

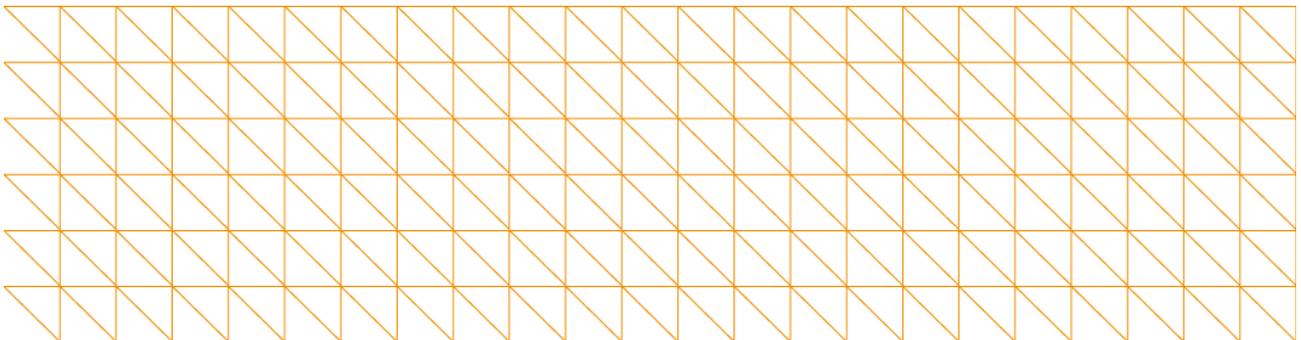


Ministry  
of Justice

# Consultation on cremation

Following recent inquiries into infant cremations

This response is published on 7 July 2016







Ministry  
of Justice

## **Consultation on cremation**

following recent inquiries into infant cremations

Response to consultation carried out by the Ministry of Justice.

This information is also available at <https://consult.justice.gov.uk/>



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## Introduction and contact details

This document is the Government response to the consultation paper, 'Consultation on cremation following recent inquiries into infant cremations'.

It covers:

- the background to the consultation;
- a summary of the responses the Government received;
- a detailed response by the Government to the questions raised in the consultation; and
- next steps.

Further copies of this report and the consultation paper can be obtained by contacting the **Coroners, Burials, Cremations and Inquiries Policy Team** at the address below:

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This report is also available at <https://consult.justice.gov.uk/>

Alternative format versions of this publication can be requested from [coroners@justice.gov.uk](mailto:coroners@justice.gov.uk).

### Complaints or comments

If you have any complaints or comments about the consultation process you should contact the Ministry of Justice at the above address.

## Foreword

Improving infant cremation legislation and practice has been a priority for me since I joined the Ministry of Justice last year. I am therefore very pleased to publish this document which sets out the changes we plan to make following our recent consultation.

We consulted following David Jenkins' June 2015 report into infant cremations at Emstrey Crematorium in Shropshire, and Lord Bonyon's Scottish Infant Cremation Commission (ICC) report of June 2014. These reports found that ashes were either not recovered following infant cremations, or that ashes were recovered but parents were neither consulted over what should happen to the ashes nor advised of the location of their babies' ashes.

Such practices caused parents immense distress in addition to their grief following the loss of their babies. Talking to some of these parents has shown me only too clearly how not knowing what happened has prevented them from coming to terms with their loss, even decades later. Sadly, some of them will never know what happened to their babies' ashes.

Some of the steps the Government is taking to improve cremation regulation and practice build on the improvements many cremation authorities and funeral directors have already made since the publication of the ICC and Emstrey reports.

In particular we will make the following changes:

- We will provide a statutory definition of 'ashes'. This will make clear that everything cremated with a baby including personal items and clothing must be recovered.
- We will amend cremation application forms to make explicit the applicant's wishes in relation to ashes that are recovered. Cremations will take place only after applicants are consulted about their wishes, and there is a record of their decision.
- We will bring the cremation of foetuses of less than 24 weeks' gestation within the scope of regulation. There will be equivalent safeguards and audit trails for parents who cremate following a pregnancy loss as for parents who cremate after a stillbirth or death of a baby.
- We will establish a national working group of cremation experts to advise us on:
  - the detail of application forms;
  - the regulation of cremations of foetuses of less than 24 weeks' gestation;
  - codes of practice and training for crematorium staff;
  - information for bereaved parents; and
  - whether there should be an inspector of crematoria.

It is our aim that these measures will ensure that no bereaved parents suffer in future as many have suffered in the past.

**Caroline Dinéage**

**Parliamentary Under Secretary of State for Women, Equalities and Family Justice**

## Background

The Government's 'Consultation on cremation following recent inquiries into infant cremations' ran between 16 December 2015 and 9 March 2016. It invited comments on proposals for a number of changes to the Cremation (England and Wales) Regulations 2008, as well as proposals intended to improve practice surrounding cremation, particularly the cremation of infants, in England and Wales.

In terms of legislative changes the consultation document invited comments on:

- A proposed new statutory definition of ashes;
- Whether regulations should require cremation applicants to make pre-cremation decisions on the collection or scattering of ashes, and what should be done when ashes are not collected;
- Whether cremation authorities should be required to retain records for longer.

Consultees were also asked their views on whether the cremation of foetuses of less than 24 weeks' gestation should be brought under the 2008 regulations.

In terms of improving practice, comments were invited from consultees on the following issues:

- Whether there should be an inspector of crematoria;
- The Government's intention to set up a national working group for cremation, and whether it should consider the training of the cremation and funeral industries and a technical framework for recovering baby ashes;
- The development of one or more codes of practice on cremation and training around cremation;
- How to improve the information that bereaved parents receive about cremation.

This document summarises the responses to the consultation and explains how the consultation has influenced the decisions the Government has made regarding improvements to cremation regulations and practice.

A Welsh language response paper can be found at <https://consult.justice.gov.uk/>.

A list of respondents is at [Annex A](#).

## Summary of responses

1. We received 84 responses to the consultation from a range of organisations and individuals including local authorities, cremation authorities, bereaved parents, hospitals, voluntary organisations, faith groups and a number of trade associations for crematoria and funeral directors.

2. The following table breaks down the respondents to the consultation into categories (with the cremation authority, funeral director and medical professionals categories including responses from their representative organisations), along with the number of respondents in each category:

<b>Category</b>	<b>Number of Respondents</b>
Bereaved families	12
Charities and voluntary organisations	5
Cremation authorities (including local authorities who run crematoria and private cremation companies)	23
Funeral directors	10
Medical professionals	14
Faith groups	6
Government departments, Members of Parliament and parliamentary groups	3
Other	11

3. Respondents had the option to submit their responses either by a web link or in questionnaire form. Some respondents opted to submit their responses in the form of a more general letter addressing the broad topics of the consultation, or through a web chat held during the consultation period. In these cases, where possible, we have categorised these responses under relevant questions in the consultation for the purposes of analysis. The 'Other' group in the above table comprises respondents who did not fall into any of the categories and those who responded without stating whether they were doing so on behalf of a particular organisation or interest group.

4. We have analysed responses for views on our proposals, examples and suggestions of best practice, and views on the impact of the proposals.

5. All of those who responded were supportive of the aims of the consultation to improve infant cremation regulation and practice. We are very grateful to all respondents for the wide range of experiences, opinions and suggestions they offered across all of the areas on which we consulted. Further details of the responses to specific questions in the consultation can be found in the next section.

## Responses to specific questions

### 1 - Overarching considerations

#### Q1 - Do you have any general comments on the cremation process, or on the 2008 regulations? If so please give details.

1. Just under two thirds of respondents answered this question, putting forward a range of views on the cremation process.

2. Some responses emphasised respondents' strength of feeling on infant cremations. For instance the Royal College of Midwives said:

*"It is important that cremation processes are regulated to ensure that women, their families and friends understand what they can expect, and that the service is respectful and meets their needs. We would like to stress that pregnancy loss, either before or after 24 weeks or the death of a child, can have devastating long-term impact on the woman and her family. The regulations are an opportunity to build-into the system: recognition that women/families will appreciate that their foetus is treated with respect and dignity; recognition that the foetus is important to the woman/family; a recognition that appropriate care within the crematoria system can help with the grieving process. There is also an opportunity to provide more choices to bereaved women and families which we fully support."*

3. Similarly Cruse Bereavement Care said:

*"At the heart of the process should be the baby (very premature, stillborn or infant) and their family/those closest to them. They should each be treated with respect, compassion, dignity and sensitivity at all times. There needs to be a consistent approach to cremation processes including how all crematoria deal with ashes. This includes consistency in standards and definitions. [...] It can be extremely helpful to grieving parents to have the ashes, no matter how few, to scatter or bury and provide them with a place to visit and remember their child. The lack of ashes can cause potentially life-long additional pain and distress. Ashes of anything associated with the baby, such as the coffin, clothing or soft toy are all part of a tangible validation of the baby's existence. Those who have been bereaved need access to ongoing support."*

4. The Lullaby Trust advised that it wished:

*"Only to agree with the [Infant Cremation Commission] recommendations [...]. We have had contact from families years after a cremation who are either confused about what happened or feel they were not given the choices that were available, so we would support any change to alter this."*

5. Some respondents gave details of their personal experiences of infant cremations. For example a bereaved parent said that in their experience a funeral director would:

*"Treat the hospital as the applicant and would only release the baby's ashes to parents after consulting with the hospital as in some cases the midwife or office clerk as in my specific case signed the application forms."*

6. Some respondents mentioned the requirements of their faith for burial rather than cremation (see Q41 for more details).

7. Several respondents raised issues they had experienced with the completion of cremation forms, for example difficulties in having forms completed in a timely and accurate manner by local medical practitioners. One hospital reported finding the cremation forms time-consuming to complete. Another hospital suggested that there should be training for medical practitioners who complete the forms and also reported a lack of consistency in practice between crematorium medical referees.
8. A funeral director questioned the need to send the cremation authority the relevant forms five days before a cremation, saying that since the Cremation (England and Wales) Regulations 2008 came into force in 2009 they had had only four clients request an inspection of the forms. The funeral director continued that, "*This has elongated the process of arranging funerals by a week*". Another respondent cited difficulties in tracing next of kin.
9. A local authority said that we should bear in mind the cost to them of printing new cremation forms.
10. Some respondents mentioned issues which were outside the remit of the consultation – such as the Cremation Act 1902's '200 yard rule', the Department of Health's planned death certification reforms, and coffin types. Others said that cremation legislation and practice should be the same across not just England and Wales (as at present), but also Scotland and Northern Ireland.

### **Response and proposed action**

- Where appropriate we consider the points made in response to this question in other sections of this document.
- As responses to this initial consultation question indicated no clear issues, we do not propose to take action on any particular points raised at this time.

## 2 - Definition of ashes

**Q2 – Do you agree that ‘ashes’ should be defined in legislation as ‘all that is left in the cremator at the end of the cremation process and following the removal of any metal’? If not, please explain why.**

11. The consultation set out our proposal for a statutory definition of ashes. Almost all respondents supported this.

12. For instance, Leicester City Council was representative of respondent views when it said:

*“The definition offers clarity to bereaved families and crematoria and should be defined in legislation. Our authority has already adopted the definition as policy, and I see no reason why this could not be adopted by all crematoria”.*

13. A funeral director stated that the proposed definition was “*clear, unambiguous and understandable by all*”, while Sands (the stillbirth and neonatal death charity) said that, “*Aligning the definition of ashes in England and Wales with that proposed in Scotland would also be a clear definition of ashes across the countries [and] would ensure greater uniformity of practice for infant cremations.*”

14. There were a number of respondents, mainly bereaved parents, who felt that everything that remained in the cremator after the cremation, including any metal, should be included.

**Q3 – Do you think this definition of ashes would necessitate any change of practices in crematoria? Why/why not?**

15. Over half of respondents did not answer question 3 or said that they did not know whether a statutory definition of ashes would necessitate changes in cremation practice. Within this latter group there was a mixture of respondents, including local authorities, bereaved parents and funeral directors.

16. The majority of respondents who expressed a view said that creating a statutory definition of ashes as proposed in question 2 would have little or no impact on cremation practices. Those who did respond were, for the most part, local authorities, funeral directors and all of the cremation authorities. For instance, the Federation of Burial and Cremation Authorities (FBCA) said that, “*This definition of ashes would not result in a need for any changes in practices in crematoria that are following the FBCA Code of Cremation Practice*”. The Institute of Cemetery and Crematorium Management (ICCM) said that, “*It may necessitate greater consideration of operational factors and conditions for some in respect of baby and infant cremations in order to demonstrate maximisation of the recovery of ashes*”.

17. The largest group which suggested cremation practices would need to change as a result of a statutory definition of ashes was bereaved parents, with two thirds believing that changes would need to happen and that a statutory definition of ashes would be key to improving practices more generally. Action 4 Ashes wrote:

*“Yes it would necessitate change of practice every piece of equipment and technique must be applied to a cremation process to ensure the return of remains to a loved one, in the case of baby and infant cremation the addition of baby trays in all baby cremations, combined with the modification of temperatures and overall control to ensure the return of remains every time”.*

18. A response from a bereaved parent said that:

*“There may be a need for training in how to recover ashes eg temperatures, air flow, time of cremation (early mornings the cremator is cooler) use of baby trays. If the definition is changed to anything that is left after the cremation process must be given to the parents, there can be no mix up of people assuming all that is left would be the baby’s coffin and as such does not need to be given to the parents.”*

**Q4 – [For cremation authorities] Does your cremation equipment maximise the recovery of ashes (for instance the use of a cremation tray to retain ashes where practicable, and the maintenance of operational conditions that will minimise the loss of any ashes during the process of cremation)? If not, what changes would be required to maximise the recovery of ashes? If there would be any cost implications please provide details of where the costs would arise, and how much you would anticipate them to be.**

19. Three quarters of cremation authority and local authority respondents answered this question by setting out their methods of increasing the recovery of ashes. These included the use of “baby trays”; undertaking cremations either last thing at night or first thing in the morning when cremators are cooler; or by using specialised ‘infant’ settings on cremators. Dignity suggested that *“Consideration should be given to lowering temperatures for infant cremations within the permit to reduce the potential for turbulence which should have a negligible effect on the emissions”*.

20. South Tyneside Council advised that:

*“Yes we use cremation trays for infants which maximises the recovery of ashes. The Crematorium Technicians, along with Environmental Health Officers, have an agreed practice to minimise loss of ashes whilst complying with the Environmental Permit.”*

21. All of the consultation responses submitted by cremation authorities and local authorities indicated they had the capability to recover ashes from infant cremations (although this may not include pre-24 week gestation foetuses – see section 12 for more details on these cremations).

### **Response and proposed action**

- Respondents were generally supportive of the proposed definition of ashes. Many felt that it would be helpful for recovering ashes as it would give clarity that everything in the coffin after a cremation (except metal) is to be considered as ashes.
- We propose to amend the cremation regulations to include a new statutory definition of ashes as all that is left in the cremator at the end of the cremation process and following the removal of any metal.
- This should help to prevent the recurrence of past incidents of parents being told that no ashes from their baby’s body would be left in the cremator after the cremation, and that all there would be were the remains of the coffin which did not count as ashes, meaning that parents did not receive any ashes. The new definition gives clarity that ashes to be recovered refers to not only the baby, but also the coffin and personal items in the coffin such as clothing or soft toys.
- We will ask the national cremation working group to consider what provision should be made for any metal - which under our definition will not be regarded as ashes – that may be in the cremator.

### 3 - Collection and scattering of ashes

**Q5 - Do you think that a cremation should proceed only if the applicant has specified what should happen to the ashes? Please explain your answer, including any negative impacts and/or cost impact you think there might be.**

22. The consultation document explained that this question sought views in relation to all regulated cremations, rather than just infant cremations. Over three quarters of respondents answered this question. Although respondents who answered 'yes' and those who answered 'no' may at first sight have appeared to have conflicting views, their substantive answers often showed agreement on this issue. The majority of respondents (across all categories) were in favour of only allowing a cremation to proceed where the applicant specified what should happen to the ashes, as long as one of the options was to allow an applicant to say that they wished ashes to be held (by funeral director or cremation authority) pending the applicant's final decision after the cremation. This was because respondents believed it could be difficult for some newly bereaved parents to make a final decision.

