Best practice guidance

Police family liaison following road death and serious injury

This report is produced by Sudden, a charitable initiative sharing good practice and research among professionals on supporting suddenly bereaved people, run by Brake, the road safety charity. Sign up to Sudden for free access to other reports, quarterly ebulletins, and information about our events at www.sudden.org.

This report is based on a Brake conference for police Family Liaison Officers in October 2013. Thanks to Fentons Solicitors, Irwin Mitchell, Lyons Davidson and Pannone for sponsoring the conferences and this report.
Brake’s work supporting families affected by a road crash

Louise MacRae, support services manager, Brake, the road safety charity

When someone is killed on the road, suddenly having to deal with police investigations, the criminal justice system, and potential civil claims alongside the grief and shock of the sudden death of a loved one can make an already awful situation even worse.

Brake is committed to supporting bereaved and seriously injured victims through the aftermath of road crashes through literature and a helpline. Full details are at www.brake.org.uk/victims.

Literature

Brake’s bereavement pack provides information and guidance on what to expect and prepares families for difficulties they may face. It should be hand-delivered by Family Liaison Officers (FLOs) to the families of road crash victims within 24 hours of the death, as specified in the police Authorised Professional Practice. Translations of the guide for England and Wales are available in 13 languages including Polish, Latvian and Arabic.

Brake’s Coping with grief booklet, included in the bereavement pack, outlines the emotional responses people might experience. It offers reassurance to people they are not alone.

Helpline

Brake’s helpline is available to those directly affected by road crashes, and to professionals who support victims, including police FLOs. Helpline operators can: listen; offer advice on coping with shock and trauma; explain police and legal procedures; liaise with officials to make sure victims’ voices are heard; help callers access support or counselling; and signpost or refer to other support services.

Some families may be reluctant to call the helpline: they may simply not want to ask for help, or may not want to explain what has happened yet again. In these cases the family’s FLO can contact the helpline themselves and request help in researching what support and services are available to meet the family’s needs.

If the family doesn’t want to call the helpline but is happy to be contacted by Brake, the FLO can pass their details on to the helpline, who will arrange to contact them. In these cases the family should be notified of the helpline opening times (Monday–Friday, 10am–4pm).

FLO training input

Police can access Brake’s free training sessions, usually provided by a trained Brake volunteer who has been bereaved in a road crash. The volunteer will talk about Brake’s support services, share their experience and explain the part their FLO played. The sessions highlight best practice and help FLOs understand the victim’s perspective. Police interested in arranging Brake training should contact Shane Bates on sbates@brake.org.uk or 01422 363083.

Case study:

A woman’s husband was killed in a crash. On top of her traumatic bereavement, she was subject to harassment in her flat and was desperate to move. She’d had to take sick leave from work due to emotional trauma, and was experiencing severe financial difficulties.

Her FLO contacted Brake’s helpline to find out how she could be helped to move from housing association to private rented accommodation. Brake’s helpline operator advised on a number of options. First, Brake recommended speaking to Job Centre Plus to clarify if the woman qualified for a community care grant. When the FLO had trouble getting through to Job Centre Plus, Brake suggested speaking to the woman’s Member of Parliament, as MPs are often provided with lists of ‘hotline’ numbers and could help to fast track the case.

Brake also recommended speaking with the housing options team at the council to make a case around the woman’s medical need to move, and trying to get the anti-social behaviour team on board to lend support. These agencies were proving difficult to speak to and dismissive of the circumstances. With this in mind Brake advised speaking to the councillor who held the housing portfolio for the area as they had the power to have the housing team work outside the normal parameters.

Other sources of financial help Brake suggested were:

- checking if a funeral payment had been claimed;
- contacting SSAFA, a charity providing help and support to families where someone has served in the armed forces;
- discussing the potential for a civil claim, and referring to a specialist to discuss legal support;

Continued→
Support and services for victims of road traffic crime

Hannah Meyer, Victim and Criminal Proceedings Policy, Ministry of Justice

The UK government’s response to a consultation on support for victims of crime and witnesses in July 2012 outlined a package of reforms focusing on ensuring victims receive the support they need, when they need it, and that services represent good value for money.

In spring 2013, the government published a further consultation on improving the Code of Practice for victims of crime. The response to this was published in October 2013 and a new Code of Practice for Victims of Crime (the “Victims’ Code”) was implemented on 10 December 2013.

