

Supporting Bereaved Children and young people

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 **01904 551550**

Guidance for School Staff
to Help Them Provide Support

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Introduction

These guidelines have been prepared for teachers and other adults who are supporting an individual or group of bereaved children. They are not intended to make you into specialist grief counsellors but to help you address the practical questions with which you are likely to be faced when providing support. It may also be useful to share these guidelines with parent/carers.

Children are all different and are likely to react to loss, trauma and bereavement in a unique way. The way in which they react is likely to depend upon some or all of the following:

- ▶ prior experiences of loss and death
- ▶ their level of developmental understanding
- ▶ their age
- ▶ emotional maturity and stability
- ▶ their relationship with the person who has died
- ▶ the circumstances of the death
- ▶ the reactions of the significant adults around them
- ▶ the resultant changes in the child's life.

The questions that children ask can, at times, be direct and blunt and adults may find themselves being upset by the form of the questions or by their inability to answer them fully.

Children's developmental understanding of death

These are broad descriptors of the developmental stages of a child's understanding of death. This is, of course, also dependent upon a child's experiences and cognitive development.

Birth to two years:

- ▶ do not understand the finality of death
- ▶ can miss the presence of a primary care giver
- ▶ will react to loss by crying, altering eating/sleeping habits
- ▶ can become detached.

Two to five years:

- ▶ do not understand the finality of death
- ▶ believe death is reversible
- ▶ do not always have the vocabulary to express grief
- ▶ feelings may be acted out in behaviour and play
- ▶ may have an interest in dead things
- ▶ may ask some questions over and over again
- ▶ are likely to react in the light of their personal experiences of death.

Six to nine years:

- ▶ begin to understand the finality of death
- ▶ believe death only happens to others
- ▶ death is personified as ghosts or monsters
- ▶ engage in magical thinking and may feel that they caused the death
- ▶ have strong feelings of loss
- ▶ may lack the vocabulary to express feelings
- ▶ often need permission to grieve (especially boys).

Nine to twelve years:

- ▶ understand the finality of death
- ▶ have curiosity about the physical aspects of death
- ▶ have the vocabulary to express feelings but often choose not to
- ▶ need encouragement to express feelings
- ▶ may identify with the deceased by imitating mannerisms
- ▶ may have short attention spans
- ▶ begin to realise that death is something that can happen to them.

Thirteen to eighteen years:

- ▶ have an adult understanding of death
- ▶ can express feelings, but often choose not to
- ▶ philosophise about life and death
- ▶ search for meaning of death
- ▶ death affects whole life (school/home relationships)
- ▶ may appear to be coping well when they are not **(This is true of other ages too.)**
- ▶ are often thrust into the role of comforter
- ▶ it is important to be aware that, at that this age, there can be a danger of children participating in dangerous behaviour such as drugs and alcohol.

Questions and answers for adults when supporting a bereaved child

When should you tell the children that someone has died?

The children should be told as soon as possible to prevent them learning from some other, and often, inappropriate source.

How should you tell them?

Whenever possible children should be told by someone close to them in familiar surroundings where the children will feel more secure. Try to use a normal tone of voice and clear, direct language. Avoid hushed whispers, which may convey unnatural feelings. Use a method of communication that is normally used with the children.

Both you, as the conveyor of information, and the children may feel uncomfortable and uncertain of yourselves, and you may feel that holding or hugging the children will help to reduce some of the fears and insecurities. Wherever possible, it is preferable that the children are told by their class teacher/form tutor when a school related death has occurred.

What should you tell them?

It is very important to tell them the truth as far as you know it. Even 'white lies' will have to be re-negotiated later on and the truth is the best counter to rumour and fantasy which may build up. This information will stay with the children for a very long time and if challenged later may destroy the trust between you and the children if it is incorrect. The children may not 'take it all in' at this stage but will go over and over the facts later, asking more questions and gradually assimilating more of the information. Do not worry about having to keep on giving the same answers.

How much should you explain?

As mentioned above, children vary in their ability at any time to take in particular explanations. If your information is limited then tell them what you know and then make every effort to find out more. In the absence of facts our minds tend to fantasise and children may begin to believe that what they have done is related to the person's death. These fears may need to be brought out and talked about later. Children and adults may well have to accept a long period of continuing uncertainty.

What if I feel very upset myself and find it very difficult to talk?

It is important to let children know that it is natural and acceptable to be upset and to cry (even for adults). It is better to share feelings rather than to deny them, e.g. crying together. Sometimes however, it may be better to protect a child from the extreme adult grief reaction and adults who are overcome with grief may need some time and space initially to release their most extreme reactions.

How can I explain some of the feelings?

