

APPENDIX 1

Cases of infant cremation conducted at Emstrey Crematorium from 1st January 2000 to 30th December 2014 (arranged by date of cremation).

Following information received from a parent an amendment has been made to Appendix One. The inquiry team would like to offer their thanks for this information and sincerely apologise for the error.

Inquiry number	Age of the infant as registered	Year of cremation	What the Cremation Register and associated documentation recorded
001	Still-born	2000	The Register records no remains. The permission to cremate slip contains a hand-written note that states: 'no remains to retrieve'.
002	9 months	2000	The Register records 'In Garden of Remembrance'. The section concerning remains on the permission to cremate slip, there is a hand-written note that states: 'if any remains retrieved, Garden of Remembrance'. This note has been crossed through with another hand-written note that states: 'no remains'. The form authorising the disposal of remains contains a hand-written note stating: 'funeral director has been informed that there is a strong possibility that there will be no remains to recover for scattering'.
003	5 months	2000	The Register records 'if any remains, to be collected by the Funeral Director'. The section concerning remains on the permission to cremate slip, contains a hand-written note that states: 'if any remains retrieved, collect by the funeral director'. This note has been crossed through with another hand-written note that states: 'no remains'.

Inquiry number	Age of the infant as registered	Year of cremation	What the Cremation Register and associated documentation recorded
004	Stillborn	2000	The Register records no remains retrieved. The section concerning remains on the permission to cremate slip has been left blank.
005	Stillborn	2001	The Register recorded 'if any ashes, in the Garden of Remembrance'. The section concerning remains on the permission to cremate slip has been left blank. The form authorising the disposal of remains, alongside the option for disposing of the said remain in the Garden of Remembrance. There is a hand-written note stating: 'if any'.
006	3 days	2001	The Register recorded no remains to collect. The section concerning remains on the permission to cremate slip has been left blank. The form authorising the disposal of remains has a hand-written note stating: 'no remains to collect. Funeral Director has been informed and parents are aware of the fact'.
007	Stillborn	2001	The Register recorded no remains to collect. The section concerning remains on the permission to cremate slip has been left blank.
008	6 days	2001	The Register recorded no remains. The section concerning remains on the permission to cremate slip has been left blank.
009	Stillborn	2002	The Register recorded no remains. The section concerning remains on the permission to cremate slip has been left blank.
010	2 days	2002	The Register recorded no remains. On the section concerning remains on the permission to cremate slip there is a hand-written note that states:

Inquiry number	Age of the infant as registered	Year of cremation	What the Cremation Register and associated documentation recorded
			'none'. The form authorising the disposal of remains has a hand-written note stating: 'no remains'.
011	1 day	2002	The Register recorded no remains. On the section concerning remains on the permission to cremate slip there is a hand-written note that states: 'none'.
012	Stillborn	2002	The Register recorded no remains. On the section concerning remains on the permission to cremate slip there is a hand-written note that states: 'none'. The form authorising the disposal of remains has a hand-written note stating: 'no retrievable remains'.
013	Stillborn	2002	The Register recorded no remains. The section concerning remains on the permission to cremate slip has been left blank and crossed through.
014	5 days	2002	The Register recorded no remains. The section concerning remains on the permission to cremate slip has been left blank and crossed through. The form authorising the disposal of remains has a hand-written note stating: 'the family understand that there will most likely be no ashes following this service. Should there be, please retain for the family'.
015	Stillborn	2002	The Register recorded no remains. The section concerning remains on the permission to cremate slip has been left blank and crossed through. The form authorising the disposal of remains has a hand-written note stating: 'no remains'.

Inquiry number	Age of the infant as registered	Year of cremation	What the Cremation Register and associated documentation recorded
016	5 months	2003	The Register recorded no remains. The section concerning remains on the permission to cremate slip has been left blank and crossed through.
017	6 days	2004	The Register recorded no remains. The section concerning remains on the permission to cremate slip has been left blank and crossed through. The form authorising the disposal of remains has a hand-written note stating: 'Funeral Director has been informed that there will not be any remains to collect.'
018	2 years and 8 months	2004	Ashes in Garden of Remembrance
019	Stillborn	2004	The Register recorded no remains
020	Stillborn	2004	The Register recorded no remains.
021	Stillborn	2005	The Register recorded no remains. The permission to cremate slip stated no remains.
022	3 days	2006	The Register recorded no remains. The permission to cremate slip stated no remains. The authority for the disposal of remains form states: 'if any, collection from the Crematorium by the Funeral director'. There is a hand-written note stating: 'no remains, funeral director has been informed and has informed the family'.

Inquiry number	Age of the infant as registered	Year of cremation	What the Cremation Register and associated documentation recorded
023	Stillborn	2006	The Register recorded no remains. The permission to cremate slip stated no remains.
024	Stillborn	2006	Ashes were obtained from this cremation for a particular reason ¹
025	10 months	2006	The Register recorded no remains
026	1 day	2006	The Register recorded no remains. The permission to cremate slip stated no remains
027	Stillborn	2006	The Register recorded no remains. The permission to cremate slip stated no remains.
028	8 months	2007	The Register recorded no remains. The permission to cremate slip stated no remains.
029	184 days	2007	The Register recorded no remains. The permission to cremate slip stated no remains
030	3 days	2007	The Register recorded no remains. The permission to cremate slip stated no remains.

¹ In this case, the Research Assistant to the Inquiry was told that in this case a stillborn baby was cremated with another person (an adult parent) in the same coffin and consequently ashes were collected from the cremation

Inquiry number	Age of the infant as registered	Year of cremation	What the Cremation Register and associated documentation recorded
031	Stillborn	2007	The Register recorded no remains. The permission to cremate slip stated no remains. The form authorising disposal of remains has a hand-written note stating: 'no remains' followed by the name of the Funeral Director.
032	4 months	2007	The Register recorded no remains recovered. The permission to cremate slip stated no remains
033	Stillborn	2008	The Register recorded no remains. The permission to cremate slip stated no remains. The form of instruction to the crematorium has a hand-written note that states: 'baby, no remains'.
034	Stillborn	2008	The Register recorded no remains. The permission to cremate slip stated no remains. The authority for the disposal of remains describes what to do with any remains but there is a hand-written note stating: 'no remains'.
035	2 weeks	2008	The Register recorded no remains. The permission to cremate slip stated no remains. The authority for the disposal of remains states: 'there may be no remains – Funeral Director has been told'.
036	1 month	2008	The Register recorded no remains. The permission to cremate slip stated no remains. There was also a note attached to the permission slip stating that: 'the Funeral Director has been made aware that there may not be any cremated ashes and that the family have been informed'.
037	Stillborn	2008	The Register recorded no remains. The permission to cremate slip recorded no remains. The authority for the disposal of remains had a hand-written note stating 'no mortal remains'

Inquiry number	Age of the infant as registered	Year of cremation	What the Cremation Register and associated documentation recorded
<p>The Forms (<u>see APPENDIX 4</u>) required to authorise a cremation changed at this point.</p>			
038	Stillborn	2009	The Register recorded no remains. The permission to cremate slip stated no remains.
039	3 days	2009	The Register recorded no remains recovered. The permission to cremate slip stated no remains. The instruction form for the Crematorium stated 'no cremated remains'.
040	1 hour	2009	The Register recorded no remains. The permission to cremate slip stated no remains. The authority for the disposal of remains has a record that "...the family are aware that there will be very little ash". A separate letter from the Bereavement Service to the Funeral Director 1 week prior to the cremation states that there will be no cremated remains for the family to take away.
041	Stillborn	2009	The Register recorded no remains. The permission to cremate slip stated no remains. The authority for the disposal of remains records that no cremated remains will be available.

Inquiry number	Age of the infant as registered	Year of cremation	What the Cremation Register and associated documentation recorded
042	6 hours	2009	The Register recorded no remains. The permission to cremate slip stated no remains.
043	3 days	2009	The Register recorded no remains. The permission to cremate slip stated no remains.
044	Stillborn	2009	The Register recorded no ashes. The permission to cremate slip stated no remains.
045	4 days	2010	The Register recorded no remains. The permission to cremate slip recorded no remains.
046	1 week	2010	The Register recorded no remains. The authority for disposal of remains stated "in the event of any ashes – to be placed in the Garden of Remembrance'. The permission to cremate slip recorded no remains.
047	Stillborn	2010	The Register recorded no remains. The permission to cremate slip stated no remains.
048	17 days	2011	The Register stated no ashes. The permission to cremate slip stated no remains
049	Stillborn	2011	The Register recorded no remains. The permission to cremate slip recorded no remains.

