



FirstLight

Supporting Suddenly Bereaved Parents & Families

FirstLight National Bereavement Conference 2017

Working Together to make a Difference

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19 October 2019

Introduction

The context for FirstLight's October 19, 2017 Conference 'Working Together to Make a Difference' is not a happy one in that it relates to the traumatic experience of child bereavement, and sudden child bereavement in particular. But, very uplifting is the fact that so many frontline professionals and first responders attended the Conference, clearly motivated by the desire to work as effectively as possible with colleagues and other service providers, so as to provide the best support possible to parents who have suddenly lost a child, and to siblings and family members who have been suddenly bereaved.

There has been a welcome focus in Ireland in recent years on the provision of compassionate, best care possible, in palliative, end of life and bereavement contexts. The Oireachtas Joint Committee on Health has made recommendations in this area as also has Senator Marie Louise O' Donnell.

The HSE's Standards and Recommended Practices for Post Mortem Examination Services were published in 2012, and the National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death were published in 2016 by Minister Harris. Dr. Keelin O'Donoghue supported by a Steering Group and Programme Manager is currently working hard on the implementation of the National Standards for Bereavement Care.

The Hospitals Friendly Hospitals Programme has developed considerably since its launch in 2007 and the establishment in August 2017 of a new Joint Oversight Group to further support the embedding of the HFH Programme within HSE structures is another welcome initiative.

I believe we all desire, whether we are professionals in healthcare, in policing, in funeral direction, in social care, or in psychotherapy, whether we are volunteers, administrators, or educators, for those who are dying and die, whether it is expected or sudden, that our caregiving and interactions are governed by dignity, respect, compassion and empathy; and that we also support those who suffer loss with compassion and empathy, and communicate effectively with them.

Many voluntary bodies are active in this area, seeking to fill the significant gaps in care that have been and continue to be evident, particularly in care following the unexpected and sudden loss of a child. It is encouraging that the 2016 Standards referred to above recognise the useful role that voluntary bodies perform. However, State funding to these bodies is minimal and there is excessive reliance on the generosity and goodwill of the public to bridge the substantial funding gap.

It is important that the State gives greater recognition in policy and practice and in its resourcing models to the particular needs of suddenly bereaved parents and family members 'beyond the hospital door', so that bereaved families are better supported when in shock, or grieving, or when they are feeling lost and isolated. With the right support, bereaved families can be helped through their trauma, to accommodate their loss and find the capacity to move forward with their lives.

Some progress is being made, but there is excessive reliance on the voluntary sector which is itself inadequately resourced, and much remains to be done.

I would like to thank most sincerely all who presented at the Conference, those who facilitated sessions, my colleagues in FirstLight, and our volunteers who helped in so many ways to make the Conference a success. My very particular thanks goes to the bereaved parents who shared their experiences and spoke with such courage, insight and generosity.

Fionnuala Sheehan

CEO, FirstLight

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Supporting suddenly bereaved parents and families

Margaret Mc Goldrick, Psychotherapist, FirstLight

Dealing with and supporting families who have suffered a sudden and unexpected death is particularly difficult. Professionals who engage with families after such sudden loss need to be equipped with an appropriate skillset. Guidance on how to conduct any follow up is difficult to find and, of course, no formula can be applied. The most appropriate response will vary from person to person and will often vary over time as well. However, one of the many things that the professional can do to make the experience of the bereaved parents and families as gentle as possible, is to come from a place of compassion.

When we look at bereavement research, there are many models of grief. However, recent research suggests that we have moved away from stages of grieving to a more universal pathway - the continuing bond. This emphasises the continuation of a bond with the child who died, whereas in the past it was recommended to forget and move on.

Grief has many meanings and is a reaction to loss, not solely in the case of a death but any significant loss, for example, loss of a job, relationship etc. When working with suddenly bereaved parents, it is important to normalise the experience, understand that there is no 'right' way to grieve, allow the griever's experience and expression, and understand that grief does not have a finite timeline. Furthermore, we need to educate society in how to respond to suddenly bereaved families.

Whilst the parents are dealing with the death of the same child, individuals can vary enormously in the type of grief they experience, in its intensity, its duration and their way of expressing it. This can create communication difficulties and conflict between partners. Some of the possible emotional, physical and psychological reactions were explored including anger, blame, sadness, depression, isolation, craving to be held or not be touched at all; switching from one extreme to the other in a matter of seconds. From a psychological perspective reactions may include worry about divorce, changes in friendships around the couple - some fall away, new ones are made, changes in the meaning of many things about life, changes in general levels of trust; and differences in grieving may cause conflict with grandparents and the wider family.