You may wish to tell the children that they may experience some strange and confusing feelings. Sadness and emptiness may predominate but they may also feel guilty about the feelings of anger, jealousy and resentment which may occur. Point out that this confused mixture of feelings is normal and will eventually subside. Try to get the children to express some of these feelings, perhaps by sharing some of yours with them. Use of drawings, photos, items (especially familiar items) may be useful in some school contexts.

How do I talk about what trauma, loss and death mean?

The meaning will vary according to the children and their family's religious beliefs or customs. By observing the children you may be able to ascertain whether they have developed bizarre or odd ideas about the death. Some children may have picked up some distorted picture from watching TV or reading/hearing stories.

Encourage the children to ask questions and tailor your answers to the children's level of understanding, within their own religious beliefs or culture, if you can. Some children will ask the same questions again and again but be patient, as it is their way of coming to understand the complexity of the situation and is a healthy part of the normal grief reaction. This may be the first time that individual children have been confronted by their own mortality.

What if a child sees a 'ghost'?

Children have the ability to recall very strong and real images or memories of people who are close to them (including smells, language etc). It is very normal to experience a strong after impression of someone you are close to and it is important to enjoy this experience, which is a very vivid memory rather than be frightened by it. These recollections become less strong over time although they are disconcerting because they arrive at unpredictable intervals.

What if an individual child feels that he or she is 'too big to cry'?

Some children have been brought up not to show their emotions and maintain a 'stiff upper lip'. Others, particularly those in their teens, may repress grief and see crying as a babyish emotion, which means that they will 'lose face' in front of their friends. These initial 'coping strategies' can only work for a while and often leave some children 'out of synch' with their peers i.e. appearing to be in control when all the others are upset and later being overcome with grief and guilt when all the others appear to have come to terms with the loss. It is important that adults give children permission to grieve as well as the opportunity and support without trying to force them to behave in a prescribed manner.

In what way are adolescents different to other children?

During their adolescence young people have very confusing feelings about themselves and the world around them. Grief tends to heighten these feelings, can increase the confusion, and may mean the onset of severe and very deep depressions. Talking about these feelings with a caring and supportive adult who is available when required is a useful approach rather than trying to be forcefully helpful. However, at this time the individual may be gravitating more towards his or her peers and away from family or adult support. Do not feel rejected if they look to friends for support and comfort, just make yourself available and let them know you are there for them. Art, music and sport may be an effective way of expressing these feelings and should be encouraged.

How long does it take to come to terms with a significant loss?

There are several phases of grief (see Appendix 1). The initial stages of disbelief usually pass quickly but many individuals are in this state for some considerable time. The feelings of depression have to be passed through, even fleetingly, before the individual can begin again to look positively. This makes it particularly difficult when several children are going through the grieving process as they will all be at different stages at the same time and grief should be allowed to run its natural course.

Are some children more vulnerable than others?

This varies according to age, developmental level and personal circumstances. Very young children (under 5 years) are beginning to develop their independence from the security of their home and the loss can be particularly damaging to them. They may also express their disturbance in indirect ways, (e.g. bedwetting, nightmares, phobias etc.) and should be reassured and comforted. Other vulnerable children are those from already insecure backgrounds (e.g. broken homes, marital instability, chronically ill relative etc.) and these children may react even more strongly to a new loss.

All children can come to terms with the loss eventually and the aim is to provide support and comfort so that the loss is gradually felt less intensely, rather than remain a permanent block to their emotional development.

What practical things can I do?

You may find it useful to look at the accompanying booklet 'When Someone Close Dies' - an information booklet for children, which contains many practical suggestions of how to help. You will also find practical suggestions in Appendix 2: 'Do's and Don'ts'.

Appendix 1 Stages of grief

Grief is an essential response to the loss of a loved one. It consists of several emotions which may be conflicting. There appears to be a series of stages that individuals go through in a set order. Do not however be concerned if you cannot identify or differentiate the stages in any one individual.

1. Shock

Usually the first response, either in the form of physical pain or numbness, but more often consisting of complete apathy or abnormal calm.

2. Denial

Behaving as if the dead person is still there (e.g. planning for them by setting a place at the table, tidying their room, buying them presents) not accepting the evidence of their absence.

3. Depression

As the denial lessens the bereaved person begins to feel despair, emptiness and the pain of loss. It may be accompanied by emotional release such as crying, which may eventually ease some of the pain.

4. Guilt

The guilt may be felt because of real or imagined negligence or harm inflicted on the person who has died. The bereaved often have a need to feel responsible, may feel they were wrong to be spared, should have shown more love etc.

5. Anxiety

This occurs when full realisation of the loss penetrates the protective mechanisms of the individual. The person begins to accept the reality of the loss and becomes anxious about the changes and loneliness ahead. This can also lead to panic or suicidal thoughts. Often people think they are abnormal because of the severity of these emotions over which they have no control and which are alien to them.