23. For instance Sands said:

*"It must be recognised that not all parents are able to decide what they want to happen with the ashes ahead of the cremation. This need for time must be respected and allowed for. Without this, bereaved parents may feel pressured into making decisions which they may later regret".*

24. Cruse Bereavement Care expressed a similar view:

*"We agree with the ICC recommendations that applicants be asked to specify how the ashes should be dealt with following cremation. It should be recognised that some bereaved people will find making a decision about what should happen to the ashes extremely distressing and difficult and that therefore the options should include retention for a defined period pending a final decision and also later extending the period of retention. It would be appropriate to extend this to all regulated cremations. Where ashes are left in the crematorium on the basis that they will be collected, or to await further instructions within a defined period, a month rather than 14 days' notice should be given of the intention to scatter uncollected ashes."*

25. The Lullaby Trust said that:

*"Yes. We have had contact with too many families who are uncertain if there were ashes and wanted to have options of what could happen to them. We believe the only way of ensuring all families get asked and given options is to make this compulsory. In the long run this could save time for those having to look up what happened to ashes several years later. From a bereaved family perspective, we can see no negative impact on being asked. It may require training for those asking the question to ensure it is done sensitively."*

26. Several cremation authorities and their representative organisations said that applicants in their areas already had the option of having ashes retained at a crematorium pending the applicant's instructions. They therefore felt there would be no cost implications arising from requiring applicants' instruction as to the ashes' disposal before carrying out a cremation. Some funeral directors were concerned that a requirement could delay funerals and would incur additional costs for storing the bodies prior to the cremation.

27. The Federation of Burial and Cremation Authorities (FBCA) proposed the following options for applicants to specify what they wished to happen to ashes:

*"Bearing in mind the distressing circumstances that may interfere with the decision making process immediately after the loss of a baby for whatever reason, the applicant's decision at the time of*

*arrangement should be based on the following. Ashes to be scattered (unwitnessed), Ashes to be scattered (witnessed), Ashes to be removed from crematorium, Ashes to be held at crematorium (pending decision - for which a time limit can be set). This could be dealt with as a part of the application form or as now with a separate non statutory form as currently used by most crematoria."*

**Q6 - [For cremation authorities and funeral directors] In what percentage of individual cremations are ashes not collected? Why is this, and what do you do when ashes are not collected? Does your cremation authority/company have a formal procedure?**

28. Three quarters of cremation authority, local authority and funeral director respondents answered this question. Answers ranged from 0% to around 25% for the percentage of cremations following which ashes are not collected. However, it appears that respondents answered the questions in different ways, with some including details of all ashes which are not collected initially, some including only cases where ashes are not collected even after reminding the applicant, and some including cases where applicants specify at the time of application that they wish the cremation authority to dispose of the ashes.

29. For instance a funeral director said:

*"Less than 1% [are not collected]. Whilst we have a number of long term sets of ashes they are usually awaiting the death of a close relative. The only circumstances in which we are unable to resolve the issues is where the next of kin has either moved and is untraceable or where they have died and the funeral has been carried out by another company."*

30. Several respondents explained the action they take if applicants do not collect ashes after having indicated that they will collect them. For instance Pembrokeshire County Council noted that:

*"Those that do not get collected are placed into temporary storage, after one month we start chasing up through the funeral director. We have a clause in our paperwork which permits us to bury after 6 months, but to date we have never used this."*

31. Bracknell Forest Cremation Authority said:

*"Our procedure is such that we request the family to complete a section of the Cremation Paperwork (Instructions for Cremated Remains) to inform us of what they intend to do with the remains. If they are unsure they can tick a box to hold them on Temporary Deposit whereby they will have 3 months to make up their mind. They also with this signature authorise the Crematorium to disperse the ashes in the Garden of Remembrance should they fail to give the Crematorium any written instructions after 3 months (this includes the option to continue to hold them on Temporary Deposit for a fee). After 3 months we send a letter advising that we are still awaiting instructions, we wait a further 14 days after which we send a recorded delivery letter to the applicant advising we will scatter should no instructions be received within an additional 14 days. This process actually takes 4 months in total but we are always cautionary and wait until 6 months has passed and all other avenues have been exhausted (i.e. contacting Funeral Director for any additional information) before scattering. Currently we have less than 5% not collected."*

32. Some cremation authorities advised that they do not generally retain the ashes, but hand them to the funeral director. It is then the funeral director's responsibility to liaise with the cremation applicant to lay the ashes in their final resting place. One funeral director told us:

*"Over the time period of one year i.e.2015, our company carried out 285 cremations of which, 51 sets of Cremated Remains are still with us. This equates to 17.89%. This could be because the family have not decided on the final resting place or that the family never collects them, currently we have 365 sets of Cremated Remains for 51 years of business. As there is no legislation*

*regarding the ownership of the Cremated Remains when they leave the Crematorium, there is a continuing issue of ownership. The Cremated Remains are possibly in the possession of the Funeral Director under the Funeral Directors' contract with the client. We, as a company have no formal procedure for the further questioning of families regarding the collection of their Cremated Remains."*

33. The Association of Private Crematoria and Cemeteries (APCC) made a similar comment, noting that for its members:

*"Some 75% of ashes are collected from crematoria and on average members' collections of ashes are in line with this figure. It is known that members have formal procedures in place. The real concern is the build-up of ashes held by funeral directors which should be addressed as part of this Consultation"*

**Q7 – Do you think that the statutory application form for cremation in the 2008 regulations should be amended to include options for any ashes which are recovered, or do you think that current non-statutory processes (combined with the cremation authority's statutory duty to record in its register how ashes were disposed of) are sufficient?**

34. Around two thirds of respondents answered this question, with just over half of those who did saying that a statutory application form should specify what should happen to the recovered ashes to enable standardisation of practice across the country. For instance the Royal College of Pathologists said:

*"The statutory application form for cremation should be amended to include options for ashes so that the process is standardised throughout the UK and all crematoria have to comply. A time frame for collection should be stated along with a contingency option if not collected within the time frame."*

35. Those respondents who answered 'no' to this question tended to feel that the non-statutory forms they currently used were satisfactory. For example Gateshead Council said:

*"Current non-statutory process is sufficient. We require the signature of the applicant on our Notice of Cremation form confirming what they want to happen to the ashes. This along with the formal recording of what has happened to the ashes is sufficient as to incorporate instruction into the Application form would be duplicating current information gathered."*

36. The National Association of Funeral Directors (NAFD) added:

*"NAFD supports the current non-statutory process, as it provides the bereaved with a certain amount of flexibility. The Association does not believe there is a need to make these options a statutory requirement. The cremation authority's statutory register provides sufficient protection."*

37. Leicester City Council supported a statutory form with the caveat that local variations should be permitted:

*"Amending the Regulations would be simpler and clearer and something we would support to ensure more consistency in practices and procedures across all crematoria. However, this may prove difficult, as our crematorium utilises more than one scattering area the form would need to be able to accommodate this by including all scattering/interment options available."*

38. Bereaved parents felt that the forms needed to be changed to include questions regarding recording the disposal of ashes. Action 4 Ashes stated that:

*“The current statutory application forms are not good enough and more importantly the way they are filled out is diabolical, there needs to be a record of recovered ashes and records need to be kept indefinitely there have been falsification of documentation, and form filling at leisure which adds to the lack of consideration for the cremation practice. Changes need to be made to protect parents more than crematoria.”*

**Q8 – Do you think that, having recorded the ashes’ collection or location in the register a cremation authority should have to send a copy of the register entry to the applicant? Why/why not?**

39. Around three quarters of respondents answered this question, with just over half saying that a cremation authority should not have to send a copy of the register entry to the applicant in every case. There was a clear pattern among respondents with cremation authorities, local authorities and funeral directors being the most opposed to the suggestion in this question, and bereaved people and medical professionals being the most supportive.

40. Those who were not supportive believed that such a requirement would be an unnecessary burden on funeral directors and cremation authorities. One former bereavement services manager said that:

*“I think that this would be an onerous requirement and a confusion of function. It would be seen as an intrusion into the arrangements made by the funeral director. He or she is responsible for letting the applicant know what happens, and is paid for this work within the funeral package.”*

41. Pembrokeshire County Council said:

*“If the process is already in place, then families will know and have the confidence that the remains have been placed where requested. The final disposal of remains are also always recorded on our website and available publicly.”*

42. Of those who supported such a requirement, some said it would be a reminder of their baby. Sands said:

*“Yes. Parents should be told that they will receive this information and roughly when to expect it. This information should arrive in a clearly labelled envelope so it is clear to the parent who the post is from. This will give the parent the option of not opening it until a later date. Within the envelope there should also be signposting to support organisations, such as Sands.”*

43. One bereaved parent said:

*“Yes, a copy of the register entry should be sent to the applicant as it should be a legal document. In my case as my son was stillborn, I have nothing of remembrance from him, and even this document with his name on is important to me.”*

**Response and proposed action**

- We believe that the key purpose of a cremation application form that specifies what should happen to ashes would be to ensure that applicants understand their options and make an informed decision. Another purpose would be to provide transparency and an audit trail for what will happen to ashes (rather than to direct how long ashes should be retained for, as this may vary according to local circumstances and facilities).

- We therefore propose to amend the cremation application form to add a new section for the applicant to specify what they wish to happen to ashes, with the options being: 1) ashes to be scattered or interred at the crematorium, 2) ashes to be collected from the crematorium, 3) ashes to be held pending the applicant's decision. We then propose a box in which the applicant can provide further details – such as:
  - Under option 1, whether they wish ashes scattering to be witnessed and / or where ashes will be scattered (for instance which area in the crematorium grounds and perhaps a possible timescale for scattering can be noted on the form)
  - Under option 2, whether the ashes will be collected by the applicant or another person, such as a family member/friend (as specified)
  - Under option 3, where and for how long the ashes should be held pending a decision (this could be decided locally according to cremation authority or funeral director practice).
- We propose that the form will say an applicant is permitted to change their mind, if confirmed in writing with a signature, at any time before the original choice is implemented (if option 1 or 2), and that any decision made later under option 3 should also be confirmed in this way.
- We do not propose to require cremation authorities to send copies of the cremation register to applicants in every case. This would be a new burden on them which we believe is unnecessary, as the register is available on request and the applicant's decision is also recorded on the application form. Regulation 35 of the 2008 Regulations already allows a cremation authority to give a person a copy of the register or a document.

#### 4 - Non-collection of ashes

##### **Q9 – Do you think the above process for dealing with uncollected ashes is appropriate? If so how long should funeral directors and then crematoria each be required to store such ashes?**

About three quarters of respondents answered question 9, of which about half considered that the Infant Cremation Commission's (ICC) recommended process for dealing with uncollected ashes was appropriate. Views differed, however, as to how long the 'set period' for funeral directors and then cremation authorities to retain ashes should be, with most suggesting timescales ranging between one month and one year each (with the highest suggestion being 15 years).

44. For instance Leicester City Council felt that the ICC recommendation:

*"Provides clear advice on what will happen to non-collected ashes. This is welcome and removes an unnecessary burden for crematoria and funeral directors. I would recommend funeral directors can return the ashes after 3 months but only after having attempted to contact the applicant for further instructions. If returned to the crematorium then I would recommend a period of 28 days' notice before scattering or interment."*

45. This was echoed by a bereaved parent who said:

*"I think one month for each is reasonable. Many grieving parents/family find it very difficult to deal with things after the cremation and need a bit of time to come to terms with it and then collect the ashes. If the ashes are still not collected after being returned to the crematorium and retained for a month, they should be buried in the crematoriums cremation garden and not scattered. Families should be sent a record of the plot they have been buried in and given the opportunity to visit whenever they need to. A record should also be made of who they are, where they are interred, date, time, etc."*

46. The Royal College of Midwives felt that ashes should be retained for "6 months, and then a letter should be sent to the applicant, giving them 6 weeks' notice that the ashes will be sensitively disposed of."

47. The Institute of Cemetery and Cremation Management (ICCM) gave more details of its recommended process:

*"The options relating to the disposal of ashes should be included in a statutory application form. The current system for dealing with ashes left in the care of the crematorium is adequate. Against the option for ashes to be collected and retained by the funeral director a note could be added stating that if the remains are not collected from the funeral director, or no other arrangements are made within 12 months, the ashes will be returned to the crematorium where the cremation took place. The funeral director should be required to send reminders to the applicant after 6 months and 12 months have elapsed from the date of the cremation. Should no response be received the ashes can be returned to the originating crematorium where the statutory notice can be sent to the applicant by the crematorium. 12 months is considered a reasonable time as it would cover all anniversaries associated with the deceased, e.g. birthday, anniversary, etc., that might prompt action by an applicant whose has perhaps changed address and hence contact lost by the funeral director. The Institute feels strongly that a mechanism for final disposal of ashes being held by funeral directors is contained in the regulations so that ashes can be lawfully returned to the originating crematorium for final disposal. Details of the final disposal would be recorded in the statutory cremation register, thus providing a clear audit trail of decisions and actions."*

48. Hartlepool Borough Council had a different view:

*"I do not agree that ashes should be returned to the crematorium, once the ashes have left the crematorium in an official way, they should not return as they are then within an area of agreement between the Funeral director and the family of the deceased and no longer the responsibility of the crematorium. If the person responsible for the ashes (not Crematorium) after removing the ashes from the crematorium wishes to have them scattered etc. in the crematorium grounds or cemetery etc. this is a separate matter and should be arranged separately. A clear delineation should be drawn between cremation, storage and disposal.*

49. Sands felt that:

*"The process for dealing with uncollected ashes, and how this is handled between funeral directors and crematoria, seems appropriate. The length of time that each should be required to store such ashes is a difficult issue, which may be more appropriately covered in more detail by the National Cremation Working Group which is proposed in this consultation. However, if the defined period under which the ashes have been left with the cremation authority awaiting further instruction has elapsed, 14 days' notice that the authority will scatter or intern the ashes is not enough. This could easily cover a period where the parents are away, unwell, or otherwise unable to handle the request. A 28 day notice period is more appropriate in these circumstances."*

### **Response and proposed action**

- As set out under Q7 above, we propose to amend the cremation application form to include the applicant's instructions as to what should happen to the ashes. Given the mix of views as to how long ashes should be retained (by funeral directors and cremation authorities) we do not propose to introduce new regulations specifying this (beyond that already set out in regulation 30<sup>1</sup>).
- We will ask the cremation working group to consider and recommend what timescales should be specified in a code of practice.

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<sup>1</sup> <http://www.legislation.gov.uk/ukxi/2008/2841/regulation/30/made>

### **Disposal of ashes**

30.—(1) Subject to paragraph (2), after a cremation the cremation authority must give the ashes to the applicant or a person nominated for that purpose by the applicant.

(2) If the applicant does not want to be given the ashes and has not nominated any person for that purpose, the cremation authority must retain the ashes.

(3) Subject to any special arrangement for the burial or preservation of ashes, any ashes retained by a cremation authority must be decently interred in a burial ground or in part of a crematorium reserved for the burial of ashes, or scattered there.

(4) In relation to ashes left temporarily in the care of a cremation authority, the authority may not inter or scatter the ashes unless 14 days notice of their intention to do so has been given to the applicant.

## 5 - Where there are no ashes

**Q10 – Do you think the cremation application form should state that, whilst every effort will be made to recover ashes, on rare occasions there may be no recoverable ashes? Or do you think this could unnecessarily alarm the majority of applications, for whom ashes are recovered? If the latter, what do you think would be the best way to make sure applicants were aware of the possibility of there being no ashes?**

50. The majority of respondents answered this question and said that the wording on the form should reflect that while every effort will be made to recover ashes, in some cases this would not be possible. They said that having this warning would give bereaved parents the chance to make an informed decision about cremation and ensure transparency in the process. This was highlighted by Sands' response:

*"While the possibility of there being no recoverable ashes is extremely small, parents do need to be informed of this in case they would prefer to opt for burial. Parents should be informed of this as part of the process of obtaining informed consent."*

51. The Institute of Cemetery and Crematorium Management (ICCM) considered that, additionally:

*"Bereaved parents should have this information long before an application form is completed in order to make a balanced decision. As crematoria rarely meet with bereaved parents before the funeral perhaps a code of practice or guidance (statutory) encompassing procedures carried out by hospitals funeral directors and crematoria could require that this information be relayed at the earliest possible time."*

52. Several respondents felt that the warning was not required on the form. Kettering Borough Council said that a warning could *"worry or alarm the majority of the people"*. Tameside Metropolitan Borough Council noted that they did not *"think this statement should go on all Cremation Applications. However, we believe this statement should go on ALL applications for Stillbirths"*.