The Victims’ Code is written in plain English with victims of crime as the target audience. It is structured around the journey victims of crime face when they come into contact with the criminal justice system.

It includes enhanced entitlements for victims who are most in need: victims of the most serious crime; persistently targeted victims; and vulnerable and intimidated victims.

Victims of road traffic crime are entitled to support and services under the Victims’ Code, and from support organisations that receive funding from the Ministry of Justice.

Entitlements for families bereaved by criminal conduct

Relatives bereaved by criminal conduct, including road traffic crime, are treated as victims of the most serious crime under the Victims’ Code and are therefore entitled to receive enhanced services (see Chapter 2, Part A of the Code).

Where a family is bereaved as a direct result of criminal conduct, the deceased’s close relatives will be entitled to nominate a family spokesperson to act as a single point of contact to receive the services on behalf of the family. If the close relatives cannot choose a family spokesperson, the Senior Investigating Officer (SIO) working on the case can choose the family spokesperson.

Where appropriate, families bereaved by criminal conduct are entitled to: have information on Special Measures explained to them by the police; be referred to a specialist support organisation (where available); and receive information on pre-trial therapy and counselling.

The existing opportunity for a victim or a close relative bereaved by criminal conduct to make a Victim Personal Statement (VPS) is included in the Code for the first time. The Code gives an individual who makes a VPS a new entitlement to ask, if a defendant is convicted of the crime against them, to read their VPS aloud themselves, or have it read aloud (usually by the prosecutor), in court, before sentence. It is ultimately for the court to decide whether and what sections of the VPS should be read aloud.

Obligations on Family Liaison Officers

The Code outlines the duties on all service providers listed under the Code in Chapter 2, Part B. This includes Family Liaison Officers (FLO). The police do not foresee any significant resource burden regarding the obligations on FLOs. The majority of bereaved families are already assigned an FLO and the obligation in the new Code retains some discretion for the SIO around whether or not they should be assigned.

Entitlements for victims of road traffic crime

The Victims’ Code covers all victims of criminal conduct recorded under the National Crime Recording Standard (NCRS), including offences such as death or serious injury by dangerous driving. Some road crime offences fall outside the NCRS. This continues to be the case under the new Victims’ Code.

However, the government recognises the serious difficulty victims of road traffic crime face. That is why the new Code includes additional discretion to enable the police to provide information and services to victims of non-NCRS cases. If a family is bereaved following a road traffic collision, a family spokesperson may be nominated pending police investigations of any criminal conduct.
The police do not foresee a significant additional resource burden around road traffic crime. The vast majority of road traffic collisions do not involve a recordable offence and are therefore outside the scope of the Code.

Support from organisations receiving funding from the Ministry of Justice

The Ministry of Justice currently provides funding for victims of road traffic crime via grant funding provision for the following organisations:

- **Brake helpline** (across England & Wales): helping bereaved victims of road crashes to access immediate support via the telephone helpline
- **Brake support packs** (across England & Wales): delivered to all victims of road deaths by police Family Liaison Officers
- **RoadPeace** (across England & Wales): resilience-building support programme using techniques such as cognitive behavioural therapy
- **Road Victims Trust** (Bedfordshire and Hertfordshire): offering practical and emotional support to bereaved and injured victims of road crime
- **Aftermath Support** (Merseyside, Cheshire & West Lancashire): coordinating a volunteer counselling service for bereaved families and injured victims of road traffic crime

In future the majority of services for victims will be commissioned locally, by Police and Crime Commissioners (PCCs). This commitment was given in the government’s response to the “Getting it Right for Victims and Witnesses” consultation. The government’s response to this consultation also emphasised that more can be done to support victims of road traffic offending who qualify for enhanced support.

The future shape of funding and commissioning of services for victims of road crime is under consideration by the Ministry of Justice in dialogue with PCCs. This will take account of feedback given by currently funded organisations to ensure that bereaved families and seriously injured victims of road traffic crime get the support they need when the new commissioning model is brought in from October 2014.

Contributory negligence in road crashes

Jane Horton, partner, Irwin Mitchell solicitors
Deborah Johnson, principal lawyer and national manager (client support organisations), Fentons solicitors

Following a road crash, the injured or bereaved victim may be able to make a civil claim for damages. For further general information on civil claims, see the Sudden website.