Inquiry number	Age of the infant as registered	Year of cremation	What the Cremation Register and associated documentation recorded
050	Less than 24 weeks	2011	No ashes were recorded. The permission to cremate slip stated no remains
051	3 weeks	2012	No ashes obtainable and the permission to cremate slip states no remains
052	2 months	2012	The Register recorded no remains. The permission to cremate slip recorded no ashes obtainable
053	Stillborn	2012	The Register recorded no remains. The permission to cremate slip states that no ashes were obtainable
054	1 years	2013	Ashes released to the Funeral Director. The permission to cremate slip states that the remains will be released to the Funeral Director and there is a separate letter confirming receipt of the remains.
055	1 month	2013	Ashes released to the Funeral Director. There is a separate confirmation letter stating that the Funeral Director has received the remains.
056	1 week	2014	Ashes released in a scatter-tube provided by the Funeral Director. The permission to cremate slip states that the remains will be released and there is a separate authorization letter stating that the remain will be released to a person nominated by the Applicant for the Cremation
057	Stillborn	2014	Ashes released and the permission to cremate slip states that the remains will be released to the Funeral Director. The Funeral Director confirmed receipt of the remains

Inquiry number	Age of the infant as registered	Year of cremation	What the Cremation Register and associated documentation recorded
058	Stillborn	2014	Ashes retained. The permission to cremate slip states that the Funeral Director will collect the remains and this is confirmed in a separate letter.
059	Stillborn	2014	Ashes retained. The permission to cremate slip stated that the remains will be collected by the Funeral Director. The Funeral Director confirmed this on a separate letter.

APPENDIX 2

Cases of infant cremation conducted at Emstrey Crematorium from 1994 to 1998 (arranged by date of cremation). This period of time spans the removal of old cremators and the installation of new cremators that were subsequently in use at Emstrey until the end of 2012.

Inquiry reference for the case	Year of cremation	Disposal of ashes as recorded in the Cremation Register and the Technician Diaries
00a	1994	Collected by the funeral Director
00b	1994	Collected by next of kin
00c	1995	Collected by the funeral director
00d	1995	Collected by the funeral director
00e	1995	Collected by the funeral director
00f	1995	In the Garden of Remembrance
00g	1995	In the Garden of Remembrance
00h	1995	In the Garden of Remembrance
00i	1995	In the Garden of Remembrance
00j	1995	Collected by the funeral director
00k	1995	In the Garden of Remembrance
00l	1996	Collected by the funeral director
00m	1996	In the Garden of Remembrance

New cremators are commissioned

		Disposal of ashes as recorded in the Cremation Register	Disposal of ashes as recorded in the Cremator Technician Diary
00n	1996	Garden of remembrance	No remains
00o	1997	Garden of remembrance	Garden of remembrance
00p	1998	Collected by funeral director	No remains
00q	1998	No remains	No remains
00r	1998	No record	No remains

APPENDIX 3

Report of the Infant Cremation Commission June 2014

Section 2

Recommendations

2.1 In legislating, devising policy, drafting information and guidance documents, and making arrangements for and conducting baby cremations, the baby and the interests of the family should be the central focus of attention. Parents and families should be given time and space to reach the correct decision for them. Arrangements should be in place at each hospital for ongoing contact with parents, particularly mothers, where that contact is necessary. **(11.34)**

2.2 The FBCA in the course of their “critical friend” visits to crematoria and the ICCM in their self-assessment questionnaire should address specifically the conduct of baby cremations and recovery of ashes. **(5.6)**

2.3 The “ashes” which the Cremation Authority is obliged to give into the charge of the person who applied for the cremation if he so desires 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”. That should not preclude the applicant from consenting in advance to the removal of metals, such as coffin nails and artificial joints, and their separate disposal, including as part of a metal recycling scheme. **(7.21)**

2.4 Cremation Authorities should review their practices immediately to ensure that, in dealing with the “ashes” following cremation, they proceed on the basis that the “ashes” are as defined in the foregoing recommendation. **(7.21)**

2.5 The Scottish Government should inform their counterparts in England and Wales and Northern Ireland about the changes in legislation in Scotland to enable them to consider clarification of the definition of “ashes” in identical terms. **(7.23)**

2.6 All Cremation Authorities at whose crematoria ashes are not always recovered should liaise with a crematorium or crematoria where ashes are recovered more regularly to share their experiences and information about their respective practices in order to identify changes in practice that should be introduced immediately with a view to increasing the prospects of recovering ashes. **(8.13)**

2.7 The Cremation Authorities which have rejected the use of trays for baby cremations on health and safety grounds should urgently consider, in light of the experience of others, the introduction of a local protocol to allow trays to be used in a way that will expose no one to undue risk. **(8.14)**

2.8 As an urgent interim measure, the ICCM and the Federation of Burial and Cremation Authorities (FBCA) should form a joint working group, which should also include two lay persons nominated by the Scottish Government and a representative of Facultatieve Industries Ltd, to consider the various practices and techniques currently employed in baby and infant cremation in full-scale cremators with a view to identifying those practices which best promote the prospect of recovery of ashes inclusive of baby remains and compiling Guidance for cremator operators. The working group should identify aspects of the cremation process which could conceivably be changed or improved and into which research ought to be commissioned by the Scottish Government. The working group's endeavours may be assisted by the fact that the majority of cremators in use in Scotland are produced by the same manufacturer, Facultatieve Technologies Ltd. **(8.36)**

2.9 Following completion of its work in **8** above, that working group should also consider the operating systems and other features of the cremators in use in Scotland and the practices currently employed with a view to identifying those aspects of the cremation process which could conceivably be changed or improved and into which research ought to be commissioned by the Scottish Government. That should include the practice of cremating babies at the end of the working day and overnight with the cremator operating and monitoring equipment switched off in a way that will cause no material environmental damage and satisfies SEPA that it should be permitted, with a view to increasing the prospects of recovering ashes. **(8.36 and 8.39)**

2.10 That working group should consider and advise whether, in light of experience in England and Ireland, and having regard to their efficiency in recovering ashes and the costs of installation and operation, the Scottish Government should commission research into the design and development of small-scale cremators. **(8.40)**

2.11 Each Cremation Authority should publish a policy statement, which should include a commitment to the sensitive treatment of the baby throughout and to respecting the wishes and needs of parents and families, and also set out the Authority's policy on ashes. To ensure clarity and consistency the ICCM and the FBCA should form a joint working group to develop a model policy statement reflecting best practice and allowing for local variation as appropriate. **(8.44)**

2.12 Funeral Directors and healthcare staff should include appropriate extracts from the Cremation Authority policy in information and guidance material given to families. **(8.45)**

2.13 The cremation of non-viable babies should be the subject of legislative regulation. **(9.4)**

2.14 Appropriate forms of application for cremation should be prescribed for each of three categories of cremation of babies and infants: (a) stillborn baby; (b) shared cremation of non-viable babies; and (c) individual cremation of a non-viable baby. **(9.7, 9.23, 9.40, 9.42 and 9.44)**

2.15 On each form of application for cremation there should be a clear warning, in terms appropriate to that form, that ashes may not be recovered, with provision for the applicant to acknowledge having read that warning. In the case of (b) shared cremations the warning should also state that any ashes recovered will either be scattered or interred, and specify which, at the crematorium. **(9.10, 9.24, 9.40, 9.44)**

2.16 In the context of their introduction of a new death certification process, the Scottish Government should review the currently prescribed content of cremation application Form A to ensure that only essential questions are incorporated into the new prescribed forms for (a) and (c). **(9.16, 9.17, 9.24 and 9.44)**

2.17 All forms of application prescribed should be designed by the Scottish Government with simplicity and clarity in mind, and all Cremation Authorities, Health Boards and other healthcare providers should be required to use the forms so prescribed and designed. **(9.14 and 9.18)**

2.18 The forms prescribed for (a) and (c) should contain a question requiring the applicant to specify how the ashes should be dealt with following the cremation. The options available should include retention for a defined period pending a final decision and also later extending the period of retention. **(9.10, 9.24 and 9.44)**

2.19 There should be provision in forms for (a) and (c), or on a separate form, for the applicant to authorise a representative, such as the Funeral Director, to collect the ashes. Where the Funeral Director is the person authorised, the form should also provide for the consent of the applicant to the Funeral Director returning the ashes to the crematorium in the event that the applicant does not collect them from the Funeral Director or give the Funeral Director instructions as to their disposal within a defined period. **(9.11, 10.16)**

2.20 There should be a specific legislative provision that the cremation should not be authorised to proceed if the application does not contain a clear direction as to how the ashes should be dealt with. **(9.12)**

2.21 Where ashes are left in the care of the crematorium on the basis that they will be collected, or to await further instructions within a defined period, the Cremation Authority may not scatter or inter them unless 14 days' notice of their intention to do has been given to the applicant. **(9.13)**

2.22 The forms prescribed for (a) and (c) should be completed and signed by the applicant personally, and the applicant's signature should be witnessed by a person who is not a member of the applicant's family and has no part in the arrangements for the cremation. **(9.9, 9.10, 9.21 and 9.44)**