53. Some bereaved parents felt that with new technologies there should never be a case where ashes were not obtained and therefore there was no need for the warning.

**Q11 – If no ashes are recovered, should the cremation authority be required to advise the applicant of this and the reason: and record this in its register?**

54. Around three quarters of respondents answered this question. Of those who expressed a view almost all said that if no ashes were recovered the cremation authority should be required to advise the applicant of this and the reason, and record the details in the register.

55. It was felt that it would make the system more transparent and some local authorities who answered this question thought that it would be of use for internal reviews.

56. Cruse Bereavement Care said that while it was important that people were informed, they noted that the *"wording would need to be very sensitively phrased with information provided on support services to the bereaved parents/family"*. A funeral director said that, *"this should be recorded and certified to prevent people thinking that there were ashes and they were simply not recovered"*.

57. Federation of Burial and Cremation Authorities (FBCA) agreed and suggested wording that applicants could be given:

*"If no ashes are recovered, the details should be recorded in the statutory or non statutory register. It may be seen to be preferable to write to the applicant on these occasions; however it could prove to be distressing for the bereaved if detailed technical reasons for the non-recovery was set out in writing. This may be as a result of very early gestation combined with the remains being contained within a receptacle that was totally combustible, leaving no collectable remains. This issues is covered within the FBCA's proposed Policy Statement for Infant Cremation (England and Wales) in which the following is stated: **"In any rare instance of non recovery of ashes, we will conduct a review of the cremation process within 48 hours to understand why this is the case. The results will be documented and will be available to next of kin if they wish to view these."***

58. A hospital chaplain had a different view:

*"This would generate more administrative work and wouldn't achieve much in relation to the pastoral care of the applicant. Where applicants have been carefully informed that there will not be Ashes, and where there has been opportunity given to discuss this in some detail, then this should be sufficient. This conversation could be recorded in some form (e.g. in Patient Notes in a hospital setting) and by the crematorium but there doesn't need to be any further written advice to the applicant about this."*

59. The Association of Private Crematoria and Cemeteries (APCC) said that the funeral director rather than cremation authority should advise the applicant if there were no ashes:

*"After the crematorium has informed the Funeral Director that no ashes were recovered then it is the Funeral Director's responsibility to let their client know that this was the case. But of course the register will record this and the applicant can see the register or have an extract from it, if they so wish."*

### **Response and proposed action**

- We propose to amend the cremation application form to add a section stating that while every effort will be made to recover ashes, on rare occasions there may be no recoverable ashes, and to have a tick box for the applicant to confirm that they understand this statement.
- We will ask the national working group to consider how best to tell applicants when no ashes are recovered, and who should contact the applicant, based on current best practice. This should be included in a code of practice.

## 6 - Cremation authority record-keeping

**Q12 – Do you believe that it is sufficient for a cremation authority to retain records and forms relating to burial and cremation for 15 years (as they are required to do now)? If you think 15 years is inappropriate, how long should records be kept and why, and what would be the benefit/cost to cremation authorities? If there would be any cost implications please provide details of where the costs would arise, and how much you would anticipate them to be.**

60. Just under three quarters of respondents answered this question. Around half who answered felt that 15 years was appropriate, some saying that this should be electronically only, due to the cost of electronic storage of the records being significantly less than storage space for hard copies. The remainder felt that records should be retained for longer than 15 years, with suggested timescales ranging from 20 years to 'indefinitely', although again, a recurring view among respondents was that there should be use of electronic storage.

61. One bereaved parent said that documents should be kept for longer than 15 years because, *"Parents frequently take a long period to decide to look into this – this has often meant that there is very little or no paper work to trace. 25 years maybe more effective"*.

62. South Tyneside Council advised that:

*"Most Cremation Authorities operate an electronic recording system whilst still keeping hard copies for 15 years. As technology improves more information is stored electronically and therefore there is less need to keep the hard copy for as long."*

63. Similarly Dignity said:

*"15 years [for hard copy retention] is too long as scanned forms will reduce the need for original forms. Electronic records can be kept forever if archived. Costs associated with this will be setting up and maintaining IT support for this."*

**Q13 – Do you have any examples of best practice in record-keeping, electronically or in hard copy, that you feel could be usefully shared with other cremation authorities?**

64. Just over a quarter of the respondents answered this question. A number of local authorities and cremation authorities suggested the electronic casework management systems or other software packages they used. Westerleigh Group endorsed a combination of management software and scanning. A funeral director said: *"Databases are cost efficient but require data entry which can give errors. Scanning of the actual paperwork gives a smaller margin of error but preserves the original document."* The Institute of Cemetery and Crematorium Management (ICCM) response suggested Chelmsford Crematorium as an exemplar of best practice.

## Response and proposed action

- We propose to amend 2008 Regulation 34<sup>2</sup>, retaining the current requirement for documents to be retained for 15 years and allowing for this to be done either electronically or in hard copy. We propose to remove the current requirement for a cremation authority to retain a hard copy for two years even if there is also an electronic copy.
- We anticipate that associated changes to cremation regulations and practice (such as the cremation application form confirming the applicant's wishes regarding ashes), will help to make sure that applicants are aware of what happens to ashes without having to search historic records.
- Given that many cremation authorities already retain documents for more than 15 years, we will ask the national working group to consider whether cremation codes of practice should set out a standard of retaining documents for longer than 15 years.

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### <sup>2</sup> Retention of documents relating to cremation

**34.**—(1) A cremation authority must keep the application for cremation and any certificates or other documents relating to a cremation, or an electronic copy of such documents, for a period of 15 years from the date of the cremation to which they relate.

(2) Where an electronic copy is kept by a cremation authority under paragraph (1), the cremation authority must keep any document from which the electronic copy was made for a period of 2 years from the date of the cremation.

(3) Where a crematorium is closed in accordance with regulation 3, the cremation authority must—  
(a) dispose of any registers and documents relating to the cremations which have taken place in the crematorium in accordance with directions given by the Secretary of State; or  
(b) if no such directions are given, send any registers or documents to the Secretary of State.

## 7 - Appointment of an inspector

**Q14 - Do you think that the appointment of an inspector would be the most effective way of monitoring working practices and ensuring appropriate standards at crematoria? If so, it would be helpful to have your views on:**

- **what you think the inspector's role should be – for example, should it replicate the current remit of the Scottish inspector set out above or should any of these responsibilities be removed or other responsibilities included and, if so, why?**
- **how frequently you think crematoria should be inspected**
- **in what way and how frequently you think the inspector should report to Ministers**
- **whether publicising cremation authority good and bad practice would be an effective way of raising standards**
- **whether you consider that the inspector's remit should include complaints handling**
- **whether you consider that the inspector's remit should extend to the funeral industry**
- **how you think an inspector should be resourced and funded**
- **how you think the independent status of the inspector should be safeguarded**

65. Over three quarters of respondents answered all or part of this question. Almost all who answered, across all categories of respondents, believed that an inspector would be the most effective way of monitoring working practices and ensuring appropriate standards at crematoria.

66. For instance the All Party Parliamentary Group on Baby Loss said:

*"We feel that there is a strong case for the introduction of an inspector of crematoria in general. While the number of crematoria in England is far greater than in Scotland, it is important that all crematoria should be subject to inspection to monitor practices and ensure appropriate standards are upheld. Although it is imperative that the cremation of infants is given specific attention, we do not think it should the inspectors remit should be restricted to infants. Ideally, the inspector should be an executive agency, sponsored by the Ministry of Justice. However we recognise the substantial cost implications this would involve. There might be scope for either the Secretary of state to have an inspection in their power, or for it to be devolved to local authorities. If this recommendation finds support, we would support another, more detailed consultation at a later date."*

67. A bereaved parent said:

*"Yes I believe that appointing an inspector would be the most effective way to monitor the practices of the crematoria and ensuring the standard are to the highest. Along with this there should be a disciplinary procedure for crematoria that do not follow practices/procedures or do not report issues they may have. Inspections should be carried out at least yearly with the ideal aim of every 6 months. The inspectors should have to submit an on issues to the ministers in paper form with a meeting to discuss further."*

68. A few respondents, all of whom were local authorities or funeral directors, did not think it necessary to appoint an inspector. For instance the Local Government Association (LGA) suggested that an inspector was a disproportionate response to the current situation regarding infant cremations:

*"It is not currently clear whether the issue is a widespread and pervasive one in England or Wales. We would therefore suggest more research is carried out on the scale of the issue, and how crematoria in England and Wales have responded to the ICC and the Emstrey report. Only then will we be able to arrive at an informed decision as to whether the appointment of a national inspector is an appropriate response. At the moment we would not support a national inspector of crematoria as a proportionate response to the issue."*

69. Similarly the National Association of Funeral Directors (NAFD) said that:

*“The NAFD does not support the appointment of an inspector. The proposals set out in this consultation should address the issues which have been identified across the country. Furthermore, the cost of appointing and maintaining an inspector will inevitably be passed on to the bereaved at a time of increased scrutiny of the affordability of funeral costs”.*

70. Around a third of respondents who supported the introduction of an inspector said that the role should follow the Scottish inspector model, with most not suggesting amendments to the Scottish model’s responsibilities. Most felt that the inspector’s main role would be to monitor working practices and to examine whether cremation authorities were complying with the cremation regulations and any codes of practice.

71. Regarding frequency of inspection, views ranged from four times a year to every five years, (with an additional suggestion of ‘periodically’). The most commonly suggested frequency was annual inspection (a quarter of those who supported an inspector) with the next most common suggestions being inspections twice a year, every other year and every three years. Some respondents said that if a problem was found at a crematorium then the site should be inspected more frequently until it met the standard required. Responses indicated that bereaved parents, voluntary organisations, charities and religious organisations favoured more frequent inspections, while cremation authorities, local authorities and funeral directors favoured longer inspection cycles.

72. Regarding frequency of reports to the Minister, a majority of respondents did not provide any details on how frequently and by what method the inspector should report. The most common suggestion was an annual report, although a number of respondents said that if there had been an issue with a particular site a report should go to the Minister immediately. A couple of respondents felt that an inspector should report to the Minister within 14 days of an inspection.

73. A number of respondents felt that the reports should be publicly available. A third of respondents who supported an inspector argued that publicising a cremation authority’s good and bad practice would help raise standards. The reasons given included: ensuring transparency in the system; empowering customers to make an informed decision; and ensuring public accountability. Some respondents suggested something akin to a ‘league table’ or an Ofsted rating score. A quarter of this group of respondents, however, felt that publishing would have a negative impact. One noted that “good” and “bad” are subjective terms, and other respondents felt that it was more effective to promote good practice through regular inspections and meaningful feedback. Some respondents commented that bereaved people might be distressed if a crematorium they had used was rated as “bad”. One cited the possibility of reputational damage through adverse public perception if the information was publicly available.

74. Over two thirds of respondents who supported an inspector did not have a view about whether the role should extend to the funeral industry, or said that it should not extend to the funeral industry. The main reason given for an inspector not covering the funeral industry was that this would be too wide a role for one inspector to carry out. Of the respondents who thought that funeral directors should be included in an inspector’s remit, one felt that an inspector should consider only those funeral directors who were not members of a trade body, because trade bodies already carry out ‘critical friend’ audits of members. One respondent said that funeral directors would need to be regulated before being inspected, and another felt that an inspector’s remit should also include embalmers and celebrants.

75. Just under two thirds of respondents who supported the introduction of an inspector did not express a view on the resourcing and funding of the role. Of the remainder, the majority thought that central government should fund the role, with the next most common suggestion being that funding should come from a levy on the profession, either through a licence fee or as part of funeral costs. A couple of respondents suggested that local authorities should fund the role.

Another respondent felt that the post could be funded by penalties imposed on members of the cremation and funeral industries who were in breach of regulations and any codes of practice. A couple of respondents stated that whatever the funding mechanism it should not be passed on to families paying for a funeral. Others said that it could be expensive to replicate the Scottish inspector role in England and Wales and suggested amending the role to make it cheaper to operate.

76. Around a quarter of respondents who supported an inspector gave a view on how the role's independent status should be safeguarded. Suggestions included a levy on the profession and a requirement for the post-holder to have no connection to the funeral or cremation industries. Some respondents felt that the status of the inspector would be safeguarded if he or she was appointed by central government.

**Q15 – if you do not think that an inspector would be the most effective way of monitoring working practices and ensuring appropriate standards at crematoria, what alternative approach do you think might be needed to improve standards, and how might this be implemented?**

77. Few respondents submitted views as to alternatives to an inspector as most supported the role as the best way to ensure appropriate standards at crematoria. The respondents who answered this question (some of whom supported an inspector) suggested that alternatives to an inspector might be: legally binding standards such as industry codes of practice, against which cremation authorities could measure themselves; cremation authorities having an 'open door policy' where anyone could challenge the standards in place at any crematorium; internal audits; and peer review by well-performing cremation authorities.

78. The LGA provided some detail on its views:

*“Using overview and scrutiny committees to evaluate how council services are performing against the proposed code of practice would allow effective monitoring of council services. This can be looked at alongside guidance from the Institute of Cemetery and Crematorium Management and the Federation of Burial and Cremation Authorities. From these investigations it would also be possible to identify and share examples of good practice to help drive up standards across the sector. Any issues of maladministration could be referred to the Local Government Ombudsman. The LGA would be supportive of a stronger role for local authorities to scrutinise the provision of these services and will be looking to support councils to carry out this work. However there would need to be a separate scrutiny function for privately run crematoria. Further work would be needed to establish what an appropriate mechanism would be to do this work. This could be done by further use of the FBCA’s “critical friend” visits to crematoria or the ICCM’s self-assessment tool. Although the LGA believes that local authorities are well placed to drive up standards in local council run crematoria, it would in our view be possible to establish a local independent inspection regime to tackle any failings in provision.”*

**Response and proposed action**

- We have noted the support many respondents expressed for the appointment of an inspector. We understand that the first main driver for this would be to make sure that ashes are recovered wherever possible and are dealt with in accordance with cremation applicants' wishes. The second main driver appears to be more generally to make sure that cremation authorities and others involved in the cremation process, such as funeral directors, meet good, transparent and consistent national standards.
- Consultation responses also suggest that cremation authorities (both private and local authority-run) and funeral directors, and their respective professional organisations, have taken

the recommendations of the Emstrey and ICC reports seriously and have already made significant progress in improving and standardising their practices.

- We will ask the national cremation working group to consider how an inspector could contribute to the ongoing improvement of cremation practice, alongside the new regulations and codes of practice set out in this document. The working group will consider what additional measures are needed to improve standards, how to put these standards in place, and how best to assess whether the standards are being met. We will also ask the working group to consider the cost and funding of the inspector role.
- The Government will make a decision on whether to appoint an inspector (and if so the nature of the role and its funding) in light of the working group's conclusions.

## 8 - National cremation working group

### Q16 – Should the working group’s aims and objectives be similar to those of the Scottish National Committee? Should anything be added, or omitted?

79. Three quarters of respondents said they agreed with our intention to establish a national cremation working group, with the remainder not giving a view. The majority of those who answered felt that the working group should be constituted along similar or identical lines to the Scottish National Committee<sup>3</sup>. Some respondents clarified that they thought that the working group should not be limited to infant cremations, but should cover all cremations. One respondent suggested that the working group’s remit should also include the funeral industry.

80. A number of responses suggested additions to the proposed aims and objectives of the working group, including setting guidance for an inspector and looking at the role of the NHS (in particular bereavement and midwifery services) in dealing with bereaved parents.

