emotions, as long as the stories are not vindictive or in bad taste. Such discussions must take place out of earshot of other residents and visitors and are often done informally, at meal breaks.

Directly inform relevant off-duty staff

In-coming staff should be told of a death in a caring manner and allowed time to come to terms with the news. It can be very disturbing to return to duty and just see an empty bed, or overhear someone talking about it. While not all staff members will need to know, you can probably identify those who were closest to the resident and who would appreciate being told of their death personally.

Listen

Listening to your colleagues informally without judging them about their feelings will help them deal with their grief. Often staff are unable to talk about their work and feelings at home, so the workplace is their only outlet.

Acknowledge intense feelings

If a staff member's grief seems to be more intense than a death appears to warrant, the cause could be the accumulation of grief over past deaths they have not dealt with, or the resurgence of grief over past or present personal events. They need to have these intense feelings acknowledged and accepted as right for them and not dismissed as an over-reaction. Individual grieving patterns should be acknowledged and supported by all other staff, and not discounted. No one should be made to feel inadequate.

See Appendix C for a checklist of things that you can do to create a supportive work environment.

Encourage consideration of new staff and volunteers.

Staff new to death must be supported by more experienced staff and not be told to just pull themselves together, or that they will get over it, or that they ought to leave if they can't get over it. Experienced staff often form their own coping and support mechanisms, often informal, and they should support inexperienced staff, who are finding their way. Staff respecting each other and keeping conversations confidential will assist in the positive outcome of staff grief reactions.

See 'Information on loss and grief for employees and volunteers' for information on:

- communicating with dying residents
- communicating with relatives and loved ones
- communicating with other residents.

This includes work experience, school students, and community service persons.

INFORMATION ON LOSS AND GRIEF FOR EMPLOYEES AND VOLUNTEERS

The purpose of this section is to provide employees and volunteers with an understanding of the grief experience, its impact on health and stress levels, how to manage your own grief and how to recognise and respond appropriately to grief in others.

KNOWING WHAT IS GRIEF AND THEREFORE WHAT IS "USUAL"

PERSONAL PERSPECTIVE

People working in the face of loss and grief may feel helpless and overwhelmed by the reactions of others and themselves.

Grief is painful. It is painful to experience and to witness. We feel helpless, and this challenges our need to be helpful. We can be touched personally by the grief of others and we can feel a resurgence of a past loss. We can be put in touch with the inevitability of death, and we can become fearful for ourselves and for our loved ones.

Grief engenders a need to be heard. "It's almost as though the ears are deaf to the skills of helping until the heart is heard. It's an old truth revisited – to be able to see outward, we need first to look inward".

IMPLICATIONS

The implications for an individual working in aged-care are profound. In working with the frail-aged, there are enormous rewards – in caring for people, adding quality to their lives, sharing their pasts, and being a valuable part of their "present". With caring, comes the pain of loss. "If (a person) loves, there will be great rewards of human intimacy, in its broadest sense; and yet when he does so, he becomes vulnerable to the exquisite agony of loss".

People who experience the pain of loss may respond in many ways. They may withdraw from intimacy with other residents/clients or seek and develop support networks (thereby strengthening relationships with peers). Some people may try to gain strength by finding greater meaning in their role. Sometimes a worker, rather than face the ongoing risk of further loss, might make plans for career changes or re-evaluate personal goals. The experience of grief will be different for every member of staff and will vary for individuals depending on the person who has died and the circumstances surrounding their death. One's past grief experiences or attitude to death will also affect one's response to death.

STRESS RELATED TO LOSS AND GRIEF

RECOGNISING STRESS AND WHERE IT COMES FROM

One of the most common products of grief is stress. Stress not only influences your thoughts, your capacity to function and the quality of your interaction with others, but it can also result in physical (or psychosomatic) symptoms including exhaustion, skin conditions, backache, headaches, gastrointestinal problems and breathing difficulties. Stress can sometimes be so overwhelming you may feel you just can't go on.

MANAGING STRESS

The first step in managing your stress is recognising it – realising that things are not as they should be in terms of your behaviour, your health, your energy levels, your capacity to get things done, and your emotional well being.

