



Educational Services

A Support Pack for Schools and Nurseries

Should Crisis Call Should Crisis Call

This Support Pack is based on

“Should Crisis Call- Crisis Management in Schools: Effective Preparation and Response”
Stirling Council Education Services

Reference: MG/Should Crisis Call /Version 2

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SECTION 1

Getting Started

- Potential Critical Incidents
- Other events which affect pupils
- Crisis Management Core Group
- Crisis Management Core Group – What does it do?
- Nursery/School Co-ordination Team
- Nursery/School Co-ordination Team – What does it do?

Getting Started

This pack provides information to assist staff in schools to respond to "critical incidents" - incidents where there has been loss of life or incidents which may result in trauma for the individuals involved.

Potential Critical Incidents

- Death of a pupil
- Death of a person on the school campus
- Death of a pupil's parent/carer, sibling or close family member
- Death or injury on school journey or transport
- Death, serious illness or injury of a member of staff
- Medical emergencies in school, death in school
- Loss of school premises
- Terrorist incidents
- Staff taken hostage, intruders
- Violence to staff

Other Events Which Affect Pupils

- Divorce
- Sexual harassment
- Violence
- Parents/carers with a drug problem
- Parent/carers with serious mental illness
- Parents in prison
- Disabled or seriously ill sibling
- Negative media coverage of parent(s)/carer(s) or family

Getting Started

1. Ensure that there is a reliable procedure for keeping pupil records up to date (e.g. names and contact telephone numbers of next of kin etc).
2. Prepare a list of useful telephone contacts to be displayed clearly in the school office, with a copy inserted in the Staff Handbook (sample given on page 49 in Section 5).
3. Form a Crisis Management Core Group which carries out the tasks on page 6.
4. Identify the School Co-ordination Team which would respond to critical incidents.
5. Keep all relevant documentation in a Critical Incidents File in the school office. Office staff and senior staff should know where this is kept. The Senior Management Team (SMT) should have a copy at home.

<p>CRISIS MANAGEMENT CORE GROUP (SCHOOL)</p> <ul style="list-style-type: none"> • Teacher • Head Teacher • Educational Psychologist • School Nurse <p><i>The core group could at times be augmented with others, e.g</i></p> <ul style="list-style-type: none"> • School Chaplain • School Doctor • Social Worker • Community Police Officer • Support Staff • Parent/carer 	<p>CORE GROUP (NURSERY)</p> <ul style="list-style-type: none"> • Teacher • Head Teacher • Educational Psychologist • Health Visitor <p><i>The core group could at times be augmented with others, e.g</i></p> <ul style="list-style-type: none"> • Social Worker • Community Police Officer • Support Staff • Parent/carer
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<p>CRISIS MANAGEMENT CORE GROUP - What does it do?</p> <ol style="list-style-type: none"> 1. Identify potential critical incidents (starter list given on page 5). 2. Develop Plan of Intervention for Critical Incidents (or adopt the sample on page 46 in this pack). 3. Develop Contingency Action Plans for each critical incident (see samples on pages 8 to 33). 4. Review procedures for monitoring and evaluating the progress of children and staff in school (sample pro forma on page 48 in this pack). 5. Identify and access relevant support material for use in and after critical incident. 6. Investigate specialist support for staff and parents/carers. 7. Consult relevant staff to discuss the plans. 8. Arrange training for staff, e.g. office staff who answer the telephone in crisis situations. 9. Meet once per year to review.

<p>NURSERY/SCHOOL CO-ORDINATION TEAM</p> <ul style="list-style-type: none"> ◆ Head Teacher ◆ Senior staff ◆ Well-briefed personnel ◆ Support staff.
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<p>NURSERY/SCHOOL CO-ORDINATION TEAM - What does it do?</p> <ol style="list-style-type: none"> 1. Respond to critical incidents, using the Contingency Plans already prepared. 2. Keep a log of events (using the relevant Contingency Action Plan). 3. Review the Contingency Action Plan and amend as required.

SECTION 2

Contingency Action Plans

Some Samples

- Death of a pupil
- Death or injury on school journey or transport
- Death of a member of staff
- Medical emergencies on school campus (including death)
- Death of pupil's sibling, parent/carer or close family member
- Loss of school premises
- Intruders
- Violence to staff
- Terrorist Incidents

Contingency Action Plan

Death of a Pupil

This Contingency Action Plan provides guidelines for action to be taken in the event of the death of a pupil. If completed at the time, it will provide a log of events.

It is provided as a starting point for consultation within your school. Not all sections will be relevant to individual circumstances. Also see "Should Crisis Call" (Stirling Council Education Services).

Blank copies of this plan should be kept in the Critical Incident File in school. All senior staff and office staff should know where this file is stored. The Head Teacher and Depute Head Teacher should have a duplicate copy of the plans at home.

The action to be taken will depend on the circumstances, for example:

- Whether the death was expected or unexpected.
- If unexpected, whether the death was the result of sudden illness, infectious disease, accident or other incident.

Summary

Incident

Completed by School Date

<u>STAFF</u>	Who will make contact?	Done ✓	<u>PUPILS</u>	Who will make contact?	Done ✓
Staff Meeting			Whole school		
Telephone staff			Class		
Staff in classes			Individual pupils		
<u>PARENTS</u>	Who will make contact?	Done ✓	<u>OTHERS</u>	Who will make contact?	Done ✓
Meeting			Chaplain(s)		
Written information			Visiting specialists		
Telephone			Dept of Public Health		
<u>PARTNERS</u>	Who will make contact?	Done ✓	<u>SAC</u>	Who will make contact?	Done ✓
Police			Director		
Fire Service			Health and Safety Officer		
Staff Grade Paediatrician			South Ayrshire Council Press Officer		
School Nurse			E-mail to all schools from HQ		
Social Work					
Cluster Schools					
Other relevant Schools					
Heath Visitors					

IMMEDIATE TASKS (Day 1)	
Action taken after the Head Teacher is informed that a pupil has died	Details (Date, Personnel involved, etc)
1. Obtain as much accurate information as is required / available. If the death happens in school, see the separate Contingency Action Plan for Medical Emergencies in School (page 31 of this pack).	
2. Inform senior staff.	
3. Inform Director's office (01292) 612419. If the circumstances of the death are likely to result in a flood of telephone calls to the school (e.g. infectious disease), consider using mobile telephones for communication between Director's office and senior management to keep the landline clear for other users. (Psychological Service will be informed by the Directors Office).	
4. Inform School Nurse/Health Visitor	
5. If required (e.g. death is result of violent incident, infectious disease etc), call a meeting of the School Co-ordination Team to allocate tasks. (Head teacher, relevant teaching staff, relevant support staff).	
6. Call whole-staff meeting, if possible, to inform all staff together.	
7. If whole-staff meeting not possible: <ul style="list-style-type: none"> ▪ inform staff closest to deceased pupil first, personally, and offer support. ▪ inform other staff in small groups. 	
8. Contact family to express sympathy.	
9. Some pupils will already know. Class teacher/Guidance teacher speaks to pupil's close friends to let them know how other pupils will be informed.	
10. If pupil was a member of one class only, inform them sensitively yet factually.	
11. If appropriate (e.g. large school) prepare short, sensitive yet factual statement to be given to each teacher who is asked to read it out to each class.	

<p>12. If it is likely that the circumstances of the death will lead to a flood of calls from parents/carers:</p> <p>Prepare a statement to give to parents/carers. The person making the contact should rehearse the message before speaking to parents carers.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>The information we have so far is ... What we have been advised to do is ... We hope to have more information (<i>when?</i>) Parents/carers/pupils are being asked to ... Other information ...</p> </div>	
<p>13. Prepare a letter to be distributed to all parents/carers at the end of school day.</p>	
<p>14. If an infectious disease is implicated, inform the Department of Public Health Medicine at Ayrshire and Arran Health Board on 01292 611040 who will advise on next steps.</p>	
<p>15. If appropriate, call whole-staff meeting as soon as possible, e.g. interval, lunch time, to allow staff to talk through feelings.</p>	
<p>16. DO NOT GIVE INFORMATION TO THE MEDIA. If it is likely that they will contact the school: a) Prepare statement to be given to Media: "Please contact South Ayrshire Press Office 01292 612173. Thank you".</p>	
<p>17. Activate strategies to allow young people to express their feelings. For example, identify a Haven area where pupils may be supported by Staff, School Nurse, Educational Psychologist, Guidance Staff, Chaplain or Health Visitor.</p>	
<p>18. Inform School Chaplain(s), who may be willing to come to school, if required, to speak to/listen to staff or pupils.</p>	
<p>19. Inform Chair of Parent Council.</p>	
<p>20. If appropriate, inform colleagues from outside school who worked closely with pupil.</p>	
<p>21. Monitor pupils or other members of staff who are most closely affected.</p>	

<p>22. In consultation with senior staff, Guidance, School Nurse, Health Visitor and Educational Psychologist, decide:</p> <ul style="list-style-type: none"> ▪ How long support should continue before pupils are sent back to classes. 	
<p>23. Be aware that it might take several days for pupil reaction to "peak". Let pupils know that they should report any incidents related to the situation (e.g. bullying).</p>	
<p>24. If immediate action is to be taken involving police, school doctor etc, liaise with them to make arrangements.</p>	

MEDIUM-TERM TASKS (Day 2 onwards)	
Action taken after Head Teacher is informed that a pupil has died	Details (Date, Personnel involved, etc)
1. Start the day with a meeting of the School Co-ordination. Team to assess the first day and go through plans for the coming day.	
<p>2. If required, arrange support for affected pupils/staff. For example they could:</p> <ul style="list-style-type: none"> ▪ Talk to staff (teaching or non-teaching as appropriate). ▪ Talk to chaplain. ▪ Talk to other appropriate person, e.g. Educational Psychologist, School Nurse., Health Visitor ▪ Circle time (see Appendix 8 page 95) or class meeting for pupils ▪ Debriefing (see page 66) <p>Clarify procedures for referring children for individual help above. For example, pupil may self-refer, or s/he may be referred by staff that are concerned and have secured the pupil's agreement to the referral 2.</p>	
<p>3. If required, arrange consultation for staff, so they can better support pupils. For example:</p> <ul style="list-style-type: none"> ▪ A Staff Grade School Nurse. ▪ Educational Psychologist. ▪ Talk to senior staff. ▪ Opportunities to talk to other staff. ▪ School chaplain. ▪ Circle time for class (led by HT or other known teacher, not supply teacher). ▪ Debriefing for staff (see page 66) 	

²
 "Should Crisis Call" (Stirling Council) - pages 18-19 5.2.2 Specialist support for children.

<p>4. ATTENDANCE AT FUNERAL - There are two categories:</p> <p>a) <u>Attendance at funeral by people representing the school</u>. For example, HT and senior staff representative, possibly accompanied by Head Boy and Head Girl or other appropriate pupil representatives with parental permission. <i>As a general rule, pupils would not attend the funeral unless they were taken by their own parents/carers. If appropriate, write to parents/carers to advise them that any pupil attending the funeral (other than pupil representatives mentioned above) should be with their parent/carer or other responsible adult.</i></p> <p>b) <u>Attendance at funeral by staff on a personal level</u>. Ascertain which staff wish to attend on a personal level. Can staffing within the school be rearranged so that classes can be covered temporarily? Clusters may want to make arrangements to allow staff to attend. If necessary, limit number of staff attending.</p>	
<p>5. If the timing of the funeral is likely to result in large groups of pupils returning to school in the middle of the school day, make plans for their return to class.</p>	
<p>6. If appropriate, make arrangements for in-school special assembly/memorial service. This could take place as soon as possible after the funeral during the school day. The service should be arranged for the most appropriate time of day, for example, towards the end of the school day, but allowing some time afterwards for people to compose themselves before going home.</p> <ul style="list-style-type: none"> ▪ Led by HT and Chaplain(s). ▪ Decide who attends - whole school? Class only? Year group only? ▪ Share the planning of the special assembly with relevant staff/pupils and possibly with parents/carers. ▪ Seek advice of Educational Psychologist about means of allowing pupils to express their feelings but keeping control of the emotional impact on the school (e.g. prevent hysteria)³. (See Resources Pg 64-91). <p>Give staff clear guidelines about procedures to be followed if a pupil or group are too upset to be in class, e.g. only allow one pupil at a time to go to the toilet (as opposed to large groups); send pupils to their next class (as opposed to keeping large groups of pupils in your class).</p>	

³ "Should Crisis Call" (Stirling Council) - pages 23-24 5.2.5 The Use of Rituals.

