INQUIRY INTO FUNERAL INDUSTRY

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Date Received:

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Theme:

Summary



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Standing Committee on Social Issues Legislative Council Parliament House Macquarie Street. SYDNEY NSW 2000

SOCIAL ISSUES COMMITTEE

JUN 2005

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Dear Sir,

Submission to Funeral Industry Inquiry

On behalf of the Australian Association of Social Workers we wish to make the following submission to the Funeral Industry Inquiry. The Directors of Social Work Services in Principal Referral Hospitals NSW, is a Special Interest Group of the AASW (NSW Branch).

The Association would like to present these matters for the consideration of the Standing Committee. The recommendations apply to the Terms of Reference 1 (c) and 1 (f).

Summary of Recommendations:

Recommendation One:

That user friendly, independently produced information be developed, in multiple languages, for families on what to do when a relative dies, how to make funeral arrangements and rights as a consumer. In addition the establishment of a web site or Helpline (or other interactive medium) that people can contact for help and information around this topic.

Recommendation Two:

That a transparent process be established within the health system to enable more structured intervention by social workers and other health staff to facilitate appropriate and affordable funeral arrangements for the most vulnerable bereaved clients.

Recommendation Three:

That the need for a mandatory/compulsory system of regulation/licensing of funeral directors be recognised and developed.

Recommendation Four:

That the need for an independent accreditation/review process against agreed standards of practice be recognized and developed. That consumers be able to access information about complaints against funeral directors.

Recommendation Five:

That it be a requirement for funeral directors to use qualified Interpreter Services when discussing funeral arrangements with people who are not proficient in English.

Recommendation Six:

That a schedule of recommended or average fees and charges be easily available for consumers for all services (hidden and otherwise) and that a checklist of items be developed to assist families and be available as per Recommendation One.

Recommendation Seven:

That there be an agreed 'cooling off' period once the funeral director is contracted to undertake the funeral arrangements, to ensure that families are willing to continue/can afford to pay the stated costs.

Discussion of issues leading to the development of the above recommendations.

The context of our involvement.

Social Workers in hospital settings are often referred families who experience the death of a relative in hospital. Referrals may be for bereavement counselling and support, and for assistance in making funeral arrangements.

When providing clients with information about available community services, and in particular those services provided in the private sector such as funeral directors, social workers and other health staff must comply with the Department of Health Policy Directive (PD2005-086), 'Recommendation of Service Providers to Patients by Staff of Health Organisations' which sets out guidelines for providing this information.

Prior to the wide circulation of this policy, Hospital Social Work Departments were identified by many funeral directors as a potential source of access to recently bereaved families in need of a funeral director. Most of these approaches were unwelcome and resulted in the first draft of the above Policy Directive being written by a member of this group. Other members of this group have participated in the development of 'user friendly' information booklets for families and have contributed to the recent publication by the Office of Fair Trading 'A Consumer Guide to Funerals". However the production and distribution of information has lacked co-ordination and specific targeting of high needs groups.

For patients who die in hospital, making appropriate funeral arrangements relies on the capacity and willingness of relatives to negotiate with funeral directors and independently contract with them to undertake the funeral. This relies on families being able to effectively negotiate fees, charges and services. Whilst these activities in themselves may be considered reasonable tasks of independent, fully functioning adults, bereavement brings two factors into juxtaposition. These are vulnerability, as a result of grief, and inexperience in the tasks to be undertaken; i.e. most people have not had much experience making funeral arrangements.

Hospital social workers usually receive referrals to provide assistance to bereaved relatives about funeral arrangements where the client's vulnerability and capacity to undertake the tasks are even more compromised, for example in situations:

- -where there is language or cultural difficulties;
- -where there is poverty or a lack of financial means to pay for the funeral;
- -where there is unwillingness by relatives to make arrangements;
- -where there are no known relatives/next of kin; (In the case of deceased destitute persons, the guidelines for intervention are outlined in NSW Health Circular 2002/17 'Cremation or Burial of Deceased Destitute Persons').
- -where there is conflict between family members about funeral arrangements
- -where the death of a child, baby, miscarriage or a stillbirth has occurred.

These particular referrals require skilled intervention by trained social workers to bring about a solution which is helpful to clients and also expedites the funeral arrangements for the hospital.

The current policy guidelines regarding the provision of information about service providers to patients of the health system, ensure protection for staff against accusations of vested interest or personal gain, however, they also frustrate the attempts of health staff to provide professional assistance where a significant client need has been identified.

In the case of stillbirths for example, some families believe that the hospital should bury the baby and bear the costs. To provide help to bereaved parents social workers used to be able to make inquiries of funeral directors and act as a 'go-between' for the family to ensure that the funeral arrangements were made within a reasonable time following the death. Recent complaints by funeral directors to individual hospitals about how this process was occurring have meant that any active assistance by social workers has been curtailed.

Social Work Departments have made attempts to provide written information to bereaved families which has included lists of funeral directors developed by peak bodies such as the Australian Funeral Directors Association. However, not all funeral directors belong to these groups. Complaints have been made to hospitals about the distribution of these lists to bereaved families, by funeral directors that are not on these lists. The only list that is now available for possible distribution is the Yellow Pages entries of Funeral Directors. When a patient dies in hospital and the family is referred to a social worker for assistance in making funeral arrangements, the procedure is basically to refer them to the Yellow Pages and suggest they obtain three quotes for the cost of the funeral. This is far from satisfactory.

Complaints have also been received from funeral directors that do not advertise using the Yellow Pages. Funeral Directors send pamphlets and publicity material to much hospital Social Work Departments to be displayed and frequently wish to attend staff meetings to provide information about their services. These requests are often made when the business has changed its name or address. Confusion sometimes occurs when families contact more than one advertised funeral director for quotes only to discover it is in fact the same funeral director. If this is to be the only source of information for bereaved families, a more rigorous system of accreditation needs to be in place to ensure consumer interests are protected at this most vulnerable time.

For your consideration.

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Yours faithfully,

Mr. Vittorio Cintio

Chairperson

Directors of Social Work Services in Principal Referral Hospitals NSW

Ms. Catherine Doggett

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President

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