2.23 It should be provided in legislation that those entitled to apply for cremation are: (i) in the case of (a) and (c) the nearest relative as defined by section 50 of the Human Tissue (Scotland) Act 2006; and (ii) in the case of (b) a person authorised by the Medical Director of a Health Board or other healthcare provider, and that an application presented by a different person should be accepted only on cause shown, which should be recorded in the register referred to below. **(9.19, 9.20 and 9.42)**

2.24 Senior Cremation Authority staff should be responsible for the scrutiny of all cremation application forms to satisfy themselves that the applicant is entitled to make the application as mother, nearest relative or on cause shown. There should be legislative provision that, if the Cremation Authority is not satisfied of the applicant's entitlement to apply, then authority for the cremation to proceed may be refused. **(9.20)**

2.25 Legislative provisions similar to those in Regulation 20 of the 2008 Regulations (England and Wales) should be introduced requiring appropriate certification of a stillbirth. **(9.23)**

2.26 The duty of Cremation Authorities as to the handling of ashes set out in Regulation 17 of the 1935 Regulations should be extended to apply to stillborn and non-viable babies. **(9.25 and 9.44)**

2.27 The provisions of Regulations 13 and 15A of the 1935 Regulations should be amended to apply to stillborn children. **(9.26)**

2.28 NHS Scotland should review the provision of the facility of hospital-arranged cremation throughout Scotland with a view to making consistent provision in all Health Boards. **(9.32)**

2.29 The Scottish Government should establish a working group comprising representatives of Health Boards, Funeral Directors, Cremation Authorities and miscarriage and child bereavement support organisations to consider evolving practices in the arrangement and conduct of shared cremations and to draw up a code of practice setting down minimum standards for shared cremations. **(9.35)**

2.30 The 2012 CMO and CNO Guidance on sensitive disposal should be reviewed and consideration should be given to revising it to take account of the comments made in Section 9. **(9.36 to 9.39)**

2.31 Annex C to the CMO and CNO Guidance should be revised to: (i) set out specifically the options for disposal explained to the mother above the space for her signature; (ii) state that ashes may not be recovered following cremation, and that any which are recovered will be scattered or buried at the crematorium; and (iii) state specifically that the standard procedure to be followed where the mother declines to discuss disposal is cremation along with others. **(9.40 and 9.41)**

2.32 The form of application for (b) should state that each mother has authorised the hospital to arrange a shared cremation, and that such authorisation is held in hospital records. **(9.40, 10.7 to 10.10)**

2.33 Each application for cremation of a non-viable baby should be accompanied by a medical certificate that the pregnancy loss occurred before 24 weeks and showed no signs of life. **(9.42)**

2.34 Cremation Authorities, Funeral Directors and Health Boards should review the contractual arrangements in place for shared cremations in light of ICCM Guidance contained in Section 6 to satisfy themselves that the respective responsibilities of the parties are so defined as to ensure that such cremations are carried out in a dignified and sensitive manner. **(9.48)**

2.35 Each Cremation Authority should be required by legislation to record the cremation of each deceased baby, stillborn baby and non-viable baby carried out by the Cremation Authority in a register or registers comprising prescribed columns, every one of which must be completed, including in particular, if the ashes were scattered or buried, the date and their location and, if collected, the date and by whom. **(10.4 and 10.5)**

2.36 The Cremation Register should be a public document and the Scottish Government should make legislative provision to that effect, subject to any restrictions necessary in the interest of privacy and to comply with data protection requirements. **(10.6)**

2.37 Each Health Board and other healthcare providers should maintain a register of authorisations in which the crematorium at which the baby was cremated is recorded in a way that will ensure traceability of the link between the baby and the ashes. **(10.8)**

2.38 Since responsibility for preserving important records relating to hospital arranged cremations lies with the hospital or other healthcare provider, a working group comprising Health Board representatives and a representative from the private healthcare sector, chaired by a Scottish Government official, should be appointed by the Scottish Government to review hospital record-keeping practice in all hospitals and other healthcare providers in relation to documents relevant to baby and infant cremations with a view to identifying best practice to be applied across Scotland. **(10.9)**

2.39 The registers kept by Cremation Authorities, Health Boards and other healthcare providers should be preserved indefinitely. All forms of application, certificates and other official documents relating to a cremation should be preserved for a minimum of 50 years. **(10.10 and 10.11)**

2.40 The Scottish Government should form a working group drawn from Cremation Authorities and providers of software to crematoria to review the available facilities for electronic processing and storage of cremation documents and records, to consider and recommend appropriate improvements to achieve the objects of the recommendations of this Commission, and to consider what additional features and facilities the software manufacturers should be invited to develop, all with a view to ensuring that the systems in use by Cremation Authorities are as efficient and secure as possible. The working group should also consider and advise on the appropriate requirements for back-up systems. Having regard to the importance of keeping records secure, the working group should also consider and advise whether additional security measures are necessary and what back-up storage systems should be provided. **(10.12)**

2.41 In the case of deceased and stillborn babies, on completion of the entry by recording the ashes location or collection and the date thereof, the Cremation Authority Registrar should be required to send a notice to the applicant confirming which occurred and, if scattered or interred, where that was, along with an extract of the full register entry. In the case of the individual cremation of a non-viable baby the Registrar should issue such a notice and extract on request and the form of application should provide for such a request to be made. **(10.13)**

2.42 The ICCM and FBCA should review their respective technical training programmes in accordance with the requirements identified in Section 11. **(11.12 to 11.16)**

2.43 The FBCA should review all published Guidance documents to provide clear and fully informed guidance on the prospects of ashes being recovered based on knowledge of skeletal maturity rather than gestational age alone. **(11.14)**

2.44 The ICCM and FBCA should each introduce into their respective technical training programmes provision requiring the trainee technician and his mentor to attend and undertake, in the course of the training period and at a crematorium identified by the Institute or the Federation as excelling in the conduct of baby and infant cremations, a full day of training in the conduct of baby and infant cremation on two separate occasions. The trainee should be required to satisfy the examiner of his knowledge and understanding of the methods and techniques of the conduct of baby and infant cremations that enhance the prospects of recovering ashes. **(11.16)**

2.45 The ICCM should revise their management training scheme to include an element dealing with baby and infant cremation and to make that a compulsory part of study for the certificate in cremation management. **(11.18)**

2.46 The person with direct management responsibility for the operation of a crematorium should hold either a qualification in crematorium management or the FBCA certificate of competence to operate cremators or the ICCM intermediate certificate for crematorium technical operations. **(11.19)**

2.47 The FBCA should develop and introduce a training programme for continuing professional development. **(11.20)**

2.48 Mothers of non-viable babies and families of stillborn babies and very young deceased babies considering cremation should be advised where there is a possibility that ashes will not be recovered and reminded of the availability of the option of burial. **(11.24 and 11.34)**

2.49 All providers of training programmes for Funeral Directors should review them in the light of any legislative changes affecting the cremation of non-viable and stillborn babies and associated administrative procedures. **(11.26)**

2.50 All providers of training programmes for Funeral Directors should devise modules designed to give Funeral Directors an understanding of the cremation process, the effect it has and the prospects of recovering ashes in baby and infant cremations. **(11.26)**

2.51 Each Health Board, as part of continuously improving the quality of the service, should identify staff who will have responsibility for communicating with families about arrangements for disposal and liaising with Funeral Directors and crematoria and, as part of their continuous professional development, arrange for their further education and training in the necessary skills, including developing their communication skills, improving their understanding of the roles and responsibilities of colleagues, and providing an appreciation of the capabilities of modern cremation equipment and contemporary cremation practice and the effect of cremation on babies and infants. **(11.35)**

2.52 Health Boards should support staff in initiating the formation of local multidisciplinary working groups comprising all with a role in dealing with the fate of the baby from hospital to crematorium to exchange information, knowledge, understanding, practice and experience, as well as promoting joint training programmes, with the aim of ensuring that all involved are familiar with the facilities available and practices followed locally. **(11.36)**

2.53 Health Boards, organisations providing advice, support and guidance to grieving families such as SANDS UK and the Miscarriage Association, Funeral Directors, the ICCM and FBCA, and any other body providing advice, support and guidance to grieving parents and families should review all publications dealing with cremation that are likely to be distributed to, or seen by, the public to ensure that they include accurate information that is expressed clearly and consistently, including in particular information about the prospects of recovering ashes, and that they contain a reminder of the availability of the option of burial. **(11.37)**