7. Call regular meetings of Nurses, School Co-ordination Team to monitor events.	
8. Collect any of the pupil's belongings which might be in school but don't send them home yet. Contact the family to say that the belongings are safe at school and you are happy to look after them in the meantime. However, if the family wishes to have them returned, do so as soon as they make their wishes known.	
9. School takes account of name on register and automated services for absence. In addition look for jotters, folders etc and consult with peers regarding a special box for belongings which could then be given to parents/carers.	
10. Where relevant, inform any supply teacher about what has happened.	
11. Be aware that there could be staff member who are particularly affected by the death.	

LONG-TERM TASKS	
Action taken after Head Teacher is informed that a pupil has died	Details (Date, Personnel involved, etc)
1. Where required, ensure that the following year's teacher is aware that a pupil has died (and the circumstances) and that pupils may still be affected.	
2. Consult and decide on whether and how to mark anniversaries.	
3. Remember that legal processes, enquiries and even unrelated news stories may bring back distressing memories and cause temporary upset within the school.	
4. Call meetings of Nurses/School Co-ordination Team at regular intervals to monitor.	
5. Review this Contingency Action Plan and amend, if required for future incidents.	
6. Review "Checklist for Monitoring and Evaluating the Progress of Children and Staff in School" (Page 48 of this pack).	
7. Consider available resources to address longer grief related issues. (See Resources Pg 64-65.)	
8. Consider Seasons for Growth as a possible intervention for those most directly affected. (See Resources Pg 64 and also Appendix 2)	

Contingency Action Plan

Death or Serious Injury on School Journey or Transport

This Contingency Action Plan provides guidelines for action to be taken in the event of death or serious injury occurring during a school journey or on school transport. If completed at the time, it will provide a log of events.

It is provided as a starting point for consultation within your school. Not all sections will be relevant to individual circumstances.

Blank copies of this plan should be kept in the Critical Incident File in school. All senior staff and office staff should know where this file is stored. The Head Teacher and Depute Head Teacher should have a duplicate copy of the plans at home.

The action to be taken will depend on the circumstances, for example:

- The nature of the incident
- The number of people injured or killed. As events become clear it may be appropriate to follow the Contingency Action Plan dealing with death of a pupil or death of a member of staff.

Summary

Incident

Completed by School Date

<u>STAFF</u>	Who will make contact?	Done ✓	<u>PUPILS</u>	Who will make contact?	Done ✓
Staff Meeting			Whole school		
Telephone staff			Class		
Staff in classes			Individual pupils		
<u>PARENTS</u>	Who will make contact?	Done ✓	<u>OTHERS</u>	Who will make contact?	Done ✓
Meeting			Chaplain(s)		
Written information			Visiting specialists		
Telephone			Dept of Public Health		
<u>PARTNERS</u>	Who will make contact?	Done ✓	<u>SAC</u>	Who will make contact?	Done ✓
Police			Director		
Fire Service			Health and Safety Officer		
Staff Grade Paediatrician			South Ayrshire Council Press Officer		
School Nurse			E-mail to all schools from HQ		
Social Work					
Cluster Schools					
Other relevant Schools					
Health Visitor					

IMMEDIATE TASKS (Day 1)	
Action taken after school is informed that there has been death or serious injury during a school journey.	Details (Date, Personnel involved, etc)
1. Obtain as much accurate information as is required / available. If the death happens in school, see the separate Contingency Action Plan for Medical Emergencies in School (Pg 31 of this pack).	
2. Inform senior staff.	
3. Inform Director's office (01292) 612419. If the circumstances of the death are likely to result in a flood of telephone calls to the school (e.g. infectious disease), consider using mobile telephones for communication between Director's office and senior management to keep the landline clear for other users. (Psychological Service will be informed by the Directors Office).	
4. Inform School Nurse/Health Visitor.	
5. Call a meeting of the Nurses/school Co-ordination team to allocate tasks (Head Teacher, relevant teaching staff, and relevant support staff).	
6. Call whole-staff meeting, if possible, to inform all staff together.	
7. If whole-staff meeting not possible then inform staff in small groups.	
8. Contact directly affected parents/carers to relay information. <ul style="list-style-type: none"> • Prepare a statement to give to parents/carers. The person making the contact should rehearse the message before speaking to parents/carers. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>The information we have so far is... <i>(time of event)</i> <i>(place of event)</i> <i>(telephone number for more information)</i> What we have been advised by the police to do is ... We hope to have more information <i>(when?)</i> Parents/carers/pupils are being asked to ... Other information ...</p> </div>	

<ul style="list-style-type: none"> ▪ Prepare a letter to be distributed to all parents/carers at the end of school day. ▪ Offer help with transport if required. ▪ Check that parents are not left alone in distress, perhaps suggesting that they make contact with relatives or neighbours. ▪ If appropriate, give contact numbers of other families involved. ▪ Brief parents/carers regularly, honestly and appropriately. 	
<p>9. Some pupils will already know. Class teacher/Guidance teacher speaks to pupil's close friends to let them know how other pupils will be informed.</p>	
<p>10. If appropriate, call whole staff meeting as soon as possible, e.g. interval, lunchtime to give staff up to date information and also to allow them to talk through their feelings.</p>	
<p>11. If required, have an area of the school, and personnel on hand to support parents/carers who may turn up at school.</p>	
<p>12. Prepare short, sensitive yet factual statement to be given to each teacher who is asked to read it out to class.</p>	
<p>13. Inform Chair of Parent Council.</p>	
<p>14. Inform School Chaplain(s), who may be willing to come to school, if required, to speak to/listen to staff or pupils.</p>	
<p>15. Inform Head Teachers of other schools in the cluster. Be aware of possible siblings/relatives of affected children.</p>	
<p>16. Activate strategies to allow young people to express their feelings. For example, identify a Haven area where pupils may be supported by School Nurse, Educational Psychologist, Guidance Staff, and Chaplain.</p>	
<p>17. DO NOT GIVE INFORMATION TO THE MEDIA. If it is likely that they will contact the school:</p> <ul style="list-style-type: none"> ▪ Prepare statement to be given to Media: "Please contact South Ayrshire Press Officer - 01292 612173. Thank you." 	

18. Monitor pupils or other members of staff who are most closely affected.	
19. In consultation with senior staff, Guidance, School Nurse, Health Visitor and Educational Psychologist, decide: <input type="checkbox"/> <ul style="list-style-type: none"> ▪ How long counselling should continue before pupils are sent back to classes. 	
20. Be aware that it might take several days for pupil reaction to "peak". Let pupils know that they should report any incidents related to the situation (e.g. bullying).	

MEDIUM-TERM TASKS (Day 2 onwards)	
Action taken after school is informed that there has been death or serious injury during a school journey.	Details (Date, Personnel involved, etc)
1. Start the day with a meeting of the School Co-ordination Team to assess the first day and go through plans for the coming day.	
<p>2. If required, arrange support for affected pupils/staff. For example they could:</p> <ul style="list-style-type: none"> ▪ Talk to staff (teaching or non-teaching as appropriate). ▪ Talk to chaplain. ▪ Talk to other appropriate person, e.g. Educational Psychologist, School Nurse, Health Visitor. ▪ Circle time (See Appendix 8 page 95) or class meeting. <p>Clarify procedures for referring children for individual help above. For example, pupil may self-refer, or s/he may be referred by staff that are concerned and have secured the pupil's agreement to the referral.</p>	
<p>3. If required, arrange consultation for staff, so they can better support pupils. For example:</p> <ul style="list-style-type: none"> ▪ A Staff Grade Paediatrician. ▪ Educational Psychologist. ▪ Talk to senior staff. ▪ Opportunities to talk to other staff. ▪ School chaplain. ▪ Circle time for class (led by HT or other known teacher, not supply teacher). ▪ Debriefing for staff. Your Education psychologist can arrange a debriefing session for staff if appropriate. (see page 66) 	

<p>4. ATTENDANCE AT FUNERAL - There are two categories:</p> <p>a) <u>Attendance at funeral by people representing the school.</u> For example, HT and senior staff representative, possibly accompanied by Head Boy and Head Girl or other appropriate pupil representatives with parental permission. <i>As a general rule, pupils would not attend the funeral unless they were taken by their own parents/carers. If appropriate, write to parents/carers to advise them that any pupil attending the funeral (other than pupil representatives mentioned above) should be with their parent/carer or other responsible adult.</i></p> <p>b) <u>Attendance at funeral by staff on a personal level.</u> Ascertain which staff wish to attend on a personal level. Can staffing within the school be rearranged so that classes can be covered temporarily? Cluster staff may want to make arrangements to allow staff to attend the funeral. If necessary, limit number of staff attending.</p>	
<p>5. If the timing of the funeral is likely to result in large groups of pupils returning to school in the middle of the school day, make plans for their return to class.</p>	
<p>6. If appropriate, make arrangements for in-school special assembly/memorial service. This could take place as soon as possible after the funeral during the school day. The service should be arranged for the most appropriate time of day, for example, towards the end of the school day, but allowing some time afterwards for people to compose themselves before going home.</p> <ul style="list-style-type: none"> ▪ Led by HT and Chaplain(s). ▪ Decide who attends - whole school? Class only? Year group only? ▪ Share the planning of the special assembly with relevant staff/pupils and possibly with parents/carers. 	
<ul style="list-style-type: none"> ▪ Seek advice of Educational Psychologist about means of allowing pupils to express their feelings but keeping control of the emotional impact on the school (e.g. prevent hysteria). (See Resources Pg 59-63). <p>Give staff clear guidelines about procedures to be followed if a pupil or group are too upset to be in class, e.g. only allow one pupil at a time to go to the toilet (as opposed to large groups); send pupils to their next class (as opposed to keeping large groups of pupils in your class).</p>	
<p>7. Call regular meetings of Nurses/School Co-</p>	

ordination Team to monitor events.	
8. Collect any of the pupil's belongings which might be in school but don't send them home yet. Contact the family to say that the belongings are safe at school and you are happy to look after them in the meantime. However, if the family wishes to have them returned, do so as soon as they make their wishes known.	
9. School takes account of name on register and automated services for absence. In addition look for jotters, folders etc and consult with peers regarding a special box for belongings which could then be given to parents/carers.	
10. Where relevant, inform any supply teacher about what has happened.	
11. Discuss strategies for re-entry to school. (See Section 6 of this pack "Children and Grief".) <ul style="list-style-type: none"> ▪ Your Educational Psychologist can arrange debriefing for pupils, if appropriate (see page 66) 	
12. Be aware there could be particular staff members who are particularly affected by the loss.	

LONG-TERM TASKS	
Action taken after school is informed that there has been death or serious injury during a school journey.	Details (Date, Personnel involved, etc)
1. Where required, ensure that the following year's teacher is aware that a pupil has died (and the circumstances) and that pupils may still be affected.	
2. Consult and decide on whether and how to mark anniversaries.	
3. Remember that legal processes, enquiries and even unrelated news stories may bring back distressing memories and cause temporary upset within the school.	
4. Call meetings of School Co-ordination Team at regular intervals to monitor.	
5. Review this Contingency Action Plan and amend, if required for future incidents.	
6. Review "Checklist for Monitoring and Evaluating the Progress of Children and Staff in School" (Page 52 of this pack).	
7. Consider available resources to address longer grief related issues. (See Resources Pg 64-91.)	
8. Consider Seasons for Growth as a possible intervention for those most directly affected. (See Resources Pg 64 and also Appendix 2).	

Contingency Action Plan

Death of a Member of Staff

This Contingency Action Plan provides guidelines for action to be taken in the event of the death of a member of staff. If completed at the time, it will provide a log of events.

It is provided as a starting point for consultation within your school. Not all sections will be relevant to individual circumstances. Also see page 38 of "Should Crisis Call" (Stirling Council Education Services).

Blank copies of this plan should be kept in the Critical Incident File in school. All senior staff and office staff should know where this file is stored. The Head Teacher and Depute Head Teacher should have a duplicate copy of the plans at home.

The action to be taken will depend on the circumstances, for example:

- Whether the death was expected or unexpected.
- If unexpected, whether the death was the result of sudden illness, accident or other incident.
- How well-known the member of staff was, e.g. length of time at the school.