The following list identifies some strategies that can help you better manage stress. While you may get some ideas from this, you may want to seek assistance through a trained counsellor or attendance at a workshop on stress management to develop these skills properly:

- Obtain peer group support – this is an effective way to release emotional pressure (just talk to someone about it).
- It reminds us of our “humanness” and the need for nurturing and can provide a stronger relationship with others in a similar role.
- Seek assistance through counselling or one-to-one debriefing.
- Take ‘time for self’.
- Exercise – this is nature’s anti-anxiety mechanism and can offset such stress-linked psychosomatic conditions as backache, headaches and gastrointestinal problems.
- Practice relaxation techniques, which provide the body with restfulness, calmness and a sense of well being.
- Reach out to others – share your vulnerable self, create meaningful relationships, and get to know yourself better.
- Develop a good sense of role perspective (described more fully on the next page).

VALUING WHAT YOU DO

An important strategy for making sense out of loss and minimising the stress you may experience as a result of loss is to consciously recognise your contribution to:

- the quality of the life of the person
- the members of your work team
- the family members of the person who has died
- yourself – the rewards you received through caring for this older person.

Recognise that you have uniquely contributed to a resident's quality of life.

FROM CARE TO CLOSURE

Caregivers spend much of their time looking after the needs of others. This can impact on both work and home life. Sometimes, minor problems may suddenly appear larger and can be blown out of proportion, eg, getting angry at the people they love most, feeling let down by ‘the system’, by life and by themselves.

It is important that caregivers, especially after critical events such as the death of a resident or client, take time to reflect and move towards closure. It is important to avoid bottling up loss and grief issues or taking them home. Closure for your employees and volunteers can be achieved through one-to-one or team debriefing with a supervisor or counsellor, or at a regular forum with clinical supervision. A team approach is particularly recommended because:

- You can jointly review work issues that have arisen over the preceding days or shifts.

- There can be some input by a supervisor or discussion led by a facilitator concerning the issues arising, and a chance for important issues to be raised and resolved.
- The team meeting can then close with drinks, tea and social time.

For shift workers, it might be possible to look at the structure of shifts and identify some opportunities throughout the week to hold these sessions with a few colleagues, a manager and facilitator.

COMMUNICATION SKILLS

Many people are uncomfortable about communicating about death and dying, and many other forms of change. This section looks at some basic information on what to say and what to do when communicating with dying residents, relatives and other loved ones, other residents and other staff, so you can feel more confident in talking about death, loss and grief.

COMMUNICATING WITH DYING RESIDENTS OR CLIENTS

People are often aware that they are nearing death. Except where cultural or religious beliefs forbid it, it is best to be open with them.

Allow all fears to be raised

“Am I dying?” – often, fear is the emotion behind this question. Fear of the unknown, fear of the process of death, fear of being alone, and/or fear of judgment. Sometimes their worry is really “Has my life been worthwhile?” Residents or clients may be fearful about the physical event itself – about the dying process – or about the emotional or spiritual aspects. Even the most devout religious believer may, when facing death, have doubts about long held beliefs.

If they ask whether they are dying or how things are managed after they die, answer honestly. If they ask, “Do you believe in God or Heaven?” answer honestly, but tell them that what is really important is what they believe. For people who have not expressed a religious faith, this may be the time to ask if they would like to speak to a chaplain or clergy, as they might not be able to ask outright.

Be supportive of their beliefs and concerns

Some people are quite resigned to dying, believing they are going to a better place and will see loved ones again, or that their time is over and this is the end. Their beliefs should be supported and they should not be preached at. There might also be concerns about how loved ones left behind will cope.

Always treat the resident or client with dignity

Respect the thoughts and opinions of all residents, even if they are contradictory to your own. And always treat all dying residents or clients with dignity in how you speak to them, handle or assist them and in how you refer to them.

If you feel uncomfortable with the conversation, tell the resident that you don't think that you are the right person for them to talk to and that you will find someone else. Be sure you do. However, people open up to those they trust or when in vulnerable positions, e.g. in the shower, and this may well be the only time when they are able to speak, so try to stay with the conversation if they indicate they wish to talk about it.

Communicating with families and loved ones

Being uncertain of what to say to families and loved ones is OK.

Whether or not you have had the chance to develop a close relationship with the family and loved ones, you may sometimes struggle with what to say. Sometimes just being there is enough.

Express your feelings honestly

When talking to relatives or other visitors about the death of a resident, it is best to be honest in expressing your feelings. It is all right to use common expressions like, "I am sorry", "My Condolences", or "She's at peace now".