2.54 The Scottish Government should establish a working group comprising a representative from each Health Board and chaired by a Scottish Government official to review all Guidance documents and information leaflets in use over all Health Boards and private healthcare providers, including those compiled by, or in conjunction with, bodies such as SANDS and the Miscarriage Association, relating to management of pregnancy loss and infant bereavement and arranging disposal, with a view to ensuring consistency in that Guidance and information, and endeavouring to reduce the proliferation of different documents in use. **(11.38)**

2.55 Where invited to do so by affected parents, local councils / authorities should facilitate discussion for plans for local memorials. **(12.7)**

2.56 The Scottish Government should form a working group, to include representatives of affected parents and bereavement support groups to consider whether there should be a national memorial dedicated to the babies whose ashes were mishandled or mismanaged and, if so, the form that it should take. **(12.8)**

2.57 The Scottish Government should establish a National Committee with responsibility for baby and infant cremations. **(13.4)**

2.58 The National Committee should be chaired by a senior Scottish Government official. Its membership should be drawn from authorities, organisations, professions and other bodies with a role in baby and infant cremation, and should include

representation from groups or organisations representing affected parents and providing bereavement support. **(13.5)**

2.59 The National Committee should have power to establish working groups of its membership, with co-opted members where appropriate, to consider specific recommendations from this report. Each of the working groups recommended above would be sub-groups of the National Committee. It would be open to the National Committee to assign to one working groups the tasks assigned in more than one recommendation, for example recommendations relating to technical matters and cremation technology could be dealt with by a professional sub-group reporting back to the full Committee. The National Committee should also have the power to establish working groups to consider other issues identified by the National Committee and to report back to the National Committee. **(13.6)**

2.60 The National Committee should report to Scottish Ministers annually on progress against the recommendations made by this Commission. That annual report should be published on the Scottish Government website. **(13.7)**

2.61 The National Committee should, as a priority, develop a national Code of Practice for baby and infant cremation. Such a Code, which should be informed by the recommendations of this Commission, should set down the minimum requirements for organisations to adhere to when supporting bereaved parents and families through the baby and infant cremation process, and seek to identify best practice to be followed by all bodies involved in baby and infant cremation. The Code of Practice should include general principles and guidance as well as specific technical and operational guidance for Cremation Authorities, Health Boards and Funeral Directors, with a view to achieving consistently high standards of practice among all with a role in baby and infant cremation. **(13.8)**

2.62 The Code of Practice should be a live document that is not only responsive to developments, but also instrumental in promoting improvements, in practice, technology, policy and legislation. The National Committee should therefore continue to monitor developments in all aspects of activity related to baby and infant cremation and review the Code annually to ensure that it reflects contemporary standards and best practice. **(13.9)**

2.63 Scottish Ministers should appoint an independent Inspector to monitor working practices and standards at crematoria, provide feedback to Cremation Authorities on how they are performing and to report to the Scottish Ministers as required. The independent Inspector should have authority to investigate complaints from the public about working practices and standards at crematoria, to adjudicate upon these complaints and report findings to the Scottish Ministers. The role of the Inspector should be extended to the funeral industry in respect of which there is no current provision for inspection. **(13.10 and 13.11)**

2.64 The Scottish Ministers should keep the cremation and funeral industries under review and should consider, in light of the reports of the National Committee and the independent Inspector, whether further regulation of either is required. **(13.13)**

APPENDIX 4

Sequence of prescribed forms necessary for the Authorising of a Cremation

The Cremation (England and Wales) Regulations 2008

The Cremation Regulations 2008 came into effect on the 1st of January 2009. They modernised and consolidated all previous regulations and replaced the Cremation Regulations 1930 (as amended). The forms issued under the 1930 Regulations may no longer be used.

The role of the Medical Referee

Cremations cannot take place unless the Medical Referee for the Crematorium has authorised a cremation to take place. The Medical Referee cannot do this until the relevant forms have been properly completed in accordance with the regulations.

The Cremation of non-viable foetal remains

Foetal remains under 24 weeks gestation are not subject to the provisions of the Cremation Act 1902 or any subsequent cremation regulations. Further information concerning the management of such remains is published by the Human Tissue Authority and can be found at www.hta.gov.uk

The medical certificates

There are two medical certificates. The doctor who treated the person during his or her last illness completes one and a doctor who did not treat the deceased person and who is completely independent of the first doctor completes the other certificate.

The Forms for Cremation

Form Cremation 1 – Application for the cremation of the body of a person who has died (this replaced form A)

This form is to be completed by the applicant for cremation. All the questions on this form must be answered and all parts of the form must be completed before it is passed to the crematorium. Applicants can be assisted in providing any information that is required

In certain circumstances, the death may need to be referred to a coroner. The coroner may then order a post-mortem examination or open an inquest. In these circumstances the coroner will complete Cremation form 6 and there are no medical certificates to inspect.

Form Cremation 2 – application for the cremation of body parts (this form replaced Form AA)

'Body-parts' refer to material consisting of, or including, human cells from a deceased person or a stillborn baby.

Form Cremation 3 - Application for the cremation of a stillborn baby

This form may be completed by one of the parents of the stillborn baby but may also be completed by the bereavement officer at the hospital if requested by the parents. Cremation form 3 was introduced in 2009.

Form Cremation 4 - Medical certificate (replaced form B)

This form will need to be completed by a registered medical practitioner with a licence to practise who can certify the cause of death. It contains the most detailed information about the circumstances surrounding the death.

The Ministry of Justice expects the medical practitioner signing Cremation form 4 to have treated the deceased during their last illness and to have seen the deceased within 14 days of death.

Form Cremation 5 - Confirmatory medical certificate (this replaced form C)

This form may only be completed by a registered medical practitioner of at least five years standing who is not either a relative of the deceased, the medical practitioner who completed Cremation form 4 or a relative or partner or colleague in the same Practice or clinical team as the medical practitioner who issued that certificate.

The medical practitioner who completes Cremation form 5 should always properly check Cremation form 4. It is the responsibility of that medical practitioner to query any inconsistencies.

Form Cremation 6 – the Certificate of the Coroner (this form replaced form E)

If this form is incomplete it will be returned to the coroner's office for completion.

Form Cremation 7 – Certificate following an anatomical examination (this form replaced Form H.)

The form refers to licences granted under the Human Tissue Act 2004 but it can be adapted to deal with older anatomical remains where disposal of the body has been delayed.

Form Cremation 8 – Certificate for releasing body parts for cremation (this form replaced Form DD)

The body parts must belong to a named person and all the questions on the form should be answered in full.

Form Cremation 9 - Certificate of stillborn baby

This form should be linked with Cremation form 3 and the appropriate registration document.

Form Cremation 10 – Authorisation for the cremation of a deceased person by a medical referee (this form replaced form F)

The medical referee will authorise cremation of a deceased person after he or she is satisfied by the information on the relevant forms.

Form Cremation 11 - Certificate after post-mortem examination (this form replaced form D)

Cremation authorities will need to ensure all the relevant provisions of the Human Tissue Act 2004 are met.

Form Cremation 12 – Authorisation for the cremation of body parts by a Medical Referee. This form replaced Form FF

The medical referee will only authorise cremation after consideration of form Cremation 2 and form Cremation 8 and the appropriate registration documentation.

Form Cremation 13 - Authorisation for the cremation of remains of a stillborn child by a medical referee

The medical referee will authorise the cremation of a stillborn baby only after having considered Cremation form 3 and either Cremation form 9 (or the overseas equivalent) or a declaration given by a person who can give information concerning the birth and the appropriate registration document.

APPENDIX 5

Institute of Cemetery & Crematorium Management (ICCM)

Cremations of Babies – Initial Guidance (2014)

Due to apparent differences in approach to the cremation of babies, the Institute has drafted this initial guidance note in an attempt to bring some consistency to the cremation technique. Further guidance will be prepared and distributed from the Scottish Government working group that is due to be convened in the near future.

Whilst it has been acknowledged that ashes might not be recovered in all cases, this guidance will assist in increasing the likelihood. The Institute strongly believes that all cremation authorities should develop technique designed to maximize the likelihood of the recovery of ashes for the benefit and wellbeing of bereaved parents.

Private Individual Cremations

Parents opting for a private, individual cremation must be informed prior to the cremation that the return of ashes cannot be guaranteed, however cremation authorities can indicate likelihood. Local funeral directors must be formally requested to convey this information to bereaved parents using their services so that such parents can make an informed decision on whether or not to proceed with cremation or opt for burial. This is important, as some parents may want a tangible focal point, as confirmed in the Charter for the Bereaved and supported by Sands, the stillbirth and neonatal death charity. Authorities are encouraged to produce a guide and policy that explains the options available, and to distribute these to local funeral directors and hospitals to assist them in discussing the choices with parents.

Parents should be informed that they have the right to be contacted by the cremation authority following the cremation, to inform them whether ashes have been recovered. Some parents may not wish to exercise this right, and instead authorise the cremation authority to dispose of any ashes according to local procedure, e.g. scatter in a baby memorial garden. Authority for scattering must be signed by the parent.