"Member of staff" refers to all teaching and non-teaching members of staff in a school.

Summary

Incident

Completed by School Date

<u>STAFF</u>	Who will make contact?	Done ✓	<u>PUPILS</u>	Who will make contact?	Done ✓
Staff Meeting			Whole school		
Telephone staff			Class		
Staff in classes			Individual pupils		
<u>PARENTS</u>	Who will make contact?	Done ✓	<u>OTHERS</u>	Who will make contact?	Done ✓
Meeting			Chaplain(s)		
Written information			Visiting specialists		
Telephone			Dept of Public Health		
<u>PARTNERS</u>	Who will make contact?	Done ✓	<u>SAC</u>	Who will make contact?	Done ✓
Police			Director		
Fire Service			Health and Safety Officer		
Staff Grade Paediatrician			South Ayrshire Council Press Officer		
School Nurse			E-mail to all schools from HQ		
Social Work					
Cluster Schools					
Other relevant Schools					
Health Visitor					

IMMEDIATE TASKS (Day 1)	
Action taken after Head Teacher is informed that a member of staff has died	Details (Date, Personnel involved, etc)
1. Obtain as much accurate information as is required / available. If the death happens in school, see the separate Contingency Action Plan for Medical Emergencies in School (page 31 of this pack).	
2. Inform senior staff.	
3. Inform Director's office (01292) 612419. If the circumstances of the death are likely to result in a flood of telephone calls to the school (e.g. infectious disease), consider using mobile telephones for communication between Director's office and senior management to keep the landline clear for other users. (Psychological Service will be informed by the Directors Office).	
4. Inform School Nurse.	
5. If required (e.g. death is result of violent incident, infectious disease etc), call a meeting of the School Co-ordination Team to allocate tasks. (Head teacher, relevant teaching staff, and relevant support staff).	
6. Call whole-staff meeting, if possible, to inform all staff together.	
7. If whole-staff meeting not possible: <ul style="list-style-type: none"> ▪ inform staff closest to deceased member of staff first, personally, and offer support. ▪ inform other staff in small groups. 	
8. If appropriate, call whole-staff meeting as soon as possible, e.g. Interval, lunch time, to allow staff to talk through feelings.	
9. Contact family to express sympathy.	
10. If teacher taught one class, inform them sensitively yet factually.	
11. If appropriate (e.g. Large school) prepare short, sensitive yet factual statement to be given to each teacher who is asked to read it out to class.	

<p>12. It is likely that the circumstances of the death will lead to a flood of calls from parents/carers.</p> <p>Prepare a statement to give to parents/carers. The person making the contact should rehearse the message before speaking to parents/carers.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>The information we have so far is ... What we have been advised to do is ... We hope to have more information (<i>when?</i>) Parents/carers/pupils are being asked to... Other information...</p> </div>	
<p>13. Prepare a letter to be distributed to all parents/carers at the end of school day.</p>	
<p>14. If an infectious disease is implicated, inform the Department of Public Health Medicine at Ayrshire and Arran Health Board on 01292 611040 who will advise on next steps.</p>	
<p>15. DO NOT GIVE INFORMATION TO THE MEDIA. If it is likely that they will contact the school: a) Prepare statement to be given to Media: "Please contact South Ayrshire Press Office 01292 612173. Thank you".</p>	
<p>16. Activate strategies to allow young people to express their feelings. For example, identify a Haven area where pupils may be supported by Staff, School Nurse, Health Visitor, Educational Psychologist, Guidance Staff, Chaplain.</p>	
<p>17. Inform School Chaplain(s), who may be willing to come to school, if required, to speak to/listen to staff or pupils.</p>	
<p>18. Inform Chair of Parent Council.</p>	
<p>19. If appropriate, inform colleagues from outside school who worked closely with member of staff.</p>	
<p>20. Monitor pupils or other members of staff who are most closely affected.</p>	
<p>21. In consultation with senior staff, Guidance, School Nurse, Health Visitor and Educational Psychologist, decide:</p> <ul style="list-style-type: none"> ▪ How long support should continue before pupils are sent back to classes. 	
<p>22. Be aware that it might take several days for pupil reaction to "peak". Let pupils know that they should report any incidents related to the situation (e.g. bullying).</p>	

MEDIUM-TERM TASKS (Day 2 onwards)	
Action taken after Head Teacher is informed that a member of staff has died	Details (Date, Personnel involved, etc)
1. School Co- ordination Team meets to assess the first day and plan for the coming day.	
<p>2. If required, arrange support for affected pupils/staff. For example they could:</p> <ul style="list-style-type: none"> ▪ Talk to staff (teaching or non-teaching as appropriate). ▪ Talk to chaplain. ▪ Talk to other appropriate person, e.g. Educational Psychologist, School Nurse, Health Visitor. ▪ Circle time (See Appendix 8 page 95) or class meeting. ▪ Your Educational Psychologist can arrange debriefing for pupils/staff if appropriate. (see page 66) <p>Clarify procedures for referring children for individual help above. For example, pupil may self- refer, or s/he may be referred by staff that are concerned and have secured the pupil's agreement to the referral.</p>	
<p>3. If required, arrange consultation for staff, so they can better support pupils. For example:</p> <ul style="list-style-type: none"> ▪ A Staff Grade Paediatrician. ▪ Educational Psychologist. ▪ Talk to senior staff. ▪ Opportunities to talk to other staff. ▪ School chaplain. ▪ Circle time for class (led by HT or other known teacher, not supply teacher). ▪ Your Educational Psychologist can arrange debriefing for pupils/staff if appropriate. (see page 66) 	
<p>4. In order to prevent rejection, spend time with the class (or classes) to talk about how a supply teacher will temporarily replace the member of staff who has died.</p> <ul style="list-style-type: none"> ▪ Consider putting established staff member in and putting supply cover elsewhere. 	

<p>5. Establish continuity in the classroom as soon as possible. Inform supply teacher properly on how pupils and other staff have been affected and which ones were most distressed.</p> <p>Support supply teacher.</p>	
<p>6. ATTENDANCE AT FUNERAL - There are two categories:</p> <p>a) <u>Attendance at funeral by people representing the school.</u> For example, HT and senior staff representative, possibly accompanied by Head Boy and Head Girl or other appropriate pupil representatives with parental permission. <i>As a general rule, pupils would not attend the funeral unless they were taken by their own parents/carers. If appropriate, write to parents/carers to advise them that any pupil attending the funeral (other than pupil representatives mentioned above) should be with their parent/carer or other responsible adult.</i></p> <p>b) <u>Attendance at funeral by staff on a personal level.</u> Ascertain which staff wish to attend on a personal level. Can staffing within the school be rearranged so that classes can be covered temporarily? Clusters may want to make arrangements to allow staff to attend funeral. If necessary, limit number of staff attending.</p>	
<p>7. If the timing of the funeral is likely to result in large groups of pupils returning to school in the middle of the school day, make plans for their return to class.</p>	

<p>8 If appropriate, make arrangements for in- school special assembly/memorial service. This could take place as soon as possible after the funeral, during the school day. The service should be arranged for the most appropriate time of day, for example, towards the end of the school day, but allowing some time afterwards for people to compose themselves before going home.</p> <ul style="list-style-type: none"> ▪ Led by HT and Chaplain(s). ▪ Decide who attends - whole school? Class only? Year group only? ▪ Share the planning of the special assembly with relevant staff/pupils and possibly with ☐family of deceased member of staff. ▪ Seek advice of Educational Psychologist about means of allowing pupils to express their feelings, but keeping control of the emotional impact on the school (e.g. prevent hysteria). (See Resources Pgs 59-63). <p>Give staff clear guidelines about procedures to be followed if a pupil or group are too upset to be in class, e.g. only allow one pupil at a time to go to the toilet (as opposed to large groups); send pupils to next class (as opposed to keeping large groups or individual pupils in your class).</p>	
<p>9. Call regular meetings of School Co-ordination Team to monitor events.</p>	
<p>10. Collect any of the member of staff's belongings which might be in school but don't send them home yet. Contact the family to say that the belongings are safe at school and you are happy to look after them in the meantime. However, if the family wishes to have them returned, do so as soon as they make their wishes known.</p>	

LONG-TERM TASKS	
Action taken after school is informed that a member of staff has died.	Details (Date, Personnel involved, etc)
1. Where required, ensure that the following year's teacher is aware that a member of staff has died (and the circumstances) and that pupils may still be affected.	
2. Consult and decide on whether and how to mark anniversaries.	
3. Remember that legal processes, enquiries and even unrelated news stories may bring back distressing memories and cause temporary upset within the school.	
4. Call meetings of School Co-ordination Team at regular intervals to monitor.	
5. Review this Contingency Action Plan and amend, if required for future incidents.	
6. Review "Checklist for Monitoring and Evaluating the Progress of Children and Staff in School" (Page 52 of this pack).	
7. Consider available resources to address longer grief related issues. (See Resources Pg 64-65.)	
8. Consider Seasons for Growth as a possible intervention for those most directly affected. (See Resources Pg 64 and also Appendix 2).	

Contingency Action Plan

Medical Emergencies in School

Completed by SchoolDate

Throughout this Contingency Action Plan, "pupil" or "child" could be replaced with "member of staff".

Child is taken ill or injured in school	Details (Date, Personnel involved, etc)
1. Call first-aider or appointed person to assess the child. If there is an incident with a named child (e.g. Epipen) follow the individual child's Medical Plan.	
2. First-aider or appointed person should treat minor incidents accordingly.	
3. If a second opinion about a suspected fracture or sprain is required, a second first-aider or appointed person should be sought.	
4. If there is an obvious illness, sprain or broken bone, a senior member of staff should be informed and the parent/carer contacted.	
5. If the child requires hospital treatment, the first-aider or appointed person, in consultation with a senior member of staff, decides the urgency of the situation. If the situation is not considered life-threatening, call a taxi (telephone) to transport the pupil and member of staff to hospital. Telephone Ayr Hospital 01292 610555 to give details. Ask the parent/carer to meet the member of staff at the hospital. The member of staff should remain with the child until the parent/carer arrives.	
6. However, if the situation appears life-threatening, call an ambulance 999.	
7. If possible remove other pupils from the area where the child is located. Alternatively screen the area.	
8. If the paramedics take the child to hospital, a member of staff accompanies the child as above and the hospital takes over.	

	First-aiders (4 days training)	Appointed persons (1 day's training)
Primary	1	1
Secondary	2	2
Special	2	1

<p>9. All relevant incidents should be recorded on the AR1 form. Copies to Health and Safety Officer along with witness statements.</p>	
<p>10. Any critical incident causing serious injury or any caused by negligence, hazardous circumstances or lack of supervision, should be communicated to the South Ayrshire Council's Health and Safety Officer.</p>	
<p>11. If the medical emergency results in death in the school, the paramedics will not declare this but will call a doctor and police to the scene. When summoning the parent/carer (or next of kin), inform them that there has been a serious medical emergency and that paramedics and a doctor are at the scene.</p> <p>When the parent/carer (or next of kin) comes to school, the doctor or police (with a school representative present) will inform them of the death.</p> <p>The school chaplain/priest should be called if appropriate.</p> <p>Inform senior staff.</p> <p>Contact the Director's office. (01292) 612419.</p> <p>Refer to the Contingency Action Plan for "Death of a Pupil" or "Death of a Member of Staff".</p>	
<p>12. Emergency services should always be called to declare death. Never move the casualty and if appropriate screen area and remove staff and pupils.</p>	

Contingency Action Plan

Death of a Pupil's Parent/Carer, Sibling or Other Close Family Member

This Contingency Action Plan provides guidelines for action to be taken in the event of the death of a pupil's parent, sibling or other close family member. If completed at the time, it will provide a log of events.

It is provided as a starting point for consultation within your school. Not all sections will be relevant to individual circumstances. Also see page 37 of "Should Crisis Call" (Stirling Council Education Services).

Blank copies of this plan should be kept in the Critical Incident File in school. All senior staff and office staff should know where this file is stored. The Head Teacher and Depute Head Teacher should have a duplicate copy of the plans at home.

The action to be taken will depend on the circumstances, for example:

- Whether the death was expected or unexpected.
- If unexpected, whether the death was the result of sudden illness, accident, or other incident.

