

IMPROVING EXPERIENCES OF DEATH, DYING AND BEREAVEMENT

KEY ASKS FOR THE NEXT SCOTTISH PARLIAMENT

The Cross Party Group on Palliative Care met in February 2026 and heard presentations from 10 experts outlining key actions for the next Scottish Government.

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This paper has been compiled by the Scottish Partnership for Palliative Care in its capacity as secretariat to the Cross Party Group on Palliative Care.



BEREAVEMENT

Bereavement is associated with increased use of health and social care services, reduced workplace productivity, and greater risk of mental and physical ill-health.

Compassionate bereavement support has far-reaching positive impacts on society, yet the support available to those who are grieving remains inconsistent and, too often, inadequate.

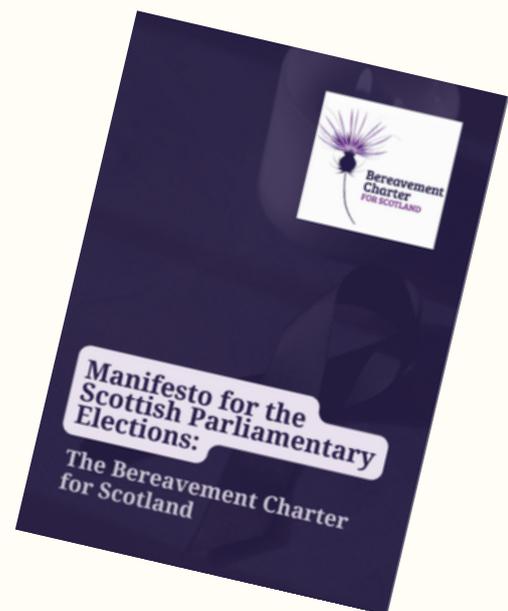
KEY ASKS

The Manifesto urges the next Scottish Government to:

- Appoint a bereavement lead
- Financially support expansion of the bereavement charter marks for schools and workplaces
- Co-produce a national bereavement strategy with stakeholders
- Prioritise succession rights in the housing bill

Find out more here: [Bereavement Charter: Manifesto for the Scottish Parliament Elections](#)

By: The Bereavement Charter Group



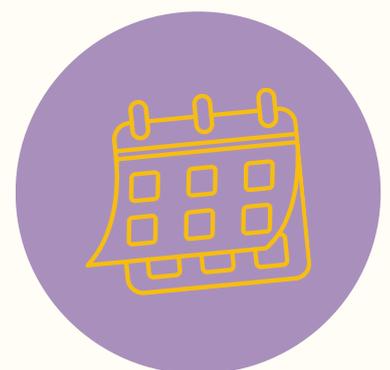
A RIGHT TO PALLIATIVE CARE

Marie Curie's key ask for the next Scottish Government is to commit to and legislate to deliver a right to palliative care.

Other key asks are:

- Establish Minimum Service Standards for Palliative Care as part of legislation for a Right to Palliative Care.
- Commit to pay parity for independent hospice staff with funding uplifts in line with Agenda for Change increases.
- Create a Scotland-wide specialist palliative care advice and information line on NHS24.
- Require palliative care training for all staff caring for someone living with a terminal illness – wherever they work including care homes.
- Ensure social care commissioning meets Minimum Service Standards for palliative care
- Build increased accessible and social housing to enable people living with terminal illness to live independently.
- Fully fund existing aids and adaptations budgets for social housing providers to ensure people living with terminal illness have equal opportunity to remain in their homes if they wish
- As part of a Right to Palliative Care, ensure people living with terminal illness have access to adequate income and financial support by committing to and implementing a Minimum Income Guarantee.
- Extend the Carers Support Payment from 12 weeks to six months following bereavement to enable bereaved families to avoid poverty.

Marie Curie Scotland's full manifesto can be viewed here: [a-right-to-palliative-care](#)



CARE HOMES

Care homes are not just places to live, but communities where people often spend the final chapter of their lives.

KEY ASKS

- Ensure care homes are properly supported to provide high-quality palliative and end of life care, including timely access to Just in Case medications and practical, trusted systems for staff.
- Guarantee fair and equal access to care homes and specialist palliative care for everyone, regardless of wealth or postcode, so people can remain and die within their own community.
- Properly resource and embed meaningful future care planning, with secure sharing of information across health and social care to ensure the right care at the right time.
- Provide clear guidance and safeguards around assisted dying legislation, and make bereavement support mandatory and accessible for families and staff.

By: Kirsty Cartin QN, Manager, Rashielee Care Home



HOSPICES

The next Scottish Government must make palliative care a national priority by:

1) Delivering a long-term, sustainable funding model for hospice care, including fully implementing pay parity between NHS and hospice care staff

2) Establishing an independent review of palliative care to drive urgent system reform and identify investment needed to meet rising population need, expand community-based care and reduce avoidable hospital use for those at the end of life

3) Legislating to deliver a right to palliative care, so that everyone receives the care they need at the end of life

Hospice UK's manifesto can be viewed here: [HUK SHLG manifesto asks FINAL.pdf](#)

By: Hospice UK and the Scottish Hospice Leadership Group



1 in 3

people in Scottish hospitals are in their last year of life²



76,000

Visits made by hospice care staff to people in their own homes in 2024-25⁵



1,170

Clinical and care staff employed by hospice care organisations⁶



20,000

People supported by hospice care in 2024-25⁵



48,000

Days and nights of inpatient care provided by hospices in 2024-25⁵



£12m

Cost for Scottish hospices to keep pace with NHS pay uplifts in 2026-27⁷

FUNERAL POVERTY

Funeral Poverty is a key issue in Scotland with the ever increasing costs of Funerals.