A quick glance at the emotional impact of loss on professionals was explored and the impact on culture in the work environment, the personal life experiences of staff, their coping strategies, and the availability of debriefing and wellness programmes.

Tools for communicating with bereaved families were outlined. These included a respectful approach to the child and family: treating the child as if he or she were alive when speaking about him or her; calling the child by their name; remembering that the child's family will remember how you refer to their child; and communicating with empathy, sensitivity, honesty, respect, compassion and understanding.

Professionals when speaking with bereaved parents were advised to use language that is simple, understandable (taking into account socio-economic, linguistic and cultural factors), straightforward and appropriate and to listen to parents. Professionals were also advised to be aware of their facial expression and body language and how this can be interpreted by parents; to encourage parents to ask questions and to avoid dismissive, impatient, aggressive or judgemental language.

Some things not to say or do were suggested: that time cures all; that it was meant to be; tell how one should grieve and feel; make comparisons; use clichés or thoughtless phrases; offer to 'fix you'; or say that every cloud has a silver lining.

Instead, the following things to say or do were suggested: apply the 'art of presence'; acknowledge the parents; listen, but do not try to fix; encourage and try and give parents some hope; ask questions and show you care by small actions. Further suggestions made were: continue to interact; accept the bereaved person; respect their space and beliefs; acknowledge their child; and respect that they will never accept it, they will learn to live with the death of their child.

The HSE's role in providing bereavement care

Tony O' Brien, Director General, HSE

The theme of working together is an important ambition for the whole of healthcare - not least bereavement care. We work in a complex environment where the need for improvement remains strong; and it is a change in behaviours, changing processes, ways of working and culture - how you make people feel - that is transformative and most important for us to achieve.

All health and social care systems must place people and patients at the centre of all they do. This means listening to the patient voice in the planning, design and implementation of services; supporting open and honest discourse on how services are provided; and building a sense of partnership between the people who use services and those who provide them. It also means understanding population need and the needs of groups with specific vulnerabilities, and designing services to respond to that need.

I know and accept that all our experiences of health care are not positive. The patient experience survey was carried out in general wards in our acute hospitals this year. We hope in the future to include the experience of children in our patient experience surveys. This would provide us with access to information on children admitted including those in need of end of life care, and also relatives of bereaved patients. The feedback would be used to identify how we can better support children and their families.

Bereavement and especially dealing with the loss of a baby or pregnancy can be a difficult and devastating time for parents and families. Parents and families may need a range of immediate and longer term supports to help them with their bereavement. The role of family, friends and community is crucial but there are a range of other health and other support services that can play a positive and helpful role for parents during this time.

Through the Values in Action programme; the *'Hello My Name is'* campaign; the Palliative Care Competence Framework - which is currently rolling out across all health care settings and with all health professionals; the further embedding of the Hospice Friendly Hospital programme within HSE structures; the planned standardisation of information about dying and the death process for families often unsure about what to expect; and the implementation of the National Standards for Bereavement Care launched in 2016 - we are seeking to improve and standardise care for individuals and their

families. Working together in a multidisciplinary manner, I am sure we can deliver a range of bereavement care services that address the immediate and long-term needs of people and parents bereaved while under the care of the maternity services, our hospitals and across the wider community settings.

The health service is a strong advocate of connecting with services that complement the range of services provided by the HSE. The work of the Irish Childhood Bereavement Network (ICBN), a member organisation, is an important bridge between the HSE and a range of service providers supporting bereaved children and siblings. We strongly support the ICBN's forthcoming standards which aim to promote the voice of bereaved children and young people, recognising that theirs has traditionally been the silent voice of grieving.

The aforementioned initiatives and changes support us building a culture and environment for patients and service users to have a positive experience when they come into contact with our health service. I see the work of developing our communication skills as strongly linked to the work of building an organisational culture in the health services that we all value and all can be proud of.

Changing the culture of any organisation and changing our ways of working is a large scale change programme that will take many years. We will need to resource the services adequately with the right skill mix in the right place and at the right time. And I have confidence that working together the required changes can be achieved.

The forum provided by First Light and this conference is important to the process too. I have seen first-hand experience of how valuable FirstLight's work with parents and families is. I thank you for continuing to work with us in a collaborative way. Your time and commitment is appreciated.