Summary

Incident.....
 Completed by SchoolDate

<u>STAFF</u>	Who will make contact?	Done ✓	<u>PUPILS</u>	Who will make contact?	Done ✓
Staff Meeting			Whole school		
Telephone staff			Class		
Staff in classes			Individual pupils		
<u>PARENTS</u>	Who will make contact?	Done ✓	<u>OTHERS</u>	Who will make contact?	Done ✓
Meeting			Chaplain(s)		
Written information			Visiting specialists		
Telephone			Dept of Public Health		
<u>PARTNERS</u>	Who will make contact?	Done ✓	<u>SAC</u>	Who will make contact?	Done ✓
Police			Director		
Fire Service			Health and Safety Officer		
Staff Grade Paediatrician			South Ayrshire Council Press Officer		
School Nurse			E-mail to all schools from HQ		
Social Work					
Cluster Schools					
Other relevant Schools					
Health Visitor					

IMMEDIATE TASKS (Day 1)	
Action taken after the Head Teacher is informed that a pupil's parent, sibling or other close family member has died	Details (Date, Personnel involved, etc)
<p>1. If the death happens when the child is at school, a representative for the family, preferably a parent/carer, should come to the school to inform the child.</p> <p>If the teacher has to notify the pupil of the death, s/he should be open and honest. Give age-related explanations and do not explain the death as "sleep". (How adults can help pg 53).</p>	
<p>2. Inform pupil's teacher(s) in person.</p>	
<p>3. If required (e.g. death is result of violent incident, infectious disease etc), inform Director's office (01292) 612419. If the circumstances of the death are likely to result in a flood of telephone calls to the school, consider using mobile telephones for communication between Director's office and senior management, to keep the landline clear for other users.</p>	
<p>4. If required (e.g. death is result of violent incident, infectious disease etc), call a meeting of the School Co-ordination Team to allocate tasks. (Head teacher, relevant teaching staff, and relevant support staff).</p>	
<p>5. Before notifying fellow pupils, the class teacher/Guidance teacher should speak with the bereaved child to determine what information should be given to his/her classmates and in what form. Some children prefer to be absent while this information is given, some want to participate. It is helpful if classmates are informed about how their bereaved classmate wants them to talk about what has happened (i.e. speak openly and take the initiative, or let the bereaved child decide when s/he wants to talk). Use the opportunity to talk about grief and grief reactions but be sure to prepare the affected child for this.</p>	
<p>6. If an infectious disease is implicated, inform the Department of Public Health Medicine at Ayrshire and Arran Health Board on 01292 611040.</p>	
<p>7. If the circumstances of the death make it likely that the Media will contact the school: a) Prepare statement to be given to Media: "Please contact South Ayrshire Press Office – 01292 612173".</p>	

<p>8. If it is likely that the circumstances of the death will lead to a flood of calls from parents/carer (e.g. infectious disease):</p> <p>Prepare a statement to give to parents/carers. The person making the contact should rehearse the message before speaking to parents/carers</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>The information we have so far is What we have been advised to do is We hope to have more information (<i>when?</i>).. Parents/carers/pupils are being asked to .. Other information ..</p> </div> <p>If required prepare a letter to be distributed to all parents/carers at the end of the school day.</p>	
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MEDIUM-TERM TASKS (Day 2 onwards)	
Action taken after school is informed that a pupil's parent, sibling or other close family member has died	Details (Date, Personnel involved, etc)
<p>1. If necessary, start the day with a meeting of the School Co-ordination Team to assess the first day and go through plans for the coming day.</p>	
<p>2. If required, arrange support for affected pupils. For example, they could:</p> <ul style="list-style-type: none"> ▪ Talk to staff (teaching or non-teaching as appropriate). ▪ Talk to chaplain. ▪ Talk to other appropriate person, e.g. Educational Psychologist. ▪ Your Educational Psychologist can arrange debriefing for pupils if appropriate (see page 66) <p>Clarify procedures for referring children for individual help above. For example, pupil may self-refer, or s/he may be referred by staff that are concerned and have secured the pupil's agreement to the referral.</p>	
<p>3. If required, arrange consultation for staff, so they can later support the pupil. For example:</p> <ul style="list-style-type: none"> ▪ Contact the Child Health Secretary, (01294 323441 - Dept of Child Health, Ayrshire Central Hospital), and leave a message for a Staff Grade Paediatrician who will co-ordinate support and counselling required for pupils, both immediately and in the future. ▪ Educational Psychologist. ▪ Talk to senior staff. ▪ Opportunities to talk to other staff. 	

<ul style="list-style-type: none"> ▪ Circle time for class (led by HT or other known teacher, not supply teacher). ▪ Your Educational Psychologist can arrange debriefing for staff if appropriate. (see page 66) 	
<p>4. ATTENDANCE AT FUNERAL If appropriate, a representative of the school, for example the class teacher or Guidance teacher, could be present at the funeral. If appropriate, the teacher could be accompanied by pupil representatives (e.g. Head Boy or Head Girl) with parental permission.</p> <p><i>As a general rule, other pupils would not attend the funeral unless they were taken by their own parents/carers . If appropriate, write to parent/carers to advise them that any pupil attending the funeral (other than pupil representatives mentioned above) should be with their parent/carer or other responsible adult.</i></p>	
<p>5. If the timing of the funeral is likely to result in large groups of pupils returning to school in the middle of the school day, make plans for their return to class.</p>	
<p>6. Discuss strategies for re-entry to school. (See Section 6 of this pack "Children and Grief".)</p>	

LONG-TERM TASKS	
Action taken after school is informed that a pupil's parent, sibling or other close family member has died	Details (Date, Personnel involved, etc)
<p>1. If necessary, accept a period where the pupil has a reduced capacity for school work.</p>	
<p>2. Offer extra help to the bereaved child at a later time when working capacity becomes more normal again.</p>	
<p>3. Class teacher/Guidance teacher should let the child decide how much s/he wants to talk about what happened but let him/her know that the teacher is willing to listen if pupil comes.</p>	
<p>4. School should keep the home informed about the child's progress at school.</p>	
<p>5. Review this Contingency Action Plan and amend, if required, for future incidents.</p>	

6. Review "Checklist for Monitoring and Evaluating the Progress of Children and Staff in School" (Pg 48 of this pack).	
7. Consider available resources to address longer grief related issues. (See Useful Resources Pg 64-65.)	
8. Consider Seasons for Growth as a possible intervention for those most directly affected. (See Useful Resources Pg 64 and also Appendix 2).	
9. Be aware that particular staff members could be more affected than others by the loss.	

Other Critical Incidents

Completed by SchoolDate

1.	LOSS OF SCHOOL PREMISES	Done ✓	Further Action/Advice
	Contact Director's office 01292 612419 for advice and further action.		
2.	INTRUDERS	Done ✓	Further Action/Advice
	Schools should devise a Contingency Action Plan to meet their specific needs and situation, and have a policy on Security/Intruders.		
3.	VIOLENCE TO STAFF	Done ✓	Further Action/Advice
	Schools should devise a Contingency Action Plan to meet their specific needs/situation. Refer to JNCT Circular.		
4.	TERRORIST INCIDENT	Done ✓	Further Action/Advice
	Schools should devise a Contingency Action Plan to meet their specific needs/situation. Refer to What is Different About a Terrorist Incident (Pg 40-41) and Guidelines for Structuring an All-Hazard Emergency Plan (Pg 42-43).		

SECTION 3

Suicide

- Suicide
 - Managing the first 48 hours

SUICIDE

THE SCHOOL-AS-COMMUNITY

Suicide or sudden loss among student populations has become a major concern for teachers, parents/carers and helping professionals. Within the context of the school-as-community, the self-destructive potential of young people is a major contemporary crisis. Classmates, parents, teachers, and relatives experience both the direct implications of a pupil's death and the residual long-term effects of a significant loss. The devastating feelings of loss at a young age can be a traumatic experience for schools (Franson & Hunter, 1988). Inherently, personal loss or threat of loss also increases a person's suicide risk. Precipitating stressors include depression; loss of a significant relationship; impulsivity; stress; substance abuse; negative life events; physical, sexual or emotional abuse; isolation; alienation; or a mystical concept of death (Ray & Johnson, 1983; Phi Delta Kappan, 1988).

Hawton (1986) and Perrone (1987) found that peers of adolescents who attempted suicide are vulnerable because suicide is higher:

- among persons with unstable social relationships;
- when a population is self-contained (as in school-as-community and school-as-institution);
- when imitative behaviour is common;
- when the element of bravado exists; and
- when the act is sure to be noticed.

Balk (1983) further identified acute emotional responses of pupils after the death of a peer. He revealed that while peer support and chances to talk with friends about the death at such a time of loss were important aids in coping with death, many peers feel uncomfortable talking about death. They frequently avoid the survivors to decrease their discomfort of not knowing what to say or how to say it. Balk maintained that young people sometimes hide their feelings of grief because such feelings often are not considered acceptable in public, and as a result, adolescents are often confused about the source of their recurring grief reactions.

Behaviour Manifestations of Loss

The reactions of survivors who have experienced a suicide or sudden loss are likely to be complex, but typically include some or all of the following behavioural characteristics: denial, anger, blaming, shame, guilt, fear, intellectualisation, or hostility. Stanford (1978) and Hunt (1987) further suggested the need for direct intervention in schools with survivors. Shneidman (1972) noted that when a death occurs, particularly of an unexpected nature, there is no pattern of behaviour to draw upon, and confusion results. Teachers also need help in understanding and handling young people's normal, yet often inappropriate, reactions to death. Young people often take clues as to how to react from the adults around them more than from the event itself. A paramount need is for counsellors, educators and other support personnel to process the emotional needs of survivors. Intervention to enhance coping skills could ultimately prevent future suicides, or related self-destructive behaviour.

Managing the first 48 hours

When a young person commits suicide, or is the survivor of any kind of tragic death, the school is confronted immediately with a number of serious problems:

- Verifying what happened, containing the information, protecting the privacy of the family, helping pupils cope with the death, communicating beyond the school, seeking resources in the community, dealing with parents/carers, and minimising the possibility that other pupils may imitate the behaviour and take their own lives.

The first 48 hours following a pupil's suicide or tragic death are crucial. The specific things for a school and its staff to do during the first 48 hours are listed below:

- Verify the death. Meet or call the family; share with the family what school and staff plans to do; protect the family's right to privacy, but also share the critical survivor needs of pupils and staff.
- Convene School Crisis Management Team.
- Meet with staff to provide accurate information and to implement school's crisis management plan.
- Designate a person to serve as a case manager.
- Call on local authorities or support services if needed.
- Identify staff member(s) who will follow the deceased pupil's class timetable to meet with teachers and classmates and to work the corridors following the crisis.
- Make support staff available to pupils.
- Identify pupils about whom staff are concerned.
- Provide rooms for pupils to meet in small groups.

Follow Contingency Action Plan for the Death of a Pupil. (Or See Appendix 5)

Tasks of Mourning and Grief Counselling

Accepting the reality of the loss and confronting the fact that the person is dead are two of the most important initial tasks of mourning. The early denial and avoidance is quickly replaced by the realisation of the loss and it is necessary to feel the pain of the loss and work through the grief process.

The grief process includes adjusting to an environment in which the deceased is missing. Survivors must face the loss of the many roles the deceased person filled in their life (e.g., classmate, team member, close friend). Pupils need to recognise that symptoms such as startle reactions, restlessness, agitation, sleeplessness, depression and anxiety are typical intense reactions to a traumatic experience such as death. Also essential is coming to terms with the anger one often feels toward (1) the person who has died, (2) oneself, and (3) others. A final task of mourning is to redirect the belief that one should have somehow prevented the death.

Special Treatment Issues with Adolescents

- Allow regression and dependency.
- Realise their lack of life experience in handling trauma.
- Allow expression of feelings such as sorrow, hostility, and guilt.
- Encourage discussion.
- Allow for fluctuations in maturity level.
- Watch for emergence of unfinished business or unresolved conflicts of the past.
- Answer questions and provide factual information.
- Correct distortions.
- Avoid power struggles with adolescents.
- Focus on strengths and constructive adaptive behaviours.
- Address conscious as well as unconscious guilt.
- Identify and help resolve adolescents' sense of powerlessness.

