



LIVING ON BEREAVEMENT SERVICE

BEREAVEMENT POLICY

Created by: CEO September 2026

To be reviewed: every 2 years (2028)

Registered Charity No: 1166617
Registered Address: 11 The Brackens, Orpington, BR6 6JH



OUR COMMITMENT

Living On supports children and young people when someone they love has died. We recognise that bereavement can also affect the people who work and volunteer alongside them. This policy sets out how we respond with compassion, dignity, consistency and flexibility when death affects our Living On community.

Content

1. Purpose and principles
 2. Scope
 3. Personal bereavement of staff or volunteers
 4. Bereavement leave and pay
 5. Keeping in touch and return to work
 6. Supporting colleagues
 7. Death of a child or young person supported by Living On
 8. Death of a parent, carer or significant family member
 9. Death of a staff member or volunteer
 10. Communication, confidentiality and social media
 11. Cultural and religious considerations
 12. Safeguarding and risk
 13. Clinical supervision and practitioner wellbeing
 14. Funerals, memorials and remembrance
 15. Media and external communication
 16. Organisational learning
 17. Roles and responsibilities
 18. Review
- Appendix 1 – Immediate Bereavement Response Checklist
Appendix 2 – Bereavement Response Flowchart
Appendix 3 – Bereavement Conversation Prompt
Appendix 4 – Key Contacts and Resources

Living On Bereavement Service
The Parish Room, Skibbs Lane, Chelsfield, Kent, BR6 7RH
www.livingon.org.uk



Appendix 5 – Individual Return to Work & Duties Plan



1. Purpose and principles

Living On Bereavement Service recognises that death and bereavement can have a profound and lasting impact on children, young people, families, staff, volunteers and trustees. As an organisation specialising in childhood bereavement, we understand that grief is individual and that there is no single or predictable response.

This policy provides a clear framework for responding when death affects anyone within the Living On community. It covers both personal bereavement experienced by our people and the death of a child, young person or family member connected to our service.

Our guiding principles

Acknowledge the loss. Listen without judgement. Respect individual and cultural differences. Give people choice and control over information. Be flexible. Protect confidentiality and safeguarding. Offer appropriate support and supervision. Recognise that grief can continue long after the immediate period following a death.

2. Scope

This policy applies to Living On employees, workers, sessional staff, volunteers and trustees where relevant. It also provides a framework for responding to bereavement affecting children, young people and families who use our services.

Where a statutory employment right or an individual's contract provides a greater entitlement than this policy, the statutory or contractual entitlement will apply.

3. Personal bereavement of staff or volunteers

A person may experience bereavement following the death of a child, partner, parent, sibling, other family member, close friend, person they care for, or another person whose death has a significant emotional impact. Living On will not rely solely on legal or biological definitions when considering the significance of a relationship.

- Tell a manager, CEO or agreed contact as soon as reasonably possible.
- A family member or trusted person may make contact on their behalf.
- Only information reasonably necessary to arrange leave and support needs to be provided.
- A single agreed contact should normally coordinate communication.
- The bereaved person should decide what colleagues are told and how they would like to keep in touch.



4. Bereavement leave and pay

Living On intends to provide a compassionate and consistent minimum entitlement while retaining discretion to respond to individual circumstances.

Circumstance	Proposed Living On provision	Notes
Death of a child / eligible parental bereavement	Statutory entitlement, plus up to 5 working days' additional paid compassionate leave where appropriate	Statutory rights take precedence; discuss enhanced support individually.
Death of partner, parent, sibling or other close family member	Up to 5 working days' paid bereavement leave	May be extended for travel, funeral arrangements or significant impact.
Death of another significant person	Up to 3 working days' paid compassionate leave	Consider relationship, responsibilities and circumstances.
Volunteer bereavement	Time away agreed compassionately and flexibly	No expectation to return until the person can do so safely and appropriately.

Leave does not necessarily need to be consecutive. Where additional time is needed, Living On may consider annual leave, unpaid leave, sickness absence where the person is unwell, flexible working or a phased return.

The organisation will keep its bereavement arrangements under review in light of changes to UK employment law and ACAS guidance.

5. Keeping in Touch and Return to Work

Living On will agree a proportionate and compassionate approach to contact during a period of bereavement absence. The bereaved person should be able to choose their preferred method and frequency of contact. They should not feel pressured to provide updates or discuss the death before they are ready.

Before, or shortly after, a return to work, the manager and employee or volunteer should consider:



- whether the person feels ready to return;
- what colleagues need to know, taking account of the person's wishes and confidentiality;
- whether particular tasks, families, dates, situations or aspects of the role may be difficult;
- whether temporary changes to duties or caseload are needed;
- whether additional clinical, reflective or management supervision would be appropriate;
- whether a phased or flexible return would be helpful;
- what support may be needed around anniversaries, birthdays, inquests, funerals or other later triggers.