I also say this thank you to all our interdisciplinary colleagues here today. You often have to deal with the distress of bereavement. In this I would ask you to remember your own wellbeing at work and that working on this will help your work with the bereaved also. Thus I hope you find today's conference informative and that you gain some useful take home messages that help you in the valuable work you do.

A Coroner's perspective

Dr. Brian Farrell, former Dublin City Coroner, Pathologist and Barrister

The coroner's system provides a comprehensive death investigation that is independently undertaken. When their loved ones die suddenly or unexpectedly or in a violent or an unnatural manner families want to know that the facts are investigated professionally. Procedures have been developed to facilitate this. Increasingly the Coroner's Office is being asked to provide a check on certification of death.

The following description incorporated in a Review of the Coroner Service in 2000 was shared with the Conference attendees;

"The coroner service is a public service for the living, which in recognising the core value of each human life, provides a forensic and medicolegal investigation of sudden death having due regard to public safety and health epidemiology issues."

When a death is reported to the Coroner's Office, there is a preliminary investigation that involves talking to a member of An Garda Síochána, and/or to a GP, and/or hospital staff, and/or paramedics. The family is included at this early stage. If the deceased is under medical care and the doctor has no concern as to the cause of death, and there are no issues on the part of the family or other third parties, the Coroner's Office will normally in these circumstances accept the certificate and the death will be registered.

If there is no medical certificate, the Coroner's Office will carry out an inquiry and that will require an autopsy. This is a situation where the cause of death is either not clear (to the doctor, or s/he cannot provide a formal opinion as to the cause of death), or there are obvious concerning circumstances, or the death is unnatural due to an incident, assault, overdose etc. The Coroner's Office will not go to autopsy unless there are important reasons - of the 5,400 deaths reported in 2017, 1,200 went to autopsy and an additional 700 went to inquest. The balance will have been certified by a medical practitioner and will have been found to be acceptable following a preliminary inquiry by the Coroner's Office. Where the autopsy indicates a death is natural and there are no other circumstances arising, the Coroner will issue a certificate and the death is registered. If the autopsy indicates a death is unnatural or there are major concerns about the circumstances surrounding the death, it will go to inquest and the Coroner will issue a certificate at the conclusion of the inquest.

The specific purposes of an inquest are to determine the medical cause of death, to allay rumours or suspicions, to draw attention to the existence of circumstances, which, if unremedied, might lead to further deaths, to advance medical knowledge, and to preserve the legal interests of the deceased person's family, heirs or other interested parties.

In Ireland, it is only a registered medical practitioner who can sign the medical certificate of cause of death which is part of the Death Notification Form.

In order for the doctor to sign a medical certificate of cause of death which is a form of international certification used the world over, s/he must have seen and treated the deceased within one month of the death in Ireland, should be able to give an opinion as to the likely cause of death and the death must be due to natural causes. Even when due to natural causes, if there are concerns in relation to the circumstances of the death, the Coroner's Office should be notified and depending on the circumstances it may not be able to accept the certificate.

The underlying cause of death must appear on Part 1 of the medical certificate of cause of death; Part 11 can refer to other significant conditions or illnesses that contribute to the death. This is very important and there should be nothing unnatural on the medical certificate of cause of death.

If the doctor is in doubt, it is advisable to call the Coroner's Office. Interaction between doctors and the Coroner's Office has increased over the years.

There are two categories of autopsy/postmortem: there are mandated, medicolegal autopsies and consent autopsies. Most fall into the mandated medicolegal autopsy category and include deaths that are sudden or unexplained or suspicious or violent and include deaths in certain healthcare settings. No consent is needed for medicolegal autopsies. A small number fall into the consent autopsy category. The purposes of consent autopsies include evaluating new therapies and disease processes and providing information to clinicians and families. Consent autopsies should not be performed for the purpose of establishing the cause of death. Where the cause of death is unknown, or there is an unnatural cause or potential unnatural cause, the case must be reported to the Coroner's Office and an investigation will be carried out. Where there is any doubt in the matter the consent of the family should not be sought before discussing the case with the Coroner. There have been cases where the body has been released even though the circumstances of death require a formal investigation; this has led to the

Coroner's Office having to over-rule the decision to release the body and to unnecessary anxiety for the family and staff members.

Where an organ is retained following a coroner's autopsy the family will be requested to sign an Organ Retention Form which will inform them that an organ/organs have been retained and that their views will be sought as to the disposition of the organs down the line. These are sometimes incorrectly referred to as "consent forms" - implying that this is a consent autopsy, and sometimes this creates difficulty for the families who think that they are consenting to the autopsy when they are not, as this is a mandatory, medicolegal autopsy.