Conclusion

Young people continue to communicate their need for help in understanding their feelings of confusion, loss, alienation, loneliness, depression, anger, sadness, and guilt. Their ability to develop coping strategies for their uncomfortable but normal feelings and their ability to adjust to loss and maintain control over everyday life experiences will ultimately be dependent on the assistance they obtain and the resources provided to them by the school-as-community. Support staff, SMT and other support personnel can provide the curative environment that fosters prevention and intervention with at-risk pupils. Collective efforts to provide structured programs and secure environments to "work through" significant losses are necessary to arrest the present cycle of self-destructive behaviour of contemporary youth.

Doan, J., Roggenbaum, S., & Lazear, K. (2003). *Youth suicide Prevention school-based guide-Issue brief 7a: Preparing for and responding to Death by suicide: Steps for responding to a Crisis*. Tampa, FL: Department of Child and Family Studies, Division of State and Local Support, Louis de la Parta Florida Mental Health Institute, University of South Florida

SECTION 4

TERRORISM

- What is Different about a Terrorist Incident
- Guidelines for Structuring an All-Hazard Emergency Plan

WHAT IS DIFFERENT ABOUT A TERRORIST INCIDENT?

What is different?

In a violent attack, there may be

- Widespread fear and/or panic
- Multiple casualties
- Police involvement
- A crime scene to protect

Some of the differences between an emergency involving a natural hazard and one involving an intruder include:

- Widespread fear and/or panic. Although pupils and staff may experience fear and, in some cases, panic during any emergency, school personnel can expect a much stronger fear response during an emergency involving an intruder than during other types of emergencies.
- Multiple casualties. While increased emphasis has been placed on identifying those who are at high-risk of committing school violence before they act, history has shown that, when perpetrators have not been identified, multiple deaths and/or injuries are probable. The presence of multiple casualties adds a new layer to an already traumatic situation.
- Police involvement. During and after any incident involving school violence, police personnel will be at the scene. They will bring firearms and, perhaps, negotiators, and others on site. Their presence on campus may cause a mix of emotions that is much different than those stirred by other first responders.
- A crime scene to protect. The area around the incident—perhaps the entire building or school property—will be a crime scene. Safety for all persons in the area is of first concern, but care must be taken to protect evidence.

Depending on the person(s) involved, the weapons they use, the floor plan of the building, and other factors, there may be other differences as well as weapons of mass destruction.

Many of the same issues will arise following a terrorist incident as arise with acts of school violence—but school officials should expect these issues to be magnified greatly. There may be:

- Damage far beyond school boundaries. Although schools may very well be affected by incidents involving terrorists, it is unlikely that they will be a target. Rather, the damage will extend far beyond the school boundaries and will affect the infrastructure on which school personnel depend for pupils and staff safety.
- Widespread fear or panic. A major goal of terrorism is to instil panic in the civilian population. Following the terrorist acts of September 11, even areas that were well removed from the incident sites were chaotic.

What is Different About a Terrorist Incident? (Continued)

- Mass casualties. Nearly 3,000 people died at the World Trade Centre. Another 200 died at the Pentagon. Terrorist incidents may inflict casualties that extend beyond anything seen in the past.
- Victims who are contaminated. Depending on the terrorists' weapon of choice, many victims may require isolation and decontamination before treatment. The requirement for decontamination adds a layer to the response for which most schools are not prepared.
- The need for long-term sheltering. Depending on the damage to the infrastructure in the community surrounding the school, there may be a need to shelter pupils—and community members—for an extended period.

Depending on the circumstances, there may be other differences as well.

The key differences between terrorist incidents and other more common incidents are those of magnitude. Terrorist incidents will likely more closely resemble a combination of a natural hazard, which causes physical damage to structures and disrupts basic services, and a technological hazard, which causes damage to the environment and requires specialized equipment for cleanup.

You may not be able to plan for every possible type of terrorist incident but a good plan will carry your school or community a long way during response to a terrorist incident.

Guidelines for Structuring an All-Hazard Emergency Plan

Every crisis begins with the same assessment: Do the pupils need to move? Options may be:

- Let pupils go home to families
- Shelter in place (school building is safe)
- Lockdown (limit movement until danger passes, e.g. assailant or intruder, imminent nearby danger)
- Evacuate (use pre-planned route to pre-designated site because building is not safe, e.g. fire, explosion).

Specific Hazards:

- Fire
- Explosion
- Bomb Threat
- Power Cut
- Intruder/Hostage
- Civil Disruption
- Chemical or Biological Attack
- Etc.

In addition to their similarities with other emergencies, catastrophic incidents cause additional challenges.

Nuclear, biological, or chemical release or attack in school

- Always follow emergency services' instructions.
- Recognise exposure symptoms.
- Turn off air intakes, air conditioners, heat, etc.
- If exposure is suspected, remove clothes and shoes, seal in bags, avoid contact with fallout.
- Decontaminate with soap and water.
- Seek aid.
- Report names of everyone exposed.

Disaster in community or national disaster

- Always follow emergency services' instructions.
- Potential impact on transportation in area, including parents'/carers' ability to get to the school.
- May have to provide shelter in place for extended period.
- May have to host neighbourhood shelter or medical or relief station.
- Possible mid- to long-term implication for school if it is deemed unsafe or utilised for public programs.

Suspicious parcel, letter, or package

- Always follow emergency services' instructions.
- Suspect a bomb? Leave it alone, keep everyone away.
- Suspect a chemical, biological or radiological substance? Seal item in bag/container or cover with something; wash hands with soap and water.
- Seek aid.
- Report names of all personnel exposed to room

Aspects Relevant to Catastrophic Terrorism Incidents

- Psychological factors may be the most problematic as fear and shock take hold. Terrorism by nature causes fear disproportionate to the actual impact of the criminal act.
- Due to psychological stress of the scenario, prevent hysteria and rumours through clear, frequent official communications via a pre-determined strategy.
- Restricted roadways during neighbourhood/regional crisis may disrupt travel and traffic, public transportation may be impacted, and school buses may be unavailable.
- Telephone and mobile networks may be overburdened, expect communication to cease or be difficult. Communication will be key to the plan's success. Keep phones clear except for emergency use, practice communicating with first responders, parents/carers, and administrators.
- During a heightened state of alert, limit traffic near school to increase setback (the enforced distance between vehicles and the school) in an effort to protect the school from a vehicle bomb.
- May need to provide a medical or relief station in the gym hall if an incident happens in the community.
- Floor plans, emergency exits and routes may help emergency services.
- May have to shut off ventilation, electric, gas and/or water.
- May have to close and seal windows and doors, especially in the case of chemical, biological and radiation attacks nearby. Be prepared to recognise physical symptoms of contamination, respond immediately, and seek aid. Be prepared to begin preliminary decontamination procedures if necessary. Includes removing or cutting off clothing, sealing it in a bag, washing with soap and water the hands, eyes (water only), face and hair, then rest of body.
- Most explosion injuries are due to blast, building damage, and flying debris. Avoid windows and close curtains or blinds if they exist.
- Be wary of the potential for secondary attacks at the evacuation point. For example, a small explosion may prompt evacuation to the playground, and a subsequent larger explosion would target those assembled. A visual inspection of assembly points would be wise. Be wary of vehicles that clearly don't belong there. Split the children up into groups that use separate emergency exits.
- Be prepared to provide shelter. Requirements include emergency supplies (water, food, pupils/staff timetables, photos, phone lists, first aid kits, torches, radio, batteries, landline telephones). Note that, due to the psychological stress of the scenario, clear policies regarding distribution of limited resources will be necessary, especially food, water, and medications. Do not ration water unless authorities direct you to do so.
- Address the mental health needs of the pupils and staff, as well as the additional support needs of populations such as non-English speaking, physically frail and visually and hearing impaired.
- Monitor news media reports and emergency network broadcasts. Develop a strategy for handling news media, even if it means refusing interviews and directing them "higher."
- Determine comprehensive steps for ending the crisis when all is clear.

Section 5

SAMPLE PROFORMAS

- Useful Contacts
- Plan of intervention
(including log of callers)
- Statement given to telephone calls and visitors
- Progress of children and staff in school

Checklist for Monitoring and Evaluating

Useful Contacts

Contact	Name	Telephone
Director Children and Community	Harry Garland	01292 612419
Other key people in Dept of Children and Community <ul style="list-style-type: none"> • Personnel Section • Transport Section 	Marion Clark Hayley Fraser	01292 612386 01292 612284
Principal Psychologist Educational Psychologist	Catherine Reynolds Daryl Van Blerk Angy Stovell Margaret Crankshaw Moira Sweeney Jacky O'Brien Stuart Beck	01292 612649 01292 292674 01292 292677 01292 292675 01292 292674 01292 292677
Local Police Office Local Fire Service School Nurse Public Health Nurse for Schools Health Visitor Local Health Centre Hospital Department of Public Health		
Social Work Offices Family Centre Youth Support Team	Sandy Martin Gary Hoey	01292 288645 01292 313668
Partner Schools in Cluster <ul style="list-style-type: none"> • • • • • • • • • • 	Name of HT	
School Chaplain (s) <ul style="list-style-type: none"> • • • 		
Other Voluntary Agencies <ul style="list-style-type: none"> • • • • 		
Other Organisations <ul style="list-style-type: none"> • • • • 		

This list should be displayed in the main office, and should be in the school's Staff Handbook. It should be updated regularly.

Plan of Intervention

Date	Completed by:
Who is affected? <ul style="list-style-type: none">• Children• Families• Staff• Others	
What has Happened? <ul style="list-style-type: none">• Death• Accident• Serious Illness• Suicide• Murder	
Where/ How did it happen? <ul style="list-style-type: none">• In or near the school grounds• Outside school• What are the circumstances?	
What information has been given? <ul style="list-style-type: none">• From children?• From parents/carers?• From the Council?• From police, health service?• From other?	
Why did it happen? <ul style="list-style-type: none">• Accident?• Neglect?• Involvement of others?	

Now go to relevant Contingency Action Plan.

Critical Incident Statement Given to telephone Callers and Visitors

Date	Name of person Giving Statement:
<p>Statement</p> <p>The information we have so far is: <i>(time of the event)</i> <i>(place of the event)</i> <i>Telephone number for more information)</i></p> <p>What we have been advised by the police to do is:</p> <p>Parents/carers/pupils are being asked to</p> <p>Other information:</p>	

LOG OF PEOPLE INFORMED

Name of caller/ Person Contacted	Name of pupil	Class	By phone ✓	Visited school ✓	Notes ✓

Progress of Children and Staff in Schools Checklist and Monitoring and Evaluating

Does our school have effective systems in place to monitor and evaluate the progress of:	YES/NO	What are they? E.g. <ul style="list-style-type: none"> • Teacher Consultation • Checklists • Discussion/meeting with parents/carers • Classroom and playground observations • Debriefing 	If we have difficulties in meeting their needs, what additional support can be sought?
All children?			
All staff?			
Vulnerable children?			
Vulnerable Staff?			

Signed.....Position.....Date.....

SECTION 6

CHILDREN AND GRIEF

- Children's Understanding of Death
- Stages of Mourning
- Factors affecting the Degrees of Grief
- Most Common Reactions to Grief
- Complicated Grief
- Post-Traumatic Stress Disorder
- Difficulties at School
- Role of the School
- How Adults Can Help
- Types of Support
- The Needs of a Pupil Who is Bereaved
- Strategies for Re-entry to School
- Suggestions to Help Primary Age Children Express their Grief
- Understanding and Dealing with the Issues

Children and Grief

Children's Understanding of Death

<ul style="list-style-type: none"> • 0-2 years 	No concept of death; experience is of separation.
<ul style="list-style-type: none"> • 2-5 years 	Death as temporary, reversible, like sleep; dead people still have feelings and body functions.
<ul style="list-style-type: none"> • 5 years 	60% of 5 year olds have a complete (or almost) complete concept of death.
<ul style="list-style-type: none"> • 7 years 	Understanding that death is irreversible, final, and permanent; all living things die, the body deteriorates.
<ul style="list-style-type: none"> • 8 years 	Almost all 8 year olds have a fully developed concept of death. They understand external causes (accident and violence) and internal causes (disease and old age).
<ul style="list-style-type: none"> • 10 years - adolescence 	An understanding of the long term consequences of loss. Reflections on justice and injustice and fate. An understanding of the personal implications.

Stages of Mourning

1. To accept the reality of the loss.
2. To allow oneself to accept the reality of the pain.
3. To adjust to an environment where the deceased is missing.
4. To find a new way of holding the memory that allows you to get on with your life.