Parents must be given the opportunity to choose what happens to any ashes recovered. The authority is encouraged to develop paperwork that gives this choice prior to the cremation, but to also have a procedure in place to enable the parents to change their mind following the cremation. Some parents may not wish to make a decision as to the disposal until they are confident that ashes have been recovered.

Cremation authorities can increase the likelihood of recovering tangible ashes in a number of ways. These can sometimes be dependent on the cremators that are used and approach taken and include:

- If the cremator programme has a setting for baby cremations it should be used.
- Using a cremation tray will maximise the likelihood of the recovery of ashes. The small coffin on a tray can be placed close to the ash door where it can be more

closely monitored. This area can be less turbulent in some cremators and hence the risk of ashes being blown away by the air jets is reduced.

- The coffin and tray should not be placed directly under a burner, as this is an area where major turbulence is created and ashes could be blown from the tray and lost.
- An element of manual control can be adopted where the cremator programme allows this intervention, in order to reduce turbulence i.e. amount of air reduced.
- Ash recovered from a baby cremation should not be reduced in a cremulator/ash-processing machine. A number of cremation authorities have a small mortar and pestle where reduction can be effected in a more caring and sensitive manner, which also avoids any loss of ashes.
- Nothing should be removed from the ashes, except metals and only then with the consent of the parent(s).

Crematorium managers are encouraged to discuss the importance of maximising the likelihood of recovering tangible ashes with their crematorium technicians and to develop local procedures to achieve this.

Communal/Shared Cremations

The likelihood of the recovery of ashes from such cremations is high, however the techniques identified above should still be adopted for communal/shared cremations. Where such cremations take place under an agreement with a local hospital you should include conditions to your agreement/contract requiring that parents are informed of the following:

- Any ashes recovered from a communal/shared cremation are not individually identifiable.
- Any ashes recovered will be scattered within the garden of remembrance and the location recorded. Parents can be shown this area on request.
- A memorial facility is available at the crematorium should this be desired.

Note: Some hospitals arrange individual cremation as opposed communal/shared cremation and in these instances the hospital must inform parents that they will be informed after the cremation if ashes were recovered. Parents must then be given the opportunity to decide on the disposal of such ashes. The hospital can either liaise between parents and the crematorium, or provide parents with contact details for the crematorium.

Cremation authorities that have not already done so, are encouraged to establish a specifically designed children's garden within their gardens of remembrance, where ashes can be scattered or buried.

The Institute wishes to assist cremation authorities in developing technique and approach to the cremation of babies in order to provide a transparent, caring and reliable service to bereaved parents.

ICCM

ISSUED BY: The Institute of Cemetery & Crematorium Management Registered
Office: City of London Cemetery, Aldersbrook Road, Manor Park, London E12 5DQ
Founded 1913 Incorporated 1958 London Register No. 610299 Tel: 020 8989 4661
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APPENDIX 6



Policy and Guidance for

Baby and Infant Funerals

Formulated with the kind assistance of

**Sands, the stillbirth and neonatal death
charity**



Adapted from the ICCM Charter for the Bereaved November 2014

Introduction

This policy and guidance has been designed to assist bereaved parents with making decisions that are right for them and to further assist burial and cremation authorities in providing suitable and acceptable services. It was formulated with the kind assistance of Sands (the stillbirth and neonatal death charity) during the review of the ICCM Charter for the Bereaved with the intention of providing information to parents and burial authorities and ultimately raise the level of services provided.

1. INFORMATION FOR PARENTS

A message to bereaved parents:

We are so sorry that your baby has died. We hope that the information in this policy will explain your options and help you to make decisions about your baby's funeral. Remember, it is your right to arrange a private funeral that meets with your requirements and wishes at the cemetery or crematorium of your choice. Alternatively, most hospitals will make arrangements for shared funeral services (that is, for more than one baby) at their local cemetery and/or crematorium.

The information below will help you make decisions about your preferred choice and the options available, however remember that further help is also available through your Charter member, funeral director and hospital patient affairs/bereavement officer².

Remember, you do not have to make any rushed decisions and should take time to consider the options available.

Sands is a well known national organisation that provides help and support to bereaved parents via a network of local groups. Some local groups have assisted burial and cremation authorities with developing their services to bereaved parents. The Sands website (<http://www.uk-sands.org/>) contains a wealth of advice and information that might help you make decisions on the funeral that meets with your needs. The Sands Helpline on 020 7436 5881 is available if you would like to speak to someone or be put in touch with your nearest Sands group. Sands also has a booklet for parents *Deciding about a funeral for your baby* which can be ordered free from the Sands Shop or read online on the Sands website (from December 2014)

Your Choices

Many NHS hospitals offer to organise and pay for a funeral for a baby who dies at any stage of pregnancy or shortly after birth. Parents can usually attend the funeral and can also usually make some decisions about the kind of service and how they will participate. Alternatively you can take full control and arrange a private funeral.

² The title of the person at the hospital may vary between hospitals.

Burial or Cremation

It is your right to decide whether a burial or cremation service is provided for your baby.

(a) HOSPITAL ARRANGEMENTS

The hospital authorities generally do not charge for making burial or cremation arrangements. They also pay any necessary cemetery or crematorium fees, although many local authorities offer their cemetery and/or crematorium service free of charge in these cases. Some hospitals offer burial as well as cremation whilst others offer cremation only. Where your preference is burial and the hospital only offers cremation, you will need to consider making a private arrangement as discussed below.

Some hospitals will arrange a burial or cremation where a number of babies are remembered at the funeral service. Some parents can draw comfort from knowing that their baby has been laid to rest with others.

If you prefer the hospital to make arrangements it is important that you speak to the appropriate officer at the hospital so that you are aware of the date and time of the funeral. In most places you can attend if you wish. You can also visit and speak to the manager of the cemetery or crematorium who will explain how and where shared burial takes place in the cemetery, or if a crematorium, the area of the garden of remembrance where cremation memorials can be provided. It is important that you are satisfied with what will happen to your baby prior to the funeral as your decision may not be reversible after the funeral.

The hospital should be able to inform you of what happens to the ashes resulting from a shared cremation, and that the location where they are buried or scattered is registered and can be identified by the crematorium after the cremation has taken place.

Most crematoria maximise the recovery of ashes from the cremations of babies. You might wish to contact the crematorium of your choice before the cremation takes place to enquire about their policy regarding the recovery of ashes. If you are not satisfied you can take control and choose an alternative crematorium.

Irrespective of who makes the arrangements the cemetery or crematorium will have options for remembrance and memorials if you wish to arrange a form of commemoration. An increasing number of cemeteries and crematoria are including children's burial sections and children's gardens of remembrance within their services where shared funerals are conducted in exactly the same manner as private funerals. Some bereaved parents gain comfort from knowing that their baby was laid to rest with others.

(b) PRIVATE ARRANGEMENTS

You can make your own funeral arrangements should you wish. You would then have full control of the arrangements, including where and when the funeral is to take place. You would be responsible for any costs associated with the funeral, but many funeral directors and cemeteries or crematoria make either no charge or a reduced charge for babies and children.

Whilst it might be a difficult task you are advised to speak to more than one funeral director before making decisions as where charges are made these can be high in some locations and especially in cities.

Should you wish to make arrangements yourself without using a funeral director the cemetery or crematorium manager will assist you by showing you the available options and giving practical help and advice regarding certificates and forms required. Your detailed requirements for the funeral service can also be made directly.

If you choose a cremation service it is important to ask the crematorium for their success in recovering ashes. If your local crematorium can give no guarantee that ashes will be recovered it is your right to choose one that does. Many crematoria can guarantee the recovery of ashes, even where the baby is of a very low term.

(c) Burial Options

Charter members are encouraged to create a Children's section within their cemetery where either shared or private funerals can be arranged. The graves in this section are small and are only suitable for the burial of babies and children. When considering your options you may want to think about burying your baby in a larger plot in the main area of the cemetery. In this case you would be able to use the same grave for one or two adults at some time in the future, possibly for a grandparent or a parent, without disturbing the baby.

If burial in a private grave is your preferred choice, whether in the main section or the Children's section of the cemetery, a deed will be issued to you giving what is known as the exclusive right to the grave. This means that nothing can be done to the grave without the written permission of the owner of the exclusive right. The owner therefore has total control over the memorial that might be placed on the grave (subject to the cemetery's rules and regulations) and any other matter relating to the grave. You can visit the cemetery prior to the burial and be shown where the burial will take place. If you are not satisfied you can choose an alternative cemetery.

If you choose burial in a shared grave your baby will be buried with others in the same grave. Charter members are encouraged to locate these graves within the same Children's section where private graves are situated. You will not have any rights or control over the grave however some parents take comfort from knowing that their baby is with others. Should you choose this option it should be noted that it will not be possible to reverse your decision and request an exhumation and

reburial in a private grave as the consent of all parents of babies buried there would be required but could not be obtained.