In some circumstances, the person who was killed or injured may be held partially responsible for the crash. This is known as “contributory negligence”. This does not affect the success of a claim, but may mean that any damages awarded can be reduced.

A judge can decide what faults caused the damage, and apportion blame on a percentage basis as appropriate. If an injured person is found partially responsible for their injuries, their damages will be reduced by the same percentage as the judge-apportioned responsibility.

Seat belt use

Under the Road Traffic Act 1988 (RTA), s.14, it is a criminal offence to drive or ride in a motor vehicle without wearing a seat belt. If the deceased or injured person was not wearing a seat belt, damages may be reduced as follows:

- if a seatbelt would have prevented injuries altogether: 25%
- if injuries would have occurred but would be less severe: 15%
- if the lack of a seatbelt has made no material difference: 0%

The driver is responsible for ensuring that children up to age 14 are wearing seat belts, or appropriate child restraints for young children and babies. Damages may be reduced if a child is killed or injured due to being unrestrained or incorrectly restrained.

Motorcycle and bicycle helmets

Under the RTA s.16, it is a criminal offence to ride on a motorbike without a safety helmet. In 1972, a judge reduced an injured motorcyclist’s damages by 15%, as his injuries would have been less severe if he had worn a helmet. This case was before the introduction of compulsory motorcycle helmets in the UK, so a greater reduction in damages may be likely today. In 1989, a motorcyclist’s damages were reduced by 10% as his helmet chinstrap was undone, which had led to more serious injuries than if it had been fastened.

Cycle helmets are recommended in the Highway Code, but are not compulsory in the UK. In 2009 a judge suggested a prudent cyclist would wear a
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Helmet, so the same reduction in damages as for non-use of seat belts should apply.  

**Drink and drug driving**
Adult passengers are responsible for their own safety, so should not get into a car with a driver they know has been drinking or taking drugs. In 1977, an injured passenger had his damages reduced by 20% as he was fully aware the driver was drunk. In a subsequent case where the passenger had no reason to believe the driver had been drinking, damages were not reduced. A passenger is not expected to check the driver is fit to drive if they have no reason to believe otherwise.  

**Adult pedestrians**
Adult pedestrians are responsible for not putting themselves or others at risk, although greater responsibility rests with drivers as they will do more damage in a crash. In 2012 a pedestrian who was hit by a bus when crossing the road when the pedestrian signal was red was held 50% responsible for his injuries. In 2011 a man who ran out in front of an oncoming taxi had his damages reduced by two thirds.  

Drunk pedestrians can also be held partially responsible. In 2004 a man who had wandered, drunk, into the path of a police car was found 35% responsible for his injuries. In 2012 a man who had been drunk and standing in the middle of the road when he was hit by a car was held 20% responsible for his injuries.  

**Child pedestrians**
A child can only be guilty of contributory negligence if they are old enough to be reasonably expected to look out for their own safety, however there is currently no set age for this.  

In 2005, an 11-year old’s damages were reduced by 20% as the child was judged old enough to know to look before crossing. In 2007 a 13-year old was found 70% responsible for stepping out between two parked cars into the path of a lorry.  

In 2010 an eight-year old who had walked into the path of an oncoming car did not have her damages reduced, but the court indicated an adult in the same circumstances would have been held 75% responsible.  

**Defective vehicles**
Drivers have a responsibility to keep their vehicles in good repair. In 1960 a motorcyclist was killed and his passenger injured in a night-time collision. As both rider and passenger had known that the headlights on the motorbike were not working, damages were reduced by 50%.  

**Passengers**
Passengers are expected to take responsibility for their own safety. In 2007 a man injured in a drink-drive collision had been riding in the boot of the car, and knew the driver was drunk. The judge found him 25% responsible for travelling in the boot, and 20% for knowingly travelling with a drunk driver, but overall damages were only reduced by 30% as it was felt the full 45% would take too much responsibility away from the driver.  

**Summary**
While judges follow the decisions of earlier cases in determining contributory negligence, each case turns on its own facts. Reaching a conclusion as to where the correct level of contributory negligence should be needs careful, expert consideration.  

Even small reductions in damages can have a huge impact on the claimant, especially in life-changing injury cases. For example if 25% is conceded for contributory negligence on a £4 million claim, the claimant will lose £1 million of their damages. The claim is to meet a need (for example care, therapy, or lost earnings), so that is £1 million of needs that will not be met. This is why specialist, experienced lawyers fight for every percent.  