Returning to Direct Bereavement Support

Because of the nature of Living On's work, returning to direct work with bereaved children and young people following a personal bereavement, or following the death of a child or family member known to the practitioner, may be particularly challenging.

Living On recognises that a member of staff or volunteer may not feel able to return immediately to providing therapeutic or bereavement support to children and young people. This will not be viewed as a lack of commitment or professionalism.

An individual return-to-work and duties plan will be agreed with the person, taking account of their circumstances, role, responsibilities, wellbeing and professional capacity. The plan will identify what duties the individual feels able to undertake safely and effectively and whether any temporary adjustments are required.

This may include, for an agreed period:

- temporarily reducing or pausing direct therapeutic work;
- reducing contact with bereaved children and families;
- temporarily adjusting or reducing a caseload;
- undertaking alternative duties such as administration, planning, resource development, training or communications;
- avoiding particular cases, families, situations or dates that may be especially difficult;
- working alongside another practitioner where appropriate;
- additional clinical or reflective supervision;
- increased management check-ins;



- a phased return to usual duties;
- flexibility around working hours or location, where practicable.

The plan will be individual to the person and will not assume that everyone will need the same level or type of support. The individual will be involved in agreeing the plan and will have opportunities to review it as their circumstances change.

Expectations regarding duties, caseload, availability and contact with children and families will be clearly discussed and recorded. This is intended to ensure that expectations remain realistic, appropriate and supportive during the person's return to work.

Living On will balance the needs of the practitioner with the needs and continuity of support for the children and families using the service. Where a practitioner is temporarily unable to undertake particular duties, appropriate alternative arrangements will be made wherever reasonably possible.

The decision to return to direct bereavement work will be based on a supportive assessment of readiness and professional capacity, rather than simply the amount of time that has passed since the bereavement.

A practitioner will not be expected to disclose personal details about their grief in order to justify appropriate temporary adjustments. The focus will be on what they feel able to undertake safely and effectively in their role.

A bereavement does not have a fixed end point. Managers should recognise that the impact of grief may become more noticeable at later points, including anniversaries, birthdays, school events, family milestones, inquests or other significant dates. Support and adjustments may therefore need to be revisited even after a person has returned to their usual duties.

6. Supporting colleagues

Colleagues should acknowledge a bereavement rather than avoiding the person because they are unsure what to say. A simple expression of sympathy is usually appropriate. Colleagues are not expected to provide counselling unless this is part of their professional role.

- Respect the person's wishes about talking and information sharing.
- Do not compare their loss with your own or tell them how they should grieve.
- Do not share information on social media or with people who do not need to know.
- Where a team is significantly affected, Living On may arrange reflective or facilitated support.



7. Death of a child or young person supported by Living On

The death of a child or young person receiving Living On support requires a coordinated response. The CEO, or designated senior person, will lead the response. If the CEO is personally affected, responsibility will transfer to the Chair or another appropriate senior person.

The first priority is the family and the child's surviving siblings or loved ones. Living On's emotional response must never become an additional burden for the family.

7.1 Immediate response

1. Confirm the information and source as far as reasonably possible.
2. Inform the CEO/designated lead and consider immediate safeguarding concerns.
3. Identify the appropriate family contact and agree who from Living On will communicate.
4. Offer condolences without seeking unnecessary details.
5. Ask what the family would like Living On to know and what, if anything, they are comfortable with being shared.
6. Review planned appointments, groups, visits and other contact.
7. Identify practitioners and volunteers who may be directly affected.
8. Offer supervision and consider temporary workload adjustments.
9. Review the impact on other children, young people and families who may know the child.
10. Record key actions and decisions appropriately and securely.

7.2 Supporting practitioners

Staff and volunteers may experience sadness, shock, guilt, anger, helplessness, intrusive memories, anxiety about other children or questions about whether more could have been done. These reactions should be recognised as understandable responses to a significant loss.

- Offer clinical or reflective supervision.
- Consider additional supervision where needed.
- Do not expect a practitioner to support the bereaved family if they are too personally affected to do so safely and effectively.
- Consider temporary changes to caseload, duties or direct work.

8. Death of a parent, carer or significant family member

When a parent, carer or other significant person in a child's life dies, Living On will review the child's support needs. The child's voice and wishes should be central.

- Consider the child's relationship with the person who died.
- Consider age, development and understanding of death.



- Review safeguarding and practical needs.
- Review whether the current intervention remains appropriate.
- Consider additional sessions or family support.
- Liaise with school or other professionals where appropriate and with appropriate consent.

