Bereavement Education Conference 2026
From the Shadows: Shedding Light on Bereavement at the Margins
Wednesday 11 November 2026 - Programme

Chair: Dr Ken Donaldson, Medical Director / Associate Postgraduate Dean for Grief and Bereavement, NHS Dumfries and Galloway / Public Services Delivery Scotland		
Time	**Title**	**Presenter/s**
09:00	**Welcome**	Chair
09:05	**Opening reflections**	Gordon Strang, Lead Chaplain and Head of Spiritual Care, NHS Grampian
09:15	**Plenary - Title to be confirmed**	Rachel Weir, Senior National Family Support Practitioner, Scottish Families Affected by Alcohol and Drugs
10:00	**Plenary - AI, grief and the digital afterlife: Towards professionalisation and ethical design**	Dr Tomasz Hollanek, Assistant Research Professor, Leverhulme Centre for the Future of Intelligence / Affiliated Lecturer in Computer Science, University of Cambridge Dr Katarzyna Nowaczyk-Basińska, Assistant Research Professor, Leverhulme Centre for the Future of Intelligence, University of Cambridge
10:55	**Morning break**	
11:10	**Plenary - Is grief in later life different? An exploration of bereavement experiences of older adults**	Dr Jennifer Allen, Assistant Professor of Social Work, Department of Applied Social Studies, Maynooth University

12:00	**Parallel Sessions – attend one from the following:** 1. **Shedding light on hidden loss: Bereavement and motor neuron disease** - Lynne Innes, Lead for Spiritual Staff Care and Wellbeing / Healthcare Chaplain, NHS Fife and Louise Gardiner, Advanced Clinical Nurse Specialist, Motor Neuron Disease, NHS Fife What does it mean to live with loss before a life has ended? In this thoughtful and compassionate conversation, Lynne will explore with Louise the many layers of bereavement experienced throughout the MND journey. From diagnosis onwards, people living with MND, families and carers may face repeated losses — of independence, communication, roles, future plans and a changing sense of self. This session will invite participants to think about how we can recognise anticipatory grief as it unfolds, support honest and sensitive conversations, and offer meaningful care before, during and after bereavement. It will be a space to reflect on how compassionate presence, practical support and relational care can help people feel less alone across the whole MND journey. 2. **Protecting staff wellbeing and involving families during multi-agency learning reviews following the death of a person which involved drugs or alcohol** – Dr Tara Shivaji, Consultant in Public Health Medicine and Sarra Naylor, National Drug Related Death Co-ordinator and Information Manager, Public Health Scotland Scotland has one of the highest rates of drug related death globally, necessitating collective action to prevent deaths. A well conducted multi agency review can focus organisations on the practical steps that can be taken to reduce the number of people dying. In 2026, Public Health Scotland developed guidance on conducting reviews following the death of a person where substances were involved. People who use substances often have contact with a range of health and social care services in the months leading up to their death. Staff from a range of organisations, not just alcohol or drug services may be asked to contribute to a review. The stigma of drug use presents additional obstacles. Our parallel session is aimed at people who may participate in a multiagency review. Our session will focus on good practice for two areas where challenges are commonly faced; involving families and supporting staff wellbeing. 3. **Neurodivergent grief: Advancing neuroinclusive bereavement support for children and adults** – Paula Boyle, Principal Lead of Psychological and Emotional Support Services / Art Psychotherapist / Clinical Supervisor, Harlington Hospice and Maria Troupkou, Interim Child and Adolescent Service Lead, Dance Movement Psychotherapist Neurodivergent children, young people and adults are frequently

marginalised within bereavement care, with their grief often misperceived or pathologised. This presentation shares findings from a qualitative study that informed the redesign of a Bereavement Service within Harlington Hospice through a neuro-inclusive, family-centred approach.

Parent interviews were analysed using Interpretative Phenomenological Analysis, generating themes of interconnected family grief, communication and advocacy, peer validation, and the influence of identity, race and culture. A participatory ethics approach, including input from service users and staff, strengthened the relevance, accountability and cultural sensitivity of the research.

Findings challenge individualised models of grief, highlighting relational and systemic factors shaping experiences.

A trans-contextual model was co-created with families, informing adaptations to therapy, service delivery and practitioner training, alongside environmental and systemic changes. This work demonstrates improved engagement, accessibility and validation for service users, offering a transferable framework that brings neurodivergent grief out of the shadows and into responsive, inclusive bereavement care.