Talk about the person who died

You can talk about the resident – the things you remember, things that made you laugh or cross – as this shows that they were seen as an individual, as a person, not just another resident. Observations such as "She'll be missed", "He was a character", "She told me how much she loved you", "He was always talking about you", and "He was so proud of you" convey positive messages that family members will appreciate.

It may be appropriate, depending on your relationship with the family, to pass on funny sayings the resident was known for, or slightly irreverent descriptions, eg, "He was a rascal", "He was a handful till the end", "I'm sure he's playing golf with God now."

Acknowledge their grief

If loved ones become emotional you can say, "It must be hard for you", "It's a difficult time".

It is OK to show your emotions

Showing your emotions by, say, crying with the relatives, is perfectly all right. Remember: "No one ever complained that someone cried; but they have complained that no one seemed to care."

Answer all questions honestly

As noted in the section on dying residents or clients, answer any questions honestly; if you don't have the information, say so, then find someone who does.

If their relative dies alone

Sometimes people die when left alone. This can be distressing for the relatives, especially if they just stepped out for a coffee or for some other reason. While we don't really know why, it has been suggested that some people may not wish their relatives to witness their death, or that the presence of loved ones may somehow prolong a dying person's life. Be sure to comfort the relatives with the knowledge that this is fairly common event.

A dying woman of Roman Catholic upbringing steadfastly refused a visit by the priest. After much persuasion by her family she finally agreed. Her first words to the priest were "You know Father, I wasn't married in the church." Life events often carry significance that affects seemingly unrelated occasions.

Being with the body

If it is possible, offer relatives who wish to say good-bye, time alone with the body. Some relatives may even wish to be involved in the rituals of washing the body after death. You should ask them whether this is something they would like to do. Afterwards, offer a cup of tea and a quiet room with tissues; remain with them if they wish to talk. Try not to rush them. Don't be judgmental if they are in and out as fast as possible; no one truly understands anyone else's relationship with another person.

If you are not able to see the relatives or loved ones

You may not be on duty when a resident or client dies and when family members subsequently visit the facility. You might consider sending a card or calling them to acknowledge their loss. In many cases this can help provide you with closure that you otherwise might have missed in your absence.

COMMUNICATING WITH OTHER RESIDENTS

Other residents have the right to know if someone has died, especially if they have developed a friendship, or spent any time together. They, too, will grieve the loss.

Tell them directly and with sensitivity

You should tell them gently, "I wanted to let you know that Mr Blake died last night", and allow them the opportunity to react and have questions answered. They should not be left to overhear the news, or to have to ask, "Where is Mr Blake?"

Residents or clients with memory loss may need to be told repeatedly over time. Each time, if it seems new to them, they may need to be supported in their grief. Expressing your own sorrow at the loss may well be appropriate.

Avoid reacting with disdain if they don't seem to care

Residents may react to a death with relief or seeming insensitivity, saying, for example, "I never liked her", "He was a horrible person" or "Thank God that screaming woman has gone." Non-judgmental responses might include, "It seems you didn't like her" or "You seem to have found him disturbing". Let them tell you how they feel and do not react with disdain.

Be understanding of the use of humour

Humour is a natural way of dealing with distressing news and, unless in bad taste, should be accepted as a way of dealing with the grief.

Be supportive

The death of another may make residents contemplate their own deaths, or touch on old losses they have experienced; their concerns and feelings need to be expressed and listened to. Residents have the right to grieve with consideration and support from staff.

The daughter of a resident who had died asked if she could be alone with the body for a while. Staff checked periodically, and she said she would like to stay a while longer. She emerged after an hour and thanked the staff, as she had promised her father that she would sit with him for an hour after he died.

BUILDING SUPPORT FOR YOURSELF AND OTHERS YOU WORK WITH

STRATEGIES TO HELP YOU COPE AND HELP BUILD A MORE SUPPORTIVE WORK ENVIRONMENT

Below is a list of ideas or strategies that can help create a workplace where the staff feel death is sensitively managed. The strategies listed below

have been successfully implemented in a variety of aged-care facilities and have been reported to have helped workers manage feelings of loss or grief following the death of residents or clients. Specialists in aged care and loss and grief have endorsed the items on this list.

This list is intended to provide options from which to select the ones that may be right for you and your organisation.

