 **NHS Education for Scotland**

**Transcript of ‘The Bereavement Journey®’ conference film clip recording**

**Speaker**: Roger Greene, Deputy Chief Executive, AtaLoss (RG)

Dean Roberts, Chief Executive Officer of the Parish Trust (DR)

Douglas Creighton, Chaplain with the Scottish Prison Service (DC)

**RG:** Hello, I'm Roger Greene. I'm the Deputy Chief Executive of the bereavement support charity AtaLoss. Now our sessions on the 11th of November are gonna be about The Bereavement Journey programme that we offer at AtaLoss and its impact in community and institutional settings in the UK. The programme is designed to increase bereavement awareness in the wider community through destigmatising grief and loss, normalising the emotions and the processes, signposting to local and national support services but also to reduce pressure on clinical staff through early intervention and facilitated community support.

Now, the learning we wanna share is about the remarkable results that we're seeing from the course in supporting bereaved people in the community as evidenced by a recently published independent impact evaluation report and in institutional settings in the NHS and His Majesty's Prison Services. And I'm gonna hand over now to Dean Roberts who's gonna tell you about his work in running the programme with a Welsh NHS Health Board. And he's gonna be followed by Douglas Creighton regarding his work with inmates and staff into Scottish prisons.

**DR:** Hi everyone. My name is Dean and I am the Chief Executive Officer of the Parish Trust, which is a charity based in South Wales, but I'm also a part-time chaplain in the NHS in Wales too. On the 11th of November I'll be sharing my experience of running The Bereavement Journey in a Welsh NHS Health Board both for staff and for bereaved relatives of patients. The health board actually commissioned us to deliver 12 courses over a period of one year. One of the big lessons has been around some of the myths that we hear in the NHS. There's an assumption that if you work in healthcare you automatically know how to deal with death because you see it so often. But professional exposure is very different to personal bereavement. Many clinical staff are young and early in their careers and haven't yet faced loss themselves. So when it does come it can feel and be very much overwhelming for them. That's why building grief literacy is so important. Helping staff to understand their own responses and giving them language and space to process bereavement so they can better support families and safeguard their own wellbeing too. And of course, the other side of this work is supporting the families of patients who've been cared for within the health board. Running this programme for relatives allows the care given at the end of life to continue beyond the hospital doors ensuring that those left behind are not forgotten but held and supported in their grief. I'll explore this further in November but for now I'm pleased to hand over to Douglas who will tell you about running the programme in two prisons in Scotland.

**DC:** I'm Douglas Creighton. I'm a chaplain with the Scottish Prison Service based here in HMP Edinburgh and previously in HMP Perth. Whenever I started my role it was clear that bereavement was an undersupported issue within the establishments. It was almost like bereavement was a second punishment to their loss of liberty. Over the past two years, I have run The Bereavement Journey four times in Scottish prisons for over 25 residents and I'm currently leading a fifth which interestingly has a waiting list longer than the number of participants, further indicating the need. Using the experience from the Scottish perspective, I am currently helping with the UK prisons pilot run by AtaLoss, with 13 prisons across the UK and four within Scotland. The evaluation results of this will be shared in the late autumn. On the 11th of November I'll share my experience, to share with you what difference the courses make into the residents in our care and how a collaborative multidisciplinary approach has begun a process to reimagine what we do and how we support offenders coping with their losses. During the session, I'll share anonymised stories from inside and the benefit good grief care can have on residents and the plans for liberation and what steps we're taking here in Edinburgh to come up with a specific approach to bereavement. Roger, it's back to you.

**RG:** Thank you Douglas. So on the 11th of November there will be two opportunities to join us to hear about the difference The Bereavement Journey is making in our communities and in those professional settings and how such interventions can support clinicians and counselors with community-based options and release them to focus on the most serious and pressing cases among their patients. So we hope to see you then. Thank you.

The film was produced in September 2025 and can be found at <https://www.sad.scot.nhs.uk/conference/> or <https://vimeo.com/1118042169>

For more information visit [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk) or contact supportarounddeath@nes.scot.nhs.uk

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