Newham Bereavement Service 2014
Foreword

It gives me enormous pleasure to offer a foreword to this interesting report that describes the early achievements of a new service in Newham providing a befriending service to people who face loss. It is a service that is pioneering in its approach – consistent with the work of St Joseph’s Hospice over the last 100 years, and hospice care more generally. It is also a service which is brave – committed to establishing the best possible service to local people in direct response to a growing understanding about their particular needs and wants, and the opportunities of using volunteers to deliver the service.

Importantly it is a service that seeks to be evidence based in its approach – thinking critically about the degree to which it is effective. This report, which is based on a review of the experience of people involved in the service, is evidence of this.

The question of how people are supported to cope with loss and grief is one that should concern us all. Those that experience it will often testify to its pain, its impact on their sense of wellbeing, their health and their ability to engage in the rest of life. It arises as a result of bereavement, and also through a whole range of other life experiences – including changes in country of residence and identity, loss of employment and similar. There is no doubt that many people coping with loss receive little or no support to help them manage its impact. Even where bereavement services exist, there is a dearth of knowledge about which interventions are most effective and for whom.

So, looking for new, well evaluated models of support is the way of the future. This service potentially paves the way for support which draws heavily on the generosity and life experience of local people keen to support others within their local community who experience loss. As the report shows, the users of the service are not the only beneficiaries. Volunteers, too, learn new skills, gain new confidence and a vocabulary related to death and loss. This is surely a win-win situation.

Even so, this service must continue to critically review its progress as a basis for further improving its effectiveness. How does it reach more people, provide flexible supervision for its volunteers and do its work in the most effective and efficient way. What can it learn from other similar models of provision for local implementation?

For now, its stories of success are uplifting, encouraging and important to note. It is an excellent start and St Joseph’s Hospice, Newham Care Commissioning Group, Newham Talking Therapies and the staff and volunteers of Newham Bereavement Service are to be commended for their actions in making this service possible.

Heather Richardson

National Clinical Lead – Help the Hospices
Strategy Advisor – St Joseph’s Hospice

This study:

Which? mission is to make individuals as powerful as the organizations they have to deal with in their daily lives. We conducted this detailed case study of the Newham Bereavement Service in order to infuse our wider research into the consumer issues that people face at the end of life and following bereavement.

The findings from this small and focused study will be used to help us to better understand the issues that consumers face when seeking to engage with public services and private market, and we are delighted to be able to share the findings of this study with St Josephs and the Newham Bereavement Service team. We hope that it will help them to critically evaluate their current offer, and continue to develop this valuable service into the future.

Note: The names of the Volunteers and Service Users referred to in this report have all been changed. The images are taken from the ‘Heronage Care’ photography project by the arts organization Eyes Wide Open, which explored the legacy of the early and longstanding volunteers in palliative care.

Methodology

The case study was based on a semi-ethnographic qualitative approach, designed and carried out in close discussion with NHS staff and with input from academics working in health studies.

During December and January 2013 – 14 we conducted participant – observations of the recruitment, training and supervision process for volunteers. This allowed us to develop deeper insights into the role and the support structures around it.

Following this we conducted 21 semi-structured telephone interviews with service users and befrienders, and with managers and staff on the programme. The majority of the service users that we spoke to had finished their ten-sessions and were speaking about the experience as a whole, whilst more of the befrienders were in the process of delivering the service. We also tried to do interviews with people who had declined to use the service, but aside from one short interview we were unable to access the sample.

Living and dying in Newham:

It has a population of 338,000, of whom 86% are aged 65 and over. Newham is the London borough to have experienced the greatest population increase since the 2001 census, increasing by approximately 64,000 people.

The population is extremely ethnically diverse: 38% are White British, 30% Asian or British Asian, and 17% Black or Black British. Newham is one of just two London boroughs to have a larger black and minority ethnic population than those identifying themselves as white.

