An Evaluation of Bereavement Support in Toowoomba

Study and Report undertaken by Dr. Rob Eley during November and December 2005.

1. Introduction
The overall aim of the needs analysis is to identify where any gaps in the bereavement service provision in Toowoomba and surrounding area lie.

Part 1 of the study focused on gaining information from local service providers who offer support to bereaved people. The analysis was conducted in conjunction with GP Connections in Toowoomba and a formed reference group comprised of representatives from USQ, UQ, Toowoomba Health Service, St. Andrew’s Toowoomba Hospital and GP Connections.

2. Method
Potential participants were identified by reference group members, Yellow Pages, and electronic searches. Those identified were contacted initially by phone to establish the type of services in relation to bereavement they offer. If the service provided support for bereaved people, participants were asked if they are interested in taking part in a face-to-face interview.

Service providers who took part in face-to-face interviews were provided with a Plain Language Statement and Consent Form. The latter had to be signed prior to commencement of the interview. The interview followed the format of asking questions from a set questionnaire, containing 42 questions, with some questions having a number of sub questions. The questionnaire was developed by the research team and reference group.

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Not all questions in the questionnaire were relevant to every different service providers. Data gathered outside the questionnaire frame were also recorded. The interviews were recorded for later recall, although no interviews were transcribed. All questionnaire data was entered into a data base for analysis and additional relevant information was recorded on a separate summary sheet. Furthermore a number of resources were also gathered, such as information sent by SIDS/SANDS or other relevant information identified on the World Wide Web.

### 2.1 Information Providers
A total of 65 potential providers were identified. These were reduced following initial contact. 18 service providers took part in the interviews, and information of a further 5 organisation was obtained via the telephone. Of the 23 services, three services were bereavement specific, although all the other services provided a variety of support in grief, loss and bereavement. Some of the telephone counselling based services are accessible to people in most States, but can also have physical offices in Toowoomba.

### 3. Findings
In this needs analysis, the range of qualification of people who provide bereavement support include psychologists, counsellors, therapists, registered nurses, social workers, general practitioners, pastors, priests, chaplains and nuns and the majority are paid for their work. Volunteers are also utilised in many services in providing support for bereaved people.

There are specialist bereavement services that cater for a specific loss, such as SANDS/SIDS or suicide. A great part of the bereavement support continues to be provided by clergy and people no longer have to be part of a particular faith to receive this support.

The services provided include individual/couple/family and group therapy/counselling as well as telephone counselling. The large majority of services on offer are free either for anyone in the public, or people who are part of a service or fit a certain criteria (e.g. are a carer). Fee for service mainly applies for private services, e.g. psychologists or GP’s.

It appears that all services are able to meet their demand for services, although some service providers commented that an additional person would be helpful. The
predominant age group that is catered for is from 18 years of age upwards. Although some counselling/therapy is available to children and adolescents due to legalities this may require accompaniment of a parent.

4. Conclusion and Recommendations

Following the outcomes of the needs analysis it appears that there are a variety of services available for bereaved people in Toowoomba and district. These services should suit most people with regard to the type of support (e.g. individual or group support) as well as financial resources (e.g. free or fee for service). Identified gaps are children less than 13 year of age, as well as support for people who support others through grief & loss.

Following these findings here are some of the conclusions and recommendations to maximise the support for bereaved people in Toowoomba:

- Existing services need to establish links in order to support each other as well as providing the best possible support for their clients.
- It appears that from the providers view point there is not a lack of services in Toowoomba but it is recognised that people are not always aware of what is available.
- The development of a bereavement support brochure which contains contacts and type of services organisations offer would be one solution to address this issue.
- These brochures could be available at GP surgeries, funeral businesses, hospice/hospital, churches or any other outlet were bereaved people may look for information.
- A directory, either web-based, on CD or in form of a booklet could be developed to provide service providers with more in-depth knowledge on the services that are available.
- Training workshops on bereavement issues could be conducted to improve the confidence of health service providers.
• Existing services dealing with grieving children/adolescents need to network in order to ensure proper support for this group.
• Rather than commencing new services, Toowoomba might be better served by expanding existing services that are in need of an extra person.
• Additionally most of the existing services have many years of experience in the bereavement field and this should be tapped into.
• To fully ascertain if bereaved people in Toowoomba and district are adequately serviced in relation to bereavement support, a further needs analysis should be conducted gaining the opinion of people who have been recently bereaved.

Following the analysis of current bereavement providers, there is no convincing evidence of the requirement of additional bereavement services. If an additional needs analysis of bereaved people refutes this finding, than consideration should also be given to what format this service could take in order to avoid duplication of existing practices and services.