Attending the funeral	If you feel you would like to attend the funeral, ask the family and management if it would be all right
Support from professional counsellor	Most aged care facilities will have ready access to a professional counsellor. Make use of these professionals.
Formal debriefing with supervisor or work-team	Upon the death of a resident – no matter how long the resident has been under the care of the facility or program – all members of the work-team (health and non-health) should seek to have a formal debriefing session. You may consider asking your supervisor to organise this as a group process or just one-on-one. Talk about the person, their death, family and future events. Try to share any anxieties, guilt or relief.
An article remembering the person in a staff newsletter	A staff member or resident or client who was particularly close to the person who died might like to write a paragraph or column for a newsletter. This is a nice way to remember a resident, show that they mattered, and it may help a staff member who feels the loss especially deeply.
Book of memories	You may want to consider having a book of memories – one for each year – and acknowledge those who have died with photos, letters or notes from people who just want to contribute a message of remembrance.
Memorial service	Many places hold a memorial service twice a year for residents who have died during the last six months. Families are invited back and the service is open to all staff and other residents who wish to attend. It is important for residents at the nursing home or hostel to feel that it matters when someone dies, for they would like to feel that they will be remembered when they die. The memorial service should have people reminiscing about the funny things the person used to do, the things they did that made people cross, and the things they liked about them. If there are special cultural considerations, these should be planned for.
Grief boxes	Some organisations recommend “grief boxes”. This is a collection of items designed to provide support for workers who may feel the need for it after a resident or client dies. It may include patient and family reports, a relaxation or spiritual tape to listen to, and a set of sympathy cards, which staff and residents can sign, and then send to the families. While this may be of no interest to some employees and volunteers, about half of the staff in organisations that have grief boxes have used them.

Letting off-duty staff know	It is often distressing for staff to return to work and find that someone they cared for has died, especially if they are confronted with the empty bed before someone had a chance to inform them. In country areas staff may hear of a resident's death on the radio. For staff that wish it, establish the protocol of phoning them at home when a resident or client with whom they have worked closely has died.
Time-out for yourself	Taking time-out can help enormously in resolving grief. By avoiding greater symptoms of stress, time-out can assist workers to return to their normal capacity sooner.
Relaxation	Encourage relaxation techniques like doing Tai-chi at lunch time, just taking a walk outside, getting some exercise or listening to a relaxation tape.
Building peer support	Organise a regular staff social event or get-together time at least once every two weeks. Encourage one another to take time out to just have tea, a drink after work, or some other supportive group activity. It may be advantageous to look at establishing a formal group process, to review work practices in an ongoing manner

It is important for residents or clients to feel that it matters when someone dies, for they would like to feel that they will be remembered when they die.

WHAT MIGHT HELP?

- Write a memorial paragraph for a newsletter or a memory book.
- Learn relaxation and other stress management skills.
- If approved by your supervisor, ask family if you may attend the funeral.
- Talk about it to a supervisor or colleague.
- Seek support from a professional counsellor.
- Take time out for yourself.
- Take time to exercise.

FURTHER INFORMATION

Your workplace should have a copy of 'Managing loss and grief in the aged care industry'. It has a section for employees and volunteers to read and lists of resources and contacts for the management of loss and grief. You can also obtain a copy of the guidelines from the WorkCover Customer Centre on 13 18 55 or from www.workcover.com

WorkCover Corporation

100 Waymouth Street, Adelaide
South Australia 5000

General enquiries: 13 18 55

Fax: (08) 8233 2211

info@workcover.com

www.workcover.com

TTY calls: (08) 8233 2574 for people who are deaf or have hearing/speech impairments.

Non-English speaking: (08) 8226 1990 for information in languages other than English, call the Interpreting and Translating Centre and ask them to call WorkCover. This service is available at no cost to you.

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'Managing loss and grief in the aged care industry'



COPING WITH LOSS & GRIEF IN THE AGED CARE INDUSTRY

An initiative of the South
Australian Safer Aged Care
Industry Working Party

When someone you have
looked after dies, have you
ever wondered...

- Why you feel so low?
- What to say to relatives
- How you can better manage your feelings of grief?



WHAT IS GRIEF?

When someone we have been close to dies we can feel sad, angry, relieved, stressed, tired, confused, and guilty. Grief can cause confusion and anxiety, arousing many conflicting and bewildering emotions. It can leave you feeling aching and exhausted, with doubts about your ability to cope at work, or even at home.

