Network Recording Declaration

During this ECHO session discussions will be recorded so that people who cannot attend will be able to benefit at another time. Filming is regarded as ‘personal data’ under the Data Protection Act 2018 General Data Protection Regulations (GDPR), under that law we need you to be aware that:

• This Data will be stored with password protection on the internet.
• This Data will be available for as long as your network continues to meet and will then be taken down from the internet and either stored securely at the Superhub or deleted.

Your ongoing participation in this ECHO session is assumed to imply your agreement to the use of your data in this way.

If you are NOT willing for your data to be used in this way, please LEAVE the session at this point.
<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Presenters</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00</td>
<td>Welcome and Safe Space Agreement</td>
<td>Julia Russell, Senior Clinical and Quality Improvement Manager, Hospice UK</td>
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<tr>
<td>10:05</td>
<td>Evaluation – “The theory and practice of evaluation in bereavement services - the who, what, where, how and why”</td>
<td>Jonathan Hartley, Chair Bereavement Evaluation Forum, Bereavement Coordinator/Counsellor St Joseph’s Hospice, Hackney</td>
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<tr>
<td>10:30</td>
<td>Questions and Group Discussion</td>
<td>All</td>
</tr>
<tr>
<td>10:45</td>
<td>Break-out Room: What next for you/your organisation in terms of evaluation?</td>
<td>All</td>
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<tr>
<td>11:00</td>
<td>Group Feedback</td>
<td>All</td>
</tr>
<tr>
<td>11:15</td>
<td>End of Year Evaluation Survey</td>
<td>All</td>
</tr>
<tr>
<td>11:25 – 11:30</td>
<td>Summary and Close</td>
<td>Gail Precious, Senior Development Officer, National Bereavement Alliance</td>
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</tbody>
</table>
Safe Space Agreement
(Example from RBCS Network)

• Respect your fellow participants and their views
• Be honest
• Keep discussion confidential
• Be kind to one another
• All questions are welcome
• Be curious
• Actively participate
• Be present
• Be non-judgemental
• Respect and understand that our clinical environments whilst being similar are very different
The theory and practice of evaluation in bereavement services: the who, what, where, how and why

ECHO Project: July 2022

Jonathan Hartley
Why evaluate?


Evaluation in bereavement services:

- *T S Eliot, The Rock*
  Where is the wisdom we have lost in knowledge?
  Where is the knowledge we have lost in information?

- Data is the most basic level; information adds context; knowledge adds how to use it; wisdom adds when and why to use it

- AiMes help us move through the data/information/knowledge pyramid to gain the wisdom to help deliver effective services
The use of assessment and evaluation tools, including outcome measures, is critical to developing bereavement services and checking what difference bereavement care makes.

Bereavement Evaluation Forum (BEF), a Special Interest Group within the NBA, promotes Assessment, informed Monitoring, and Evaluation (AiME) as key to providing best evidence-based practice.
Where?
Where?

- Need to embed AiMEs into every aspect of services
- The BCSS standards identify key areas of service delivery
- AiMEs can inform every aspect
S1: PLANNING
Meeting identified need

S2: AWARENESS AND ACCESS
Facilitate choice and access

S3: ASSESSMENT
Continuous assessment to ensure best fit of support to need

S4: SUPPORT AND SUPERVISION
Supervision to ensure safe practice and to process the impact of work on staff and volunteers

S5: EDUCATION AND TRAINING
Staff and volunteers have the necessary skills and knowledge to support bereaved people

S6: RESOURCES
Resources are allocated in response to the differing needs of bereaved people

S7: MONITORING AND EVALUATION
Continuous review of services to ensure needs of bereaved people are met and to inform service development/s

BCSS
Bereavement Care Service Standards

* Indicates areas of importance or emphasis.
## ABSCo members: BCSS Compliance

% of services achieving compliance

<table>
<thead>
<tr>
<th>Standards</th>
<th>Level 1 %</th>
<th>Level 2 %</th>
<th>Level 3 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Planning</td>
<td>97</td>
<td>97</td>
<td>68</td>
</tr>
<tr>
<td>2. Awareness and access</td>
<td>89</td>
<td>87</td>
<td>74</td>
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<tr>
<td>3. Assessment</td>
<td>100</td>
<td>97</td>
<td>95</td>
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<tr>
<td>4. Support and supervision</td>
<td>97</td>
<td>95</td>
<td>95</td>
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<tr>
<td>5. Education and training</td>
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<td>87</td>
<td>58</td>
</tr>
<tr>
<td>6. Resources</td>
<td>84</td>
<td>79</td>
<td>71</td>
</tr>
<tr>
<td>7. Monitoring and evaluation</td>
<td>92</td>
<td>53</td>
<td>29</td>
</tr>
</tbody>
</table>
### ABSCo members: BCSS Compliance

% of services achieving compliance

<table>
<thead>
<tr>
<th>Standard 7: Monitoring and evaluation</th>
<th>% of services achieving</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7. Monitoring and evaluation</strong></td>
<td></td>
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<tr>
<td>Level 1 statement: Service collects and analyses data, including service user feedback and complaints</td>
<td>92</td>
</tr>
<tr>
<td>Level 2 statement: Service monitors and regularly evaluates performance against minimum standards</td>
<td>53</td>
</tr>
<tr>
<td>Level 3 statement: Service performance monitored against these minimum standards by independent review/evaluation</td>
<td>29</td>
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</tbody>
</table>
What are the challenges of AiME

ABSCo member consultation:

* The main constraints on services achieving the BCSS were cited as financial and staffing resource issues. This was seen as a particular concern in relation to external audit

* How does your service involve external input to service evaluation and development?