6. Aggression

This is often felt against those individuals who were unable to prevent the loss – adults, family etc. Sometimes, in the later stages, aggression may be felt against the lost person for the pain and upheaval resulting from the loss.

In addition to using the stages of grief as described above, many people experiencing bereavement or working with a bereaved person have found the conceptualisation of grief offered by J William Worden very helpful:

J. William Worden

In his book *Grief Counselling and Grief Therapy* (1983), Worden emphasises the '4 Tasks of Mourning'. He suggests that rather than think of mourning as a set of phases, it is most important to identify what he sees as tasks that help facilitate a healthy grieving process:

- ▶ **task 1:** to accept the reality of the loss
- ▶ **task 2:** to work through the pain of grief
- ▶ **task 3:** to adjust to an environment in which the deceased is missing
- ▶ **task 4:** to emotionally relocate the deceased and to move on with life.

Tasks do not have to be accomplished in any particular order and they can be reworked and revisited by the grieving person over time.

Worden feels that these tasks of mourning apply to bereaved children as well as adults but that they can only be understood in terms of the cognitive, emotional and social development of the child.

Appendix 2 Do's and Don'ts

Do

- ▶ Try to maintain the children's feelings of security, of being cared for, of being loved.
- ▶ Try to maintain all the necessary practical care for the children e.g. ensuring that they are eating, caring for themselves etc.
- ▶ Keep to school routines so that as far as possible normal life goes on but be prepared to accommodate some outbursts or extreme reactions by, for example, providing time out. This maintenance of routine should include a requirement to continue with school work, although it is obviously important to be aware that standards and concentration may slip.
- ▶ Be honest with the children and discuss things at their level of understanding.
- ▶ Continue to listen, even if the same questions reappear, to talk and to communicate.
- ▶ Try to understand the children's feelings and reassure them where possible that their reactions are perfectly normal.
- ▶ Remember to share, and to encourage the sharing of, memories of the person who has died and also to talk realistically about them.
- ▶ Remember there are others who can help. Find another adult to 'off load' to on a regular basis. A person who can listen, understand and comment. Supporting bereaved children can be upsetting and emotionally very demanding. It is therefore very important to get this personal support.

Don't

- ▶ Pretend to believe what you do not believe about what has happened.
- ▶ Be afraid to say 'I don't know'. You cannot be expected to have all the answers.
- ▶ Be afraid to share your own feelings even if you get a bit upset. It will help to explain that adults also have these deep and confusing feelings (which often we keep private).
- ▶ Be afraid to admit to colleagues, family and managers that you cannot cope at any particular time and that you need support yourself. Support can come from:

friends and family, who are the natural supporters

colleagues at work (both peers and managers)

religious and community leaders

specialist bereavement support groups

psychologists or counsellors

medical practitioners.

Appendix 3 Children's cognitive, emotional and physical responses to death

	Infant/Toddler	Key Stage 1	Key Stage 2	Adolescent
Cognitive Factors	<p>Onset of attachment at about 6 months after birth</p> <p>Permanence of absence or death not understood</p> <p>Ability to conceptualise the word 'death' very limited</p> <p>Children begin to incorporate small 'losses' into their lives</p> <p>Children are aware of the adult use of the word 'death'</p>	<p>Able to classify, order and quantify events and objects but unable to give a rationale</p> <p>Concept of 'life and death' established e.g. death equals separation</p> <p>Understand the state of death means not breathing, not moving, still etc</p> <p>Permanence of death still not established. Stage of 'magical' thinking e.g. thoughts / actions may be responsible for death</p>	<p>Able to explain reasoning in a logical way</p> <p>Realisation that death can be applied to self</p> <p>Permanence of death established</p> <p>Death is understood as an ultimate reality</p> <p>Confusion about metaphors and euphemisms associated with death e.g. 'gone', 'asleep', 'lost'</p>	<p>Abstract thought patterns established</p> <p>Interest in physical characteristics of death and dying</p> <p>Questions asked How? Why?</p> <p>Own theories about what happens at death and beyond formed</p> <p>Interest in ethical issues e.g. abortion, euthanasia</p>
Emotional Response	<p>Separation anxiety</p> <p>Yearning and searching for the person who is not there</p> <p>Expression of sadness short-lived</p> <p>Blame other people for death/departure</p> <p>Fantasies about being re-united with the dead person</p> <p>Rejection of affection from new primary carer</p>	<p>Excessive crying</p> <p>Unable to control emotions</p> <p>Poor concentration at school and play</p> <p>School refusal</p> <p>Illusions/hallucinations about the dead person – night terrors</p> <p>Play out' death and dying</p>	<p>Anxiety about other people dying</p> <p>Disturbance in normal behaviour patterns</p> <p>More in control of emotional responses</p> <p>Inability to organise and to concentrate</p> <p>Stealing objects as 'comfort'</p> <p>Capacity to sustain feelings of sadness for longer</p>	<p>Whole range of emotions displayed</p> <p>Feel embarrassed about being 'different'</p> <p>Anxiety about the future e.g. material possessions/economics</p> <p>Inability to form new lasting relationships</p> <p>Rejection of affection from other people</p>
Physical Response	<p>Children who have not developed verbal language may respond by:</p> <ul style="list-style-type: none"> bedwetting wetting by day viral infections disturbed sleep 	<p>Restlessness</p> <p>Loss of appetite</p> <p>'Tummy-ache'</p> <p>psychosomatic illness</p> <p>Clinging behaviour</p> <p>Night terrors</p>	<p>Aggression</p> <p>Changed behaviour</p> <p>Nail biting</p> <p>Sleep disturbance</p> <p>Physical illness</p>	<p>Eating disorders</p> <p>Challenging behaviour</p> <p>Physical illness</p> <p>Disturbed sleep</p> <p>Conflict</p> <p>Risk-taking behaviour</p> <p>Increased sexual or Permissive behaviour</p>