NB If you support children with complex additional needs please consider the child's developmental stage.

Factors Affecting the Degrees of Grief

1. Who the deceased person is, in relation to the bereaved (the loss of a child, spouse, and parent/carer is usually more difficult to sustain than more distant ones).
2. Nature of the attachment (how dependent was the person on the deceased?).
3. Mode of death (natural, accident, murder, suicide).
4. Personality (degree of coping skills).
5. Stage of maturity (child, adolescent).
6. Past history (of losses, depression).
7. Social context (religion, class, ethnicity, tradition).
8. Other life change events occurring simultaneously.

(If it is the death of a parent/carer, the whole family structure may change - children may have to be cared for by someone else, or go into care.)

Most Common Reactions to Grief

Immediate Reactions

- Shock and disbelief
- Dismay and protest
- Apathy and being stunned
- Continuation of usual activities

(A major difference between adults and children is that children don't sustain the deep grief for long. It comes and goes, whereas adults will sustain it for a longer time.)

After Reactions

- Regression
- Anxiety and vulnerability; separation difficulties
- Vivid memories
- Sleep difficulties
- Sadness and longing
- Feeling the dead person's presence (very common!)
- Anger and acting out
- Guilt, self-reproach and shame
- Physical complaints
- Difficulties at school

Complicated Grief

1. Delayed or absent grief - grief that is not expressed, often accompanied by a preoccupation with the welfare of others.
2. Chronic grief - grief that continues or is excessive; responses are intense, protracted.
3. Inhibited or distorted grief - both inhibited and distorted grief is at some level a failure to acknowledge and accept death.

These can be shown by:

- Mood (sad, aggressive, anxious)
- Pre-occupation
- Loss of self-esteem
- Bedwetting
- Sleep disturbance
- Nightmares
- Separation difficulties
- Peer difficulties
- Loss of school performance

Post – Traumatic Stress Disorder

This is defined by the World Health Organisation as a reaction that may follow an event that is outside the range of human experience and would be very distressing to almost anyone.

The traumatic event is persistently re-experienced in thoughts, dreams or flashbacks.

The greater the exposure to a traumatic event (e.g. witnessing violent or accidental death, or one's own life being under threat) then the greater is the chance of PTSD.

Difficulties at School

Problems with concentration and attention.

Reduction in learning capacity leading to decline in school grades.

These school difficulties can be caused by:

- a) Loss of motivation
- b) A depressive reaction
- c) Intrusive memories that interfere with concentration and memory
- d) Increase in household tasks which reduces the time and energy for school work

(A. Dyregrov 1994)

Role of the School or Nursery

- 1. Creating a climate** - the listening school is better prepared to plan and cope positively with bereavement (Circle Time, Pupil Councils). Children become accustomed to talking about feelings and listening to others. (See Appendix 8, page 95)
- 2. Curriculum** - normalising within the curriculum, talk about death. To begin to talk about death during a crisis is not a good idea; the foundations need to be laid right from nursery stage. (See page 64 of this pack)
- 3. Contingency Action Plan** - whole-authority/school policy which includes proformas of action to take including immediate, medium-term and long-term actions as shown in the templates. (See page 8-33)

How adults can Help

Open and honest communication

- Give age-adjusted explanations
- Reduce confusion
- Refrain from abstract explanations
- Do not explain death as a voyage or sleep
- Keep to basic facts of what happened

Give time for children to absorb the event

- Allow questions and answers
- Look at albums and photographs

Make the loss real

- Allow the children to participate in rituals (funerals or services)
- Acknowledge feelings
- Keep reminders of the dead person present
- Children make cards to send to the family

Stimulate emotional coping

- Work for continuity in home, school and playgroup
- Avoid unnecessary separations
- Talk with the children about their anxieties
- Talk with the children about their guilt feelings
- Circle time for the class the deceased was in or which he/she monitored

Expression of reactions

- Drawings, stories, poems, diaries
- Conversation
- Role play

(A. Dyregrov 1994)

Types of Support

A. Dyregrov (1994) suggests that there are two types of support:

1. Involvement Support
2. Avoidance Support

Involvement support tends to be more helpful in allowing children/adults to express their feelings rather than bottling things up leading to future difficulties.

Involvement support

- Talk about what happened.
- Listen and be listened to.
- Cry together.
- Console each other.
- Share memories and feelings.
- Be understanding.
- Show that one cares.
- Be there for the other person.

Avoidance Support

- Keep difficult situation at bay.
- Help person to think of other things.
- Talk about something else.
- Do things together.
- Help in cheering up the other.
- Be as usual.
- Pretend that nothing has happened.

Children and adolescents may not want to talk because:

- It is too painful.
- They lack the words or concepts to express what they feel inside.
- They feel guilt and confusion.
- They are afraid of not being heard.
- They are afraid of losing control.
- They need time to build up trust.
- They do not feel the need to talk or have talked enough.
- They have others to talk to.

(A. Dyregrov 1994)

The Needs of a Child or Young Person who is Bereaved

- It is felt to be best if they return to school as early as possible after the bereavement. See re-entry strategies below.
- During their absence it is helpful if the teacher makes contact with the home to offer condolences and practical help with the return to school.
- The teacher, pupil and pupil's family should discuss how or what to tell the class and who will do this and how the pupil would like the first day back at school to be.
- It helps if the class is told how the bereaved pupil wants them to behave towards him or her, i.e. to talk or not to talk about the death.
- For some time (up to two years or more) following a loss, bereaved children may show learning, concentration, behavioural or emotional reactions apparently unconnected with the death. When this connection is made teachers can understand and respond to the behaviour more effectively.
- Close friends of the bereaved child or witnesses of the death and its rituals (e.g. neighbours) may also require special support and understanding.

Strategies for re-entry to School or Nursery

These will depend on the nature of the crisis and who was involved. They could include:

- Liaison with other services and agencies where appropriate regarding re-entry: education officials; police; social work; health board; voluntary agencies; press officer.
- Liaison with parents/carers; school board; parent/teacher association; letters to parents/carers giving full information regarding re-entry.
- The teacher visiting pupil(s) at home or in hospital.
- Maintaining contact between the home and the school and deciding who is the most appropriate person to do this.
- Checking whether any books or jotters were lost in the incident and making a decision about replacements.
- Checking what worries the pupil(s) and the parents/carers have about re-entry and making appropriate arrangements, e.g. visit to child's classroom, and visit to the scene of the accident.
- Checking worries about examinations and making appropriate arrangements.
- Consideration of part-time attendance.
- Adjustments to the curriculum.
- Adaptations to the building if the child is injured.
- Check on worries about meeting other children and discuss, if upset, reactions to questions and comments.
- Establishing a 'quiet place' in the building where the pupil can go to get away from it all
- Establishing a parents'/carers' room where parents/carers can have refreshments.
- Ensuring that all staff who will come in contact with the pupil are aware of the expectations of the pupil, parents/carers and other staff.

How Preschoolers Express Grief

- Bedwetting
- Thumb Sucking
- Clinging to adults
- Exaggerated fears
- Excessive crying
- Temper tantrums
- Regression
- Stubbornness

Helping the Grieving Preschooler

- Answer the child's question honestly and simply; allow them to talk about the loss; help them share their fears and worries. Don't use euphemisms like 'gone to sleep', 'passed away'.
- Provide simple routines.
- Give the child affection and nurturing; attempt to connect with them.
- Provide more opportunities for play.
- Be patient with regressive behaviours such as thumb sucking.
- Provide opportunities for the expression of painful emotions through play, creative outlets, and talk. Teach them to recognise and name their full range of feelings.

Suggestions to Help Primary School Children Express Their Grief

It is unwise to react to angry outbursts and aggressive behaviour with coaxing, punishments or threats of punishment. Children often need help to verbalise their feelings. Like many adults, they can feel uncomfortable about this. Following are some ideas to help children to express their grief.

1. Tell a child that talking does not have to be so hard, because five feelings that we all have are: being sad, mad, glad/happy, scared and lonely. Go through the list asking him what feelings he has. The body signals for 'any sad feelings' can be nodding, shaking of head, or shrugging of the shoulders. Shrugging can mean 'I do not want to talk about this.' Ask the child to indicate with his hands how much feeling he/she is experiencing.
2. Have drawings of faces depicting feelings. Ask the child to point to the one he/she is experiencing.
3. Have cards with a drawing showing all the feelings. Get the child to pick a card and tell a story about that feeling or just talk about the feeling.
Or
Have several cards the same, divide them out and place one at a time in a pile in the centre of the table. When two of the same come together, asks the child to talk about the card.
4. Tell a story and pause when a description of a feeling is due. Ask the child what feeling they think is appropriate or get them to point at suitable drawings depicting emotions.
5. The best way to deal with the physical release of anger is to respect the energy zone and devise a permitted expression for feelings. For example, 'When you have that hitting feeling, you may not hit Tom but you may hit your pillow or bang your fists on the table' or 'What you are doing is not safe for you. I want you to take care of yourself.' This approach avoids the conflict that will occur if the child is told 'Don't do that.' Suggested materials to have on hand to use as a means for release of anger are - newsprint, clay, reinforced cardboard blocks, foam bats, punching bags, inflated clowns, jointed play people and animals, hammer and nails.
6. Aggressive behaviour: Talk to the child about the outcome of their actions and give him the freedom to choose how to deal with it. This overcomes the feeling of helplessness and gives him the feeling of being in control.
7. When the child seems to be losing control, support him by saying, 'It's getting hard for you to stop. I want you to sit down or go to your room to cool off'. If there is an argument with another child, the situation can be diffused by saying, 'How can we solve this fairly?'
8. Always try to plan substitute behaviour.

Suggestions to help Adolescents Express their Grief

Understanding and Dealing with the Issues

1. Adolescents seem surprised at the intensity of pain they feel. Most will believe that the level of pain they feel is abnormal. Educators need to explain to this young person that they have been emotionally wounded and what they feel is normal. Grief can cut emotions like a knife cuts flesh. Both hurt and leave scars – however, the wounds do heal.
2. Many adolescents tell us that they are numb. They see others grieving and feel confused. It comforts them to point out that feeling numb is a normal reaction, a natural emotional defence that protects people from feeling overloaded with pain. Encourage the student to give him/herself some time to let the feelings of grief come to the surface. Also encourage the student to let those emotions come out when they become aware of them, even if it's some time later. There is no timetable for when people feel their grief and its expression is a unique experience for each person. Make sure young people know that we can't judge our grieving process by comparing it to others'.
3. Young people – and adults – are often unaware of the length of a normal grief cycle. "How long will this last?" is a very common question. Educators need to stress that dealing with death takes time. The grief cycle may take as long as two years. However, it should be made clear that a person won't feel upset everyday for that long. Sadness may come and go during that time. The cycle may repeat itself many times during a person's life.
4. Another commonly heard question from teens is "Is it wrong to have fun?" A comforting response is to impress on concerned teens that they certainly can – and should – enjoy their own lives, even if their friend is gone. Tell them they will have sad times, and they are entitled to laugh and have fun when they are in the mood.
5. Many adolescents are not sure how they should act after a tragedy has occurred to a close friend or school staff member. The young person becomes more aware that she/he is out of his/her comfort zone and anxiety increases. Help restore the teens comfort by telling them that there is no single appropriate way to respond to death. Grief is a unique experience to each person. Some people cry, some are quiet. Just because people are quiet doesn't mean they aren't hurting. They may be crying inside.
6. Even those who were not close to the person who died may experience grief. Some teens will ask, "Why am I feeling so sad? I hardly knew the person who died." This is a valid concern and needs to be addressed. Educators can make the mistake of incorrectly judging the intensity of a student's grief by how well that student knew the deceased. But a death in the general community can produce a kind of grief ripple effect. Even those far away from the centre of impact can be reminded of sad experiences in their life or may feel frightened that they may die too.
7. Many young people are afraid to get close to someone after they have experienced death of a close friend. They may fear the new friend will die too, or they may worry that they are betraying the deceased friend. Reassure the student that the chances are very, very slim that another close friend will also die. Try to impress upon the young person that isolating him/herself will only make him/her feel lonelier and that reaching out to other friends can lessen the pain and help them through this difficult time. Let the student know that needing a friend at this time is a tribute to their friend who died: the deceased friend obviously helped the student realise their importance of friendship.
8. A grieving adolescents' circle of friends may change. This may make the grieving young person feel like he/she lost more than their deceased friend. Educators can explain to the youth that some of his/her friends may need a break away from the painful reminders of the friend they lost. These reminders may include friends they share in common. This is many times a temporary condition, and Educators can explain that, as time goes on and the pain diminishes, that circle of friends may come together again.