Feelings of grief are different for everyone
These feelings have no set time limits and are a normal reaction to loss.

Unresolved grief may result in withdrawing from close or meaningful involvement with other residents, clients or colleagues. It may also contribute to long-term difficulties in a close relationship at home, inappropriate ways of dealing with things, depression, and even serious physical illness.

WORKING WITH THE AGED

Caring for older people in their own home or residential aged care facilities brings aged care workers into very personal contact with them. The implications for nurses, cleaners, doctors, office staff, carers, volunteers, chaplains, cooks, physiotherapists, diversional therapists, students providing community care or involved in work experience and other occupational groups in the aged care industry alike are profound.

Working with the aged, brings enormous rewards:

- Caring for people.
- Adding quality to their lives.
- Sharing their pasts.
- Being a valuable part of their present.

With caring comes the pain the of loss.

Sometimes grieving at work can be difficult. Be aware of fellow workers and how they are responding, try to remain professional and try to be positive for the sake of other residents or clients.

WHAT TO DO? WHAT TO SAY?

WHEN SOMEONE IS DYING:

- Allow them to raise all their fears.
- Answer their questions honestly.
- Be supportive of their beliefs and concerns.
- If you feel out of your depth, get someone else.

TO RELATIVES AND LOVED ONES:

- Acknowledge their grief.
- Share your emotions, it's OK to cry.
- Talk about the person who died (within the limits of confidentiality).
- Answer all questions honestly.

TO OTHER RESIDENTS:

- Tell them directly and with caring.
- Stay with them to let them respond.
- Be accepting of all responses.
- Involve them in things like signing cards for relatives, or memorial services.

No one ever complained that someone cried; but they have complained that no one seemed to care.

IDEAS FOR YOUR WORKPLACE

- Hold memorial services for staff, residents, family and friends.
- Set up grief boxes filled with sympathy cards, relaxation tapes, literature and photos.
- Have formal debriefings with all staff, volunteers and others involved in their care. Finish it with social time such as tea or drinks.
- Organise workplace exercise or tai chi classes.
- Make sure off-duty staff and volunteers that were close to the person who died are called at home.
- Make sure students providing community care or involved in work experience that were close to the person who died are advised via the school contact person.
- Set up a book of memories or a memorial column in your newsletter.
- Involve staff and volunteers from all occupational groups in team meetings and social events.
- Survey staff to identify what they need.

WRITE YOUR OWN IDEAS HERE:

APPENDICES

APPENDIX A

A list of training and support resources

You may also wish to contact your GP, local community health centre or local council for further assistance.

ANGLICARE SA FAMILY AND RELATIONSHIP SERVICES

Anglicare SA, Family and Relationship Services offers counselling and education programs. It is located in a quiet suburban street next to the Child Care Centre at 26 Daphne Street. A bus stop is nearby.

The male and female staff all have relevant and recognized professional qualifications. They work part-time to offer a service Monday to Thursday and Tuesday evenings, as well as a session each per week at Magill and Salisbury.

The "Recover" workshop can be run by negotiation for any group of people grieving a bereavement, separation or divorce.

Anglicare SA works for people from all backgrounds to make a positive difference. All staff work with respect for clients' rights to self-determination and their own belief system.

Address	26 Daphne St PROSPECT SA 5082
Phone	(08) 8342 4005
Fax	(08) 8344 1076
Website	www.anglicare.sa.asn.au
Hours of operation	Enquiries about fees, concessions and services are welcome Monday to Thursday 9am – 5pm on (08) 8342 4005
Costs	As at January 1999: \$50.00 an hour, \$25.00 concession (eg, for those on a Centrelink benefit)

Services Provided

- Individual counselling 9am-8pm Tuesday
- Grief education classes 'Recovery Workshop'

AUSTRALIAN FUNERAL DIRECTORS ASSOCIATION SA/NT DIVISION

The Australia Funeral Director's Association was formed in 1935. The AFDA is the only funeral service organisation with a national network, and it is the largest in Australia. All members of AFDA must abide by its Code of Ethics and it has established its own guidelines regarding minimum standards for the premises, equipment and vehicles of its members.

You can contact the AFDA for information about funeral arrangements in general and to find out about Funeral Directors in your area.

The AFDA also provides Education and Training for the Funeral Industry and acts as an independent mediator for complaints.