9. Death of a staff member, volunteer or external professional such as Supervisor

The death of a Living On staff member or volunteer will be treated as a significant organisational event. The CEO and Chair will coordinate the response, subject to any conflict of interest or personal involvement.

1. Contact the family/next of kin and offer condolences.
2. Ask what information the family is comfortable with Living On sharing.
3. Communicate sensitively with staff, volunteers and trustees.
4. Review the person's caseload, responsibilities and practical arrangements.
5. Identify children, young people and families who may be affected.
6. Offer support and supervision to colleagues.
7. Consider funeral or memorial arrangements.
8. Protect confidential records and personal information.
9. Review organisational learning once the immediate response has settled.

10. Communication, confidentiality and social media

Information about a death is highly sensitive. Living On will share information only where there is a legitimate need and in accordance with confidentiality, data protection and safeguarding requirements.

- The bereaved person or family should, wherever possible, have control over what is shared.
- No staff member, volunteer or trustee should post about a death connected with Living On on social media without appropriate authorisation.
- Photographs, names, details of circumstances and funeral information must not be shared without appropriate permission.
- Media enquiries must be referred to the CEO or authorised Trustee.
- Where safeguarding or legal requirements require information to be shared, these obligations take precedence over ordinary confidentiality.

11. Cultural and religious considerations

Living On recognises that death, funerals, mourning and remembrance vary between families, cultures and faiths. Managers should ask rather than assume and make reasonable efforts to



accommodate relevant practices, including funeral timing, religious observance, family responsibilities and mourning periods.

12. Safeguarding and risk

Bereavement does not remove Living On's safeguarding responsibilities. If information relating to a death raises concerns about abuse, neglect, domestic abuse, suicide, criminal activity, the safety of surviving children or significant deterioration in a child's wellbeing, the Living On Safeguarding Policy must be followed.

Managers should also consider practical health and safety risks where grief affects concentration, sleep, emotional regulation or decision-making, particularly for lone working, driving, therapeutic work and responsibilities for children.

13. Clinical supervision and practitioner wellbeing

Because Living On works directly with bereaved children and families, practitioner wellbeing is an important part of safe practice. Significant deaths should be considered within clinical governance and supervision arrangements.

- Offer reflective or clinical supervision following the death of a child or significant family member connected to a case.
- Monitor the impact on practitioners over time, not only immediately after the death.
- Consider whether the practitioner needs time away from direct bereavement work.
- Signpost to external support where Living On does not have the appropriate expertise to meet the person's needs.

14. Funerals, memorials and remembrance

Living On may offer representation at a funeral or memorial where appropriate and consistent with the family's wishes. Staff and volunteers should not assume attendance is expected.

Where appropriate, Living On may consider a private team remembrance, card, flowers, memory book or another suitable tribute. Any activity involving children or young people should be planned sensitively and with regard to their wishes and family circumstances.

15. Media and external communication

Only the CEO or an authorised Trustee may respond to media enquiries about a death connected with Living On. Staff and volunteers should refer enquiries to the appropriate person and should not provide personal or confidential information.



16. Organisational learning

Following a significant bereavement, the CEO and Trustees may undertake a proportionate review of Living On's response. This is not intended to assign blame. It is an opportunity to identify what worked well, what could be improved, whether safeguarding and communication arrangements were effective, and whether policies, training or support need to change.

Any review must be sensitive and must not interfere with an external investigation, safeguarding process or legal process.

18. Review

This policy will be reviewed at least every two years, or sooner if legislation, national guidance, Living On's services, organisational learning or a significant bereavement indicates that changes are needed.

The policy should be reviewed alongside Living On's Safeguarding Policy, Confidentiality and Data Protection Policy, Health & Safety Policy, Volunteer Policy and Clinical Governance arrangements.



Appendix 1 – Immediate response checklist

Use this as a prompt, not a tick-box exercise

The family comes first. Keep communication coordinated, avoid unnecessary questions and make sure staff affected by the death are supported.

First response

- ☐ Confirm information and source
- ☐ Inform CEO / designated senior lead
- ☐ Consider immediate safeguarding concerns
- ☐ Identify appropriate family contact
- ☐ Agree who will contact the family
- ☐ Ask what the family wants shared
- ☐ Review planned contact / appointments / groups
- ☐ Identify directly affected practitioners and volunteers

Within the first few days

- ☐ Offer clinical / reflective supervision
- ☐ Review staff workload and caseload
- ☐ Consider impact on other children and families
- ☐ Agree staff communication
- ☐ Consider funeral / memorial arrangements
- ☐ Check social media / external communication arrangements
- ☐ Record key decisions securely

Longer term

- ☐ Continue wellbeing check-ins
- ☐ Consider anniversaries and later triggers

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- ☐ Review support for affected children / families
- ☐ Consider organisational learning
- ☐ Update policy / training if required



Appendix 2 – One-page response flowchart

This page can be printed separately for the staff handbook or office bereavement response folder.