9. Another major concern of adolescents during this time is the "smothering parent." We express to them that it's normal to need some space and they shouldn't feel guilty about wanting their parents to back off. However, we advise them to ask in a kind manner for this consideration from their parents. In defending the actions of a smothering parent, we might tell the student that the friend's death frightened his/her parents too. They may be feeling afraid that they might lose their own child. Give the student some scripted lines to use with their parents: "I appreciate your concern, Mum and Dad, I really do, but I need to deal with this. Don't try to protect me. Or, "When I talk about my feelings, I would appreciate it very much if you would listen. It makes me feel better." Or, "If I want to talk to another adult, a teacher, counsellor, or minister, it doesn't mean that I'm rejecting you. I just want to talk to someone who isn't so close to me." In other words, try to defend the parent's actions which are borne of caring concern, and give the adolescent some concrete communication tools.
10. Many young people feel something is wrong with them if they feel the need to talk to a professional counsellor or psychologist. Make clear to these young people that speaking to a professional counsellor or psychologist is no different than going to a medical doctor when you are physically sick. Tell them they have been injured emotionally by events beyond their control, and they are getting help for their injury.

This is by no means an exhaustive list of issues that can emerge when adolescents grieve, but the suggestions can help Educators to effectively help most grieving students. We cannot cure the grief, but we can offer caring concern and informed advice for handling it in as positive a way as possible. We can provide empathy, warmth and acceptance as we attempt to help the adolescent understand their feelings of loss and grow to be emotionally healthy adults.

SECTION 7

RESOURCES

- Useful information
 - School Crisis Response Initiative
 - Specialist Support for Children
 - Specialist Support for Staff
- Long-Term Resources
- Useful books, websites

Useful Information

School Crisis Response Initiative

Reactions and responses to a crisis are both immediate and long term and may be observed for months or even years after an event. Both children and adults in a school community will have immediate and long-term reactions and responses to a crisis, including grief. Within a school community it is possible to monitor the adjustment of pupils and staff members for an extended period of time. On-going observation by the school allows staff to identify individuals who are in need of other services so they can be referred to community resources. The school may also recognise common needs of pupils and staff that can be addressed by establishing support groups within the school.

Establishing Memorials

Often, the school must address the content and timing of memorialising the event. Immediate issues, such as how to formally convey condolences to family survivors on behalf of the school, are appropriately addressed by the school after receiving as much input as possible from the school community. Frequently, formal memorialisation activities are undertaken too soon—sometimes within hours of the crisis. Although loving and therapeutic, memorialisation activities that are under-taken too soon may divert energy and attention from the acute psychological and emotional needs of the victims. In addition, early memorialisation events may be mistakenly interpreted by victims as indicating closure of the crisis. Victims who face closure of a crisis prematurely fail to take the time they need to grieve, adjust, and cope. For optimal recovery, nothing should discourage victims from continuing the grieving and healing process as long as necessary. Thoughtful responses and ideas about how to memorialise people will often arise over time. Schools that rely on formal, traditional means of memorialisation, such as placing a plaque in a hallway or dedicating the yearbook, should keep in mind that their actions may establish a precedent that may be difficult for the school to follow in the future. At the time of subsequent deaths of pupils or staff, those most directly affected by the loss may question why similar memorial activities are not instituted for their loved ones. Comparison of memorialisation efforts is inevitable and likely to cause contention. To avoid painful comparisons, it is best to encourage the development and implementation of meaningful, symbolic, and respectful memorials for each person who died and whose loss affects the school community.

Should Crisis Response Initiative

David J. Schonfeld, M.D., and Scott Newgass, M.S.W
www.ojp.usdoj.gov/ovc/publications/bulletins/schoolcrisis/ncj197832.pdf

Specialist Support for Children

When a school is supported by outside professionals for example Educational Psychologist, Social Services they should be involved with supporting staff on how to help the children. School guidelines should be developed to ensure that:

- Group work could be arranged for children which will aim to develop children's coping skills, educate them further about the way disasters may affect them, train them in relaxation techniques to help reduce anxiety and promote better sleep patterns, suggest techniques to help them gradually expose themselves to the situation they have been avoiding, allow them to discuss feelings of guilt for things done or not done during the disaster and similar issues.
- Some pupils may need individual support and the normal referral routes should be known to the parents/carers. The Educational Psychologist may be chosen, but they may wish to suggest more specialist support from mental health specialists or the parent/carer may wish to refer their child through their doctor. It is important that there is communication between all support providers.
- Any behaviour which is causing concern should be monitored and recorded and be available for parents/carers to inspect.
- If an incident occurs during primary school it is important that the secondary school staff are aware of it and have been trained to allow them to provide continuity of support over time.

Debriefing : Critical Incident Stress Debriefing

- After sudden, unexpected deaths a debriefing meeting may be called for. The meeting takes up to two hours and should not be split unless with younger children. The meeting is conducted by two adults a teacher that the children know assisting the class teacher or Educational Psychologist. The structure of the meeting is:
 - o Introduction
 - o Facts
 - o Thoughts
 - o Reactions
 - o Information
 - o End

- Introduction: It is emphasised by the teacher that death can bring about many reactions and thoughts. It is important to talk about these reactions and thoughts as in doing so we begin to get a better understanding and grip on what has happened. When someone dies we also can experience many different feelings such as sadness, guilt and anger. Through talking with others about these feelings we can learn how others react and again this promotes understanding. It may be difficult to talk to others as it may hurt, however this may cause less hurt in the future. (Guidelines should be put in place during the introduction for example confidentiality within the class, respect, support)
- Facts: In this stage of the meeting pupils talk about how they found out about what had happened, what they had been told happened and who had told them. This allows the class to share what they have been told, to put right any misunderstandings and gives the children who have heard very little to be told the correct information. The whole class then has the same basis to continue with the meeting. This stage also allows the teacher to find out which children have been more directly affected and so may need more support. More information that the teacher feels the class should know can also be shared at this point for example cause of death. Sometimes it may be useful to invite the police to attend the meeting to provide direct information to the pupils. (The need for concrete and honest information is great in children. Crisis events are often surrounded by many rumours and much anxiety).
- Thoughts: You can find out children's thoughts simply by asking them "What were your thoughts when you learned about what had happened?" This may uncover that they think they caused the event or that they could have stopped it somehow. You may also uncover shock reaction as the children may exhibit feelings of unreality or dreamlikeness. This will lead you on to the reaction phase.
- Reactions (feelings): By asking "What was the worse thing about what happened to you?" Allows the children to tell you their reactions and also shows respect for what they think is important. If the children have witnessed a death i.e. a child dies when at school, it can be helpful for them to put words to their impressions. These impressions can be in all sensory channels: visual, auditory, tactile. A detailed review of what happened can help them relieve the intensity of their impressions. If the children do not mention such impressions they can be asked directly: 'Did anybody hear the scream when he saw he was going to be hit by a bus?' By letting the children put these strong sensory images into words, they are helped to 'transport' them out of their active memory system. If only a few children had experienced such gruesome impressions they should be helped individually.

The teacher should try not to say things like 'this is normal' when a child puts words to his/her impressions. Instead the teacher should say things like 'Did anyone else experience this in a similar way?' This helps the children to see that they are not the only one with this impression. While in the reaction stage children will tell and can be prompted to tell the class what their first reaction was, what it was later in the day and what their first night was like. Many feelings may become clear at this point some of which are loneliness, fear and helplessness. The children are stimulated to share their reactions.

If holding the class meeting with younger children drawings and other expressions can be used. This can be introduced by saying 'I am going to give you all a sheet of paper on which you can show me the thoughts or impressions you may have. You can choose what you draw'. If a death is due to an accident or a violent act the children may draw some gruesome pictures.

The children can also be asked to write their reactions, thoughts and feelings by completing sentences such as:

- o The first thing I heard about the event was
- o The worst thing about what happened to me was
- o I feel sad when I think about

The thought and reaction stages take up most time. In these stages children may show strong emotional reactions and the staff should encourage the children to give each other support. This can be encouraged by allowing a pupil to put their arm around someone who is crying, or asking another how they are feeling. This will also encourage empathy.

- Information: During this stage the teacher reflects back what the children have said and describes any similarities in their thoughts and reactions. At this point the teacher can also suggest reactions which are expected after such an event, reactions such as fear, anxiety, and anger, thoughts of revenge, guilt and sadness.
- End: This stage summarises the meeting and also plans what will happen in the near future. The role of the class at the funeral or memorial service and the need for another meeting can be discussed. It may be that several pupils have died or that a member of staff died suddenly in which case a number of meetings may be needed or other activities carried out (dramatic play, painting, organised play) to allow the class to express their grief.
- It can be nice to end the meeting by suggesting that the class carry out a unified act or initiative such as agreeing to make a large drawing together. This can allow the class a way of expressing care for those most involved. Children should be asked if they have any questions at the end of the meeting.

During the meeting the teacher should make a note of children that appear to be especially affected and speak to them individually later and should also assess if any children may require therapeutic help. Children should also be told that they can contact the teacher if they need to talk about anything. Individuals react to a crisis in different ways and at different paces and this should be remembered. Staff should be provided with support before, during and after the meeting and support from the Educational Psychologist is recommended.

**“Should Crisis Call – Crisis Management in Schools: Effective Preparation and Response” *Stirling Council Education Services*
Pages 24-28**

Communication with children in crisis

It is important to be open and honest:

- Give age adjusted explanations
- Refrain from abstract explanations
- Do not explain death as 'sleep'; or 'voyage' (children may associate sleep or voyages with death and may later have difficulties with their sleep or travel)

Give time for cognitive mastery:

- Accept questions and conversations about the event
- Accept short conversations
- Look at albums and photographs
- Accept event-related play

Make the loss real

- Do not hide your own feelings
- Keep reminders of the dead person present (table, picture, drawings)

Let children know it is normal to react

- Inform them about usual reactions
- Do not deny their reactions
- Let them know it is painful, but necessary to work through their reactions

Suggest ways they can express their reactions:

- Drawings, stories, poems, diaries
- Conversation
- Dramatic role play

Should Crisis Call – Crisis Management in Schools: Effective Preparation and Response” Stirling

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Specialist Support for Staff

- Should a whole school be involved in a tragedy, staff can be affected in different ways and at different levels. It is important that one or two members of staff are not left to cope with the crisis on their own.
- Every member of staff should be given an opportunity to express their emotional reactions to the crisis.
- Critical incident stress debriefing

Supporting teachers helps pupils.

Critical Incident Stress debriefing is intended to enable teachers, parents and children to express the facts and feelings about the critical incident so that they are able to be clear that what they feel can be understood and managed by themselves, their families and their schools : to clarify thoughts and feelings so that they can operate as normally as possible in an abnormal situation.

Your Educational Psychologist can provide specialist support to help a group of staff come to terms with a critical incident and to plan their response with pupils, colleagues and parents. This could be done by holding a staff meeting where people could talk over individual reactions in a structured process. See page (59).

Some follow up support can be agreed either for the whole group or part of it. However if it becomes clear that individual staff need more substantial support then the Local Authority can help in referral to appropriate expertise. The Occupational Health Unit provides valuable expertise in helping individual staff facing prolonged stress in these circumstances.

It is very important that natural priority concern for the well being and emotional recovery of pupils does not lead to an assumption that teachers and headteachers will some how cope unaided. Many, perhaps, will need support.

- The school should organise support, as far as possible.
- If a member of staff has had counselling training they can work alongside other staff and provide accessible support.
- Small peer support groups could also be set up by the same member of staff.
- The Senior Management Team is responsible for making sure staff are not over worked and that they are not either.
- After a crisis situation it is perfectly normal for staff to want to talk about it.
- It is important to be aware of staff continually rehearsing the incident and displaying signs that they need more professional support than the school can usually offer.
- The role of the psychologists, psychiatrists, social workers, counsellors or volunteers should be to support the efforts of the staff and **not** to replace them.