**Restorative justice and its use following road deaths**
**ACC Sean White, Association of Chief Police Officers**
In 2012, the Association of Chief Police Officers held a policy consultation on the investigation of road deaths. Throughout the consultation, a significant problem surfaced: many victims and bereaved families felt let down by their experience of the criminal justice system.  

A number of consistent and recurring comments, sentiments and themes emerged from responses from injured victims and bereaved families. Victims and families report feeling thrown into the maelstrom of fatal and life-changing collisions. Their hurt and loss is hard to fully recognise and quantify. Most know very little about the police, criminal prosecution service, courts and coroners, and the role they play. They trust the system to work, but while initial support is generally good it quickly weakens over the long timescales involved in these cases.  

Families are often frustrated that their loss isn’t recognised with appropriate criminal charges, or in some cases any charges at all. Weak sentencing, poor explanation at Coroners’ Courts and seemingly no responsibility or accountability on the part of drivers involved all exacerbate this. Families and victims are left dissatisfied and distressed, even years down the line.
Restorative justice could have a role to play in repairing the harm done to the victims of road crashes and their families. Restorative justice is a process that facilitates communication between those harmed by an event or conflict, and those responsible for the harm. It enables everyone affected by the incident to play a part in repairing the harm and finding a positive way forward.

The aim of restorative justice is to:

- improve victim and family satisfaction;
- sustainably reduce re-offending;
- restore confidence in police and the criminal justice system;
- build community resilience;
- move the agenda from ‘retributive’ to ‘restorative’ justice outcomes; and
- work as part of the criminal justice system, not as a replacement for custodial sentences or other sanctions.

Police and other support professionals can introduce the idea of restorative justice, but any intervention should be led by skilled restorative justice facilitators. For a detailed account of the role of the facilitator in a successful restorative justice intervention following a road crash, see a case study from the Centre for Restorative Justice, Australia.

Support professionals should consider carefully when to introduce the possibility of restorative justice to victims and families. It should not be raised too early in the bereavement process (in terms of the Kübler-Ross bereavement cycle at the denial and anger stages), as the idea is likely to be rejected or even seen as harmful at that point. Later on in the bereavement process (towards the testing and acceptance stages) victims are more likely to be receptive, and to get more out of it. When this process occurs will vary depending on the individuals – it may be many years down the line before it is appropriate to introduce the idea.

Restorative justice provides victims and families with an opportunity to discuss how the offence has affected them and others. It enables offenders to understand and be accountable for the effect of their behaviour, something many families feel is missing from the criminal justice system. Restorative justice allows both offenders and victims to find ways to repair the harm caused.

The role of the coroner following a road death

Cate Booth, senior coroner’s officer, Dewsbury Coroner’s Office

Following all deaths on the road the coroner is required to conduct a post-mortem and inquest, to determine the cause and circumstances of the death.

Inquests

Under the Coroners and Justice Act 2009 and secondary legislation under this Act, an inquest must be heard within six months of the death. If this is not possible, a written application must be made to the chief coroner explaining why a delay is required. Without this, the coroner will be fined for any inquests not completed within the six month period.

The coroner requires a statement from the police on the progress of the investigation and any criminal charges to be brought before an inquest can be opened. It is therefore essential that police FL Os proceed with criminal investigations quickly, to avoid any delays to the inquest that would push it over the six month limit.

The body is released to the family when the inquest is opened, but a death certificate is not issued until the inquest is closed. The date of the inquest is selected to suit the family. Coroners will try to avoid key dates such as birthdays or anniversaries, to avoid causing unnecessary distress.

Post mortems

As an alternative to invasive post mortems, where the body is opened up surgically and examined, it is sometimes possible to use a magnetic resonance imaging (MRI) scan to examine the body without operating. This can be used in the case of religious objections to invasive post-mortems. There are significant drawbacks to using MRIs for post-mortems: the scanners are very expensive, and require both a radiologist and a pathologist trained in using MRI scans to confirm readings. Due to the expense, families who request MRI scans are required to pay for them: in Manchester this charge is £900. Some concerns have been raised over the
accuracy of MRI scans in determining cause of death. However, some coroners and medical professionals believe non-invasive post mortems are likely to become more common in coming years.