The deaths reported are categorised under Rules of Law; Rules of Practice support the Rules of Law, and Rules governing reportable deaths for maternity hospitals have been devised in more recent years. A Pink Form Procedure is available to the coroner in certain circumstances following initial inquiry where s/he is satisfied that the death does not warrant any additional investigation, for example, in the case of an elderly person who dies due to an uncomplicated fall at home and there are no other issues arising.

Panel Discussion with frontline professionals and first responders

Brenda Casey, Clinical Midwife Specialist in Bereavement

Sergeant Sandra Masterson, An Garda Síochána

Gerard Quinn, Funeral Director

Facilitator, Sharon Moran, Clinical Nurse Manager and Psychotherapist

A panel discussion facilitated by FirstLight counsellor, Sharon Moran, explored the roles and responsibilities of three professional groups; An Garda Síochána, Funeral Directors and Clinical Nurse Midwives. The panel included Sergeant Sandra Masterson, Funeral Director Gerard Quinn, and Clinical Midwife Specialist in Bereavement, Brenda Casey.

The panel discussion focused on the following topics: the roles and responsibilities of the frontline professionals and first responders; the challenges presented following the sudden death of a child; the impact of our multi-cultural society; and follow up support of bereaved families.

The discussion began with a description of the role of the clinical nurse midwife in bereavement care and how she offers support at the time of the death of the baby and also for a period after the death. The calm presence of the individual which offered support to the family in a non-rushed environment was found to be of significant value to the family during this time of great pain. The need for ongoing support was identified by the midwife as it is part of the normal follow up care to offer the parents an appointment six weeks following the death in order for the parents to return to discuss any questions or issues they may have around the child's death.

The role of the Garda and some of the challenges they faced when breaking bad news to a family following the sudden death of their child were explored. The need for peer support and debriefing was highlighted as a necessity for the professionals involved if they were to cope with such stressful situations in the future.

The impact of our multi-cultural society become most evident in the discussion when the funeral director highlighted the different needs of certain cultures. For example, in some cultures there is a tradition of having no memories of the child in the house following its death.

The panel discussed how best to improve their care of bereaved families who have experienced the death of a child. It was agreed that follow up care and referral to a professional agency such as First Light was most important in an attempt to ensuring that the parents receive the follow-up care they need as this ongoing care is vital to the recovery of the parents and family who have lost the child.

Children's needs when a sibling dies suddenly

Peter Hanlon, Mental Health and General Nurse and Psychotherapist

The establishment and growth of the Irish Childhood Bereavement Network (ICBN) has provided a very significant resource to professionals and bereaved families. Most children experiencing bereavement need what the ICBN categorises as level 1 support. This level of support involves providing an explanation around what has happened and re-assurance to the surviving child/children. A minority of children require more in-depth levels of support.

There are degrees of trauma around how it is that the person actually died, but also, the death itself is a trauma, and while adults can seek support, children cannot, and this creates a significant problem for children.

The language we use when communicating with children is very important. It is important, for example, to use the word 'dead' and explain what death means. Children have concerns around what happens when you die; are you feeling the cold, are you alone. If we do not give children information, they will make up their own story. Let children know it is okay to cry, to talk about and express how they feel. Reassure surviving children of their huge worth, and that they are wanted and needed.

Grief creates a large imbalance in a family; stability, comfort and laughter are lost. The professional can work with the children and the family while balance is being restored. It is important to start with the parents; parents panic and think they should know everything and have all the answers; it is okay for parents to say they don't understand what is going on. A key question for parents is 'are you talking to someone too?', as parents tend to focus on their children, on 'getting them fixed', but the collaborative approach involving parents also, is best.

A common problem is the absence of an environment where it is possible to grieve. What children need is the support that works for them, that is age appropriate, in a place where they feel safe and that they know it is okay to feel as they feel. In Barretstown camps, children express huge emotions, but they also have fun and laughter and do some form of relaxation to reduce anxiety. Over time they establish fellowships with other camp participants, and vulnerability and isolation is reduced.

It is important to celebrate and remember the children who died, but for who they were, not an idealised person.

The model of care used in Barretstown is the Continuing Bonds and the Narrative Model combined with the Therapeutic Recreational Model, which is a powerful model for working with families or individuals in any kind of distress and trauma.