(d) Cremation Options

Cremation can be either via a private funeral service, i.e. one you arrange yourselves for your baby, or a shared cremation service, i.e. one where several babies are remembered together in a service that can be attended by all the families.

If you choose a private cremation you should discuss your requirements for the service directly with your funeral director or with the crematorium.

You may of course, arrange the funeral directly with the crematorium and without using a funeral director. You should be informed of the policy of the crematorium regarding the recovery of ashes resulting from the cremation. Many crematoria can guarantee the return of ashes irrespective of the term of the baby however it is advised to check with your chosen crematorium on its policy. If you are not satisfied you can select an alternative crematorium.

Where ashes are recovered from a private cremation the crematorium will deal directly with the parent(s) regarding the scattering or burial of the ashes and memorial facilities.

Should you choose a shared cremation the ashes of each baby will not be individually identifiable. The ashes will however be scattered or buried in the garden of remembrance, the location recorded and the hospital and/or Funeral Director will also be informed. You can find out if ashes were recovered or not by contacting the hospital, funeral director or crematorium on the day following the funeral service.

Charter members are encouraged to create a children's garden of remembrance within their crematoria where individual memorials may be arranged by the parent(s).

2. Charter Rights CHARTER RIGHTS FOR PARENTS

- (a) It is your right to decide whether the hospital makes funeral arrangements (if this is offered) or whether you take full control of the funeral for your baby or infant and decide whether a burial or cremation will take place.
- (b) It is your right to be offered a private grave for your baby or infant and be issued with a deed for the exclusive right to the grave. You also have the right to erect a memorial on a private grave that complies with the cemetery rules. These are subject to payment of any appropriate fees.
- (c) It is your right to be able to purchase an adult grave for the burial of your baby or infant, with sufficient depth remaining to allow adult burials, and be issued with a deed for the exclusive right to the grave. You also have the right to erect a

memorial on a private grave. These are subject to payment of any appropriate fees.

- (d) It is your right to be able to choose a shared³ grave for the burial of your baby. (Should you choose this option it should be noted that it will not be possible to reverse your decision and request an exhumation and reburial in a private grave, as the consent of all parents of babies buried there would be required but could not be obtained). You may not be able to erect a memorial on a shared grave due to space.
- (e) It is your right to be able to choose a private cremation for your baby.
- (f) It is your right to be able to choose a shared cremation for your baby where provided by the hospital.
- (g) It is your right to be able to receive accurate information about the cremation of your baby from the crematorium.
- (h) It is your right to expect the crematorium to have a technique in place designed to maximise the recovery of ashes.
- (i) It is your right to be given all of the ashes resulting from an individual cremation, or they can be buried or scattered with your written consent. All of the ashes is defined as ***'everything that is left in the cremator at the end of the cremation process following the removal of any metal'***.
- (j) It is your right to decide what happens to any metal recovered from a private, individual cremation and the crematorium must inform you of the options available, which could include recycling for charitable purposes, burial within the grounds or return of metal to you. Metal will be that which was used in the construction of the coffin.
- (k) It is your right to be able to arrange a memorial for your baby at the crematorium
- (l) When arranging a private burial or cremation it is your right to decide on the type of coffin or container that your baby will be buried in e.g. traditional coffin, wicker, bamboo, biodegradable, shroud.

3. INFORMATION FOR CHARTER MEMBERS

This section of the Charter has been reviewed with the kind assistance of Sands therefore giving a greater insight into the type and level of services that bereaved parents would expect.

³ Many bereaved parents find the terms communal grave, communal cremation etc distressing and offensive. For them the word 'communal' carries echoes of paupers' graves, mass graves etc. We would encourage Charter members to use the term 'shared' in all communications with parents and in all documents (as in this document).

Charter members are advised to take note of the Information for Parents and the Charter Rights above when considering new facilities and/or services or making improvements.

The terms 'ashes' and 'cremated remains' are deemed to be one and the same and defined as ***'everything that is left in the cremator at the end of the cremation process following the removal of any metal'***. Cremation authorities are strongly advised to formulate local policy and practice (technique) in respect of baby and infant cremations that will maximise the recovery of ashes.

Parents must be informed of what happens to any metal recovered from a private individual cremation and be informed of options available. Consent should be obtained to dispose of metal.

Charter members are also encouraged to accept and work toward providing the services and facilities contained in the Charter Targets below in order to improve their services to bereaved parents to way above a minimum level.

Where a local hospital does not provide the shared option to parents for burial and cremation Charter members will encourage them to do so via the use of the shared facilities provided at your cemetery and/or crematorium.

CHARTER TARGETS

- (a) Children's burial sections should be developed to accommodate private individual graves on which a memorial can be erected. A deed of grant of the exclusive right must be provided to the parent(s).
- (b) Children's burial sections should be specifically designed to meet the needs of bereaved parents with input provided by the nearest local Sands group. The use of undesirable areas, such as old public graves and narrow verges should be avoided. Where space is limited the use of areas previously used for public burial could be suitably enhanced to accommodate a specifically designed Children's section.
- (c) Children's burial sections mentioned above should be developed to accommodate shared burials of babies (irrespective of gestation period) and infants, delivered by local midwifery and gynaecology services. These facilities may be free of charge to parents, allow for an individual grave and burial and the placing of a memorial.
- (d) Backfill a shared grave immediately after a burial and not leave the grave open pending a further burial. Where this might not be possible a secure lockable cover should be used. Parents have the right to know that their baby is secure in the care of the burial authority.
- (e) Crematoria should have a written local policy on baby and infant cremations that contains a commitment to a technique that will maximise the recovery of ashes.

- (f) A memorial facility should be provided within a children's section for parents that choose shared burial.
- (g) Old individual adult public graves for shared/hospital burials should not be used. These old graves are often in less well maintained areas that can appear bleak and unfriendly.
- (h) A specific Children's Garden of Remembrance area should be developed within the crematorium garden of remembrance where suitable memorial facilities should be provided.
- (i) Charter members often correspond with the parents during or after the burial when the parents are shocked and numbed. It is important that letters or printed materials are written with warmth and without any bureaucratic tone. The baby's name should be used wherever possible, rather than reference to the "body" and the "burial".
- (j) Charter members must ensure that informative literature on the above is readily available to parents. Such literature should be provided to all local hospitals in the area served by the burial and/or cremation authority.
- (k) Ashes recovered from shared cremations will be scattered or buried in the garden of remembrance, the location recorded and the hospital and/or Funeral Director will also be informed. Charter members are advised to also provide this information to local hospitals and funeral directors with the addition that should ashes be recovered the aforementioned, or the parents directly, will be informed.

APPENDIX

**Reproduced with the kind permission of
Sands, the stillbirth and neonatal death charity**

Shared graves – Sands position statement May 2010

When a baby dies at any stage of pregnancy or shortly after birth, it is common practice for Trusts and Health Boards to offer to arrange a funeral service, followed by burial or cremation.

Some Trusts and Health Boards that offer burial, use shared graves. This is particularly likely in areas of the UK where burial ground is scarce and burial costs are high.

Sands strongly believes that burial must continue to be an option for all parents. Wherever possible each baby should be buried in a single grave. However, if the cost of single graves is prohibitive, then shared graves must remain an option so that Trusts and Health Boards can continue to offer burial.

Shared graves must always be protected by lockable grave covers to ensure that the grave cannot be disturbed until it is full and the ground can be re-constituted. (A lockable grave cover consists of a metal frame bolted into the ground, covered with a strong polypropylene cover that is padlocked to the frame.)

Parents whose baby has died are extremely shocked and grief-stricken. It is therefore essential that they receive clear and sensitive explanations of all their options. They should also be informed about what each option involves. In addition parents should be given written information about the choices they can make. They can then decide if they would like the hospital to organise their baby's funeral, or if they would prefer to arrange it themselves.

Some parents who want the hospital to arrange the funeral may, for religious, cultural or personal reasons choose burial. If the grave is to be shared with other babies, parents should always be told this in advance. They should be told how many babies will be in the grave and given an estimate of how long it is likely to be before the grave is closed and the ground properly reinstated.

Parents should also be informed in advance of any restrictions there may be. For example, that they may not be allowed to place any kind of memorial on a shared grave and that they will not (in most cases) be able to move their baby's body to another location at a later date should they wish to. This information should also be included in writing for all parents.

Some parents find the idea of a shared grave upsetting. Others find it comforting to know that their baby will not be alone.

It is paramount that babies' bodies and remains are always handled with respect and that parents wishes are always respected.