* What are the constraints to this happening?
* **Bereaved people:** helps to understand their need, ensure best-fit responsive support, and that their voice/s heard in service developments

* **Practitioners:** helps appraise clinical performance, evidence efficacy of interventions, and provide objective evidence of what works

* **Service managers:** helps in matching services to identified needs, evidencing compliance with standards, and facilitates audit for quality and governance, accountability to Funders and other Stakeholders
What?
Choosing and using assessment and evaluation tools in bereavement services: a guide

Definitions

**Evaluation tools:**

* Provide ways to consider the value and efficacy, and resource-effectiveness of support offered to bereaved individuals and groups
  * **Feedback tools** – capture levels of satisfaction, insights to inform service development
  * **Outcome measures** – capture changes in areas the service hopes to affect

**Assessment tools:**

* Provide objective ways to observe and measure the state or condition of a bereaved person or service, and can inform the nature of any support offered
  * E.g. AAG
For bereaved people:

* Will a tool help enhance their understanding of their grief?
* Will it mean they get better tailored support?
* Will it help them understand what has changed as a result of using the support provided? Will it help them feel heard, or could it make them feel ‘judged’?
For practitioners:

* Will it support an understanding of a person’s grief?
* Will it indicate the best fit for the type of support for the individual?
* Will it identify where the support on offer is not appropriate?
Choice of tool/s

For service managers:

* Will it evidence the value added for clients of the service?
* Will it support accountability to different stakeholders?
* Will it inform future service development?
Other considerations:

* Validity and reliability: does it measure what it is supposed to measure?
* Fit for the client group
* Fit for the service aims
* What others in the sector are using: can learn and share best practice, benchmarking
* Cost and time of using the tool
How?
Introducing AiMEs to services can be challenging, so need to take account of:

- Senior leadership buy-in
- Staff induction and training
- Organisational fit
- Learning environment
Why evaluate?
Feedback from practitioners and bereaved people who have already used tools suggest they:

* help to normalise grief
* create a sense of partnership/agency in the work
* contribute to a shared understanding of the issues they are working on together
* clarify goals or direction
* support a sense of hope for change
What would be the challenges to implementing/developing the use of AiMEs in your service?
Practice examples
Exit interview: counsellor in training on placement:

* What learning and development did you achieve during the placement?
  * What happens when you trust the client, yourself and the process of what the relationship achieves
  * Freedom and support to work with what feels right
  * Importance of feeling supported and safe where you work
  * Clear but flexible/not rigid boundaries – never got confusing
Exit interview: counsellor in training on placement:

* Did you feel supported in the placement?
  * Yes, it was “amazing” from the start, the first training and the induction days
  * Supervision was “amazing”
  * Everyone at every stage was very accommodating
  * Being valued makes such a difference and was built into the basic structure e.g. being on time for supervision
  * Kept informed at all stages
  * Honouring of expectations

Feedback from volunteers:
Critically evaluating our level 3 offer-6 session online therapy model

Bianca Neumann, Head of Bereavement

Bianca.Neumann@suerydercare.org
To evidence effectiveness and usefulness the bereavement care service standards recommend for services to be set up with assessment and outcome measures.

- The Online bereavement counselling service (OBCS) therefore set up a client journey to implement these standards.
- 172 people were assessed using the Adult Attitude to Grief (AAG) scale (Machin, 2014) which determines the presence of overwhelmed feelings and controlled functioning, and the resilient capacity to balance these. Also suicidality was assessed and DED using Detection of Emotional Distress scale. Data also captured demographics and time since death.

Findings:
- The majority (85.4%) reported a decrease (an improvement) in their score. 69% of those who had reported suicidal ideation prior to counselling responded ‘No’ after counselling.
- The DED showed that the majority, (82.7%), reported a decrease in their score (improvements).
Overview

Last year the Sue Ryder online bereavement counselling service ran:
- 925 initial assessments, with 766 people going on to attend at least one bereavement counselling session
- Delivered 4,715 online counselling sessions
- Nearly 100% of people reported a positive experience of support.

*I wanted to know: is what we do effective, does it work, who for and how can it be measured, what do people present with ie suicidality, complex grief, loneliness, inability to cope and what else can we find and what do we do with the findings?*
What do we do with it?

* Supported the Suicide Prevention Plan
* Reviewed our own escalation and safeguarding processes
* Ensured people are trained to deal with suicidality
* Trained all staff using and understanding the AAG
* Made a case for mental health worker to support and advocate for those with more complex presentations to get better support following discharge
* Use datix more and better to learn as an organisation
* Look at trends
* Start a research project into contemporary grief, adding data around relationship to the deceased, common themes affecting the client’s grief, time from sign up to assessment to first session and discharge.
* Helped staff accept when ‘scores didn’t change’ that people live with grief forever and that counselling doesn’t and cannot ‘fix’ the griever-resulting in a more realistic attitude to grief and the work
* Brings evidence to the counselling world around misconception and bias about effectiveness online vs ‘in the room’ treatment
* Development of the self help platform and #griefkind but also capturing themes that we now tackle with information pages and research
* Reviewed client’s journeys and added in assessment stage as a stand alone intervention to help client start a narrative and introduce concepts of their grief-normalising, finding best next step (not always counselling!)
* Help create empirical evidence for or against effectiveness of counselling for grief
* Suggest team structures and operationalising of services working with grief
What would be the challenges to implementing/developing the use of AiMEs in your service?
Break-out Room Discussion

Topic:
• What next for you/your organisation in terms of evaluation?
End of Year Evaluation Survey

Let us know your feedback via this survey:

https://www.surveymonkey.co.uk/r/BC_end_of_year
Thank you!