Three powerful guiding messages were shared with the conference participants:

- Tears are a sign of pain, not a sign of weakness;
- Continuing on is not a sign of moving away - parents may ground themselves, and their children by association, in pain and sadness because they think they need people to know they are still heartbroken; they think people aren't supporting them and if they start to feel or look better than they actually are, their child will be forgotten;
- Physical bodies die but love never dies.

The Self-care Imperative for Caregivers

Karen Brennan, BSc MSc (Psych) and founder of Self Care for Carers

When we focus on the needs of others without devoting time to our own wellbeing, caring can be tough and fatigue can occur. We can feel challenged or off-balance during our working day. We are constantly interacting with each other and our environments in and out of work and it is normal to feel drained, overwhelmed, scattered or frazzled at times. We can also experience strong emotions such as sadness, anger, frustration, fear etc.

As helping professionals, it is imperative that we balance giving and receiving to alleviate stresses and a sense of depletion. Regular relaxation and committed self-care practice are essential for truly healthy and sustainable caregiving.

When we practice healthy caregiving, we have a feeling of joy in our work and the profound satisfaction that comes from helping others.

The link between stress in the mind and the body means that a joined up thinking approach is needed for effective stress management and wellbeing. Simple, yet powerful body wellness skills and techniques for stress reduction can change how we feel, and reduce fatigue. By working with our innate 'instinct to heal' these practices can help us to return to centre and feel back in balance.

The first and most important thing we can do is attend to our bodies. Though stress is a physiological response, both our emotional and physical responses should be considered as one. If we don't feel well - for example if there is a tightness here or a recurring pain there, then the time to take action is now. Physical symptoms that are our warning signs are exhaustion, insomnia - hypersomnia, headaches - migraines, increased susceptibility to illness, somatization - hypochondria. Behavioural symptoms are anger/irritability/outbursts (classic symptoms); addictive behaviours; isolation from or distancing from others; negative self-image; forgetfulness; poor quality sleep; avoidance behaviour; depersonalisation; decrease in energy and increased sick leave or time off; hyper sensitivity or insensitivity to emotionally charged content; and failure to nurture non-work related aspects of life.

Regular body relaxation practice is golden. Body wellness techniques such as the Emotional Freedom Technique (EFT), Body Holds, Heads Up 7 and Tai Chi are quick and easy ways to unblock congested stress energy which gets trapped in the body. (The audience enthusiastically followed Karen's instructions as she led all attending through these easy and painless techniques.) Learning how to do these techniques on a continuous basis as part of our daily lives is one of the most powerful acts of self-care we can do.

The Green Cross Academy Ethical Guidelines state: first do no harm to yourself in the line of your duty when helping/ treating others; and second, attend to your physical, social, emotional, and spiritual needs as a way of ensuring high quality services for those who look to you for support as a human being.

It was recommended that we make a formal, tangible commitment, i.e. a written, public, specific, and measurable promise of letting go of work in off hours and embracing rejuvenation activities that are fun, stimulating, inspiring and generate joy in life.

Since 2012 self-care training has delivered an approval rating of more than 90 per cent from staff who have participated. The challenges include: how to keep self-care current and prioritised; how to build connection, understanding and support between caregivers; how to deepen understanding of how highly responsive self-care can have a dramatic effect on caregiver wellbeing; and how to keep caregivers motivated and with a sense of fun and sharing.

Piloted in August 2017, a stress management and wellbeing course delivered online with daily videos, exclusive content, support and a vibrant community of fellow caregivers has been responded to enthusiastically. The programme will be delivered periodically going forward.

Panel Discussion with bereaved parents

Facilitator, Margaret Mc Goldrick, Psychotherapist, FirstLight

A facilitated panel session involving three bereaved parents (Catherine, Saffa and Alan) kindly shared their painful and traumatic journey of grief.

Catherine recalled the day Eric dies in a horrific accident in the farmyard of their home. Eric is three years old. Catherine remembers vividly hot water going cold when she was in the shower. She heard a loud scream and knew something really bad had occurred. She describes how Eric dies. There were contractors working in the farmyard at that time and one of the drivers of the tractor did not spot Eric as he was reversing the vehicle. She spoke of how her husband had only taken his eye off Eric for a very brief moment and the accident happened.

Catherine spoke of her relationship with the driver of the tractor and how she has embraced her friendship with the driver.