Sands, the stillbirth and neonatal death charity 28 Portland Place London W1B 1LY info@uk-sands.org
Enquiries 020 7436 7940 Support 020 7436 5881 www.uk-sands.org

APPENDIX 7

The Federation of British Cremation Authorities



Training and
Examination
Scheme for Crematorium
Technicians

©Federation of British Cremation Authorities - November 2003

Training and Examination Scheme for Crematorium Technicians

Section 8

CREMATING

The operation of the cremators must follow the instructions contained in the operating manual.

8.1 Cremating under supervision:

As part of your tuition, you will need to carry out 75 cremations whilst under the supervision of your tutor and you will need to record every fifth cremation using the record sheet provided in annex A. These recorded sheets will need to be handed to the examiner at the time of your examination.

8.2 Cremations requiring special control techniques:

Since all cremations are different, the process control parameters have to be varied accordingly. The majority of situations can be coped with by the cremator controls operating in automatic mode. However, further control recommendations are offered for the following types of cremation:

(b) Cremations of Infants or of foetal remains:

Many Cremation Authorities will use a stainless steel tray when cremating infants or foetal remains. The purpose of the tray is to contain the tiny bones that may remain at the end of the cremation and prevent them from being lost during ashing out.

It is usually advisable to perform this type of cremation at the end of the working day as the coffin and tray can be charged into the hot cremator and allowed to cremate using minimal top combustion air

Under these circumstances, top combustion air and the residual temperature may be sufficient to ignite and maintain the cremation. If insufficient, the ignition burner should be used as necessary.

On completion of the cremation, the tray containing the remains should be removed through the charging door and not raked through the ash door. Therefore, the cremator must be switched off and the primary chamber be allowed to cool to a safe temperature to allow the safe withdrawal of the tray.

APPENDIX 8

The Federation of Burial and Cremation Authorities



Training and
Examination
Scheme for Crematorium
Technicians

**Revised
October 2014**

A Training and Examination Scheme for Crematorium Technicians

Cremating

8.1 Cremating under supervision:

As part of your tuition, you will need to carry out 50 cremations whilst under the supervision of your tutor and you will need to record every fifth cremation using the record sheet provided. These recorded sheets will need to be handed to the examiner at the time of your examination.

8.2 Cremations requiring special control techniques:

Since all cremations are different, the process control parameters have to be varied accordingly. The majority of situations can be coped with by the cremator controls operating in automatic mode. However, further control recommendations are offered for the following types of cremation:

(b) Cremations of non-viable babies, stillborn babies and very young deceased babies:

IT IS ESSENTIAL THAT THE INSTRUCTIONS ISSUED BY THE CREMATOR MANUFACTURER SHOULD BE FOLLOWED.

If carrying out the individual cremation of non-viable babies, stillborn babies and very young deceased babies, many Cremation Authorities will use a stainless steel tray. The purpose of the tray is to contain the tiny bones that may remain at the end of the cremation and prevent them from being lost during ashing out. On completion of the cremation, the tray containing the remains should be removed from the cremator. This practice is recognised as increasing the likelihood of retrieving remains at the conclusion of the cremation of non-viable babies, stillborn babies and very young deceased babies. Any remains recovered from an individual cremation of non-viable babies, stillborn babies and very young deceased babies, should be treated with care and respect and be disposed of in accordance with the instructions received from the Applicant for Cremation.

Some cremation authorities carry out the cremation of pre 24 week non-viable foetal remains as shared or collective cremations. These cremations should be carried out in a way to minimise the turbulence within the primary chamber of the cremator and to minimise as much as possible the need for the use of the support burner in order to cause as little disturbance as possible to any resultant remains. Any remains recovered from a shared or collective cremation should be respectfully strewn or interred within the gardens of remembrance at the crematorium.

It is normal practice that separate formal risk and written assessments should be carried by the employing cremation authority regarding the handling and particularly

the insertion into and removal of the tray from the cremator and its subsequent positioning whilst cooling. These assessments should be available to the trainee and prominently displayed in the crematory and transfer room. As part of the risk assessment, there should be formal confirmation from the cremator manufacturer that by implementing the terms of the assessment, the equipment can be operated safely as required by the Machinery Directive.

The trainee should ensure that he/she is fully aware of any risk assessments that affect him/her in the workplace.

If the cremation authority has chosen not to use trays for whatever reason when carrying out the cremation of non-viable babies, stillborn babies and very young deceased babies, the Federation recommends that the technician carrying out the cremation uses the following process. The technician should follow and observe the details of a recognised, risk assessed process to insert the charge just inside either the charge door or the ashing door of the cremator on a previously swept section of the cremator hearth. At the conclusion of the cremation, the technician should ensure that any resultant remains should be carefully removed from the cremator through the charge door or the ashing door of the machine, therefore avoiding raking the remains along the whole length of the hearth when using a “double-ended” cremator. This action should be in accordance with a previously risk assessed and documented process prepared by the relevant cremation authority.

It is important that the cremator manufacturer’s instructions are followed regarding the recommended use of dedicated software programmes to control the environment within the primary chamber of the cremator to maximise the opportunities to recover remains from the cremation of early development foetal remains or infant cremations.

This type of cremation can be carried out at any time during the working day, however it is often performed at the end of the day and in circumstances where the cremators do not have a specific “infant programme” residual heat within the cremator’s primary chamber is often sufficient to carry out the cremation, without the need for the use of the burner or top or side air, which will create added turbulence within the chamber, reducing the chances of recovering remains from this type of cremation. It must be remembered that as stated within the Process Guidance Notes PG5/2, when stillbirth, neonatal or foetal remains are cremated in full-scale cremators, the guidance for those cremators should apply.

Some cremators have fully automatic control systems with comprehensive infant programmes. These machines when used in conjunction with an infant tray, will ensure best results regarding potential recovery of remains whilst ensuring that the conditions within the secondary combustion chamber meet the requirements contained within the PG Notes and the subsequent Environmental Permit. In these cases the primary chamber temperatures tend to be in the region of 700°C. There are some cremators that do not have infant programmes, but these can normally be operated manually to achieve the desired results, whilst satisfying the terms of the aforementioned Permit.

Due diligence and care should be paramount when carrying out any cremation, however in the case of non-viable babies, stillborn babies and very young deceased babies' cremations, much more observation of the conditions within the primary chamber will be required from the technician to monitor the cremation and determine when the process is complete.

In her report to the Mortonhall Inquiry, Dr Julie Ann Roberts has stated that where ossification has not begun or is in its very early stages, the cartilage or connective tissue prototype for the bone can be lost entirely in the cremation process as all the organic matter in the body is combusted. Once the bone has started to ossify, however, it will undergo broadly the same changes as adult bone during the cremation processes. That said, there are some differences to take into consideration which relate to the development and maturity of the bone. It has already been noted that neonatal and infant bone loses more volume than adult bone when burnt and some studies found there was a greater degree of shrinkage in foetal bone.

Fairgrieve (2010: 138) stated that neonatal bones will burn "more completely" than adult bones and less mineral residue will be left following cremation. This is due to a lack of Calcium Oxide (CaO) in the bones of young individuals as the intermolecular cross-links between the collagen chains have not yet developed.

It is true for adults that bone mineral density and the weight of cremated bone is affected by age, sex, stature, diet, activity and even geographical location (Van Deest *et al.*, 2011). It follows that some of these criteria would also apply to foetal, neonatal and infant skeletons with more emphasis on the maternal environment. Some foetuses and neonates may be smaller than usual or have delayed development for their gestational age and therefore their bones may be more susceptible to damage from the heat and post-cremation mechanical damage. In terms of gross anatomy, foetal and infant bones are thinner, smaller, less robust and lighter than adult bones therefore they will combust more quickly and at lower temperatures. It has been noted that for an adult the whole cremation process takes on average 90 minutes at a temperature of 1000°C or more, whilst cremation of an infant or foetus can be completed in 40 to 60 minutes at temperatures of 700°C (Dunlop, 2004). In the same paper, Dunlop noted that foetal skeletal remains (he does not state gestation period) could be "discerned quite clearly" following cremation at Hull Crematorium.

As stated by Dr Clive Chamberlain in his report to the Mortonhall Investigation, "If the remains to be cremated are positioned away from the support burner and if primary cremation chamber temperatures are kept low (typically 600 to 700 degrees C), these are the best conditions for quiescence".

Cremator Technicians should be aware that following the cremation and subsequent cooling of the remains, in order to maximise the opportunities to recover deliverable remains, great care should be taken in the treatment of the remains. The most appropriate method should be used when preparing the remains for final disposal in order to minimise any potential loss to air of the tiny fragments of remains. E.g. this may involve the use of a mortar and pestle or other suitable process.