81. Some respondents suggested membership of the working group, such as representatives from the funeral and cremation industries, bereaved parents, voluntary organisations supporting bereaved parents, manufacturers of cremators, trade bodies, NHS and midwifery services, mortuary staff and hospital bereavement office staff.

### Response and proposed action

- We will set up the national cremation working group with a view to agreeing its terms of reference at the group’s first meeting. This will include whether the group should look at cremations generally (perhaps in relation to specific issues) as well as infant cremations. However, the group’s priority will be infant cremations.
- In order for the group to cover best practice for all aspects of the cremation process, whilst taking into account the need to make the group an effective and manageable size, we plan to invite representatives from the following:
  - the cremation industry;
  - the funeral industry;
  - voluntary organisations who support bereaved parents;
  - medical professionals who deal with parents who have lost babies during pregnancy;
  - other government departments with an interest in cremation.

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<sup>3</sup> The Scottish National Committee’s aims and objectives are:

- to develop, promote and annually review a Code of Practice on baby and infant cremations which reflects contemporary standards and best practice
- to ensure all recommendations from the ICC are implemented, through a combination of strategic oversight, monitoring and also through direct tasks which will be undertaken by expert Working Groups set up by the National Committee
- to promote improvements in practice, technology, policy and legislation
- to report annually to Ministers on standards and practice in baby and infant cremations

## 9 - Training of crematorium staff and funeral directors

**Q17 – Should there be a requirement for accreditation [for those who work in the cremation industry], and if so, should this be set out in a code of practice or in legislation? Please give reasons for your response.**

82. Around three quarters of respondents answered this question, and all of them were supportive of accreditation for those who work in the cremation industry. Just under half did not have a view as to where accreditation should be set out, a quarter said that accreditation should be in a code of practice, and slightly fewer said it should be in legislation. Several respondents supported a code of practice, but suggested moving to legislation if the code was not effective in raising standards. Others supported a combination of legislation and codes of practice.

83. The reasons given for supporting accreditation and training through a code of practice were generally that a code of practice would be easier to change than legislation, and that both the Institute of Cemetery and Crematorium Management (ICCM) and the Federation of Burial and Cremation Authorities (FBCA) already have codes of practice. Reasons given for supporting accreditation in legislation included the option of introducing sanctions for breaches and inconsistency of practice.

84. The Spiritualists' National Union's view was representative generally:

*“Accreditation is required and should be set out in a Code of Practice which would enable changes to be made through learning without engaging in the long processes required for legislative changes.”*

85. The Association of Private Crematoria and Cemeteries (APCC) said:

*“Yes, the senior person should hold either the ICCM Certificate and/or Diploma Qualification and/or the FBCA Training & Examination Scheme for Cremation Technician Qualification. They should also have full knowledge of all the relevant Codes of Practice and available Training Schemes, in order to be able to both devolve knowledge to staff and encourage them to become qualified, as promoted by the ICCM.”*

86. Several respondents felt that it would be useful to include funeral directors in a requirement for accreditation and training, as they answer bereaved people's questions about the cremation process.

87. The National Association of Funeral Directors (NAFD) set out its current system for funeral directors:

*“The NAFD has a robustly-enforced Code of Practice and an independent client redress scheme, which the Association considers to be the minimum requirements for any trade association. Any national Code of Practice must be developed in collaboration with relevant trade associations and with awareness of other Codes of Practice that are already in use. The Association would be cautious about setting out a Code of Practice in legislation, as it could restrict the ability of industry trade associations to react to, and address, issues as they appear.”*

### Response and proposed action

- The Emstrey and ICC reports both recommended minimum standards of training for crematorium operating and supervisory staff. We said in the consultation document that our

intention was to remit consideration of these recommendations to the national cremation working group who will:

- review progress already made;
  - identify where any further work or adjustments might be necessary in the context of England and Wales; and
  - consider whether training and accreditation should be included in any industry code of practice.
- In light of the consultation responses this remains our intention, with our preferred way forward being non-statutory codes of practice setting out industry training and accreditation requirements for cremation staff.
  - Non-statutory codes are more flexible than legislation and we are keen to build on the voluntary work that the cremation industry has done, since the publication of the Emstrey and ICC reports, setting out current best practice and technical requirements.
  - The Government is committed to avoiding unnecessary regulation, and to supporting non-statutory approaches such as industry codes where appropriate. Consultation responses suggest it would be disproportionate to move straight to a legislative approach, without first supporting a non-legislative approach and reviewing this at a later date.

## 10 - Codes of practice and cremation authority policy statement

**Q18 – to inform work on a code of practice, we would be interested in views on the following questions:**

- **Taking the Scottish Code of Practice as a basis, what changes, if any, might need to be made in the context of England and Wales – and why?**
- **Should there be separate codes for infant cremation and for cremation more generally – and, if so, why?**
- **Should the code(s) incorporate the technical code of practice recommended in the Emstrey report or should this be developed separately?**
- **Should the code of practice (or a separate code on infant cremation) incorporate the code on shared cremation recommended in the ICC report or should this be developed separately?**

88. Three quarters of respondents answered all or part of this question.

89. Half of the respondents to this question expressed a view on using the Scottish Code of Practice on Infant Cremations<sup>4</sup> as a basis for a code in England and Wales. Three quarters of these thought that the Scottish Code of Practice could be adopted and applied to England and Wales. Of the remainder, some said that changes may be needed to bring the code into line with English and Welsh legislation, and some felt that the code should be shorter and more concise.

90. Regarding whether there should be separate codes for infant cremation and for cremation more generally, just over half of those who responded said that there should be one code of practice covering all cremations, though most said there should be a discrete section within it on infant cremations. Several respondents did not express a view. Of the third who supported a separate code of practice for infant cremations the reasons were broadly similar, for the most part citing that infant cremations are more complex. One respondent suggested a separate code of practice for shared cremations<sup>5</sup> (which are common for the cremation of foetuses of less than 24 weeks' gestation – see section 12 for more details).

91. Half of the respondents to question 18 expressed a view as to whether the code(s) should incorporate a technical code of practice or whether this should be developed separately. Over three quarters felt that a technical code should be incorporated into the general code. Reasons given included that having one code was simpler, more practical, and would help ensure transparency. The remainder felt that the technical code of practice should be separate as, otherwise, the document would be too long and contain information that people outside the cremation industry would not be interested in.

92. Half of the respondents to question 18 expressed a view as to whether the code(s) should incorporate a code on shared cremations. Two thirds of these said that all the codes of practice, including the technical code, should be included in one overarching document. The reason given for this view was the ease of having all codes in one place. The other third of respondents said that

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<sup>4</sup> <http://www.gov.scot/Resource/0047/00478003.pdf>

<sup>5</sup> For very early pregnancy losses, shared cremation - i.e. where two or more foetuses of less than 24 weeks are cremated together, albeit in individual containers within a larger container - may be offered. In such cases there may be a chapel service at the crematorium. Following a shared cremation the ashes from the separate containers are not individually identifiable, and are usually scattered or buried in the crematorium's designated area.

For shared cremations, cremation authorities and funeral directors do not have personal details of the foetuses of less than 24 weeks, but have a case reference number from the hospital. This enables confidentiality for parents under the Abortion Act 1967.

a shared cremation code should be separate as it was not appropriate for the majority of cremations.

93. Leicester City Council said:

*“The Scottish Code of Practice would need to be amended to reflect English & Welsh legislation but on the whole would be a sound basis for development of a Code of Practice to cover England & Wales. The Scottish code references the need for crematorium staff to be specially trained and certificated by either the ICCM or FBCA. This appears rather narrow and should be extended to include certificated operational training given by the cremator manufacturers that supply the crematoriums cremators, which should include how to maximise recovery of ashes from the crematorium’s cremators. This would be supported by the Code of Practice and local policies and procedures. The Codes of Practice should be freely available to members so should avoid being too technical. Technical codes of practice should be developed separately. Given the differences in the cremation process between infant cremations and general cremations, separate Codes of Practice may be appropriate and should be considered by the national working group. The Code of Practice for infant cremations should incorporate both individual and shared cremations as standard.”*

94. Sands said:

*“There should be separate codes for infant cremation and for cremation more generally. This is because there are very specific issues concerning infant cremation, particularly in terms of practice which can maximise the likelihood of obtaining ashes, which require specific attention. The conduct of infant cremations which provide the greatest opportunity of obtaining ashes can be quite different from the process of cremating adults, so it will likely require a separate Code of Practice to ensure that the issues are covered in appropriate detail. It will also help to reassure parents that the conduct of infant cremation is receiving the level of attention that is required to prevent reoccurrences of any of the high profile incidents which have been highlighted in recent years. The code(s) should refer to the technical Code of Practice recommended in the Emstrey report, but should be developed separately. This is to ensure that the technical Code of Practice is appropriately comprehensive. It would also mean that if technological developments mean the technical Code of Practice updates relatively frequently, the other code(s) would not need to be changed at the same rate. The code on shared cremation, as it relates to infant cremations, should be included in a Code of Practice specific to infant cremation. This should be separate from a more general Code of Practice on cremations, as the particular issues and sensitivities around shared cremation of infants require specific consideration.”*

95. The Institute of Cemetery and Crematorium Management (ICCM) said:

*“A single code of practice covering all cremations would provide a single reference document and commonality across all crematoria. The code should incorporate a technical Code of Practice specifically relating to baby and infant cremations. The Code of Practice should incorporate a code on shared cremations.”*

**Q19 – We are therefore interested in views on the following issues:**

- **Should the code(s) of practice be reviewed annually, or less frequently?**
- **How should adherence to the code(s) be monitored?**
- **Do you think that non-compliance with the code(s) of practice should be publicly reported?**

96. Just under two thirds of respondents answered some or all of this question. Regarding how frequently the code(s) should be reviewed, just under half of the respondents to this question said annually, with some saying there should be an annual review initially, moving to a less frequent review. Half as many respondents suggested reviews every two or five years, saying that an

annual review would be burdensome. For instance a respondent who did not wish to be identified felt that:

*“The requirement to review the code annually seems unnecessarily onerous and prescriptive – this should be a matter for the working group based on evidence from assessment of the adoption and impact of the new controls. In other regulatory regimes codes are generally reviewed as needed but in any case every 4 years”.*

97. Just under a quarter of respondents to this question said that the code(s) should be reviewed as and when a complaint was raised, or when processes or technology changed.

98. Two thirds of respondents to this question supported some form of monitoring, some (including the Cremation Society of Great Britain, the ICCM and the Federation of Burial and Cremation Authorities (FBCA)) suggesting that this should be the responsibility of an inspector. Some respondents suggested self-assessment could be considered. Of those who felt there should be some form of monitoring, a majority felt that details of non-compliance should be published, although views were mixed. For instance a bereaved parent was representative of this view when they said, *“Non-compliance with the Code(s) of Practice should be publicly reported as people need to know so they can make informed decisions on which crematorium to use when the time comes”.*

99. However, a smaller number of respondents felt that publication of a report of non-compliance would not be appropriate. For example, Kettering Borough Council said that, *“The question of publicly reporting failing crematoria may well cause distress to bereaved families and serious consideration would need to be given to this course of action”.*

100. Similarly the National Association of Funeral Directors (NAFD) said:

*“The NAFD would be concerned about publicly shaming cremation authorities who fail to comply with the Code. Issues around funerals and bereavement are very emotive subjects, and when reported poorly by the media, can not only have significant impacts on companies and their employees but also cause unnecessary additional distress for bereaved families. As such, the Association believes the answer is for the robust enforcement of a Code of Practice, including inspections and removal of accreditation for non-compliance. Compliance officers within relevant industry trade associations should be responsible for the adherence to any new Code, on the condition that any Code is created in partnership with relevant trade associations. The NAFD would support annual inspections, which focus on the knowledge of the cremation authority’s staff, and the processes staff are expected to follow.”*

101. South Tyneside Council said that:

*“Publicising the impact of specific non-compliance needs to be weighed against the impact on families who have used a crematorium and who may be negatively affected by findings. High level improvements could be published. Any improvement plan should be actioned. Where this is not adhered to, publication may be considered after an authority has been offered reasonable opportunity to implement actions and has not complied.”*

## **Response and proposed action**

- The consultation document set out that the Government supported the establishment of one or more codes of practice in England and Wales to achieve consistency and high standards of practice among all involved in the management of bereavement and the cremation process. We proposed that, in addition to general principles and guidance, the code(s) should include technical and operational guidance for cremation authorities, healthcare providers and funeral directors, and that any code(s) should not be regulatory, in order to allow amendment over time without requiring changes to legislation.

- We will task the national cremation working group with drawing up a code of practice with discrete chapters covering infant cremations; cremations of foetuses of less than 24 weeks' gestation (including shared cremations); technical codes of practice; and (as a lesser priority) non-infant (children and adult) cremations.
- Where appropriate the code will build on documents that the cremation industry and Scottish Government have already produced, and found effective, following the Emstrey and ICC reports.
- We propose to publish the code of practice on-line (with different sections publishable separately) and to task the working group with agreeing what other measures should be put in place to most effectively and appropriately disseminate the code to those who need to be aware of it – particularly cremation authorities, funeral directors, bereaved people, voluntary organisations and medical professionals.

## 11 - Information and guidance for bereaved parents

### Q20 – Do you have any examples of good practice in giving information to bereaved parents? If so, please provide details.

102. Just under half of respondents answered this question. Some (from various categories of respondents) highlighted Sands as a good source of information for bereaved parents. Hartlepool Borough Council said, *“We recommend that parents go to the Sands site, and if they have any questions thereafter they come to see us and have a chat”*.

103. Leicester City Council said:

*“University Hospitals Leicester working in partnership with Leicester City Council reviewed all information being given to bereaved parents following the Mortonhall and Scottish Infant Cremation Committee investigations. Amendments were made to some of the text to help clarify the situation. Parents are provided with a leaflet by hospital staff explaining all the options for disposal, that the recovery of ashes can not be guaranteed in all cases and that burial is always an option if parents are concerned. The council has also published its baby & infant cremation policy on its website and provided copies in writing to all local funeral directors so that they can advise bereaved parents accordingly.”*

104. There were other examples. The Royal College of Midwives advised that:

*“A number of maternity units develop information leaflets with stakeholders and bereaved parents to explain procedures and standards. A downloadable guidance template which sets out the minimum standards - but which can be edited to meet local need - may help to develop high-quality and consistent support information for parents.”*

105. Bracknell Forest Cremation Authority said:

*“We give families tours of the facilities should they wish and we gently talk them through the process, responding to their enquiries and ensuring they have all the necessary information to make an informed choice.”*

### Response and proposed action

- The consultation document sought examples of good practice regarding the information that bereaved parents receive about cremation from funeral directors and healthcare professionals following the loss of a baby, and how this might be used to improve practice more widely where needed. It said that the Government intended to task the national cremation working group with:
  - reviewing progress already made;
  - identifying where any additional work or adjustments may be necessary (including translations into Welsh or other languages); and
  - considering whether good practice should be included in any code of practice.
- Consultation responses will assist the working group with setting out information that bereaved parents may find helpful, based on the examples of good practice we received in response to the consultation.

- The working group will also consider how best to disseminate information for bereaved parents considering cremation.
- This will help to ensure that parents consistently receive the information they need in an appropriate way, and can ask and have answers to their questions to enable them to make an informed decision about the cremation of their baby.

## 12 - Cremation of fetuses of less than 24 weeks' gestation ('pre-24 week fetuses')

### Overarching issues around regulation of the cremation of fetuses of less than 24 weeks

#### **Q21 - Do you think that the cremation of fetuses of less than 24 weeks should be brought within the scope of the 2008 regulations? Please explain your answer.**

106. Two thirds of consultation responses addressed this question, with almost all of these saying that the cremation of fetuses of less than 24 weeks' gestation ('pre-24 week fetuses') should be brought within the scope of the 2008 regulations. No bereaved parents and other individual respondents, voluntary organisations, faith groups, charities or local authorities (bar one) said they would be against such regulation.

107. There were, however, respondents from the medical and funeral professions who urged caution in treating the cremation of pre-24 week fetuses in precisely the same manner as stillborn babies and infant deaths.