Address	136 Greenhill Road UNLEY SA 5061
Phone	(08) 8300 0184
Fax	(08) 8300 0001
Costs	Free

Services Provided

- Help and advice on making funeral arrangements
- Provision of information about funeral directors in your area
- Literature on grief eg, brochures
- Sale of publications

BARNABAS CENTRE INC.

The Barnabas Centre Inc. provides a general counselling service to the community provided free if people cannot afford to pay for the service. The centre is funded by the community. The Centre also provides an advocacy and mediation service. Counselling is provided in general areas as required ie, grief counselling, self esteem and critical incident debriefing.

Address	61b Murray St TANUNDA SA 5352
Phone	(08) 8563 3676
Fax	(08) 8563 0259
Hours of operation	9.00am-5.00pm or after hours by appointment
Costs	Services are free, donation accepted if people can afford.

Services Provided

- Individual counselling.
- Telephone counselling.
- Drop in centre.
- Support group meetings.
- Literature on grief.
- Library facilities for loss and grief.
- Grief education classes.

CENTACARE

Centacare offers a confidential, professional counselling service for those confronted by loss and grief and works to provide a sympathetic and practical support as people journey through the grieving process.

Address	33 Wakefield St ADELAIDE SA 5000
Phone	(08) 8210 8200
Fax	(08) 8224 0930
Email	cfs@centacare.org.au
Website	www.centacare.org.au
Hours of operation	9.00am-5.00pm
Costs	Individual counselling on a sliding scale according to income. Telephone counselling free.

Services Provided

- Individual counselling.
- Telephone counselling.

COPE PERSONAL EDUCATION CENTRE

COPE is an education centre that focuses on services which promote health and well-being. COPE has a specialist bookshop and library with a wide range of books on loss and grief, HIV/AIDS and other health areas. Books for workers in this area are also available. COPE provides training to health and community workers on HIV/AIDS and the prevention of suicide in youth.

Address	49A Orsmond St HINDMARSH SA 5007
Phone	(08) 8245 8100
Fax	(08) 8346 7333
Email	info@rasa.org.au
Hours of operation	10am-6.30pm Mon- Fri
Costs	Library joining fee

Services Provided

- Literature on grief eg, brochures and books.
- Library facilities for loss and grief.
- Worker education on HIV/AIDS and suicide prevention.
- Managing grief and loss course.

GOOD GRIEF COUNSELLING

Good Grief Counselling Service provides grief and loss and general counselling to people in the Spencer Gulf region, helping the bereaved to work through the difficult issues of grief to come to a place of acceptance

Address	50 Viscount-Slim Ave WHYALLA NORRIE SA 5608
Phone	(08) 8645 5650
Mobile	0422 177 705
Fax	(08) 8645 7704
Hours of operation	9.00am- 5.00pm
Costs	\$20.00 per session \$10.00 per session if unemployed

Services Provided

- Individual counselling.
- Telephone counselling.
- Literature on grief eg, brochures.

KANGAROO ISLAND COMMUNITY HEALTH SERVICE

Kangaroo Island Health Service, Community Health has a social worker and community health nurse with mental health qualifications. They can provide grief and loss counselling and act as a referral based service.

Address	Cook Community Centre Esplanade KINGSCOTE SA 5223
Phone	(08) 8553 4231
Fax	(08) 8553 4227
Email	kih@kin.on.net
Website	www.kihealth.sa.gov.au
Hours of operation	9.00am- 5.00pm
Costs	nil

Services Provided

- Individual counselling.
- Telephone counselling.
- Literature on grief eg, brochures.
- Library facilities for loss & grief.

LIFELINE ADELAIDE

LIFELINE provides a 24hr telephone counselling service that is compassionate, non-judgmental, confidential and supportive of people from all walks of life, in need or in crisis.

Counsellors are trained to help with crises in areas such as isolation, relationship difficulties, domestic violence, suicide, youth issues, loss and grief, mental health, child abuse, sexual abuse, drug and alcohol abuse, gambling etc.

LIFELINE has been helping South Australians of all ages, religions and social groups since 1963. In that time, their counsellors have dealt with just about every human problem.

Address	43 Franklin St ADELAIDE SA 5000
Mailing Address	GPO Box 2534 ADELAIDE SA 5000
Phone	(08) 8202 5820
Fax	(08) 8202 5822
Email	dianne.cottrell@acm.asn.au
Hours of operation	9am-5pm
Costs	Nil (only cost is for in house training of telephone counsellors)

Services Provided

- Telephone counselling 24 hours 13 1114
- Grief education classes as part of training of telephone counsellors
- Referral service to other agencies and support groups.