The September 2012 update of the Newham Joint Strategic Needs Assessment found that:

- Whilst life expectancy and death rates from major diseases in Newham have been improving, the gaps between Newham and the averages for London and England remain.
- We are seeing the emergence of new health inequalities between different parts of Newham. The gap in life expectancy between the best and worst wards is now 11.5 years for men and 13.5 years for women.
- Newham’s premature mortality rate is the third worst in London and significantly worse than the London and national averages. This means that more people in Newham are dying early from potentially preventable conditions.
- Newham has the second worst one year survival rate for cancer in England. Whilst Newham residents are no more likely to get cancer than anywhere else, this means that those who do are far less likely to be still alive one year after diagnosis than almost any other local authority area.
- Newham has high rates of children living in poverty and of deaths occurring in the first year of life.

Policy context:

Community development has been an important part of end of life and bereavement support for decades.

In his 2005 book ‘Compassionate Cities’, Professor Allan Kellehear drew on the WHO’s work on ‘healthy cities’ from the 1980s to develop a community based model of end of life care.

The model, articulated in the Ottawa Charter for Health Promotion (1986) is based on a ‘socio-ecological’ approach to health which sees health as the responsibility of everyone. It argues for a community development based approach to health which sees health as the responsibility of everyone. It argues for a community development based approach that draws on existing human and material resources in the community to enhance self-help and social support.

According to Kellehear, A Compassionate City:

- Has local health policies that recognise compassion as an ethical imperative.
- Meets the special needs of its aged, those living with life threatening illnesses, and those living with loss.
- Has a strong commitment to social and cultural differences.
- Involves grief and palliative care services in local government policy and planning.
- Offers its inhabitants access to a wider variety of supportive experiences, interactions and communication.
- Teaches and celebrates reconciliation with indigenous peoples and memory of other important community losses.
- Provides easy access to grief and palliative care services.

There are growing numbers of Compassionate Communities in the UK.

The NCPC and Dying Matters estimate that there are currently around 28 projects in the UK working within the Compassionate Communities model, plus a range of similar projects that use elements of the approach. The ideas and structures behind this model have had an influence both on the befriending service described in this report, and on the wider work of St Joseph’s hospice.

Befriending programmes sit alongside growing interest in the concept of the ‘relational’ state

Beyond the specific issues of bereavement, loneliness and social isolation are increasingly being recognised as public health and policy issues, with serious implications for people’s mental and physical wellbeing, and their ability to access public services and private markets.

Similarly research into tackling complex social problems has led to a recognition of the importance of fostering strong relationships between those delivering and those accessing public services.

Research by the IPPR has argued for a move away from the ‘new public management’ model of public service delivery, towards a ‘relational state’. This approach to ‘relational’ public services, means devolving power, connecting services, and deepening relationships.

Befriending services like Newham Bereavement Service are the crest of a wave

There is a growing recognition that joint working between public service providers and local communities can have a significant impact on seemingly complex and intractable psycho-social issues.

In early 2014 Big Society capital announced that it would invest £1million in seven projects across the UK that have been piloting neighbourhood based approaches to social care. In the light of increasing constraints on Local Authorities’ budgets, policy focused on social networks and community-led support solutions is increasingly popular in the UK.

Many governments in Europe have already gone further. For example, in the Netherlands, the 2007 ‘Social Support Act’ has imposed an obligation on social care service users to access their own networks before calling on professional help.

Befriending and community based solutions are increasingly being enshrined in government policy.

In the White Paper ‘Caring for our future: Reforming care and support’ (2012) the Coalition government said that:

“Supporting active and inclusive communities and encouraging people to use their skills and talents to build new friendships and connections is central to our vision for care and support.”

In order to achieve this vision the government committed to explore new models of working, facilitating state agencies to work in partnership with community organisations to develop peer support networks and befriending schemes. In particular, peer support is gaining traction as an important advocacy tool to help people to navigate choice in public services. The Barriers to Choice Review (2013) conducted by David Boyle as part of the government’s open public service agenda included a recommendation for:

- Pilot training for volunteers and mentors in ten existing peer support programmes, mainly but not exclusively in health settings. Evaluation should be carried out over a two year period to examine how well choice, option and navigation support can be provided in that way and the impact that has – with a view to providing peer support much more widely in public services.