108. Barnsley Metropolitan Borough Council's view, supportive of regulation, was shared by many:

*"Should foetal cremations be regulated it would effectively remove the possibility of continuing problems so far encountered and give reassurance to bereaved parents in the future. Regulation would force a consistent approach by all cremation authorities that will add further reassurance."*

109. Sands suggested there was a serious need to improve current practices:

*"Some of the worst reported practice concerning infant cremation has occurred with fetuses of less than 24 weeks, and there is an urgent need to improve practice and accountability to prevent repeat occurrences. Bringing the cremation of fetuses of less than 24 weeks within the scope of the 2008 regulations would help to strengthen safeguards for parents, improve practice, and provide greater reassurance to parents. The attachments parents form to their baby are not determined by their gestational age. Their losses are equally significant, and this should be reflected in the approach to the cremation of babies of less than 24 weeks gestation".*

110. South Tyneside Council gave views on the administration of the process:

*"Cremation of fetuses of less than 24 weeks gestation should be carried out with the parent(s) informed consent. Cremations, whether individual or shared, should only be carried out when all options (burial and cremation) have been discussed with parents. The hospital representative/funeral director should tick a box and counter sign the Cremation record form stating that the parents have given informed consent. A signed consent should be kept in the hospital records. This element should be incorporated into the Regulations. It is critical that evidence of the parent(s) wishes is recorded to negate future claims of maladministration."*

111. Cremation authorities and their representative organisations were all supportive. The Cremation Society of Great Britain's view was typical: 'This will remove any ambiguity and will provide a standard regulated working practice.'

112. Funeral director respondents were supportive of regulating pre-24 week fetuses, with the exception of the National Association of Funeral Directors (NAFD), which expressed concerns about the introduction of regulations and suggested guidance would provide a better solution :

*"The Association is concerned that bringing fetuses of less than 24 weeks under the scope of the 2008 regulations will place an undue burden on cremation authorities. As the fetus has no legal identity until 24 weeks gestation, it would not be appropriate to require the bereaved to apply for a*

*statutory cremation application form. Instead, the NAFD believes it would be more appropriate to provide clear guidance to all cremation authorities, setting out their legal responsibilities and the discretion they may exercise when faced with such a case. The ICCM's guidance 'The Sensitive Disposal of Foetal Remains (2015)' provides a useful example of what this could look like. [...] The NAFD supports the best practice of cremation authorities maintaining a non-statutory register of cremations of foetal remains."*

113. Medical respondents were supportive of extending the regulations with two exceptions, the Human Developmental Biology Resource (HDBR) and Nottingham University Hospitals NHS Trust (NUHNHST). NUHNHST was concerned about the legal position of pre-24 week fetuses and the impact of regulation on parents and medical practitioners:

*"Legally speaking there is not recognition of foetal remains and they are considered to be a surgical sample in law and part of the mother. This has to be married together with the emotional response of women regarding the pregnancy loss and each loss should be treated sensitively but this does not mean that it should be made complex and difficult for Trusts to deal with. In the earliest of losses women very often only want to know that their pregnancy was dealt with sensitively and they do not wish to be followed up and chased over what to do with the pregnancy remains. Default decisions should be able to be made by the Trust without fear of a legal backlash. [...] When designing these guidelines anonymity and confidentiality should be key. Mothers should not be put under any further distress by filling in forms or being required to come back to the Trust to fill out paperwork. Trusts should be free to dispose of foetal remains under the HTA guidance as written and should be able to dispose of unclaimed foetal remains easily."*

114. HDBR receives foetal material from aborted fetuses of up to 22 weeks' gestation for medical research, and says that in all such cases women undergoing abortion provide informed written consent. HDBR stated, *"There should be scope for treating tissue from miscarriages and aborted fetuses differently. Hence applying the same regulations to both would be inappropriate"*.

**Q22 - The regulation of fetuses of less than 24 weeks would include all miscarriages and aborted fetuses, from very early in a pregnancy, up to 23 weeks and 6 days' gestation. Do you think that the same regulated application process would be appropriate in all such cases? Please explain your answer.**

115. Just over half of respondents answered this question, with three quarters of those who answered feeling that the same process should apply to pre-24 week fetus cremations, regardless of whether cremation followed a miscarriage or abortion.

116. Cremation authorities were all supportive. The Federation of Burial and Cremation Authorities (FBCA) gave some detail about differences in the application process for cremations following a miscarriage and an abortion:

*"From the point of view of regulating the process of cremation there should be little if any need for changes. There may however need to be a different approach in respect of the forms/questions used in various circumstances and the amount of detail available may vary quite significantly dependent upon the circumstances leading to the cremation. In some cases where the loss of a baby is as a result of a miscarriage and a parent acts as the applicant, full details and names etc. may be available, however in cases where the foetus has been aborted for various reasons, the same level of information may not be available at the point of application. This may result in NHS case reference numbers being used rather than actual names and in a number of these cases the hospital would be the applicant for cremation rather than a next of kin."*

117. Funeral directors were supportive or expressed no opinion. The NAFD (which was against regulation of pre-24 week fetus cremations) said that the same process should apply for cremations following abortion and miscarriage.

118. Most local authorities were supportive, saying this would help ensure consistent practice across crematoria and for parents. Gateshead Council stressed the need for the cremation application form to demonstrate that the parents had given informed consent to the cremation. Leicester City Council said that:

*“Standardised application forms for individual and shared cremations should be developed to ensure consistent practice across all crematoria. The application form should be accompanied by written confirmation that the foetus or foetuses are all under 24 weeks gestation however the applicant may be a hospital or other medical establishment or practitioner. If the application is made by a medical establishment they must have the mother’s written consent to do so and must confirm this on the application form. The current practice used by our local hospitals for shared cremations is to provide a list of foetuses identified by a file case number rather than individual parent which ensures the parents right to privacy. This practice could also apply to individual cremations where necessary. There should be no further requirement for medical referee to authorise cremation of pre-24 week foetuses.”*

119. Blackpool Council added that, *“There would be a need to look at ways that human tissue presented for cremation complies with the Human Tissue Act that the parent can remain anonymous”*.

120. Bereaved parents and other individuals had mixed views, with some saying that parents’ views would be different following a miscarriage or abortion, while others said that the pre-24 week foetus was the same regardless of the reason for the pregnancy not proceeding, and so the same regulations should apply to cremation of aborted foetuses as other pregnancy losses. Voluntary organisations and faith groups were supportive or expressed no view. Sands clarified that:

*“For parents who choose cremation it is important that the process is regulated, traceable and auditable. If parents do not feel the regulated application process is appropriate for them, they also have the option of burial or sensitive incineration”*

121. Medical respondents were generally in favour, although for instance HDBR was against, saying:

*“Women undergoing termination of pregnancy in general do not want to engage in discussions of tissue disposal. To impose the same regulated application process for disposal of tissue from miscarriages and aborted foetuses goes against the emotional perception of the tissue by the women involved and would pose significant problems for both abortion clinics and research partners such as the HDBR which we represent.”*

122. NUHNHS Trust highlighted that circumstances leading to cremation may vary:

*“We should consider that not all pregnancies are wanted for a number of reasons and there may be religious or domestic violence issues to consider. Confidentiality is of the utmost importance to us all who work in this field. We also do not discuss disposal methods with anyone claiming to be the father of the baby unless we have permission from the mother. This must be taken seriously and the guidance should reflect this accordingly.”*

**Q23 - Since the HTA guidance was published in March 2015:**

- **in your experience has the number of requests for the cremation of fetuses of less than 24 weeks increased / decreased? Please explain your answer.**
- **are you aware of any occasions when the guidance was not followed? If so please give details.**

123. Just over a third of respondents answered this question (some who didn't said it was too soon to say). Of these most said there had been no change in the number of cremations since March 2015. A few said that there had been an increase, and a couple said there had been a decrease.

124. Of those that reported an increase, only one respondent said that this had been significant. Others said that the increase was due to agreements being put in place between the hospital and crematorium, or an increase in parents wishing for a private cremation.

125. A hospital chaplain commented that, *"In my experience as a Healthcare Chaplain of 10 years standing in the NHS the number of requests for the cremation of fetuses of less than 24 weeks has been steadily increasing as clinical staff recognise the importance of a dignified disposal of the foetus, which, in the perception of the parents, is a 'baby' however unformed it may be on delivery."*

126. A respondent from Gateshead Health Foundation NHS Trust advised that, *'Publicity on this issue has generated more inquiries regarding respectful disposal of foetal remains in the last two years that I recall in the previous 24 years of my practice'*.

127. A couple of local authorities commented that for hospital-arranged shared cremations, they do not receive information about the gestation period of the fetuses, instead receiving only the unique hospital reference number.

**Q24 – Regarding crematorium medical referees:**

- **in your experience, do crematorium medical referees currently look at the forms for the cremation of fetuses of less than 24 weeks, even though they have no statutory role to do so?**
- **If the cremation of fetuses of less than 24 weeks were regulated, what impact (including cost implications) would this have on the workload of crematorium medical referees?**

128. Just over a third of respondents offered a view in response to this question. There was no consistent view among different types of respondents. Half of those who responded said that medical referees do not look at forms and regulating pre-24 week fetus cremations would increase medical referee workloads. Nearly the same number said that medical referees already scrutinise forms and regulation, so this would have little impact on their workload. Several respondents said that practice varies either among medical referees or according to different types of cremations – for example, some medical referees look at individual cremation applications but not shared ones.

129. Parents and other individuals, voluntary organisations, and faith groups had no strong views. Most funeral directors did not answer but a couple suggested medical referee workload would increase.

130. Regarding charging, practice varied among cremation authorities and local authorities. Some reported that medical referees look at the forms for no charge, some reported that medical referees charge and the cremation authority absorb the cost, and others said that medical referees charge and this is passed on to the family. Some suggested that, even though their medical

referees did not charge at present, if these cremations were regulated they would need to start charging as numbers of cases for scrutiny would increase.

131. Leicester City Council suggested that no medical referee check was needed as, *“The legal status of fetuses as the tissue of the mother should only require authorisation from the mother and written medical confirmation of the gestation period before the cremation can proceed”*.

132. The Institute of Cemetery and Crematorium Management (ICCM) provided some helpful detail in response to both parts of the question:

*“(a) The Institute is aware that some crematoria ask their medical referee to give Form 10 whilst others do not. This is an unnecessary financial burden on bereaved parents, or on cremation authorities that do not charge for the cremations of babies.*

*(b) There is no great need for the Medical Referee to inspect the form and certificate in respect of foetal cremations, as there is no detailed medical information contained. Those cremation authorities that currently do not ask their medical referee to give Form 10 have proved this. A statutory application and certificate written into regulations could easily continue to be checked by crematorium management. The above would entail no additional cost for crematoria and would save (some) bereaved parents from paying the circa £20 medical referee fee. It should be remembered that the post of the medical referee was deleted in Scotland on 13th May 2015 on the introduction of the new death certification scheme. Crematorium staff in Scotland now inspect forms and certificates with no problems being reported since introduction. Those staff also inspect forms for stillbirth and foetal cremations that do not go through the Medical Reviewer’s office. The same position might exist if/when a new death certification process is introduced into England & Wales.”*

**Q25 - Do you think that regulating the cremation of fetuses of less than 24 weeks would have an impact on the number of such cremations? Do you envisage any additional costs? If so please provide details of where the costs would arise, and how much you would anticipate them to be.**

133. Just over a third of respondents answered this question, and of these, views were mixed. Some respondents felt that regulation would increase the number of individual cremations, while others felt regulation may dissuade parents from choosing this route.

134. Some respondents felt that the number of cremations would increase, as they believed regulation would mean ending current practices of shared cremations. We can confirm however that this is not the Government’s intention. Rather our intention has simply been to consider regulating cremations, whether they are shared or individual, without changing current practice.

135. The FBCA observed that:

*“The regulation may not affect the number of individual foetal cremations, however unless the cremation authority was willing to absorb the cost there would be medical referee fees that would need to be paid either by the parent or the NHS if acting as the applicant for cremation. In addition it should be noted that if in fact the number of individual cremations increased significantly, this would result in the need for an increased number of cremators being installed and operator costs would increase accordingly.”*

136. Examples of current good practice were given, for example Cwm Taf University Health Board:

*“Our CTUHB policy [...] for the sensitive disposal of foetal remains of less than 24 weeks gestation’ states that the mother is offered the full range of sensitive disposal options available to the Health*

*Board from the Rhondda Cynon Taf County Borough Council bereavement services. They are also fully informed that they may make private funeral arrangements for their baby. In the event that the mother opts for a Health Board cremation it is explained that the remains will be cremated communally with other foetal remains and therefore, where ashes are recovered, they will not be from an individual set of remains. The policy explains that individual ashes are therefore not available to return to parents following a Health Board cremation but communal ashes recovered are scattered the day following the cremation at named sites for each crematorium. The consent form that the mother signs to apply for cremation clearly provides the options available, confirms that all information has been given about the options and that recovery of individual ashes is not possible with the option of health board cremation."*

**Q26 - [For cremation authorities] Would regulating the cremation of foetuses of less than 24 weeks necessitate additional equipment in your crematorium due to increased volumes of cremations? If so please provide details of what equipment would be required and what associated costs you would anticipate.**

137. Over three quarters of cremation authority and local authority respondents answered this question and, of these, half said no new equipment would be required. Some said more equipment or other resource may be needed if the numbers of cremations increased. There was little consensus, with resource mentioned including baby trays, programmes for cremators, technicians, additional hours of use medical referee resource, or a new cremator.

### **Response and proposed action**

- The consultation sought views on whether, for those choosing cremation, the cremation process for foetuses of less than 24 weeks should be regulated. Some responses indicated respondents' concerns that the Government was considering making cremation the only option for pre-24 week foetuses. We can confirm that there is no plan to change current practices whereby a parent can choose whether they wish there to be a cremation, burial, incineration, or to have no role in deciding what arrangements will be made and ask a hospital to make arrangements.
- We propose to bring the cremation of pre-24 week foetuses within the scope of the Cremation (England and Wales) Regulations 2008.
- As this will not be a simple matter of extending the existing regulations, we will undertake further consideration of the practical issues raised in this consultation before finalising the regulations and associated forms, with a view to implementing changes in 2017.
- Our responses to the questions below give more details of our proposed approach to specific aspects of regulation.
- We note and are grateful for respondents' views on the impact of regulating the cremation of pre-24 week foetuses.
- We note that there has been no major change in the number of cremations since the Human Tissue Authority guidance on the sensitive disposal of foetal remains was published in March 2015.

An application form and process for the cremation of a foetus of less than 24 weeks

**Q27 - Do you think there should be a statutory application form for the cremation of a foetus of less than 24 weeks, without which a cremation should not take place? Please explain your answer.**

138. Nearly three quarters of respondents answered this question and of these, nearly three quarters supported a statutory application form. The rest either expressed a mixed view or were against the idea.

139. Around two thirds of bereaved people and individuals supported a statutory application form, and the rest did not express a view. One said there should be different forms following a miscarriage or abortion. Faith groups and voluntary organisations were also either supportive or did not express a view. Sands was supportive, saying:

*“Yes. There should be a statutory application form for the cremation of a foetus of less than 24 weeks, without which a cremation should not take place. This, along with the proposals for cremations of babies of more than 24 weeks gestation, would place all infant cremations on the same legislative footing, ensuring that all losses receive the same approach and consistency of practice. It is important that parents are informed of all options available to them for sensitive disposal of foetal remains at any gestational age, so that they can exercise an informed choice regarding their baby. A statutory application form would help to provide greater uniformity in the information provided to bereaved parents, and improve accountability in the cremation of foetuses of less than 24 weeks.”*

140. Cremation authorities and local authorities were mostly supportive of a statutory application form, with only two disagreeing (although one of these qualified that by saying there needed to be a clear audit trail). Kirklees Council was representative those who supported a statutory application form, saying:

*“Yes - it provides an audit trail. It demonstrates parental consent and clarity re the funeral details. It allows the issue of ashes recovery to be posed and allows the family a conversation about their wishes which can be documented and referred back to.”*

141. The FBCA, Cremation Society of Great Britain, and Swansea Crematorium all said:

*“If the cremation of pre 24 week gestation babies is brought into legislation then a statutory application form would be required to ensure all statutory questions were answered adequately; otherwise it would not be right to require the completion of a statutory form in relation to a non-statutory process.”*

142. Medical respondents were generally supportive although some suggested there were other forms that they used already which were sufficient (and some helpfully provided copies). There were suggestions that different approaches were necessary for miscarriages and abortions or that different forms should be used for different gestation periods (e.g. over and under 12 weeks).