References and resources

Books for adults supporting a bereaved child

A Child's Grief: Supporting a child when someone in their family has died

By Julie Stokes & Diana Crassley, 2001 Winston's Wish
ISBN: 0953912310

This is a useful information booklet for an adult who is supporting a child through bereavement. It covers a variety of issues that may affect a child when someone close to them dies. It also includes practical suggestions and ideas for activities to do together with a child.

Grief in Children: A Handbook for Adults

By A tie Dyregov, 1991 Jessica Kingsley Publishers
ISBN: 185302113X

This is a very practical and useful book written for adults to help them understand how children feel when someone important in their life dies. It covers areas such as children's grief reactions at different developmental levels, gender differences and different types of death. It makes many useful suggestions about how children can be helped to cope with their grief in an open, honest and positive way.

Talking about Death: A Dialogue Between Parent and Child

By Earl A. Grollman, 1991 Beacon Press
ISBN: 0807023639

This guide for parents recognises that many adults find it hard to honestly and openly explain death to children, especially when faced with their own grief. It includes quotations and examples from other parents and suggestions of what to say to a child as well as general advice.

SAD BOOK

Written By Michael Rosen, Illustrated by Quentin Blake.
ISBN: 0-7445-9898-2

We all have sad stuff - maybe you have some right now, as you read this. What makes Michael Rosen most sad is thinking about his son, Eddie, who died. In this book he writes about his sadness, how it affects him and some of the things he does to try to cope with it. Whether or not you have known what it's like to feel really deeply sad, its truth will surely touch you

Grief Counselling and Grief Therapy – A Handbook for the Mental Health Practitioner

By J William Worden, 2008 Springer Publishing Co. inc.
4th edition revised, ISBN: 10: 0826101208

In this updated and revised fourth edition of his classic text, Dr. Worden presents his most recent thinking on bereavement drawn from extensive research, clinical work, and the best of the new literature. Besides addressing a number of new topics, the book includes the best vignettes from the first three editions to bring bereavement issues to life for students and practitioners.

Useful websites

www.childbereavement.org.uk

The Child Bereavement Charity (CBC) provides specialised support, information and training to all those affected when a baby or child dies, or when a child is bereaved

www.winstonswish.org.uk

Winston's Wish is a leading childhood bereavement charity and the largest provider of services to bereaved children, young people and their families in the UK

www.crusebereavementcare.org.uk/

Cruse Bereavement Care promotes the well-being of bereaved people and enables anyone bereaved by death to understand their grief and cope with their loss. As well providing free care to all bereaved people, the charity also offers information, support and training services to those who are looking after them.

www.rd4u.org.uk

RD4U ('road for you') is a website developed by Cruse Bereavement Care's Youth Involvement Project which aims to support young people, after the death of someone close to them.

www.bbc.co.uk/radio4/gfi/bestbits/bereavement.shtml

Due to the overwhelming interest in this bereavement special, GFI has been made available as a one-off download, which can be accessed through the link on the website.

www.bereavementanddisability.org.uk

B.S.L.D (Bereavement Support for People with Learning Disabilities) is a multidisciplinary group based in North Staffordshire who developed a bereavement booklet and leaflets available through their website.

Useful local organisations and contact numbers

Educational Psychology Service

01904 554320

**Lime Trees Bereavement Team
(Including information about Stepping
Stones support group)**

01904 726610

Cruse

01904 481162