The results of these pilots should be published in late 2015, and are likely to lead to an increased profile and awareness of the role of peer support and mentoring as a driver of positive outcomes in public services beyond the health service.

Questions remain around the relationship between formal and informal support

Whilst the state sector is obviously much more than a set of formalised ‘friendships’, the findings outlined here certainly suggest that advocacy in the form of befriending can have significant benefits for people at risk of social isolation.

Questions remain, however, about the ‘how’ of policy ideas like the relational state, and particularly around the distribution of risk and responsibility. The role of volunteers versus trained practitioners, and community development versus direct investment in specialist services.

As the findings outlined below demonstrate, in the specific case of bereavement counselling, high quality support structures for volunteers and staff are as valuable and important as high quality support structures for service users. The formal framework within which informal mentoring or befriending relationships can take place needs significant investment, both in terms of time and money. Whilst Newham Bereavement Service offers a high level of informal support, the costal evidence suggests there are other bereavement befriending programmes in the UK where this is not the case.

The service delivery team (‘working in partnership’):

The Newham Bereavement Service is commissioned by the NHS and delivered through a partnership between St Joseph’s Hospice and Newham Talking Therapies. Referrals are made through NTT and St Joseph’s, with the majority of administration and training being delivered by members of St Joseph’s Community Development team.

1. St Joseph’s Hospice

St Joseph’s Hospice is a hospice based in East London. Set within the ethnically diverse borough of Hackney.

In 2013-14 the hospice has designated ‘Building on Community Engagement’ as its number one future planning priority focusing on community engagement, community empowerment and community participation. The hospice aims to canvass the views of local community members and service users about how best they can improve their services. In order to do this the hospice has stated that:

The commitment and input of volunteers will be vital in supporting us in terms of community engagement. The bereavement befriending service in Newham is an example of how we will build on the successes of the last year to actively engage representatives of the local community to enhance services available to the community.

2. Newham Talking Therapies

Newham Talking Therapies is a local NHS therapies service based in community venues in Newham. It offers a range of low and high intensely therapeutic interventions to people living in the local area. NTT was set up in 2006 as one of the national demonstration sites designed to test the effectiveness of the Improving Access to Psychological Therapies (IAPT) programme.

IAPT was designed to offer CBT based interventions to people presenting with common mental health problems, with the aim of supporting them to stay in or return to work, or to engage in community based activity. The partnership with St Joseph’s has been running since 2012, with Newham Talking Therapies processing referrals from St Joseph’s and other agencies, and providing a triage service. The Newham Bereavement service is the only community led service that NTT delivers, and can be accessed either alone or alongside other low and high intensity interventions.
How befriending works:

“Losing a family member or friend is one of the most difficult events anyone has to cope with. [Newham Bereavement Service] set up a network of volunteers to support their community during these times and allow those who might not access professionally led services to get the support they need using a community approach.”

Lourdes Cocksburn, community development manager at St Joseph’s

The Evidence Base

Over the past twenty years a strong evidence base about the benefits of befriending has been built up, and it is on the basis of this evidence that the Newham Bereavement Service was developed.

In the late 90s, Bradshaw, Tim and Haddock, Gillian (1998)’s research into the role that befriending can play in supporting people suffering from long term mental illness, found that

The most frequently occurring benefits of seeing a volunteer stated by subjects can be broadly grouped under three headings: having someone to talk to ... help/support in going out ... and increased awareness of personal strengths” (Bradshaw and Haddock, 1998).

More recent evidence of the particular role that befrienders can play in combating loneliness was documented in Andrews et al.’s (2003) study of a voluntary sector befriending service for older adults found that befriending relationships tended to be ‘more intimate than those experienced with other service providers and casual acquaintances’ (Andrews et al., 2003).