143. With the exception of the NAFD (see question 21) funeral directors were supportive. A funeral director likened the possibility of this to the previous introduction of other statutory forms:

*‘Absolutely, when the Cremation regulations changed on January 1st 2009, all funeral directors knew that without the new forms, a cremation would not take place. Likewise, if the introduction of a statutory application form was introduced for a foetus less than 24 weeks, it would immediately*

*remove the issue of permissions and it would be known that the parents consent and their understanding of the cremation process and its implications had been understood.'*

**Q28 - Have you experienced / are you aware of any problems arising as a result of the forms for the cremation of a foetus of less than 24 weeks not being statutory? If yes, please give details.**

144. Just under half of respondents answered this question. Of those who did, half said that they were not aware of problems arising from there being no statutory application form. For some of these it appeared, when considered alongside their answers to other questions, that they answered 'no' because they had no experience of this area, rather than because they worked in the area and had encountered no problems. We received little information in response to this question as to what procedures were in place to prevent problems.

145. Just under a quarter of respondents answered 'yes' or raised other related issues. They included a range of respondents - parents and individuals, local authorities and cremation authorities, and a couple of medical and funeral director respondents reported having experienced problems. The first main reason given was that there is currently a lack of consistency in the paperwork that different crematoria require and / or that the quality of paperwork can be poor. Several parents reported that they could not find out what had happened to their babies' ashes, or that it took a long time to obtain this information. On a related note, the FBCA mentioned that the current lack of regulation means, for instance, that there is no requirement for recording information in a register of cremations.

146. Others who answered 'yes' said that there was confusion about what the process is. One funeral director reported that, *"I recently received a phone call from a hospital mortuary who were not completely aware of the correct procedure to follow and asking for guidance"*.

147. Similarly Blackpool Council said that there could be difficulties:

*"As nurses who help the mother complete the form may not complete the form on a regular basis. Whereas doctors have had some training or go to the Bereavement Office in the hospital to get help completing the form. Some nurses have problems in completing the forms when the termination is a planned surgical termination and they require anonymity."*

148. Medway Council advised that, *"We have not experienced anything of note, but, in our experience, with no unified format there is occasionally some confusion as to what is being submitted and how to interpret it"*.

**Q29 – Do you think that, for a hospital-arranged cremation of a foetus of less than 24 weeks, the application form should confirm that the parents (or in the case of shared cremations, parents of each of the foetuses) have agreed to the hospital applying for the cremation?**

149. Nearly two thirds of respondents answered this question. Almost all of those – across all types of respondents – agreed that for a hospital-arranged cremation of a foetus of less than 24 weeks, the application form should confirm that the parents (or in the case of shared cremations, parents of each of the foetuses) have agreed to the hospital applying for the cremation.

150. Of those who agreed, the Royal College of Pathologists' view was representative:

*"In the view of the College Fellowship consulted, for a hospital arranged cremation of a fetus of less than 24 weeks, the application should confirm that the parents (or in the case of shared cremations, parents of each of the fetuses) have agreed to the hospital applying for the cremation and that it may not be possible to recover ashes after the cremation, and confirm that the parents*

*understand this. We consider that it should also be made clear that communal cremations cannot return individual ashes. Options regarding the disposal of ashes will need to be clear but may vary from crematorium to crematorium.”*

151. Sands concurred, noting that:

*“Yes; whilst not all parents will want to be involved in the process, it is important that parents are informed of what will happen. By confirming that the parents have agreed to the hospital applying for the cremation in the application form, it will ensure that there is improved consent and accountability for these cremations.”*

152. Action 4 Ashes did not agree, saying that:

*“My answer is simple, hospitals should not be arranging funerals, they must not be the applicant of cremation. This has led to severe problems in Hull, where families do not know what happened to their baby.”*

153. Nottingham University Hospitals Trust was concerned about mothers' wishes:

*“Many women wish to walk away from this situation and do not want to fill in forms. Some forms will never be filled in and this would leave the Trust in a difficult position of how to deal with the fetus. This happens a lot more than others may think.”*

154. Several respondents helpfully highlighted the complexities in this area that needed consideration before agreeing a way forward. The Association of Private Crematoria and Cemeteries (APCC) said:

*“Yes, where there are two parents both should confirm their agreement to the hospital applying for the cremation. However, there may be cases where formal parental agreement is not forthcoming or where the parents are in disagreement. In these instances there needs to be both a default period and an official process for sanctioning the cremation.”*

155. Similarly South Tyneside Council was supportive of a form confirming parental agreement, but added:

*“As this is a new area within this legislation, careful consideration must be given as to who has parental consent. It is likely that the mother is the person who would give consent in most cases of miscarriage and aborted foetuses. However, there may be instances of pregnancy, for example of surrogacy, where the parentage of the foetus is less clear. There may be examples where the mother has died, so clarification is required whether the next of kin of the deceased mother has consent, or whether the foetus's father has parental consent. Foetuses originating from a sperm donor are likely to be more straightforward, with legislation already in place to establish parental responsibilities. The hospital forms should be phrased sensitively to ensure that the person giving consent is the person considered, under existing law, the person with parental responsibility. This is critical to prevent a future claim of unlawful disposal of ashes. The crematoria authority will accept applications only where it is clear that the Funeral Director/Health representative/Hospital or parent has clearly agreed that they have parental responsibility.”*

**Q30 – Do you think that the application form for the cremation of a foetus of less than 24 weeks should state that it may not be possible to recover ashes after the cremation, and confirm that the parents understand this? Or are there other / preferable ways to make this clear to parents? Please explain your answer.**

156. Two thirds of respondents answered this question. Most believed that the application form for the cremation of a foetus of less than 24 weeks should state that it may not be possible to

recover ashes after the cremation, and should require confirmation that the parents understand this. Several respondents felt the form should not have this information.

157. All cremation authorities but one, local authorities, funeral directors, coroners and charities were supportive, or in some cases did not express a view. Most medical respondents, parents and other individuals were also supportive. Leicester City Council's view was representative of those who supported this:

*"The application form should include a simple paragraph explaining that ashes may not be recoverable. This will ensure consistency of message and allow parents to make fully informed decisions. Relying on other methods introduces the possibility of the message being missed or not understood."*

158. Westerleigh Group felt it was, "essential that this advice and confirmation is provided to allow parents to choose burial if preservation of remains is essential". The FBCA response was similar:

*"The FBCA considers it necessary for the applicant to be aware that on rare occasions with the cremation of very early pregnancy losses there may be no recoverable remains. This should be a separate statement upon the cremation application form, against which the applicant should be asked to sign as having understood. This is to ensure that they are aware of this fact to enable the applicant to decide if interment of the baby's remains would be a preferable option to cremation if the ultimate knowledge of the final location of the remains is paramount to the applicant."*

159. Sands agreed and added that:

*"There should also be an emphasis on the importance for crematorium authorities doing everything in their power to ensure that ashes are recovered. It is Sands' view that all incidents where ashes are not recovered should be reported and investigated to see if any lessons can be learned from the case".*

160. Some parents felt that this information should be on the form, and the message reinforced by funeral directors. The ICCM said that parents should also have this information before they complete an application form, to give them time to consider this before proceeding.

161. Several respondents said that it should be made clear that the return of ashes is possible only in individual cremations and will not be an option for shared cremations.

162. Some parents said this information should not be on the form because ashes should be recoverable. Some respondents felt that this information could cause distress but others felt that it would not. Action 4 Ashes said that the information:

*"Should be present on the forms but it should also be saying that you will be presented with a metal disc (as produced by Keep Me Close) which will be cremated with the body and will be returned to you in light of there being no ashes retrieved. That way it eliminates the possibility of there being nothing left. Every effort must be made to recover the original ashes."*

### **Q31 - Should the application form for the cremation of a foetus of less than 24 weeks require the parents to have stated what should happen to any ashes which are recovered?**

163. Around two thirds of respondents answered this question. Of these, two thirds said that the application form for the cremation of a pre-24 week foetus should require the parents to have stated what should happen to any ashes which are recovered. The rest of respondents either felt the application form should not require this, or expressed concerns.

164. Although the views initially seemed varied, closer scrutiny suggested there was in fact a similarity of views across respondents, with similar points being made, particularly that parents may not know at the time of a cremation what they wish to do with any ashes, and the form should allow parents time after the cremation to decide. Medical respondents and funeral directors voiced the most concerns.

165. Some respondents advised that it should be made clear that there were options for ashes only after an individual cremation, not after a shared cremation. For instance a former Bereavement Services Manager said:

*“Where it involves an individual, and thereby parent funded funeral, then the answer is yes. This form would hardly vary to that used for any individual cremation, no matter what the age. This is because we can anticipate the parent naming the foetus and requiring a funeral service, and so details of the ceremony, the religion and music requirements, etc. will all be necessary. As I anticipate that shared cremation will be the norm, and separate ashes are not possible, then a parental statement is not needed for shared cremation. The ashes for the shared cremation would be placed in a prearranged spot in the Garden of Remembrance, so there would be no confusion as to their location. For those who might not agree to this practice, I would anticipate that each and every parent is given the opportunity to cremate their foetus separately and at their own cost.”*

166. One individual said parents may need up to 6 months to decide what should happen to any ashes, as they may not know at the time of applying for a cremation what they wished to happen to ashes. Another bereaved parent advised that, *“No I don’t think parents should have to state at the time of application what is to happen at the time of cremation. The parents at this point (like I have been in) will not be thinking straight and will need time to think about this decision.”*

167. Swansea Crematorium concurred, saying that, *“Very often it is too soon to decide at the time of application; however the application form should give options to scatter, inter, hold and collect.”*

168. The FBCA expressed a similar view:

*“Bearing in mind the distressing circumstances that may interfere with the decision making process immediately after the loss of a baby for whatever reason, the applicant's decision at the time of arrangements should be based on the following. Ashes to be scattered (un-witnessed), Ashes to be scattered (witnessed), Ashes to be removed from crematorium, Ashes to be held at the crematorium (pending decision - for which a time limit can be set). This could be dealt with as part of the application form or as now with a separate non statutory form as currently used by most crematoria.”*

169. Sands highlighted that some parents prefer a hospital to decide what should happen to ashes:

*“No. Unless, as with the proposals for the application form for the cremation of a foetus of over 24 weeks, it also includes options for parents to authorise the hospital to make decisions on their behalf and for the cremation authority/funeral director to retain the ashes for a defined period awaiting further instruction. Whilst many parents will want to be involved in this process others will not want to be, or will need time to reflect on what they will want to happen. The needs of the parents are paramount, and they should be respected and supported however necessary.”*

170. In summary, respondents seemed to agree that parents’ wishes should be at the heart of the process – some may know at the time of application what they wish to happen to ashes following an individual cremation; some may wish to delay a decision; and some may wish for a hospital to decide. Respondents considered that the cremation form should allow for parents’ wishes to be discussed and documented.

**Q32 - Should an application form for the cremation of a foetus of less than 24 weeks be different where a parent wishes to arrange the cremation themselves, rather than through the hospital?**

171. Two thirds of respondents answered this question. Of these the majority (two thirds of those who answered the question) felt the application form should be the same whether parents or the hospital applied for cremation. The remainder felt the form should be different.

172. Parents' and other individuals' views were split. Most voluntary organisations and faith groups did not answer, although a couple said they felt the form should be the same. A majority of cremation authority and local authority respondents as well as medical respondents felt there should be one form, as did the funeral directors who answered the question.

173. Respondents tended to feel that some variation was needed for individual and shared cremations. The FBCA said, "*There is no particular need for a different form of application in the case of an individual cremation; however the application for a shared cremation would need to be of different design to accommodate the additional information relating to the multiple foetuses.*"

174. Swansea Crematorium similarly said that separate forms were not needed for individual cremations, "*However this would be different in the case of shared cremation as only hospital numbers need to be provided.*"

175. Queen Alexandria Hospital, Portsmouth, suggested that:

*"The same document could simply have a separate section to be completed. The section not applicable could be crossed through. Trying to introduce different documents may lead to wrong forms being completed or worse still parental instructions not being met."*

176. However the ICCM had a different view, saying that separate forms were needed, as, "*Creating one form for both hospital arranged shared cremations and private individual cremations would be difficult and could cause confusion that will lead to error.*"

177. Barnsley Metropolitan Council suggested that there need only be one form, "*However a box indicating whether it is the parent or hospital applying would be useful and cut down on the number of forms required.*"

178. Kirklees Council suggested that, "*The same form should be used as the conversation should be had between professionals and the family. A copy of the form could be used by the family and used with the cremation authority if a funeral director is not chosen*".

**Q33 - In your experience is an application for the cremation of a foetus of less than 24 weeks always accompanied by a medical certificate that states that the pregnancy loss occurred before 24 weeks gestation and showed no signs of life? Should such a medical certificate be required for a cremation and why?**

179. Just under half of respondents answered this question. Of those that did, almost all said that applications for the cremation of a foetus of less than 24 weeks were always accompanied by a medical certificate stating that the pregnancy loss occurred before 24 weeks' gestation and showed no signs of life.

180. Many respondents explained that the purpose and importance of the medical certificate was to confirm that the gestation was of less than 24 weeks as if it was greater than 24 weeks, the cremation regulations would apply. For instance, Tameside Metropolitan Borough Council said that

they require, “Confirmation from a medical person clarifying that we are not cremating a stillborn baby that would require different statutory documents”.

181. The Cremation Society of Great Britain concurred:

*“All applications for the cremation of a foetus of less than 24 weeks gestation MUST have a certificate from a doctor or midwife. This will state that the foetus was delivered and showed no signs of life. The certificate will ensure that the delivery of the foetus is recorded correctly.”*

182. Cwm Taf University Health Board added more detail:

*183. “Yes always – in this HB the certificate and the consent for cremation are on the same form (one side of A4 paper) as they are both required to commence with cremation and this assists with the scrutiny of the forms by hospital staff. A medical certificate should be required for a cremation to ensure that there are no suspicious circumstances surrounding the loss of pregnancy (as cremation would destroy possible evidence) and that the baby was delivered with no heartbeat and would thus be considered pre-viable as opposed to a neonatal death which should be treated as a still birth.”*

184. The Royal College of Pathologists added that, “The medical certificate is considered to be the equivalent of a death certificate for a child or adult body.”

185. ICCM gave detail about the process that its members follow:

*“Those authorities using ICCM guidance will receive the following:*

*For shared cremation (hospital arranged) the application contains a declaration that all babies are of pre 24 weeks gestation that showed no signs of life.*

*For individual private cremations hospitals will issue a certificate stating that the baby was of less than 24 weeks gestation and showed no signs of life.*

*The Institute’s guidance on the Sensitive Disposal of Fetal remains is available at –*

*[http://www.iccm-](http://www.iccm-uk.com/iccm/library/Fetal%20Remains%20Policy%20Updated%20Sept2015%20.pdf)*

*[uk.com/iccm/library/Fetal%20Remains%20Policy%20Updated%20Sept2015%20.pdf](http://www.iccm-uk.com/iccm/library/Fetal%20Remains%20Policy%20Updated%20Sept2015%20.pdf)”.*

## **Response and proposed action**

- We propose to have a statutory application form for pre-24 week fetuses and will task the national cremation working group with considering the detail of this. This will include the following:
  - Whether there should be separate forms (or one form with different sections) for shared and individual cremations.
  - A section setting out that in some cases there may be no recoverable ashes, and require confirmation that parents understand this and are happy to proceed with the cremation.
  - For individual cremations - a section setting out options for the ashes following the cremation and confirming that parents understand this, and setting out what the parents wish to happen to the ashes.
  - For shared cremations – text explaining that applicants will not receive ashes back, a free text box setting out what will be done with the ashes (eg where they will be scattered), and a section for parents to confirm they are content with this and wish to proceed.