4. **Grief in the bubble the world did not see: Making sense of digital goodbyes in COVID and the impact on grief for the bereaved and healthcare professionals** - Annabel Howell, PhD Student, Dr Jo Bell, Social Scientist, School of Psychology and Social Work, Faculty of Health Sciences and Dr Chris Westoby, MA Creative Writing (Online) Programme Director, University of Hull

   The COVID-19 pandemic profoundly altered the textures of dying and grief, particularly for those who spent their final moments in institutional settings without family physically present. Smartphones and tablets became critical mediators for final communication, altering how connection and care were facilitated (Billingsley, 2020). Drawing on my ongoing PhD studies within the *Living with Death: Learning from COVID* research cluster, I explore how the bereaved and healthcare professionals (HCPs) made sense of saying goodbye using technology and navigating their grief.

   Using semi-structured interviews and IPA (Smith, 1996), the emerging findings in my study identify how digital communication demarcates the contemporary pandemic experience of the dying process and subsequent bereavement. A personalised approach to and positive experiences of technology (aligned to material, narrative and emotional and professional connection) supported the perception of a good death and good grief. HCPs became

	emotional and relational surrogates, experiencing grief and moral injury.
12:50	**Lunch Break / Poster Viewing**

Chair: Dr Graham Whyte, Consultant in Palliative Medicine / Associate Postgraduate Dean for Grief and Bereavement, Marie Curie Hospice, Glasgow / Public Services Delivery Scotland		
Time	**Title**	**Presenter/s**
13:30	**Poster Winners announced by Session Chair** **Plenary - The cost of living and grieving - How can music therapy help?**	Dr Graham Whyte Professor Giorgos Tsiris, Music Therapy Professor, Queen Margaret University and Director of Education, Research and Creative Arts, St Columba's Hospice Care, Edinburgh
14:20	**Plenary – Title to be confirmed**	
15:15	**Parallel Sessions – attend one from the following:** 5. **Breaking Silences - the lived experiences of racially minoritised people on death and its aftermath** - Remi Martin, Health and Social Care Assessor and Early Researcher, University of the Highlands and Islands Inverness, Dr Jane Ribbens McCarthy, Honorary Associate, Open University, Visiting Professor at Centre for Death and Society, University of Bath and Visiting Fellow, University of Reading and Dr Lystra Hagley-Dickinson, Senior Lecturer and Regional Academic (Staff Tutor) in Criminology, The Open University Building on our report 'Breaking Silences', this session challenges the way experiences of death are 'listened' to and 'heard', attending to how stories may be told about such significant life events. Language is powerful. The term 'grief' shapes experiences as individualised and psychologised, marginalising social justice. Formulaic models of 'grief' focus on 'emotions', entailing 'tasks', aiming to 'resolve' grief and avoid risky 'outcomes'. These approaches marginalise the lived everyday relational experience of death bound up with racialised social structures, inequalities, and intergenerational heritage. Drawing on personal experience and podcasts with racially minoritised people, this session attends to spaces for listening and learning, to hear experiences of life and death in all their lived complexities, alongside systemic inequalities. This approach	

	invites listening that begins from respectful curiosity, humility, and openness to reflecting on existing assumptions, with the power of narratives as an unlearning experience, challenging the certainty of established 'knowledge'. 6. **Supporting families – Learning from 5 years of the national hub for reviewing and learning from child deaths** - Linda Clerihew, Clinical Lead for the National Hub for Reviewing and Learning from Child Deaths, Debbie-Jo Marsh, Family Key Contact for the Child Death Review, NHS Tayside and Lucy Tait, Policy Manager, Early Parenting Support Unit, Scottish Government This session will present learning collated from 5 years of supporting families through the child death review process across Scotland, identify gaps and consider opportunities to strengthen support offered to bereaved families. 7. **Early specialist bereavement support for families following a sudden cardiac death** – Grace Thomson, Sudden Cardiac Death and Out of Hospital Cardiac Arrest Co-ordinator / CNS and Helena Davison, Inherited Cardiac Conditions CNS & Sudden Cardiac Death and Out of Hospital Cardiac Arrest Co-Ordinator / CNS, NHS Greater Glasgow and Clyde Sudden cardiac death (SCD) is an abrupt and traumatic event, characterised by unexpected loss, absence of anticipatory grief, and often distressing circumstances. It is associated with prolonged grief disorder (PGD) and post-traumatic stress disorder (PTSD). Traditional bereavement care models are largely based on experiences of expected deaths, typically recommend delaying support until six months post-loss. Emerging evidence suggests that this time-based approach does not address the complex needs of families following sudden death. This parallel session will explore the distinct bereavement experience associated with SCD and examine whether current models of care are fit for purpose. Drawing on our focus group research, literature review, and qualitative insights from conversations with bereaved relatives, we will present lived-experience evidence alongside clinical perspectives. Recognising SCD as a unique form of bereavement is essential to developing responsive, family-centred care pathways to mitigate the risk of PGD and PTSD and promote healthier grief outcomes.	
16:05	**Afternoon break**	
16:15	**Closing Plenary – Child bereavement**	In Conversation with Jason Watkins, Actor and Clara Francis, Actor / Businesswoman

17:00	**Closing Remarks**	Chair