Similarly, Lester, et al.’s (2000) study of 25 users of five different befriending services found that “The regularity and reliability of befriender contact was highly valued, especially compared with friends and family who could ‘let you down.’ Yet the scheduled aspect of befriending placed clear boundaries around it as a support resource; in contrast with the more spontaneous and flexible nature of relationships with family and friends” (Lester et al., 2002).

For older people, in the midst of ‘closing down’ of social networks and activities, befriending offered interviewees the opportunity to expand horizons and gain new perspectives through befriending relating their own life experiences and bringing news of changes in the local community” (Lester et al., 2002).

Recruiting and training the volunteers

Since the service was set up in November 2012, the Newham Bereavement Service has trained over 70 volunteers, matched over 50 pairs and run over 400 sessions. The volunteers are recruited from the local area, many of them following an experience of having a loved one pass away at the hospice. Others simply want to give something back to their local community.

The recruitment process takes the form of an interview with the professionals running the scheme, followed by a series of two-day training sessions, delivered either at Richard House Children’s Hospice or St Joseph’s Hospice.

During the training volunteers are introduced to the aims of the programme, and given an overview of key issues such as safeguarding, lone working, boundaries, the difference between being a friend and being a befriender through a professional service. They are also trained in techniques such as active listening, and taught to theories of grief, how to work confidentially and safely and how to manage risk.

Risk Assessments

Once potential service users are referred to the service, a member of the management team or a specially trained volunteer will visit them in their home and undertake a risk assessment. The aim of the risk assessment is to make sure that the service is appropriate for the user, and to get a sense of the type of person they should be matched up with.

The assessor is also responsible for ensuring that there is no risk to the volunteer befrienders from delivering sessions in the clients’ home.

Delivering sessions

The Befriending service is initially delivered over a course of ten sessions, each lasting an hour. The sessions can be delivered in the service users’ home, or in a community setting. Once the befriender and service user have been matched, it is up to the befriender to contact the user and to set up the first session.

Over the course of the sessions befrienders receive ongoing support from St Joseph’s. This takes the form of monthly supervisions, attended by volunteers and staff from St Josephs and Newham Talking Therapies. Volunteers are also required to submit case work forms after each session.

The service also run two community groups for bereaved people, which each meet weekly for two hours a week. One of these is a lunchtime group who meet and engage in an arts activity and share lunch together, and the other is a gardening club who are working on an edible garden and also meet and share lunch together. These groups were set up as a backdrop of food poverty in East London where many bereaved people eat alone or not well. These provide an opportunity for bereaved people to participate in activities outside of the home, in a supportive environment, and with people who have had similar experiences of bereavement themselves.

Dana is 52 and works full time for a Local Authority. She is currently single with two adult children, one of whom lives with her. She hadn’t volunteered before, although she always wanted to. She was interested in volunteering for this scheme in particular because she has lost people in her own family and she knows that:

“Most of the time people have to get through it themselves with no one to stand beside them, and to do speak to in a concentrated manner.”

Dana says that she has a heart for helping people. She is fascinated with the issues around death, having had the profound experience of watching her own mother pass away. She comes from a Caribbean culture where people are open about death. It’s different in the UK, which means lots of people are ‘suffering in silence.’ She says:

“It is difficult to witness pain but I am comfortable listening to them express it.”

When she initially signed up she was not expecting anything particular for herself, but just thought she had something to offer. After having had her first experience she says she has found self-satisfaction in:

“Helping someone emerge from a stage of grieving. Seeing positive results gives you gratification. It’s such an awful thing, but you can help somebody and hold their hand.” (metaphorically speaking)

The befriending role involved Dana listening and asking questions in order to encourage the client to open up. Sometimes they covered issues beyond the bereavement, and Dana feels it was important to take a holistic view as the client had a lot going on and it was quite complicated, requiring some untangling. She describes the journey her client went on through the meetings.