- A box confirming that the application is accompanied by a medical form that confirms that the foetus was of less than 24 weeks' gestation (see also next section of this document).
- We believe that consistency of good practice is best ensured by making cremation application forms as simple and similar as possible for different cremations. We will consider appropriate wording, and to aid this will consider non-statutory forms currently used by those involved with pre-24 week cremations.

#### Cremations following pre-24 week pregnancy loss outside a hospital setting

#### **Q34 - Do you have experience of cremations of foetuses of less than 24 weeks where there has been no medical certificate? If so what has the process been?**

186. Most respondents said that they had no experience of the cremation of a foetus without a medical certificate.

187. Several (medical, cremation authority and local authority respondents) said that no cremation would be possible without certificates, due to the need to show the foetus was of less than 24 weeks. A couple of respondents highlighted that in shared, hospital-arranged cremations, cremation authorities would not see individual medical certificates. One respondent suggested that burial was appropriate in cases where there was no medical certificate.

188. The ICCM highlighted its recommended practice, and the joint guidance that ICCM, Sands and the Miscarriage Association had issued:

*"In circumstances where a miscarriage has occurred at home with no medical practitioner or midwife present bereaved parents have had difficulty in obtaining a certificate to enable cremation or burial. In these circumstances the Institute has advised that the mother takes her baby to her GP or hospital and requests a letter giving medical opinion.*

*The Institute, Sands and the Miscarriage Association have drafted guidance for these circumstances that can be found at:*

<http://www.iccm-uk.com/iccm/library/Miscarriages%20that%20occur%20at%20home%20final%208th%20June%202015.pdf>

189. Kettering Borough Council similarly advised that:

*"We have not cremated without a certificate. We had one example where a mother came to the crematorium with foetus having miscarried while on holiday in this country. We referred her to a GP who looked after the mother and provided the necessary documentation".*

#### **Q35 - If the cremation of foetuses of less than 24 weeks were regulated, what should the application process be in cases where there is no medical certificate?**

190. Just under half of respondents answered this question and all of those who did felt that a medical certificate should be required in order to cremate a foetus of less than 24 weeks. For instance the ICCM said:

*"The process and application form should be the same as for all other fetal cremations with the letter of medical opinion mentioned in Q34 above forming the certification required where no other medical certificate can be provided."*

191. Hull Council said, “*Our view is there should always be an authorised document signed by a medical professional included with the application to link the foetus to the hospital medical records.*”

192. Several respondents, such as the FBCA, said that burial should be the only option if there were no medical certificate: “*It is possible that under these circumstances cremation could not be carried out and burial may be the only option. This is something that the working group would need to consider in some detail.*”

## **Response and proposed action**

- As set out in the previous section, we propose to bring the cremation of foetuses of less than 24 weeks’ gestation within the scope of the Cremation (England and Wales) Regulations 2008, and to remit finalising the detail of this to the national cremation working group. Regarding cremations following pre-24 week pregnancy losses outside a hospital setting, the group will consider:
  - A requirement for a pre-24 week foetus cremation application to be accompanied by a medical certificate. In practice cremation authorities already require confirmation that the cremation is of a pre-24 week foetus, rather than a stillborn or live birth baby. We will consider the nature of the documentation required, before finalising the cremation application form and guidance for bereaved parents and those involved in arranging a cremation.
  - Guidance setting out what a parent should do if there is no medical certificate.

### Who should apply for the cremation of a foetus of less than 24 weeks

**Q36 - Do you feel that the language of Cremation Form 3, as set out above, is appropriate regarding who can apply for / instruct a hospital to apply for the cremation of a foetus of less than 24 weeks? Or do you think that legislation should define who has the right to apply? Please explain why.**

193. Two thirds of respondents answered this question, with the majority of them agreeing that the language of Cremation Form 3 (Application for cremation of a stillborn baby) would be appropriate for the cremation of a pre-24 week foetus. The remainder felt the form was not appropriate or that legislation should define who could apply for a cremation.

194. The views of the bereaved parents who answered the question were mixed. Some felt that the form would be appropriate, but others felt that legislation should define who could apply for a cremation. One parent highlighted an issue that some parents had faced, saying, “*Legislation should define who can apply – parents are often excluded from most of the process. At the moment some funeral directors are refusing to give information to parents without the permission of the hospital as they were the applicants*”. Another parent suggested that if a mother was a minor, they should be accompanied by an adult.

195. Most cremation authority, local authority, voluntary organisation, and medical respondents felt Cremation Form 3 was appropriate, with a couple feeling that there should be a definition of who could apply for a cremation.

196. Two respondents - one medical, one local authority - made the point that for an abortion the mother may not want the father to be involved.

**Q37 - Do you think that the cremation application form (for any regulated cremation, whether stillborn baby, live birth baby, child or adult) should require countersigning by someone who is not a member of the applicant's family and who is not involved in the arrangements for the cremation? Or do you think this may prove impractical, perhaps especially following a very early pregnancy loss/abortion?**

197. Around three quarters of respondents answered this question, with around three quarters of those who responded saying that they would not support a requirement for a countersignature. This was consistent across all categories of respondents, with cremation authorities and local authority respondents appearing to have the strongest opposition to countersignatures. Representative views are as follows and in the main suggest that requiring a countersignature would be impractical and burdensome.

198. A bereaved parent said, *"I do feel this is impractical. You may be in no fit state to ask anyone to countersign and if you are, would the person feel awkward or pressurised. Parents confidentiality should be protected."*

199. Kettering Borough Council concurred: *"This is impractical. In many cases the form is retained by the funeral director not the applicant and to require someone who is bereaved to deal with this is an unnecessary burden. It is likely to finish up being a process for process's sake with anyone being asked to sign."*

200. The NAFD said, *"The NAFD does not believe this is necessary, and is concerned it would place an extra burden on the bereaved, to find a suitable individual. As suggested by the question, this would be especially difficult and distressing in some cases including miscarriage or abortion, or where the mother has kept the pregnancy secret."*

201. A funeral director added, *"No, I do not think that the form need countersigning by an individual not involved in the funeral process. Application forms prior to 2009 required a householder to sign, this meant either someone passing by or a neighbour to sign. To try and find someone, easily accessible and impartial to sign such a form (and therefore implicated in any future problems) would be difficult."*

202. The All Party Parliamentary Group on Baby Loss agreed: *"No. A non familial countersignatory would complicate the process unnecessarily."*

203. Of the few who were more supportive of the idea of a countersignature, some suggested this should be a medical countersignature. For instance Sands said:

*"The requirement for the cremation application form to be countersigned by someone who is not a member of the applicant's family, who can confirm that the parent has been given all of the relevant information in order to make an informed decision, would help to ensure consent has been properly obtained. However, it is not clear why this should need to be a professional who will have no other involvement in arrangements for the cremation. The importance of the counter signature is to confirm that the parents are making a fully informed decision, and it establishes a clear line of accountability regarding the information that has been provided and the decisions that have been taken. Requiring the countersigner to be completely uninvolved could prove unnecessarily cumbersome in some situations."*

204. The Royal College of Pathologists said, *"Countersignatures are regarded as a good idea to ensure that the signature has not been counterfeited, but it should be acceptable for the signature to be that of the family or the clinical care team."*

## Response and proposed action

- As set out in the previous sections of this document, we propose to bring the cremation of fetuses of less than 24 weeks' gestation within the scope of the Cremation (England and Wales) Regulations 2008. The national cremation working group will consider the detail, and in particular regarding who should apply for a pre-24 week cremation, our proposals that:
  - The 'applicant' section of the pre-24 week cremation application form should be based on that for the stillbirth cremation application form.
  - There is no new requirement for countersigning a cremation application form. Instead, we plan to have a box on the application form for parent(s) confirming that they have discussed with the hospital / funeral director and both understand and wish to proceed with the cremation.

### Keeping records of cremations of fetuses of less than 24 weeks

#### **Q38 - Should cremation authorities be required by legislation to record the cremation of each fetus of less than 24 weeks in their registers? If so what information should be recorded, bearing in mind the desirability of balancing the need to be able to trace cremations against the need to preserve parents' confidentiality in some cases?**

205. Over two thirds of respondents answered this question. Over three quarters of those who answered supported a requirement for the cremation of each pre-24 week fetus to be recorded in cremation authority registers.

206. There was agreement among respondents that the confidentiality of parents should be preserved for hospital arranged (shared) cremations, and that this should be achieved via the hospital giving the cremation authority only the parents' unique hospital reference number, rather than name. That way parents could trace the cremation later on if they wished to.

207. The FBCA and Cremation Society of Great Britain gave details of what should be in the register:

*"If the cremation of pre 24 week gestation fetuses is brought into legislation, each Cremation Authority should be required by legislation to record the cremation of non-viable babies. The entry must be in a separate register.*

- *the number assigned by the cremation authority to the cremation;*
- *the date of the cremation;*
- *the name of the baby and/or NHS case number relating to the pre 24 week gestation fetus cremated;*
- *the date on which the pre 24 week gestation delivery occurred;*
- *the hospital at which the pre 24 week gestation delivery occurred;*
- *the name and address or the NHS case number of the applicant if disclosure is refused*
- *the name and address of any person who gave a declaration regarding the gestation period and that the fetus showed no signs of life*
- *the name and address of any person who has inspected the medical certificate*
- *if the ashes were scattered or buried, the date and their location and, if collected, the date and by whom"*

208. The ICCM similarly said that, *"All cremations of fetuses should be recorded in a statutory cremation register. Where a private cremation is organised by the parent(s) the name(s) and address(es) of the parent(s) should be recorded. Where confidentiality is required the name(s) and*

*address(es) of the parent(s) can be substituted with the hospital case number. All other appropriate details, including place of delivery, disposal of ashes, name and address of person giving certificate etc. should be recorded in the register.”*

209. Gateshead Council was representative of many other cremation authorities when it advised that:

*“Individual cremations should be recorded. For shared cremations the hospital should provide a unique reference number with no other details, this number should be recorded by the Cremation Authority and the location of ashes recorded. The hospital should keep all personal information for confidentiality. If a future enquiry is made the hospital can contact the cremation authority quoting the unique reference number to find out where the ashes were scattered. The passing of confidential information should be kept to a minimum.”*

210. The Royal College of Pathologists similarly said:

*“For hospital arranged communal cremations, the crematorium should be required to record the unique, but anonymous, identifier of each fetus and the location of any communal ashes in their registers. The identifier will protect all aspects of confidentiality and provide a link to the full hospital records. For private cremations arranged by the parents, the same information should be recorded as for an adult cremation.”*

211. One respondent gave her hospital chaplain perspective, which was similar:

*“Yes, it would be appropriate for cremation authorities to record the cremation of each foetus by means of a unique number. In this hospital as Chaplains we conduct a lot of this type of funeral and no Funeral Director is involved. We collect the foetus, suitably contained in a box, from the Mortuary and transport it to the Crematorium for the Funeral. The foetus is given the name of the surname of its Mother e.g. Baby Jones unless the parents have given the foetus a name themselves e.g. Jordan Jones. So the foetus is identified in one of two ways. We also keep records of the parent/s and the date and type of funeral and whether or not the parent/s attended the funeral or wished to know anything about it. Staff of our local Crematorium insist on accuracy of detail with regard to the name of the Mother and the home address given before the Cremation can take place.”*

**Q39 - How should the cremation authority’s register of cremations link to the relevant hospital record? Should the information recorded differ for hospital-arranged cremations, parent-arranged cremations, and shared cremations and, if so, how?**

212. Two thirds of respondents answered this question, with almost all saying that as far as possible, cremation authority record-keeping should be the same for the cremation of pre-24 week foetuses as for other cremations. Respondents generally felt that the only difference should be that for hospital arranged cremations of pre-24 week foetuses (as also indicated in answers to question 38) the cremation authority record should link to the hospital record only by way of the hospital reference number. Hospitals should give only this number (rather than the parents’ name or other identifying details) to the cremation authority. This would ensure traceability of the cremation while preserving the mother’s confidentiality.

213. Essex County Council said that there should be, *“for consistency and understanding for the bereaved, as much alignment as possible when it comes to practices and procedures”*. Kirklees Council added that, *“information recorded should be consistent regardless of cremation being arranged by hospital, funeral director or family member.”*

214. Leicester City Council said:

*“The register of cremations should differ for shared cremations and individual cremations. Individual cremations should be recorded separately in the NVF Cremation register as per stillborn babies. Coffins containing shared cremations should contain a unique reference number, issued by the hospital, on the coffin name plate. This reference number would link all the individual fetuses with the cremation and can be recorded as such in the NVF Cremation register. This would provide an audit trail of which fetuses was cremated where and when”.*

215. Some respondents felt that a cremation authority should keep one register covering all cremations, and noting the type of cremation, while others felt that there should be a separate register for pre 24 week foetus cremations. A bereaved parent said, *“The hospital should be identified in the register – this has proved useful in Hull when trying to gather information”.*

**Q40 - Would such a requirement for record-keeping be a new burden on cremation authorities? If there would be any cost implications please provide details of where the costs would arise, and how much you would anticipate them to be.**

216. Just over half of respondents answered this question. Of these over two thirds said there would be no additional burden arising from record-keeping for the cremation of pre-24 week fetuses. Half of the few who felt otherwise said that any new burden would be negligible, and half said that it could be significant.

217. The ICCM and FBCA’s views were representative of those who felt there would not be additional burdens. The ICCM said:

*“No. Cremation authorities currently register and record foetal cremations in a non-statutory register and retain forms and certificates. There should be no great financial burden. As most crematoria currently use computerised administration systems there might be some software modification cost however the major suppliers of software should ideally amend their master software and distribute modifications as an update free of charge.”*

218. The FBCA suggested that, *“Crematoria carrying out pre 24 week gestation fetuses should already be recording information [...] and as such there should be little if any additional costs incurred.”*

219. Of those who felt there may be additional burdens, one local authority suggested that software systems would need to be updated. Medway Crematorium said: *“We believe that there would be an additional burden arising from processing paperwork, paying for software development, data entry, record storage and ensuring proper data is collected from hospitals and patients.”*

220. Other respondents suggested costs would be negligible – arising from things like costs of paper, postage, completing the register or saving documents electronically, or storage of hard copies. Westerleigh Group made a different point, saying that any additional burden would arise if there were more cremations: *“Westerleigh already keep these records but a greatly increased volume would lead to additional costs”.*

221. Sands suggested there would in fact be benefits arising from record-keeping:

*“Although such measures may require changes to record keeping practices, they would likely reduce the number of complaints that cremation authorities receive from bereaved families regarding these matters. The positive impact in terms of care, both at the time of cremation and in*

*future years if the parents wish to speak with the cremation authority to find out more about what happened with their baby, would also be tangible.”*

### **Response and proposed action**

- As set out in the previous sections, we propose to bring the cremation of fetuses of less than 24 weeks’ gestation within the scope of the Cremation (England and Wales) Regulations 2008.
- We plan to do this following further consideration by the national cremation working group on the practical issues raised by the consultation. Regarding record-keeping of pre-24 week cremations, this will include:
  - Requiring the cremation authority to record the details of each cremation of pre-24 week fetuses. Regulations will allow cremation authorities to record in the register the hospital reference number instead of / in addition to parents’ identifying details for shared cremations, reflecting parents’ wishes in each case.
- We note and are grateful for respondents’ views on the impact of this requirement.

### 13 - Public sector equality duty

#### **Q41 - Do you think that anything in this document would have a disproportionate impact on those with a protected characteristic? If so, please give details.**

222. Of those who answered, three quarters believed that there was nothing in the document that could have a disproportionate impact on those with a protected characteristic. A small number indicated that they did not understand the question, or said that they were not sure whether there would be any impact.

