

Children and bereavement, who cares? – a challenge to the community

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Some bereaved children are lucky enough to have the help of supportive adults or a local authority with special facilities for them. Too many are left to cope on their own, at risk of developing long-term problems. **Marie Curie Cancer Care** staged this conference with sponsorship from the BBC Children in Need appeal, to look at the key issues facing young people and their families after a death and to open up the question of how, as a national community, we can best support them.

The event, held at the Queen Elizabeth II hall in Westminster, attracted useful media coverage and was well attended, by over 700 delegates from 31 professions, with nursing, counselling, psychotherapy and social work as the best-represented groups. Experts from many disciplines were invited to talk about their work, and some looked at the theoretical background, but, as Ann Scoging, the Marie Curie Child Bereavement Co-ordinator, had promised it was principally 'a day to listen to the children'.

There were memories of childhood bereavement during the morning session, opened by Countess Mountbatten of Burma and chaired by Jenni Murray of BBC's *Woman's Hour*, from celebrity speakers including a scriptwriter, trades union leader and singer. Exhibitions and information from bereavement organisations, displayed in the dramatic space of the Benjamin Britten lounge, included artwork, stories, poetry and drawings by children, expanding their contribution to the day. Other presentations – some involving drama, videos and music – also raised awareness of the ways in which children experience grief and how adults can help, or unwittingly prevent, them from expressing it.

The Child Bereavement Trust Director, Jenni Thomas, showed an extract of their video, *Someone Died; 'It happened to me'*, and two of the young people who had appeared in it as children, Sarah Darwen and Anthony Hill, were interviewed. They spoke of the differing needs of bereaved children, some, for example, preferring the support of a group and others the privacy of one-to-one help: **ideally a variety of interventions should be available**

The overall effect was impressive and moving, though this wide range of input throughout the day and the rapid switches between speakers was sometimes confusing or frustrating. **Several points emerged clearly.** Children, vulnerable

after a death, will collude with a carer who finds it hard to hear their distress, and hide feelings of sadness and anger; these can emerge later as disturbed behaviour or poor mental health. Adults caring for bereaved children should have access to **good information and support.** We need to use **imaginative methods to allow children to express emotions** for which they may, as yet, have no words. With help, young children can **build up a picture of the person who has died** to carry them through to adulthood.

Barbara Munroe, Director of St Christopher's Hospice Patient and Family Services, gave an overview of current provision for bereaved families and suggested guidelines for future development, emphasising the need for **local groups to work together for maximum national effect.** 'Not just good practice, but procedures and policies' are needed. Julie Stokes of **Winston's Wish** described the evolution over 10 years of Gloucestershire's **pioneer bereaved children's support programme**, the problems of organising appropriate funding to sustain standardised services and the importance of working with the local community^{1,2}. Recent evaluation has shown that of the 200 children involved annually, at a cost of approximately £1,000 per child, 98% had found it beneficial and 10% were referred on for further help.

In the afternoon, a kaleidoscope of brief statements from a multi-disciplinary group described their work with children. One contributor, Sarah Willis, has set up the **Childhood Bereavement Project** (originally with the National Association of Bereaved Services and now under the auspices of the National Children's Bureau) to co-ordinate the many local services and build up standards and codes of good practice. It is hoped that this will become an **umbrella organisation**, providing a network of care throughout the UK.

There were presentations from some well-established programmes for bereaved children – **Derian House** in Lancashire and **Treetops** in Belfast – and one on dealing with complex grief, from Lynette Hughes from the Winnicott Centre in Manchester. Peta Hemmings, of the **Barnardo's Orchard Project** in Newcastle, talked about childhood bereavement as a **lifelong adjustment, which may need recurring interventions** as a child develops.

The interventions should be time-limited and help children to understand their own needs so that they develop the insight to know when they need to return to therapeutic work.

Finally Margaret Stroebe of Utrecht University reviewed the research on the mental and physical consequences of losing a loved one in childhood and concluded, along with a number of previous speakers, that there is a great need for more work in this area. Parental death is not necessarily a cause of later problems – there is no evidence that children need intervention as a rule – but **how a death is treated seems to be an influence and children do need information, support, understanding and advice.** Looking at bereavement in a developmental context, it is necessary for children to 're-grieve' as they mature through critical life phases. The **Utrecht Dual Process model**³ can be usefully applied to children's grieving processes, so that many of the activities associated with existing children's bereavement services, such as lighting candles and launching balloons, can be seen as **loss oriented**, and taking on new responsibilities and 'forgetting', as **restoration orientated.** **Children oscillate more easily than adults between the two modes, naturally slipping in and out of grieving.**

There was too much to absorb in one day and the final event, a play by the Wolf and Water Arts Company bringing some of the earlier information about grieving children to life, gradually lost its audience. However, the overall experience of the presentations and exhibitions demonstrated vividly the wide variety of inspirational work currently in progress and the **urgent need to develop an overall strategy** to provide a consistent and co-operative, rather than competitive, continuum of care. BC

References

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3. Stroebe M, Schut H. Culture and grief. *Bereavement Care* 1998; 17(1): 7-11.

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Daisy's Dream, PO Box 4738, Twyford, Reading, Berks RG10 9GT.
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