“At first she seemed to be in a very hopeless place and I wasn’t sure how to get her out of it. By the end, I could see how much she was making headway. The ninth week was the ‘light bulb moment’ when she began recognising how she was feeling. She started facing some broader issues and some of these were from a long time ago. This helped her to start healing and she was very different at the end. She was no longer weeping constantly. This was very uplifting for me.”

The impact on Dana’s life includes that she is able to be more supportive of her friend who has recently lost her mother. In addition, she has been inspired to become a counsellor and she has begun looking into courses.

She wants to continue with the NBS and has looked into developing into a supervisor at the scheme, as well as performing a similar role in her workplace.
Findings:

Both volunteers and service users feel that participating in the program has had significant benefits.

Befrienders referred to the satisfaction they felt generally from giving back as a volunteer, but also specifically from seeing the positive impact of the intervention on their clients over time.

“It was great for her to have a Befriender. She said she was very happy with the service. She could explore her emotions as she felt them. She was hungry to talk and spoke non-stop. It helped her to move on. She started to talk about routine things in the end, like going shopping, and I knew she was getting better.”

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They also felt more equipped to support others going through similar things in the future as a result of their involvement. It made some more inclined to volunteer for other things, to recommend befriending to their friends and colleagues, and to explore a wider interest in counselling.

Clients universally spoke of the service being extremely useful to them. They most valued having someone impartial to talk to and who would listen to them without judgment.

“She just sat there and listened. She wasn’t judging. She wasn’t there to solve my problems but she did challenge me on occasion and say ‘hang on a minute’.”

Associated benefits included that the service could be accessed quickly (in contrast to counselling services which often had waiting lists) and it was delivered regularly. Some also mentioned the holistic nature of what could be covered in a session as a particular positive; it was possible to talk about anything and not just the bereavement, and in this way it was possible to untangle complex and often interrelated issues.

The nature and impact of the service users’ needs are complex and in some cases deep seated.

Not all service users had experienced a recent bereavement, some had sought help for the on-going effects of a more historical loss. Some also had quite complex circumstances beyond the bereavement itself (e.g. issues with mental health, housing, unemployment, finances, immigration status, legal matters, social isolation).

Where these broader issues were present they were typically deep-seated and intractable, and therefore acted as long-standing barriers to engaging with family members and the wider community, and with public services and private markets. The bereavement compounded the barriers as the individuals were finding it particularly difficult to cope with day-to-day life as a result of their grief.

One example of the way these complex issues intersect comes through in the following story from a service user who had lost her parents and various other family members. In the interview she told us that the combined impact of these losses contributed to her longstanding anxiety and agoraphobic conditions. She suffered from panic attacks and for a long time could not leave the house. She became obese (although later got a gastric band) and was paranoid that people were staring at her. Ultimately, she became suicidal.

“If it wasn’t for [the bereavement service], I wouldn’t be able to go outside my front door. I am now able to open my front door and not feel scared. I was frightened for 15 years and just staring at the four walls... I can now go out with confidence and take the dog for a walk.”

Delivery of the befriending support benefits from the informal setting.

There was some variation in how the befriending support was delivered (e.g. number of sessions, length of each session and of total programme; where sessions were held, contact after sessions had concluded etc). This seems to be related to individual client needs as well as befriender preferences. However, the norm was for one programme of 10 hour-long sessions, delivered weekly. This could be reviewed and there were a handful of cases where 20 sessions were delivered.

Service users described having the sessions in their home, or in a cafe or community centre, as particularly beneficial. For many the setting emphasised the informal and ‘social’ nature of the relationship, which was seen as a positive part of the difference between befriending and other more formal and potentially hierarchical interventions.

For some, and particularly those with a high level of support needs, the possibility of having the sessions in their home made the difference between being able to and not being able to access the service. For others, the possibility of taking trips to cafes or community centres with their befriender and in some cases of visiting the grave of their relative, seemed to be an important and valuable process. This was particularly the case for the more socially isolated clients, who lacked other reasons to leave the house and re-engage with the world.