223. Of those who indicated that they felt there could be a disproportionate impact, the biggest concern was that the proposed changes did not create an assumption on the part of families, hospitals or those in the funeral industry that cremation is the only option for babies or infants. This was a particular concern of hospitals asked to dispose of babies and foetuses from families of faiths that do not normally cremate. One hospital said that as a result of these concerns they bury rather than cremate in all cases. Another respondent commented that, "*A sensitive burial option ought to be available in parallel with a cremation option to enable Muslims, Jews and those who dislike cremation to choose another option.*"

224. A small number of those who responded in the affirmative added that the requirements for parents to specify what happens to their baby's ashes might adversely affect mothers with learning disabilities or mental illness. However, among those who raised this issue, there was a consensus that so long as hospital or crematorium staff made sure that in each case they were satisfied that the parent understood the process, there was unlikely to be any disproportionate impact.

225. Other respondents mentioned the impact that any potential increase in the cost of cremations and funerals brought about by the implementation of an inspector of crematoria might have on low income families, and whether the position of surrogate mothers, or mothers who have used surrogates, may be affected by changes to the regulations.

226. In response to Q1, some faith group respondents stressed the importance of respecting the practices of different faiths, particularly the general requirement for bereaved Muslim and Jewish people to bury rather than cremate their loved ones.

#### **Response and proposed action**

- No changes to the proposed actions set out in this document appear to be necessary in light of responses regarding protected characteristics. Alternative options will remain available to parents who do not wish for a cremation, for instance for reasons of faith, and the only other concern regarding mothers' understanding of the process could be addressed by specific guidance in the proposed code of practice.

## 14 - Family test

### **Q42 - Do you think that anything in this document would have an adverse effect on family life? If so, please give details**

227. Of those who did answer, two thirds indicated that they did not feel that anything in the document would have an adverse effect on family life. A small number of these respondents added that they felt that the changes proposed in the document would have a positive effect on family life.

228. Most bereaved parents stated that they felt there had already been an adverse impact on their family life. They did not indicate in their response, however, that any of our proposals would negatively affect family life more generally. Action 4 Ashes suggested that the impact on bereaved families' lives could be reduced if the Government commissioned a national investigation, similar to the Infant Cremation Commission investigation in Scotland, to investigate individual historic cases.

229. Of those who responded 'yes', the greatest number raised concerns that the particular emphasis on transparency and choice contained in the proposals could have a negative impact on families who did not want to have any involvement in the disposal of their baby's remains. It was stressed by those who raised this point that parents must also have the choice to remove themselves from the process and have anonymity if they so desired, particularly in cases of abortion, and that failing to allow this could cause additional distress to those families.

230. A small number felt that family life might be affected if the proposals in the document led to an increase in funeral costs, particularly for low-income families or for families who were not eligible for assistance from the Department for Work and Pensions (DWP).

231. Belfast Health and Social Care Trust cited two main problem areas they had encountered (in Northern Ireland, which operates under different cremation legislation to England and Wales) which they felt that it might be beneficial to provide guidance for in order to reduce the potential impact on families where these problems arose. The first was where separated or unmarried couples could not agree on the method of disposal. The second was where minors (usually mothers aged 13-15) wanted to complete paperwork themselves, or were in disagreement with their family or the family of the father, about whether the baby is cremated or buried.

### **Response and proposed action**

- No changes to the proposed actions set out in this document appear to be necessary in light of responses regarding family life. The focus was mainly on the ability of mothers to remove themselves from the process and maintain anonymity if they desired. Guidance on this issue, and others that may affect families, could be included in the proposed code of practice.
- We believe that limited Government resources are best devoted to improving infant cremation practice nationally for the future, building on this consultation and the Emstrey and Infant Cremation Commission reports. We are supportive of local historic investigations.

## Conclusion and next steps

This section draws together the proposed action in relation to each of the consultation areas as set out in the 'responses to specific questions' section above:

### Q1. General comments on the cremation process

- As responses to this initial consultation question indicated no clear issues, we do not propose to take action on any particular points raised at this time.

### Q2 to Q4 - Definition of ashes

- We propose to amend the cremation regulations to include a new statutory definition of ashes as all that is left in the cremator at the end of the cremation process and following the removal of any metal.
- We will ask the national cremation working group to consider what provision should be made for any metal - which under our definition will not be regarded as ashes – that may be in the cremator.

### Q5 to Q8 - Collection and scattering of ashes

- We propose to amend the cremation application form to add a new section for the applicant to specify what they wish to happen to ashes, with the options being: 1) ashes to be scattered or interred at the crematorium, 2) ashes to be collected from the crematorium, 3) ashes to be held pending the applicant's decision. We then propose a box in which the applicant can provide further details – such as:
  - Under option 1, whether they wish ashes scattering to be witnessed and / or where ashes will be scattered (for instance which area in the crematorium grounds and perhaps a possible timescale for scattering can be noted on the form)
  - Under option 2, whether the ashes will be collected by the applicant or another person, such as a family member/friend (as specified)
  - Under option 3, where and for how long the ashes should be held pending a decision (this could be decided locally according to cremation authority or funeral director practice).
- We propose that the form will say that an applicant is permitted to change their mind, if confirmed in writing with a signature, at any time before the original choice is implemented (if option 1 or 2), and that any decision made later under option 3 should also be confirmed in this way.
- We do not propose to require cremation authorities to send copies of the cremation register to applicants in every case. This would be a new burden on them which we believe is unnecessary, as the register is available on request and the applicant's decision is also recorded on the application form. Regulation 35 of the 2008 Regulations already allows a cremation authority to give a person a copy of the register or a document.

### **Q9 - Non-collection of ashes**

- We propose to amend the cremation application form to include the applicant's instructions as to what should happen to the ashes. Given the mix of views as to how long ashes should be retained (by funeral directors and cremation authorities) we do not propose to introduce new regulations specifying this (beyond that already set out in 2008 regulation 30).
- We will ask the cremation working group to consider and recommend what timescales should be specified in a code of practice.

### **Q10 and Q11 - Where there are no ashes**

- We propose to amend the cremation application form to add a section stating that while every effort will be made to recover ashes, on rare occasions there may be no recoverable ashes, and providing a tick box for the applicant to confirm that they understand this statement.
- We will ask the national working group to consider how best to tell applicants when no ashes are recovered, and who should contact the applicant, based on current best practice. This should be included in a code of practice.

### **Q12 and Q13 - Cremation authority record-keeping**

- We propose to amend 2008 Regulation 34, retaining the current requirement for documents to be retained for 15 years and allowing for this to be done either electronically or in hard copy. We propose to remove the current requirement for a cremation authority to retain a hard copy for two years even if there is also an electronic copy.
- We will ask the national working group to consider whether cremation codes of practice should set out a standard of retaining documents for longer than 15 years.

### **Q14 and Q15 - Appointment of an inspector**

- We will ask the national cremation working group to consider how an inspector could contribute to the ongoing improvement of cremation practice, alongside the new regulations and codes of practice set out in this document. The working group will consider what additional measures are needed to improve standards, how to put these standards in place, and how best to assess whether the standards are being met. We will also ask the working group to consider the cost and funding of the inspector role.
- The Government will make a decision on whether to appoint an inspector (and if so the nature of the role and its funding) in light of the working group's conclusions.

### **Q16 - National cremation working group**

- We will set up the national cremation working group with a view to agreeing its terms of reference at the group's first meeting. This will include whether the group should look at cremations generally (perhaps in relation to specific issues) as well as infant cremations. However, the group's priority will be infant cremations.
- In order for the group to cover best practice for all aspects of the cremation process, whilst taking into account the need to make the group an effective and manageable size, we plan to invite representatives from the following:
  - the cremation industry;

- the funeral industry;
- voluntary organisations who support bereaved parents;
- medical professionals who deal with parents who have lost babies during pregnancy;
- other government departments with an interest in cremation.

#### **Q17 - Training of crematorium staff and funeral directors**

- We said in the consultation document that our intention was to remit consideration of these recommendations to the national cremation working group who will:
  - review progress already made;
  - identify where any further work or adjustments might be necessary in the context of England and Wales; and
  - consider whether training and accreditation should be included in any industry code of practice.
- In light of the consultation responses this remains our intention, with our preferred way forward being non-statutory codes of practice setting out industry training and accreditation requirements for cremation staff.

#### **Q18 and Q19 - Codes of practice and cremation authority policy statement**

- We will task the national cremation working group with drawing up a code of practice with discrete chapters covering infant cremations; cremations of fetuses of less than 24 weeks' gestation (including shared cremations); technical codes of practice; and (as a lesser priority) non-infant (children and adult) cremations.
- We propose to publish the code of practice on-line (with different sections publishable separately) and to task the working group with agreeing what other measures should be put in place to most effectively and appropriately disseminate the code to those who need to be aware of it – particularly cremation authorities, funeral directors, bereaved people, voluntary organisations and medical professionals.

#### **Q20 - Information and guidance for bereaved parents**

- The working group will also consider how best to disseminate information for bereaved parents considering cremation.

#### **Q21 to Q26 - Cremation of fetuses of less than 24 weeks' gestation ('pre-24 weeks' fetuses')**

- We can confirm that there is no plan to change current practices whereby a parent can choose whether they wish there to be a cremation, burial, incineration, or to have no role in deciding what arrangements will be made and ask a hospital to make arrangements.
- We propose to bring the cremation of pre-24 week fetuses within the scope of the Cremation (England and Wales) Regulations 2008.
- As this will not be a simple matter of extending the existing regulations, we will undertake further consideration of the practical issues raised in this consultation before finalising the regulations and associated forms, with a view to implementing changes in 2017.

### **Q27 to Q33 - An application form and process for the cremation of a foetus of less than 24 weeks**

- We propose to have a statutory application form for pre-24 week fetuses and will task the national cremation working group with considering the detail of this. This will include the following:
  - Whether there should be separate forms (or one form with different sections) for shared and individual cremations.
  - A section setting out that in some cases there may be no recoverable ashes, and require confirmation that parents understand this and are happy to proceed with the cremation.
  - For individual cremations - a section setting out options for the ashes following the cremation and confirming that parents understand this, and setting out what the parents wish to happen to the ashes.
  - For shared cremations – text explaining that applicants will not receive ashes back, a free text box setting out what will be done with the ashes (eg were they will be scattered), and a section for parents to confirm they are content with this and wish to proceed.
  - A box confirming that the application is accompanied by a medical form that confirms that the foetus was of less than 24 weeks' gestation (see also next section of this document).
- We will consider appropriate wording and to aid this will consider non-statutory forms currently used by those involved with pre-24 week cremations.

### **Q34 and Q35 - Cremations following pre-24 week pregnancy loss outside a hospital setting**

- We propose to bring the cremation of fetuses of less than 24 weeks' gestation within the scope of the Cremation (England and Wales) Regulations 2008, and to remit finalising the detail of this to the national cremation working group. Regarding cremations following pre-24 week pregnancy losses outside a hospital setting the group will consider:
  - A requirement for a pre-24 week foetus cremation application to be accompanied by a medical certificate. In practice cremation authorities already require confirmation that the cremation is of a pre-24 week foetus, rather than a stillborn or live birth baby. We will consider the nature of the documentation required, before finalising the cremation application form and guidance for bereaved parents and those involved in arranging a cremation.
  - Guidance setting out what a parent should do if there is no medical certificate.

### **Q36 and Q37 - Who should apply for the cremation of a foetus of less than 24 weeks**

- We propose to bring the cremation of fetuses of less than 24 weeks' gestation within the scope of the Cremation (England and Wales) Regulations 2008. The national cremation working group will consider the detail, and in particular regarding who should apply for a pre-24 week cremation, our proposals that:
  - The 'applicant' section of the pre-24 week cremation application form should be based on that for the stillbirth cremation application form.

- There is no new requirement for countersigning a cremation application form. Instead, we plan to have a box on the application form for parent(s) confirming that they have discussed with the hospital / funeral director and both understand and wish to proceed with the cremation.

#### **Q38 to Q40 - Keeping records of cremations of fetuses of less than 24 weeks**

- As set out in the previous sections, we propose to bring the cremation of fetuses of less than 24 weeks' gestation within the scope of the Cremation (England and Wales) Regulations 2008.
- We plan to do this following further consideration by the national cremation working group on the practical issues raised by the consultation. Regarding record-keeping of pre-24 week cremations, this will include:
  - Requiring the cremation authority to record the details of each cremation of pre-24 week fetuses. Regulations will allow cremation authorities to record in the register the hospital reference number instead of / in addition to parents' identifying details for shared cremations, reflecting parents' wishes in each case.

#### **Q41 - Public sector equality duty**

- No changes to the proposed actions set out in this document appear to be necessary in light of responses regarding protected characteristics. Alternative options will remain available to parents who do not wish for a cremation, for instance for reasons of faith, and the only other concern regarding mothers' understanding of the process could be addressed by specific guidance in the proposed code of practice.

#### **Q42 – Family test**

- No changes to the proposed actions set out in this document appear to be necessary in light of responses regarding family life. The focus was mainly on the ability of mothers to remove themselves from the process and maintain anonymity if they desired. Guidance on this issue, and others that may affect families, could be included in the proposed code of practice.
- We believe that limited Government resources are best devoted to improving infant cremation practice nationally for the future, building on this consultation and the Emstrey and Infant Cremation Commission reports. We are supportive of local historic investigations.

## **Consultation principles**

The principles that Government departments and other public bodies should adopt for engaging stakeholders when developing policy and legislation are set out in the consultation principles.

<https://www.gov.uk/government/publications/consultation-principles-guidance>

## **Annex A – List of respondents**

### **Bereaved Families**

Carol Allum – Action 4 Ashes

Ruth Allum – Action 4 Ashes

Louise Barrett

Judith Drury - Action 4 Ashes Hull

Jenny Fox

Edward Gough – Action 4 Ashes

Michelle Gough – Action 4 Ashes

Patricia Jones

Laura and Paul Morris – Action 4 Ashes

Glen Perkins - Action 4 Ashes

Lisa Thorpe

Tina and Mike Trowhill

### **Charities and Voluntary Organisations**

Cruse Bereavement Care

National Bereavement Alliance

Quaker Social Action

Sands (Stillbirth and Neonatal Death)

The Lullaby Trust

### **Cremation Services (Local Authority and Private)**

Association of Private Crematoria and Cemeteries (APCC)

Barnsley Metropolitan Borough Council

Blackpool Council

Bracknell Forest Cremation Authority

Dignity

Durham County Council

Essex County Council

Federation of Burial and Cremation Authorities (FBCA)

Gateshead Council

Hartlepool Borough Council

Hull Council

Institute of Cemetery and Crematorium Management (ICCM)

Kettering Borough Council

Kirklees Council

Leicester City Council

Local Government Association

Medway Council and Crematorium

Pembrokeshire County Council

Shropshire Council

South Tyneside Council

Swansea Crematorium

Tameside Metropolitan Borough Council

The Cremation Society of Great Britain

### **Funeral Directors**

Caerphilly Funeral Services

Co-operative Funeralcare

Freeman Brothers

Funeral Furnishing Manufacturer's Association

F.W. Cook Funeral Services

J J Burgess & Sons

National Association of Funeral Directors

Philip Blatchly and Son Funeral Directors

Shoobridge Funeral Services

Westerleigh Group

### **Medical Organisations**

Belfast Health and Social Care Trust

British and Irish Paediatric Pathology Association

Colchester Hospital University Foundation Trust

Cwm Taf University Health Board

Gateshead Health Foundation NHS Trust

Human Developmental Biology Resource

London Maternity Strategic Clinical Network

Midland Regional Hospital

Nottingham University Hospitals NHS Trust

Queen Alexandra Hospital

Queen Elizabeth Hospital, Kings Lynn

Royal College of Pathologists

The Royal College of Midwives

University College London Hospital

### **MPs/Parliamentary Groups/Government Departments**

All Party Parliamentary Group on Baby Loss

Victoria Prentis MP

Home Office

### **Faith Groups**

Al-Khoei Foundation

Board of Deputies of British Jews

Churches' Group on Funeral Services at Cemeteries and Crematoria

Institute of Jainology (Director)

Institute of Jainology (Deputy Chair)

Spiritualists National Union

### **Other**

Coroner's Society of England and Wales

Exeter and Greater Devon Coroner's Office

Robert J Gilmore

Greater Manchester Police

Dawn Johnson

Terence Jolley

Lancashire Constabulary (Coroner's Office)

Lily Lewy

Local Government Ombudsman

Lisa Smith

Kenneth John West MBE





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