As mentioned previously, in all cases, the final disposal of any remains recovered from the cremation of non-viable babies, stillborn babies and very young deceased babies should be in accordance with the instructions of the Applicant for Cremation. If the Cremation Authority is carrying out shared or collective cremations of multiple fetuses, then the disposal of any recovered remains should take place in a dedicated area of the Gardens of Remembrance at the crematorium. The final disposition of remains should be recorded in either the Statutory or Non-Statutory Register used to record the cremation.

Fairgrieve (2010) cited in Roberts, J.A 2014. *Anthropology Report*. Lancashire: Cellmark Forensic Services.

Van Deest, T.L., Murad, T.A., Bartelink, E.J., 2011. *A Re-examination of Cremains Weight: Sex and Age Variation in a Northern Californian Sample*. Journal of Forensic Sciences, 56 (2), pp. 344349

Dunlop, J. M., 2004 *Cremation of Body Parts and Foetuses*

Chamberlain, C. T., 2013 *The Cremation of Foetuses, Neonatal and Infant Remains*. Specialist report produced for Mortonhall Investigation.

APPENDIX 9

Letter to the Chief Executive of Shropshire Council, 29th January 2015

Inquiry into Infant Cremations at the Emstrey Crematorium, Shrewsbury.

You have asked me to act as Chair of the Independent Inquiry into the policy and practice of child cremations in Shropshire. The terms of reference to which I have been asked to work are attached. I am ably supported in this task by John Doyle, an experienced independent investigator and researcher, whom the Council have appointed for the purpose.

This is my first update on progress with the inquiry, which I have been asked to provide at the end of January 2015.

I began work on 9th December, and I have now been to Shropshire for the purposes of the inquiry three times, on each occasion for three or four days. I have been engaged in regular correspondence and reading outside these visits. John Doyle, who lives in Shropshire, has been engaged consistently on the work since 9th December.

There can be no greater sense of loss than that caused by the death of one's own child. There are a number of parents in Shropshire who have suffered this awful loss, and who have then felt their grief made all the more intense by what they now perceive to be an unsatisfactory experience concerning the cremation of their child, at the Emstrey Crematorium, in that they have not had the opportunity of having their child's ashes returned to them. I have so far met two sets of bereaved parents, and it is very clear to me that their sense of anguish and anger arising from the lack of identifiable ashes is acute and real. I have arranged to meet more parents to learn of their experiences, in early February.

I have had explained to me in detail how crematoria work, and I have so far visited two.

I have met with the staff at the Emstrey Crematorium. My impression is that they are conscientious professionals, trying to do the best they can for bereaved families. Their view has been clear – that the cremation equipment they were entrusted with operating in the past has not been capable of being operated in such a way as to enable the return of a child's ashes to the bereaved family.

I have met with a number of officers at Shropshire Council who have been involved with the Crematorium in a number of capacities, including its management, the regulation of emissions into the atmosphere, and the statutory registration of deaths. I have had a discussion with the Director of Public Health.

I have met with representatives of the local press and have given a number of interviews. The Council have set up for me an email address through which those who wish to make representations to me have been invited to do so. I am conscious that some parents will wish to take advantage of this opportunity while others will find the experience of their bereavement too painful to wish to reopen it.

I have met the Medical Director for Pathology Services at Shrewsbury Hospital.

I have met the lead adviser of the Local Government Association on bereavement services including crematoria, and also a number of other professionals practising in the field.

I have consulted the two major reports published in Scotland last year on infant cremations – Dame Elish Angiolini’s Mortonhall Investigation Report, and the Report of the Infant Cremations Commission, chaired by the Right Honourable Lord Bonomy.

Council officers have prepared for me a chronology of the operating history of the Emstrey Crematorium, and also a very helpful summary of the relevant legislation under which cremations are carried out.

John Doyle has worked through the records of the child cremations over the last fifteen years that are within our terms of reference. He has established that there are some 60 relevant cases. The statutory register records “no ashes obtainable” for most of the individual cremations up to December 2012, when new higher specification cremators came into use. In all relevant cases after 2012, ashes are recorded as having been released to the funeral director, or retained at the crematorium. This investigation therefore needs to focus particularly on practice at the Emstrey Crematorium in the period up to December 2012, when Newton Cremators, manufactured by Furnace Construction, were in use.

We have written to Shropshire Council and to Cooperative Funeral Care, who have run the Crematorium under Contract to the Council since 2011, asking for particulars of their past and present policies and practices for the cremation of infants.

We have also written to the relevant professional associations concerned with crematoria, the Institute of Cemetery of Crematorium Management, and the Federation of Burial and Cremation Authorities, asking for their help in establishing what is regarded as good practice in the cremation of children. Both have promptly and helpfully replied.

I have visited the Ministry of Justice, and have spoken with relevant civil servants. I have been advised that although the Cremations Act creates a power for the inspection of crematoria, no Inspector of Crematoria has been appointed, and the power has rarely if ever been exercised.

The next tasks for us are to continue discussions with bereaved parents so as to learn more of their experiences; to consult with local undertakers as to their understanding and experiences of local practice for the cremation of infants; to consider the replies from the Council and Cooperative Funeral Care into past and present policies and practices, when we receive them; and to examine with representatives of both how these have been applied in particular cases, and why changes were not made earlier. We also propose to investigate the experience and practice of other cremation authorities with the type of equipment used at the Emstrey Crematorium.

I have contacted relevant officials from the government’s Department of Food and Rural Affairs to examine with them relevant legislation on emissions into the atmosphere from crematoria and how if at all this has constrained practical options for conducting cremations of children’s remains in a less aggressive and intense way than would be the case for adult cremations.

I have also asked the Council for a schedule of statutory permits for emissions into the atmosphere that have been issued for the Emstrey Crematorium over the last fifteen years, and for advice on how their requirements have constrained options that might otherwise have been available for gentler cremation processes.

I have met with relevant officers of the Council, sitting as an Inquiry Board, each time I have visited Shrewsbury, and I intend to continue to do so. Officers are in this way kept closely engaged in the progress of this inquiry.

You have asked me to provide my next update by the end of March.

David Jenkins
Inquiry Chair

APPENDIX 10

Letter to the Chief Executive, Shropshire Council, 31st March 2015.

Inquiry into Infant Cremations at the Emstrey Crematorium, Shrewsbury.

This is my second update on progress with the inquiry, which I have been asked to provide at the end of March 2015.

It is supplemental to my first update, which I provided to you on 29th January.

Since my last update I have:

- With John Doyle, attended an evening meeting of the Action for Ashes Group, and there listened to the experiences and perspectives of a number of bereaved families. We have also met a number of families individually. We have now met six sets of bereaved parents in all. We have been very struck by their very real and acute sense of anguish that they do not have the ashes of their lost child as a tangible focus for their grieving, and, in some cases, anger at officialdom for, as they see it, depriving them of their child's remains.
- Sought and obtained the consent of the appropriate people to refer to the Mortonhall and Bonomy reports in my report.
- Exchanged correspondence with the Permanent Secretary to the Scottish Government, on progress on implementing in Scotland the recommendations of the Bonomy Commission.
- Continued correspondence with the Ministry of Justice on the legislative background to the inquiry.
- Considered legal advice obtained by the Council on the respective responsibilities under the relevant legislation of Shropshire Council and Co-operative Funeral Care.
- Considered the written submissions of Shropshire Council on questions we have put and questioned officers on them.
- Considered the written submissions of Co-operative Funeral Services on questions we have put, and interviewed crematorium staff, in the presence of the Co-operative personnel officer, on the detail of those submissions.
- With John Doyle attended a meeting of local funeral directors and officiants, to explain the background and terms of reference to the inquiry and to seek their perspectives on it. We have also met one funeral director individually and we hope to meet more.

- Exchanged correspondence with the manufacturers of the cremators formerly in use at Emstrey crematorium on their technical capacity.
- Made enquiries of a number of crematoria of their experiences of infant cremations. We have now been in contact, either by visiting or by telephone, with six crematoria in all, for comparative purposes.
- Spoken with a representative of the SANDS charity, to gain their perspective on the issues that are the subject of the inquiry.
- Given a number of further press interviews, which I understand have received extensive coverage locally, regionally and nationally.
- Visited the appropriate official at the Department for Environment, Food and Rural Affairs in London, to discuss the national context and background to the environmental regulatory regime.
- Obtained advice from the Council's appropriate regulatory officer on the impact of the regulatory regime for emissions into the atmosphere on how the cremators at Emstrey are and have been used for infant cremations.

I am still seeking certain additional information as to the maintenance and technical capacity of the cremation equipment formerly in use at the Emstrey Crematorium.

I have made contact with Dame Elish Angiolini, who conducted the investigation into infant cremations at the Mortonhall Crematorium in Edinburgh, and have arranged to meet her next month to discuss my draft conclusions, and to compare them with her own findings.

Assisted by John Doyle, I am now writing my report.

David Jenkins
Inquiry Chair