“We popped into McDonalds so I felt comfortable. We looked around the shops. Or we just sat and chatted over a cup of coffee. In the third week I went to mum’s grave and I felt really proud.”

Delivering the sessions in a social or home setting also allowed befrienders to develop a more holistic understanding of their clients’ context, and of external factors relating to their situation. In one instance a befriender’s observations of the interaction between a bereaved mother and her son led to the son being successfully referred to St Josephs’ child counselling team himself, and the mother described his subsequent progress as an important factor in her own ability to move forward.

Listening and providing emotional support has an immense impact on clients’ ability to move on with their lives.

In the majority of cases the support delivered by the volunteers appeared to be mostly emotional. Befrienders defined the role as being about listening, in order to give the bereaved a conduit to talk and thereby start to deal with their issues, and ultimately to move on with their lives. Whilst we are only able to measure this anecdotally, having a safe, non-judgemental space to speak into seemed to have a deeply therapeutic effect on clients.

“At the beginning he was very emotional and focused on his wife and the alleged failures of the hospital. It was very draining. He was also very shaky and almost fainted on a couple of occasions. He needed to get it all out. Gradually, he got more positive and at the end the emotion wore out. He became much stronger, more positive and happier. He is less focused on his wife and more able to manage the household.”

Whilst this was not the case for everyone, some people noted that having a befriender from a similar background and who had themselves been bereaved, added to the sense of being understood and listened to.

“Unless it happens to you, you don’t understand.”

“(The best thing about it was) having someone to talk to, to share my experiences with, someone who could understand my situation.”

On the other hand, some people felt that having the chance to learn about other cultures’ approaches to death was beneficial in helping them make sense of their own experience.

Many spoke about the value of having a stranger to talk to, and of the freedom that this afforded them to explore elements of their experience that they did not feel comfortable sharing with family members.

“It was nice to have someone completely outside of the picture. Obviously I could trust her and I looked forward to going to see her.”

Befrienders also provide practical support, going above and beyond the call of duty.

The service also helped on a practical level, supporting and enabling clients to heal emotionally and thereby become more functional on a day-to-day level meant that they were better equipped to deal with their practical affairs. There was also direct practical support offered in some instances, e.g. referrals to counselling, signposting other services, dealing with schools and local authorities, etc.

Some volunteers had provided a high level of practical support to clients. One described how they had contacted their church to try to get their client a new cooker; advised them to see a solicitor about some legal issues, got cinema tickets for the client’s children from a local charity, provided a cookbook and information on local cooking courses; referred the client to colleagues at NBS for counselling; tried to help get a bunk bed for their client’s children; and even visited the client’s home with a friend and cleaned it for them.

Whilst the volunteer described the experience of ‘drawing on my practical skills and networks to work out how to help...’
him” as rewarding, there are questions to be asked about the appropriateness and sustainability of such a high level of support being provided through the scheme.

Volunteers are well supported by the service, although more flexibility is needed around supervision.

In addition to submitting case notes after each session, volunteers were also required to attend monthly face to face group supervisions. These are led by a member of the counselling team at St Josephs and a counsellor at Newham Talking Therapies, and provided a fifteen minute space for each volunteer to talk about their last few sessions with their client, sharing learnings and difficulties with the wider group. Whilst some of the volunteers expressed frustration at other participants taking up too much ‘air time’, our participant observation revealed the shared problem-solving that took place to be an extremely valuable - if time consuming – process.

All of the volunteers that we spoke to said that they felt well supported by the staff managing the service, and felt like they could call on them if they had any problems. Whilst the staff we spoke to suggested that the service is stretched - with hospice employees and NTT staff juggling competing demands on their time - this did not seem to filter through into the experience of the volunteers and service users. On this note, one participant who we spoke to did suggest that it might be useful to make supervisions available over the telephone as they had had to miss several sessions due to their work.

Befriending builds stronger communities.

By providing a space for bereaved people to make sense of their experience, and by emphasising the on-going existence of social bonds beyond the one that has been lost, the immediate family, the Newham Bereavement Befriending service has had a significant positive affect on people who have been bereaved.