A second post mortem may be required if there are unresolved questions relating to the death. This may be requested by the family of the deceased, or by the defence solicitors (in which case the defence will cover the cost). A second post mortem is also required if the body is to be kept by the coroner for more than 28 days. If requested by the defence, the solicitors will arrange their own pathologist, who must be of equal standing to the pathologist who conducted the first post mortem.

Retention of organs and organ donation

If the deceased was on the organ donor register and died in hospital, the hospital must obtain the coroner’s permission before organ and tissue donation can take place. The coroner will consider which, if any, organs or tissue can be donated while still being able to obtain accurate results from the post mortem. In some cases it will not be possible to donate internal organs as this will compromise the investigation; however it is often possible to donate corneas and connective tissue.

The coroner may need to retain tissue samples or whole organs for further examination if the cause of death was not immediately obvious. For example, more detailed examination of the brain may be required in case of a head injury. If organs or tissue samples are to be retained after the body is released to the family, the family should be informed and consulted as to what should happen to the organs or tissue samples once the coroner no longer needs them. Most families opt for one of the following:

- delay the funeral until the organ or tissue can be reunited with the body, requesting the coroner retain the body until then;
- organ or tissue is released to the undertaker at a later date and buried with the body or cremated;
- coroner destroys the organ or tissue once it is no longer needed; or
- organ or tissue sample is retained for future use in teaching or research, with the family’s consent.

Support for patients and families following serious injury

Dr Maggie Bellew, consultant clinical psychologist, Leeds Major Trauma Centre
Dr Ben Walton, clinical lead for major trauma, North Bristol NHS Trust

Major trauma is defined as multiple, serious injuries that could result in severe disability or death. Most hospitals see fewer than one major trauma patient per week, so not all have the equipment or specialist healthcare professionals to treat these complex cases.

An audit of major trauma care in England in 2010 found survival rates varied significantly across hospitals, with the best-performing seeing up to five unexpected survivors per 100 trauma patients, and the worst-performing seeing up to eight unexpected deaths per 100 trauma patients. It found 60% of trauma patients received care that did not meet best practice.

Major trauma centres

26 major trauma centres [MTCs] were introduced across England from April 2012, to improve outcomes by “getting the patient to the right place at the right time for the right care”. Research has found the risk of death is significantly lower for major trauma patients given specialist care in MTCs than those treated in non-specialist centres.

Major trauma is measured on a scale known as the Injury Severity Score (ISS), which scores injuries from one to 75. ISS 9-15 is moderately severe trauma; ISS greater than 15 is major trauma. Injury severity should be assessed at the scene of the incident, or immediately on arrival at the nearest hospital if assessment at the scene was not possible. Patients with ISS greater than eight are transferred to an MTC as soon as it is possible and safe to do so.

North Bristol NHS Trust

North Bristol NHS Trust (NBT) is one of two MTCs in the South West of England, based at Frenchay Hospital and serving the Severn region. NBT was selected as the MTC for this region as it already had the required services, equipment and expertise, including neurosciences, radiology and plastic surgery.

Trauma patients are met by a consultant-led trauma team, who are available 24/7. Cross-speciality pathways for patients with complex needs are arranged by the team, and patient care is co-ordinated between the MTC and the local network of hospitals – after the initial trauma, subsequent treatment is provided by hospitals closer to the patient’s home where possible.
In the 90 calendar days to the start of October 2013, 33% of major trauma cases treated by NBT were from road traffic collisions.

**Leeds Teaching Hospitals Trust**

Leeds Teaching Hospitals Trust (LTHT) is one of three MTCs covering Yorkshire and Humberside. Based at Leeds General Infirmary, LTHT covers West Yorkshire. LTHT invested approximately £8m per year to set up and deliver this service.

It was estimated that approximately one major trauma patient per day would be admitted to an MTC in Yorkshire. Actual activity has been much higher: from April to October 2013, LTHT saw an average of 2.9 MTC patients per day in West Yorkshire alone.

The Leeds MTC has specialist services available to treat and manage seriously injured patients, including:
- 24/7 consultant-level care and specialist trauma nursing care;
- specialist combined operating theatres, so complex surgical needs can be treated with one operation instead of several; and
- multidisciplinary rehabilitation services, including physiotherapists, clinical psychologists, and a medical social worker.