Catherine recollected not seeing Eric when he was brought into the house and into Naas General Hospital where he was later pronounced dead. She reminds us of some of the finer details on that day, 19 February 2010. She spoke of the nurse who took her aside and explained that she didn't think Eric would survive - as someone who stood out in her memory as helpful even though it was dreadful news. Moreover, she describes the shock when she saw Eric for the first time and having not being told that Eric would be bandaged all over his head. She never got to see Eric's face again.

Furthermore, Catherine expressed her gratitude to the Funeral Director at that time for the sensitivity, empathy and kindness shown by him to her and her family at that time. She described how the Funeral Director took her aside and insisted that she say her "goodbyes" to Eric, which he felt she hadn't done. She recalled him asking her a very important question - "What were her main concerns?" To which she replied that she didn't want Eric's hands to be cold..... He listened to her and once she touched Eric's hands they were warm. She inquired how he did this to which he responded - "I warmed Eric's hands with mine". She will never forget this act of kindness.

Saffa recalled the death of her son Rhad and the cause of death being a pulmonary condition. She described succinctly having trained as a nurse the emotions she felt following the death of Rhad and the incapacity she felt as she was unable to save him. She also stated how this was very difficult to accept. She explained how she suffered a lot of guilt and even though now she knows there was

nothing she could have done differently, it seemed to take a long time for her to "forgive" herself.

Saffa said she is a "bookworm" type of person and immersed herself in books trying to research everything and anything about the condition Rhad suffered from so as to increase her knowledge. Furthermore, she reverted to books to read all about grief and how to respond to it in the hope that something would resonate with her.

Saffa also spoke of the help and support she received from Ger O'Brien, FirstLight Psychotherapist, and how it was invaluable. She also talked of her husband not supporting her on her journey of grief and the need for counselling. She described how he pressured her to hurry up and get out of FirstLight as soon as possible at every session. She said "that strong marriages get better and weak marriages get worse" through losing a child.

On a separate note, Saffa also mentioned meeting a twenty something year old man with a pulmonary condition and how this in turn highlighted what she did not want for Rhad.

Alan spoke about the day he lost his son John. Alan and his family were visiting their friends in Galway. They were at their friends' house and in the back garden there was a pool. The children were playing in the back garden and for one split moment, John had disappeared. John had fallen into the pool. Alan recalled ringing the emergency services; next door, a doctor was present who rushed to help. John was rushed to Galway Hospital but was pronounced dead on that day. Also, Alan recalled having to communicate the message to his brother, that John had died.

On a separate note, Alan spoke about how time has changed his grief to a "less jagged edge", but still equally debilitating when trying to make plans with friends etc... He described how his friends got frustrated with him being non-committal and expressed how they wanted him to "move on". Likewise, he also vaguely remembers some of his family members reacting in a similar manner.

When asked the question "What would you say to a newly bereaved parent?" his response was "Take each day at a time, don't try to live tomorrow or next week, just get through today and that is all that one can do".

He re-iterated that plans may fall apart, but if just making it through the day is all you can manage, then, that is enough.

AGENDA

Thursday, 19th October 2017

First Light National Bereavement Conference 2017

Working together to make a difference

TIME	ACTIVITY	TOPIC
09.00	Registration - Tea/Coffee	
09.30	Fionnuala Sheehan, CEO FirstLight and Conference Chair	Conference Welcome
10.00	Margaret McGoldrick, FirstLight	Supporting Bereaved Parents and Families
10.30	Mr Tony O'Brien, Director General, HSE	HSE's role in providing bereavement care
11.00	Networking Tea/Coffee Break	
11.30	Dr Brian Farrell, Former Dublin City Coroner, Pathologist, Barrister	A Coroner's perspective
12.00	Moderated Panel Discussion facilitated by Sharon Moran, Clinical Nurse Manager	<ul style="list-style-type: none"> Sandra Masterson, Sergeant, An Garda Síochána, Templemore Mr Gerard Quinn, Funeral Director Brenda Casey, Clinical Midwife Specialist in Bereavement, The National Maternity Hospital, Holles Street
13.00 - 14.00	Networking Lunch	
14.00	Peter Hanlon, Bereavement Therapist	Children's needs when a sibling dies suddenly
14.30	Karen Brennan, Self Care for Carers	Keys for staying well in caregiving for professional teams
15.00	Moderated Panel Discussion facilitated by Margaret McGoldrick, FirstLight	Parents' Perspectives
15.45	Concluding Remarks and Close	Fionnuala Sheehan, CEO FirstLight
16.00	Depart for Home	

Biographies of Chair, Speakers and Facilitators



Brenda Casey

I am a registered nurse and midwife. I have been awarded a BSc in Midwifery from Trinity College Dublin and recently completed an MSc in Bereavement Studies in the Royal College of Surgeons in Ireland. With over 25

years experience I have cared for patients and couples at all stages of the life cycle from birth to death.