“She said that I’ve got to remember that I’m part of the world and have the right to live my life.”

This is the case both for people receiving the service and for those delivering it, many of whom have had their own experience of being bereaved.

Evidence from the service in Newham suggests that bereavement befriending can be particularly impactful amongst ethnically diverse populations. Staff at the NBS report that while counselling can be an alien concept for many cultures,befriending has been well received and uptake has been high, perhaps because it speaks to an international tradition of community members supporting each other

In conclusion

As the case studies which follow show, the impact of a bereavement can take many forms. For all of the service users that we spoke to, suffering a bereavement had had a significant negative impact on their wellbeing. Whilst service users experienced varying degrees of intensity, these impacts included an inability to work or to manage ones day to day life; experiencing increased social isolation and loneliness; and the development or exacerbation of mental and physical health issues.

“I stopped looking after myself. I was letting things go. I was in a daze. I couldn’t believe that she left me. It was not like a normal marriage - she was my friend. We did everything together. She cared for me and loved me to bits. It was hard to go from that to nothing. I found myself just staring at the four walls - not doing any cleaning, washing and not even bathing.”

He then realised that his wife would have been disgusted with how poorly he was coping and felt he couldn’t let her down like that and needed to pull himself together.

He initially found a bereavement counsellor near the cemetery where his wife is buried. But he didn’t find that service particularly helpful as he didn’t feel comfortable talking to the woman involved. He quit this after two sessions.

Through St Joseph’s Brian was matched with a male befriender aged about 40 who he had a good rapport with.

Brian is 63 years old. He was formerly a lorry driver but was made redundant earlier this year. He had a befriender for about 20 sessions. Following his bereavement, Brian lost the ability to speak, and told staff that he was sleeping on the sofa as he could not face sleeping in the bed he shared with his wife. During the risk assessment he cried continually.

Brian met Anne when they were 16 and they married the following year. They had two children and lived together for over 40 years. He was diagnosed with Non-Hodgkins Lymphoma in 2010 and it returned and progressed to lung cancer two years later.

He was very close to his wife and said she was his best friend. In addition, because his wife was the caretaker of a school, and they lived in property within the school grounds, he was asked to move when she passed away. He resisted this and eviction proceedings commenced. He finally moved last month to Hertfordshire where he is privately renting.

He was asked to move when she passed away. He resisted this and eviction proceedings commenced. He finally moved last month to Hertfordshire.

He is now in a daze, he said his wife would have been disgusted with how poorly he was coping.

“I went like a crazy woman – I couldn’t get out of bed, I couldn’t eat, I just wanted to cry all day.”

“It is especially difficult when something you don’t expect happens. I thought I could save him.”

Brian said that: “having someone to talk to, to share my experiences with, someone who could understand my situation.”

Overall, she felt that having a befriender really helped because of the regularity of contact and because it gave her someone to talk to and who would listen to her.

She says that she could have also benefited from financial help as she wasn’t (and still isn’t) working, as well as medication to help her cope. She was getting some financial help from her church, but it was unclear whether she approached her GP for medication or was offered this. Another thing she thinks would now be helpful would be to continue the counselling, but she believes that the service does not have the resources to mind her baby whilst she receives counseling so she will not be able to access it. The in-home visits from the befriender appears to have been a key to her continuing with it.

“I am a little bit better in coping. It just takes time”

The nature of the role was not about practical advice or signposting. He was trying to get well enough to do this himself. It was about having someone to talk to in order to help equip him to take control of his life again.

They almost always met at his home for a tea and chat, rather than going on any outings. He noted that the Befriender was always punctual and reliable.

Brian is very positive about the service and grateful to have received it.

Jim helped me a lot. I didn’t want to be alive. Jim got me through. I felt very isolated and really looked forward to someone visiting.”

The Newham Bereavement Befriending service has had a significant positive affect on people who have been bereaved.