**Rehabilitation and long-term care**

People who have suffered major trauma may have significant physical and psychological challenges to contend with following their initial injuries and treatment. These can include:

- adjusting to life changing injuries;
- depression, low mood and severe psychological problems such as post-traumatic stress disorder;
- traumatic bereavement, for example if others involved in the same incident did not survive;
- managing appearance-related distress or disfigurement; and
- anxiety about ongoing and future medical procedures and treatment.

MTCs work with the local hospital network to ensure patients receive follow-up care and rehabilitation as close to home as possible. Many also provide clinical psychology services, within the MTC and as outpatients.

**Practical issues for patients’ families**

On top of the emotional distress families feel at seeing their loved one seriously injured, there are immediate, practical issues to contend with.

Families may have to travel some distance to visit their injured loved ones in MTCs. This can be a financial strain, due to the costs of travel, parking, and overnight accommodation, and can exacerbate existing financial pressures often seen after a traumatic incident, such as loss of earnings. The situation will be even more difficult if the family has loved ones in more than one hospital: for example, if several were involved in the same road crash but not all were referred to the MTC.

MTCs can often provide some help in these cases: for example, LTHT has open visiting hours, to accommodate people who are travelling greater distances to visit. Where children are admitted to the MTC, one parent is allowed to stay overnight with them. Some local hotels offer reduced rates to families visiting the MTC.

Families may need support once their loved one is discharged from the MTC. There may be practical issues to address, such as adaptations to the home to accommodate physical disabilities. Caring for a seriously injured loved one’s emotional and physical needs can also have a serious impact on the carer’s own psychological health. MTCs can help by signposting the families to support services available to them, such as Brake’s [helpline](https://www.brake.org.uk) for those affected by road crashes.

**Death, dying and bereavement: the Islamic perspective**

Mohammed Arshad, head of chaplaincy and Muslim chaplain, Bradford Teaching Hospitals NHS Trust

Muslims consider life to have four phases: the womb, the earth, the grave, and the afterlife. The Muslim perception of death is therefore distinct from the strict, dictionary definition of “the end of life”\(^\text{21}\): within Islam, the religious definition of death is “the passing of one sphere of life to another”.\(^\text{22}\)

**Protocols before and after death**

One of the duties of Islam is to be there for someone who is sick or dying. This can mean very large numbers of visitors to the bedside of someone badly or fatally injured in a road crash. Hospital staff and any police or
emergency services in attendance should be aware that this is considered a religious obligation and should accommodate visitors where possible, provided this does not cause unnecessary disruption or distress.

There is a misconception that Islam forbids a dead body to be touched. This is not a requirement of Islam; however the body must be treated with respect and dignity. The deceased should be accorded the same respect as if they were still alive.

**Muslim funerals**

Muslim burials should take place as soon as possible after the death – not necessarily within 24 hours, but as soon as is practical. The body is always buried, never cremated. The body is bathed and shrouded with a simple white cloth. Some are buried only in this cloth, without a coffin. Funerals often have very large attendance, as it is considered a religious duty to attend the funeral of another Muslim, even if they were not acquainted. In some Muslim communities, details of funerals are announced on local radio stations so all can pay their respects.

**Bereavement and the Muslim community**

On hearing of a loss or bereavement, the community gathers together. Women and men gather separately. The mourning period lasts for three days, or four months for a woman who has lost her husband. The family of the bereaved will be visited by friends and members of the community, offering condolences and sometimes bringing food. Mourners are expected to show restraint and keep their emotions under control, although crying is allowed.

**Ethical considerations**

Invasive post mortems are strictly forbidden under Islam. However, Muslims are also expected to obey the law of the land, so if a post mortem is required for legal reasons, for example following a road death, this should be explained sensitively to the family. In some cases it may be possible to conduct a non-invasive post mortem using an MRI scan (see ‘The role of the coroner’, above).

There is some debate among the Islamic faith about whether organ donation should be permitted. The argument for is that donating an organ is a form of charity, which is encouraged under Islam. It is also argued that there is no prohibition on Muslims receiving donated organs, so someone who is prepared to receive an organ should be prepared to donate one too. The argument against is that your body is a gift from God, and not yours to give away. The general modern consensus is that it is allowed, but as with people of any faith or none, it should be raised sensitively and will be down to individual choice.