My current post since 2015 is Clinical Midwife Specialist in Bereavement & Loss in the National Maternity Hospital Dublin. My role includes the provision of practical and emotional support to bereaved parents around the time of death and beyond, working as part of a multidisciplinary team in a large Dublin Tertiary Referral Hospital.

I am a member of the Joint Research Network (JRN) between the National Maternity Hospital and University Hospital Dublin and am currently involved in a funded research project in which we have developed and are currently evaluating an interactive bereavement care workshop aiming to improve education around bereavement care in the maternity setting.



Dr. Brian Farrell

Dr. Brian Farrell is the Dublin District Coroner emeritus and past President of the Coroner's Society of Ireland.

A former consultant histopathologist and barrister-at-

law, he is a member of the Coroner's Society of England and Wales. Dr. Farrell has served on a number of high level committees including the Review of the Coroner's Service and Bioethics.

Dr. Farrell is the author of *Coroners: Practice and Procedure* (Roundhall Ltd. Sweet & Maxwell).



Peter Hanlon

Peter Hanlon is a registered mental health and general nurse working as a bereavement therapist in private practice. He is a fellow in Thanatology with the Association of Death Education and Counselling (A.D.E.C.).

Peter also served as a member of the Board or the Directors of A.D.E.C. His work includes one to one and group support, training of volunteers and supervision of the support team with A Little Lifetime Foundation (A.L.L.F.) and Muscular Dystrophy Ireland (M.D.I). He speaks at conferences and workshops on grief and loss nationally and internationally. He served on project teams for Cancer Support Services in Ireland and Deliberate Self Harm - Effects on Staff. He has developed and facilitates the bereavement support model at Barretstown. He recently completed his Doctorate at University College Dublin.



Fionnuala Sheehan

Fionnuala Sheehan was appointed CEO of FirstLight in August 2017.

Fionnuala's career spans the Civil Service (Department of Finance and Commission on Taxation), the Public Service (Funding Manager for the newly created Telecom Eireann and its capital investment company, Irish Telecommunications Investments Limited), the commercial sector (Group Treasurer of GPA Limited and its joint venture companies), higher education (Deputy Registrar/Director of Student Services, University of Limerick), and the not for profit sector (Chief Executive of MEAS Limited/drinkaware.ie).

Fionnuala has led many innovative, complex and change management initiatives in a variety of settings, has served on the boards of educational and cultural bodies and currently serves on the boards of RTE and its subsidiary companies, and the not for profit organisation, Extern Ireland.

Fionnuala is a Humanities graduate and postgraduate, holds qualifications in Applied Finance and Company Direction and is a member of the Institute of Directors.

Biographies of Chair, Speakers and Facilitators



Gerard Quinn

I've been involved in the family funeral home, Quinn's in Dundalk since childhood and entered full time employment there immediately from school, 30 years ago this year. This particular funeral practice was a good grounding

in the profession. It was the second to offer a funeral home facility in the country, after O'Connor Brothers in Cork. The practice was innovative on several fronts and both I and my cousin, Annette, gained recognised qualifications in Embalming on joining our respective dad's in the business. We would later gain the FETAC Certificate in Funeral Practice sponsored by the Irish Association of Funeral Directors (IAFD), the first funeral service qualification in these islands to have a specific module dealing with Grief Awareness. I served as National President of the IAFD 2006-2007, as well as in roles as Education Committee Secretary and author of several of the training modules, including those dealing with the funeral of a child. In 2006, I hosted a joint IAFD-ISIDA training day in Dublin for funeral directors on the subject of handling the funeral of a child.



Margaret McGoldrick

Margaret McGoldrick is a psychotherapist, business development and marketing expert and grief specialist.

Margaret has worked for nearly

twenty-five years within the corporate sector for PricewaterhouseCoopers and UCD Michael Smurfit Graduate Business School. Having proved her credentials within the corporate arena, Margaret decided to embark upon a new journey and to focus her career in the charity sector. Having completed a BA (Hons) in Counselling and Psychotherapy, Margaret now works with FirstLight supporting parents, families and professionals through the agonising journey of death of a child. She also delivers a training programme "Dealing with the sudden unexpected loss of a child" for front-line health professionals and first responders throughout the country. Furthermore, she facilitates multidisciplinary debrief sessions within the hospital setting following the sudden unexpected loss of a child. Previously, Margaret has worked with Stop Suicide in the Northwest supporting individuals who are in suicidal distress or engaging in self harm.