LIVING HOPE INCORPORATED

LIVING HOPE is a completely Christ centered service to the community at large, offering genuine and friendly support, encouragement and advice to anyone with a personal problem within their own life. Help given is according to the immediate problem or need each individual has, and advice is always in accordance with the truths, principles and promise in God's work.

It is not our purpose or intention to force "religion" upon anyone, but wherever the opportunity exists, and it is welcomed by the caller, spiritual advice can be shared with him/her.

Address	819 Marion Rd MITCHELL PARK SA 5043
Postal Address	PO Box 80 PARKHOLME SA 5043
Phone	24hr phone service (08) 8277 4033 Office (08) 8374 2112 (not always open)
Fax	(08) 8276 3077
Hours of Operation	Individual Counselling 9am-5pm Telephone Counselling 24 hrs.
Costs	We do not charge but encourage callers and those counselled to make a donation as able. LIVING HOPE is a voluntary agency that relies on gifts, grants and donations.

Services Provided

- Individual counselling
- Telephone counselling
- Literature on grief eg, brochures (limited)
- Grief education classes
- Referral to grief professionals

LUTHERAN COMMUNITY CARE

Lutheran Community Care (LCC) provides a range of services locally and on a statewide basis. Services to support families are provided in the surrounding areas. Emergency relief is available in local areas and limited financial counselling is available. Counselling for individual and relationship issues is available by appointment. Training for community groups and professionals includes grief & loss, communication, mandatory notification of child abuse as well as parenting and relationship training. Courses are available on request. LCC shares the love of Christ by serving and meeting the needs of the community and equipping others to be part of this ministry.

Address	309 Prospect Rd BLAIR ATHOL SA 5084
Phone	(08) 8269 5788
Fax	(08) 8269 1935
Email	lcc@pinnacle.net.au
Hours of Operation	9.00am-5.00pm
Costs	Yes, a small donation. Suggested amount is scaled in accordance with income

Services Provided

- Individual counselling
- Telephone counselling
- Library facilities for loss & grief – limited
- Grief education classes - limited

MULTICULTURAL AGED CARE

Multicultural Aged Care (MAC) pursues the vision that all older people from culturally and linguistically diverse backgrounds will lead the lifestyle of their choice.

Our mission is to strengthen the ethnic communities' capacity to develop and manage the care of their older people and to provide for their happiness and wellbeing. We also support and assist aged care service providers to give older people from culturally and linguistically diverse backgrounds the services of their choice.

MAC provides training, education and workshops for residential aged care providers (board, management and staff), in relation to cultural diversity issues in aged care. MAC also promotes a safe living environment for residents in a residential aged care facility. We assist residential aged care providers and ethnic communities to develop links and partnerships with each other with the view to better understanding the needs and preferences of residents from a cultural and linguistic background within a residential aged care setting.

Address	Multicultural Aged Care 77 Gibson Street BOWDEN SA 5007
Phone	(08) 8245 7157
Fax	(08) 8245 7186
E-mail Address	macsa@mac.org.au
Hours of Operation	9.00am-5.00pm
Costs	Varies

Services Provided

- Training
- Education
- Workshops

NOARLUNGA HEALTH SERVICES

Noarlunga Health Services exists to service its community through the accessible provision of quality health care. Community health services concentrate on health promotion rather than ill health. Services offered include one-to-one consultations and therapy, health education programs and health promotion projects.

Address	Noarlunga Health Village Alexander Kelly Drive NOARLUNGA CENTRE SA 5162
Mailing Address	PO Box 437 NOARLUNGA SA 5162
Phone	(08) 8384 9266
Fax	(08) 8384 9248
Hours of Operation	8.30am-5.00pm Mon Tue Wed & Fri 8.30am-8.00pm Thursday
Costs	Our services are free, however there may be a small charge for some group program resources

Services Provided

- Individual counselling
- Telephone counselling
- Support group meetings
- Literature on grief e.g. brochures

UNITING CHURCH IN AUSTRALIA CHAPLAINCY & OTHER MINISTRIES COMMISSION

The Chaplaincy Commission is able to provide links with qualified chaplains throughout SA. Chaplains, usually ordained clergy are skilled listeners/counsellors with experience in helping people through stressful situations eg, grief.