1. A death is reported	Pause. Check the information and avoid sharing it widely.
2. Tell the lead	CEO / designated senior person. If they are affected, contact the Chair or alternative lead.
3. Family first	Identify the appropriate family contact. Offer condolences. Ask what they want shared.
4. Protect	Check safeguarding, confidentiality and immediate risk. Follow the relevant policy.
5. Coordinate	Agree one point of contact and one communication plan. Avoid making the family repeat information.
6. Support the team	Offer clinical/reflective supervision, practical support and time away where needed.
7. Review impact	Consider children, young people, families, practitioners, volunteers and planned activities.
8. Communicate carefully	No social media or external statement without authorisation and appropriate family consent.
9. Continue support	Check in beyond the first few days. Grief may intensify at later points.
10. Learn	When appropriate, review what worked and what Living On should change.



Appendix 3 – Key contacts and resources

Contact / organisation	Phone	Email / website	Purpose
Living On Bereavement Service	01689 831720	familysupport@livingon.org.uk	www.livingon.org.uk
Child Bereavement UK	See current website	childbereavementuk.org	Specialist bereavement and workplace guidance
Acas	See current website	acas.org.uk https://www.acas.org.uk/time-off-for-bereavement	Employment rights and bereavement policy guidance
CEO / Bereavement Response Lead	Heather Williams	heather@livingon.org.uk	Primary response lead
Chair / Alternative Lead	Louise Carr	louise.carr@livingon.org.uk	Alternative response lead
Safeguarding Lead	Clare Kemp & Heather Williams	clare@livingon.org.uk	Safeguarding concerns

Sources and guidance used

- Child Bereavement UK – Guidance for employers following the death of a baby or child (updated November 2025).
- Acas – Leave and pay when someone dies / time off for bereavement (updated April 2026).
- Acas – Bereavement policy template (2026).
- Acas – Supporting someone after a death; If someone at work dies.
- Living On Bereavement Service – About Us, Professionals Hub and current service information (accessed September 2026).



TRUSTEE APPROVAL RECORD

- **Approved by:** Board of Trustees and CEO
- **Date approved:** __ 14.10.2026 _____
- **Trustee initials :** __LC_____
- **Next review:** September 2028



INDIVIDUAL RETURN TO WORK & DUTIES PLAN

Confidential – to be completed jointly by the individual and their manager

1. Basic Information

Name: _____

Role: _____

Manager: _____

Date plan agreed: _____

Planned return date: _____

Review date: _____

2. Returning to Work

How does the individual feel about returning to work?

- ☐ Ready to return to usual duties
- ☐ Ready to return with temporary adjustments
- ☐ Would benefit from a phased return
- ☐ Not yet ready for usual duties
- ☐ Other: _____

Are there particular aspects of work that may be difficult at this time?

The individual is not required to disclose personal details about their bereavement. The focus should be on what they feel able to undertake safely and effectively.

3. Agreed Duties and Temporary Adjustments

Duties the individual feels able to undertake:



- ☐ Usual duties
- ☐ Administration
- ☐ Planning / preparation
- ☐ Training / professional development
- ☐ Resource development
- ☐ Communications / fundraising
- ☐ Meetings
- ☐ Group work
- ☐ One-to-one work
- ☐ Other: _____

Duties temporarily reduced, paused or adjusted:

Caseload / client adjustments required:

Specific families, situations, dates or activities to be avoided or approached differently:

4. Working Arrangements & Support

Temporary changes to hours or location:

Clinical / reflective supervision:

- ☐ Usual arrangements
- ☐ Additional supervision agreed
- ☐ Additional check-ins with manager
- ☐ Other: _____

Other support or adjustments agreed:



5. Review

The plan will be reviewed at the agreed date and may be changed as the individual's circumstances and capacity change. Grief can fluctuate, and additional support may be needed at later points such as anniversaries, birthdays, inquests or other significant dates.

Review date: _____

Changes agreed at review:

Next review date: _____

6. Agreement

This plan has been discussed and agreed with the individual. It is intended to provide a supportive and proportionate framework for returning to work and is not a performance assessment.

Staff member / volunteer signature: _____

Date: _____

Manager signature: _____

Date: _____

Living On will review this plan with the individual and make reasonable efforts to support a safe, sustainable and compassionate return to work.

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