Karen Brennan

"Never give from the depths of your well, but from your overflow" Rumi

Karen Brennan is founder of Self Care for Carers, which since 2012 is Ireland's leading organisation providing healthy caregiving

strategies to staff in health and social care settings. She is a passionate speaker, teacher and writer in the area of compassion fatigue relief through energy management. Self Care for Carers has recently been nominated for a HSE HR Excellence Awards 2017 for a team Stress Management programme which reduced sick leave. Karen trained in Psychology, was awarded a BSc. and MSc. (Psych) and worked in acute care roles before specialising in Compassion Fatigue Education after observing the effects of stress and trauma on caregivers. She is an Advanced Tutor with an international trauma relief organisation and regularly contributes to nursing and healthcare publications. From 2002-2005, she moved to Asia in order to spend time in Buddhist monastic practice as a way of developing the mind and heart towards greater compassion. Self Care for Carers clients include the International Migration Organisation, the NHS, HSE HR Directorate, Our Lady's Hospice and Care Services, The Alzheimers Society, UL Hospitals and St Vincent's Private Hospital. Self Care for Carers supports a vibrant community of caregivers online.



Sergeant Sandra Masterson

Sergeant Sandra Masterson is a native of Co. Kildare and joined An Garda Síochána in 1997. Having previously served in Wexford, Hackballscross, Cyprus UN Duty,

Bray and Gorey she is currently an Instructor in the Garda College, Templemore, Co. Tipperary where Trainee Gardai are studying for the BA in Applied Policing. Sergeant Masterson has operational experience in regular policing, Crime unit, Traffic and Community Policing and now in the role of education and training of new Gardai. She is the Module Supervisor for 'Policing with Communities' that deals with Breaking Bad News and Bereavement and the role of An Garda Síochána.

Biographies of Chair, Speakers and Facilitators



Sharon Moran

Sharon is a Registered General Nurse alongside being a Registered Sick Children's Nurse. With over fifteen years' experience working within the Children's Emergency Department in Tallaght Hospital, her role involved being responsible for caring for parents following the sudden death of their child.

Currently, Sharon is working as a Clinical Nurse Manager in Tallaght Hospital and the Central Remedial Clinic in Clontarf caring for children with physical disabilities. In addition, for the past three years, Sharon is working with First Light supporting parents who have suffered the loss of a child. This is privileged work requiring an integrated approach towards the healing process for the family. Furthermore, Sharon has also worked with Pieta House supporting people with issues such as self-harming and those experiencing suicidal ideation.

Sharon has been awarded a BA in Nursing studies from University College, Dublin and recently completed a Diploma in Counselling and Psychotherapy. Sharon is a member of the Irish Association of Counselling and Psychotherapy.



Tony O'Brien

Tony O'Brien has been Director General of the Health Service since July 2013 having served as Director General Designate/Acting CEO from August 2012.

Tony was previously Chief Operating Officer of the Special Delivery Unit, Department of Health and CEO of the National Treatment Purchase Fund (NTPF).

He served as Chief Advisor to the HSE on the implementation of the National Cancer Control Strategy, Project Director for the National Plan for Radiation Oncology and is a former Chairman of the National Cancer Registry Board. He was the founding Chief Executive Officer of the National Cancer Screening Service, Director of BreastCheck, CervicalCheck and an Associate and Interim Director of the National Cancer Control Programme.

Tony is Chair of the Health Services Directorate (which has replaced the HSE Board in 2013), and he co-chairs the Emergency Department Task Force since September 2015.

Tony is Adjunct Associate Professor in Health Strategy and Management at Trinity College Dublin. He is also Vice President of the Institute of Public Administration (IPA) and a Council Member of the Irish Management Institute (IMI). In 2016, he was admitted as a Chartered Director (C. Dir.) by the Institute of Directors.

He is currently working towards his Ph.D. in collective leadership.

Tony's emphasis is on building a better health service for Ireland.



FirstLight

Supporting Suddenly Bereaved Parents & Families



**Carmichael Centre
4 North Brunswick Street
Dublin 7**

www.firstlight.ie