Address	33 Pirie St ADELAIDE SA 5000
Mailing Address	GPO Box 2145 ADELAIDE SA 5001
Phone	(08) 8227 0822
Fax	(08) 8227 0470
Email	richardm@sa.vca.org.au
Hours of Operation	9.00am-5.00pm
Costs	Nil

Services Provided

- Individual counselling
- Telephone counselling

UNLEY-CARRAMAR CONTINUING CARE TEAM, SOUTHERN MENTAL HEALTH

The Team comprises multi disciplinary staff who provide services on a regional basis to people with a mental health disability. Services can include components of grief counselling related to loss of self-esteem, loss of capacity to fulfill work and family roles. Support is available to help people and carers deal with newly diagnosed early psychosis.

Address	179 Greenhill Rd PARKSIDE SA 5063
Phone	(08) 8406 1600
Fax	(08) 8406 1601
Hours of Operation	For referral/information Monday- Friday 9am-5pm In after hours emergency: 24 hour Assessment & Crisis Intervention Service (ACIS) 131 465
Costs	Nil

Services Provided

- Individual counselling

APPENDIX B

RESOURCES ON MULTICULTURAL ISSUES

A hospital handbook on multi-culturalism and religions: practical guidelines for health care workers. (Booklet) By Neville Kirkwood – Millennium Books, 1993.

Improving Palliative Care in a Multicultural Environment. By: Campbell D, Small D, Moore G:

Hope Healthcare Ltd, Northern Sydney Area Health Service-Commonwealth Department of Health and Family Services, 1997.

Migrant Grief: The Italian Experience in Australia. (Booklet) Funded by the Ethnic Affairs Commission of NSW – Community Grants Program 1998. Published by Co.As.it, March 1999.

Caring for Dying People of Different Faiths – 2nd Edition. By J. Neuberger, Mosby, 1994.

Transcultural Mental Health Centre, Locked Bag 7118, PARRAMATTA BC, NSW 2150. Telephone: 02 9840 3800 Freecall: 1800 648 911 Fax: 02 9840 3755.

APPENDIX B

FOR FURTHER READING

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APPENDIX C

A checklist for creating a supportive workplace.

WHICH OF THE FOLLOWING DO YOU CURRENTLY DO?

- ☐ Allow grief to be expressed
- ☐ Create a strong sense of belonging in all staff – include as many staff as possible in meetings, social events, and training.
- ☐ Build active listening skills in yourself and other staff
- ☐ Ensure all staff possess the skills to support each other
- ☐ Encourage mentoring – provide less experienced staff with someone to talk things through.
- ☐ Provide one-to-one or group debriefing sessions.
- ☐ Provide staff with opportunities for exercise, relaxation and other types of stress management.
- ☐ Encourage greater staff involvement in building peer support – have them submit a paragraph to the newsletter, develop grief boxes, plan a memorial service, develop information on their cultural perspective to loss and grief.
- ☐ Plan regular social time within the facility and also outside.
- ☐ Leave the bed of the deceased empty for 24 hours
- ☐ Directly inform relevant off-duty staff of a significant death
- ☐ Provide time-off to attend funerals
- ☐ Hold memorial services for staff, families, and other residents to attend
- ☐ Value all staff
- ☐ Consider and attend to the needs of all cultural groups (staff and residents)
- ☐ Clarify preferences and wishes with residents and their families upon joining the facility/program
- ☐ Consider the needs of new staff and provide adequate training and supervision concerning death and dying
- ☐ Ensure policies and practices relating to death are raised regularly with all staff
- ☐ Now look at those you have not ticked and consider these as opportunities for building greater support.

APPENDIX D

RESOURCE PEOPLE IN YOUR COMMUNITY

(Fill in and update the details)

Use this page to develop a list of local resource people in your community to have on file and use when needed.

Undertaker

Name of contact telephone/Address Notes

Funeral Director

Mental Health Unit

(Area Health Service)

Loss and grief counsellor

Trainer/educator in loss and grief management

Trainer in stress management

Rabbi

Chaplain

Aboriginal Liaison Officer

(Area Health Service)

Migrant Health Worker

(Area Health Service)

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have hearing/speech impairments.

Non-English speaking: (08) 8226 1990 for information
in languages other than English, call the Interpreting
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