Funeral Support Payment (FSP) covers less than 59% of the cost of the simplest attended funeral in Scotland which means families resort to incurring debts.

KEY ASKS

- Urgently review and increase the level of Funeral Support Payment from its current level of £1279.15 to £2,184.50 to cover the cost of the simple attended funeral service in Scotland.
- Assess the potential to reform eligibility criteria to ensure support reaches all those who are genuinely struggling on low incomes to aid these at risk groups such as the elderly or students.
- Invest in education and public awareness around death and dying, so families are better prepared long before a crisis occurs. When families are informed and prepared, they are better able to make choices that reflect their values and their finances.

By: Emma Kelso, Caledonia Funeral Aid



PALLIATIVE CARE EDUCATION

KEY ASK

'Make palliative care education mandatory for all health and social care workers who care for people with palliative care needs or where palliative, end of life and bereavement care is their core work'.

Receiving palliative care in a timely way is a human right, however in Scotland this is not currently afforded to all.

Our concern is that palliative care education for health and social care workers who provide palliative care a core part of their role is not seen as a priority by many care providers.

This may include those working in specific areas of a hospital, a care at home service or a care home.

Updating the palliative care education proficiencies and developing a palliative care education hub, as part of national strategy, has gone some way to remedy this issue. However, it is a missed opportunity as there is no incentive for care providers to ensure their workforce has the knowledge, skills and attributes to consistently provide high quality palliative care.

By: Prof Bridget Johnston FRCN, Clinical Professor of Nursing and Palliative Care, University of Glasgow and Chief Nurse Research NHS GGC

Dr Elaine Stevens, Senior Lecturer, University of the West of Scotland



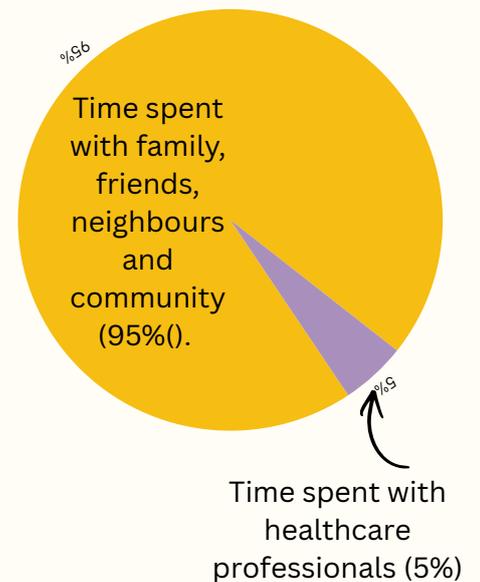
EQUIPPING COMMUNITIES

KEY ASKS

- Work with Education Scotland to ensure that death and grief education is explicitly included across the Scottish Curriculum and staff are supported and trained to deliver such education.
- Require that all education providers (early years, school and higher education) have supportive policies in place for students and staff who are ill, providing care or bereaved.
- Develop a framework to ensure that all public policies make provision for living with serious illness, deteriorating health, caregiving, death, dying and loss.
- Provide financial support to expand the work of Good Life, Good Death, Good Grief to further develop and promote public health palliative care initiatives,

By: Dr Sally Paul, Professional Lead for Social Work, University of Strathclyde

WHEN SOMEONE IS SERIOUSLY ILL OR DYING



A person's experience of serious illness, dying and bereavement is therefore hugely influenced by how the communities they live and work in respond and provide support.



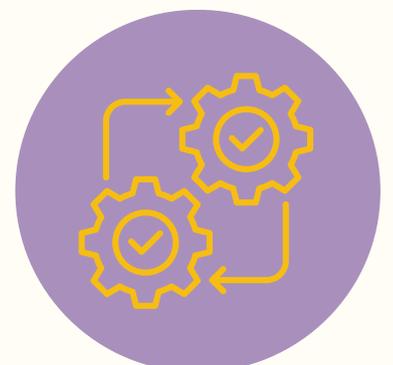
MENTAL HEALTH & WELLBEING IN ADVANCED ILLNESS

KEY ASKS

- Consider the mental wellbeing of those with an advanced illness in future mental wellbeing strategies.
- Train all healthcare professionals involved in the care of a person with a life-limiting illness to assess psychological care needs and provide basic psychological support.
- Improve integration of palliative and mental health services so that:
 - People with severe and persistent mental illness can access palliative care;
 - People who experience serious mental health problems following the diagnosis of a life-limiting illness can access mental health specialists.

More information is available in this [position paper by the Mental Health and Wellbeing in Advanced Illness Network](#).

By: Mental Health and Wellbeing in Advanced Illness Network (Main)



PRIMARY CARE

KEY ASKS

- Provide ring-fenced time and resource to enable primary care clinicians to undertake home visits, proactively identify people with emerging palliative care needs and undertake future care planning.
- Review and amend the GP Palliative Care DES to reflect modern practice.
- Implement an integrated digital future care planning tool.
- Enable 24-hour access to specialist palliative care advice across Scotland.

By: Rachel Green

NHS Forth Valley GP Clinical Lead for Cancer and Palliative Care; GP Clinical Advisor - Centre for Sustainable Delivery, Unscheduled Care



BABIES, CHILDREN & YOUNG PEOPLE

Over 16,700 children have life shortening conditions in Scotland and this number is rising rapidly.

More than 50% of families caring for children living with life shortening conditions are more likely to live in the most deprived areas of Scotland.

KEY ASKS

- Ensure every child and their family has access to the care from the start.
- Help families to live well through every transition, even in the face of death.
- Support families to have a meaningful goodbye based on choice.

This will support children, young people and their families to be able to choose what matters most to them during their hardest moments.

By: Children's Hospices Across Scotland