Guidelines regarding care-taking of school personnel

- Preparation for reactions when working with a crisis
- Training in specific tasks to avoid feelings of helplessness
- In a larger crisis situation: one member of staff planning the care of personnel
- 'Education' in stress coping, stress control and grief and loss reactions
- Psychological debriefing of all or part of the staff group
- Possibility of receiving individual follow up when necessary e.g. counselling (external), respite, advice from family doctor.
- Intensive training in learning and teaching approaches especially personal and social development.

Long-Term Resources

Addressing Bereavement in Schools and Nurseries

The school curriculum can provide opportunities for pupils and teachers to explore experiences and feelings associated with bereavement. In particular, Personal, Social and Health Education (PSHE) gives pupils and teachers a forum for discussing relationships, feelings and emotions, and for thinking about how to manage these in relation to family events. Non-statutory guidance for PSHE at Key Stages 3 & 4 refers specifically to teaching pupils about the impact of bereavement as well as other changes to family circumstances such as divorce or separation. The Qualifications and Curriculum Authority (QCA) has produced a national standard for PSHE, along with guidance on assessing pupils' progress and achievement (<http://www.qca.org.uk/>).

A resource recommended by The Child Bereavement Charity is a book called '**Childhood Bereavement: Developing the curriculum and pastoral support**'. It uses case studies and draws on best practice to help those in schools address death, dying and bereavement from both a pastoral care and educational perspective. The book is available from The National Children's Bureau (www.ncb.org.uk) and costs £15.50.

Seasons for Growth Programme

Seasons for Growth is a loss and grief education programme set up for young people aged 6 - 18 years. The core element of the programme is the promotion of social and emotional wellbeing for young people who have experienced significant loss due to death or family breakdown. Seasons for Growth focuses on understanding the effects of change, loss and grief, and specifically develops skills in:

- Communication
- Decision-Making
- Problem-Solving

The programme aims to promote resilience, to enhance coping resources and to develop life skills in young people. Seasons for Growth is based on the belief that change, loss and grief are a normal and valuable part of life. Children, adolescents and adults need the opportunity to examine how issues such as death, separation and divorce have impacted on their lives. Seasons for Growth provides the opportunity for each participant to integrate, at his/her developmental level, the appropriate knowledge, skills and attitudes to understand and to cope with change, loss and grief. This takes place in an atmosphere of like-to-like peer support.

Seasons for Growth is not counselling but a grief and loss peer support education programme. In order to start a Seasons for Growth Group a school must have identified at least one Seasons for Growth Companion to run the group within the school (to become a companion an individual has to have attended a 2 day Seasons for Growth course). Seasons for Growth runs for eight weeks and each weekly session is 40-50 minutes held within the school during school hours. (For more information see Appendix 2)

Applied Suicide Intervention Skills Training

ASIST is a two-day intensive, interactive and practice-dominated course aimed at providing people with the skills to spot the risk of suicide and provide immediate help to persons at risk. In the same way that skills are needed for physical first aid, ASIST develops the skills necessary for suicide first aid.

It is the most widely used suicide intervention skills training in the world with 3,000 registered trainers in Canada, USA, Australia, New Zealand, Norway, Ireland and the UK.

ASIST training is suitable for anyone and participants range from those in caring roles to people concerned about family members or friends. Sessions are run regularly all over Scotland. (For more information see Appendix 3).

Safe Talk

Safe talk is a half day training programme, either as a stand alone or a precursor for ASIST training.

It has an awareness and training focus, and teaches participants to recognise and engage with people who might be having thoughts of suicide, and to connect them with community resources trained in suicide intervention. As this training can be delivered in a half day, it is a flexible option for anyone wanting to develop suicide prevention skills.

For further information see Appendix 3.

Useful Books and Websites

Barnard, P., Moreland, I. & Nagy, J. (1999)

Children, Bereavement and Trauma. Nurturing Resilience. London: Jessica Kingsley.
Price £15.95

Bright, R. (1996).

Grief and Powerlessness. Helping People Regain Control of Their Lives. London: Jessica Kingsley.
Price £17.95

Brooks, B & Siegal, P. (1996).

The Scared Child. Helping Kids Overcome Traumatic Life Events. New York: John Wiley & Sons.
Price £10.99

Brown, E. (1999).

Loss, Change & Grief: An Educational Perspective. London: David Fulton.
Price £17.00

Dougy Centre (2000).

When Death Impacts Your School. Portland: The Dougy Centre.
Price USA £8.95 approximately

Haggerty, R., Sherrod, L, Garmezy, N. & Rutter, M (1996) (eds).

Stress, Risk and Resilience in Children and Adolescence. Cambridge: Cambridge University Press.
Price £24.99

James, J. & cherry, F. (1988)

The Grief Recovery Handbook. New York: Harper and Row.
Price £13.00

Killicker, R. (2000).

A Student Dies, A School Mourns. Dealing with Death and Loss in the School Community. Philadelphia. Taylor & Francis.
Price £13.99

Lord, J. (1988).

No Time For Goodbyes. Sydney: Millennium.
Price £6.99

McMahon, G. (2000).

Coping with Life's Trauma's. Dublin: Newleaf.
Price £9.99

Miller, J. (1993).

Healing Our Losses. A Journal for Working Through Your Grief. California: Resource Publications.
Price £7.99

Murray Parkes, C., Laungani, P. & Young, B. (1997) (Eds).

Death and Bereavement Across Culture. London: Routledge.
Price £19.99

Raphael, B. (1985).

Anatomy of Bereavement. A Handbook for the Caring Professions. London: Hutchison and Co.
Price £29.99

Smith, S. (1999).

The Forgotten Mourners. Guidelines for Working with Bereaved Children. London: Jessica Kingsley.
Price £9.95

Tatelbaum, J. (1980).

The Courage to Grieve. New York: Harper and Row.

Price £7.99

VanderWyden, P.W. (1991).

Butterflies, Talking with Children About Death ... and Life External. Texas: Tabor.

Price USA £9.95 approximately

Wells, R. (1988).

Helping Children Cope With Grief. Facing A Death in the Family. London: Sheldon Press.

Price £6.99

Worden, J.W. (1991).

Grief Counselling and Grief Therapy. (2nd ed). New York: Springer.

Price £17.99

Worden, J.W. (1996).

Children and Grief. When a Parent Dies. New York: Guildford Press.

Price £17.99

BOOKS FOR CHILDREN UNDER THE AGE OF 5

Goodbye Mousie

*By Robie H. Harris & illustrated by Jan Ormerod,
Aladdin Paperbacks; Reprint edition (Nov 2004)
ISBN 978-0689871344*

This beautifully illustrated picture book tells the story of a little boy who's told that his pet mouse has died. At first he doesn't believe it, thinking it is just asleep, but by asking lots of questions and with the help of his family he begins to accept Mousie's death. This is a great story and would be very helpful to introduce death to young children and a starting point to discuss what happens after someone dies and the different feelings one may have.

I Miss You: A First Look at Death

*By Pat Thomas & illustrated by Lesley Harker, 2001
Barron's Educational Series,
ISBN: 978-0764117640*

This bright and colourful picture book very simply talks about life and death. It briefly covers a range of issues such as why people die, how you may feel when someone dies and what happens afterwards. It includes questions for the reader to answer about their own experiences and a section at the back for adults on how to best use the book. An excellent educational book, which could be used as a starting point for discussion.

When Uncle Bob Died (Talking it Through)

*By Althea & illustrated by Lisa Kopper, 2001
Happy Cat Books Ltd,
ISBN: 978-1903285084*

A young boy talks about death and about Uncle Bob who died from an illness. It clearly explains some basic facts such as what 'dead' means and what a funeral is. It also talks about feelings and memories. This small picture book would be a good starting point for very young children with lots of opportunity for further discussion.

Dear Grandma Bunny

Written and Illustrated by Dick Bruna, 1996
ISBN: 978-1405219013

Suitable for very young children this book tells the story of what happened and how Miffy felt and coped when Grandma died.

Heaven

Written by Nicholas Allan, 2006, Red Fox
ISBN: 978-0099488149

Dill, the dog, knows his time is up, so he packs his case and tells Lily, his owner, that he's off "up there". "Can I come too?" asks Lily. "Er...not yet," replies Dill. While he is waiting for the angels to collect him, Dill explains to Lily what he thinks heaven is like: hundreds of lampposts to pee against, lots of whiffy things to smell and bones everywhere - with meat on them! But, Lily completely disagrees; she thinks heaven is quite different. Luckily, they agree to disagree just in time for a fond, and very poignant, last goodbye.

The Red Woolen Blanket

*Written By Bob Graham, Candlewick Press
1996 ISBN: 978-1564028488*

Even before Julia was born she was given a red woolen blanket that she used "right from the start." PW said, "Graham's colourful paintings show a humorous, tender regard for a preschooler's inexplicable attachment to a particular object." Ages 2 to 4.

www.winstonswish.org.uk

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BOOKS FOR AGE 5 TO 8 YEARS

A Birthday Present for Daniel: *By Juliet Rothman & illustrated by Louise Gish, 2001*
A Child's Story of Loss *Prometheus Books, ISBN: 978-1573929462*

Told by a young girl whose brother, Daniel, has died, she talks about how things have changed in the family. She also talks about the things she does when she is sad and how these differ from other members of her family. This book has small black and white pictures with minimal text but it conveys some important issues. It would be particularly useful to broach the subject of birthdays as it describes how the family remembered Daniel on his birthday.

Always and Forever *By Alan Durant & illustrated by Debi Gliori, 2003 (h'back)*
ISBN: 978-0552548779

Otter, Mole and Hare miss Fox when he falls ill and dies. They stay at home and don't want to talk about him because it makes them sadder. Then Squirrel visits and reminds them of all the fun times they had together. They all find a way to remember Fox and get on with their lives. Colourful, detailed pictures in this book emphasise the importance of holding on to memories.

Badger's Parting Gifts *By Susan Varley, 1992*
Picture Lions, ISBN: 978-0006643173

Badger is old and knows he is going to die soon. When he does, the other animals think they will be sad forever, but they begin to talk about the memories they have of the things Badger taught them and learn to cope with his death. A lovely picture book that emphasises the importance of remembering the person who has died.

Drop Dead *By Babette Cole, 1998*
Red Fox, ISBN: 978-0099659112

A humorous book with comic-like pictures, two 'bald old wrinklies' tell their grandchildren about their life growing up and how one day they will just drop down dead. It is a light-hearted book about life that emphasises the normality and inevitability of dying. It is very direct and some readers may not like its style.

Flamingo Dream *By Donna Jo Napoli & illustrated by Cathie Felstead, 2003*
Greenwillow Books, ISBN: 978-0688167967

In this bright and colourful book, a young boy tells the story of his Dad who is seriously ill and dies soon after a trip to Florida to see the place where he grew up. The collage style illustrations capture the things the boy collects to remind him of his Dad. A sensitive but honest book which emphasises the importance of memories.

Fred *By Posy Simmonds, 1998*
Red Fox, ISBN: 978-0099264125

A light-hearted book with detailed illustrations about Fred, Nick and Sophie's lazy cat that dies. After burying him in the garden, they wake up at night to find all the cats in the area have come to say goodbye to Fred, the famous singer! This funny and touching story would be useful to introduce death to children.

Granpa – The Book of the Film *Based on the story by John Burningham, 1991*
Ladybird Books Ltd, ISBN: 978-0721414768

This beautifully detailed picture book has very few words but tells the story of a little girl's relationship with her Granpa. It takes the reader through many happy times they spent together playing games, telling stories and on outings. On the last page, Granpa's chair is empty, signifying that he has died. Children may benefit from reading this book with an adult to talk about the pictures and to elaborate some of the messages it conveys.

Saying Goodbye: A Special Farewell to Mama Nkwelle *By Ifeoma Onyefulu, 2002*
Frances Lincoln,
ISBN: 978-0711217010

This book has large bright colourful photos and follows a little boy, Ikenna describing what happens at the ceremony after his great-grandmother's funeral. It gives ideas of different ways to remember someone and an insight into Nigerian culture. A lovely book that could be used in many different situations, including schools.

There's NO Such Thing as a Dragon *By Jack Kent Happy Cat Books*
ISBN: 978-1899248957

There's No Such Thing as a Dragon (1975) by Jack Kent, part of the Family Storytime series, relates the charming tale of Billy Bixbee, who awakens to find a dragon "about the size of a kitten" sitting on his bed. The dragon grows by leaps and bounds, until Billy dares to pet the attention-seeking creature and it shrinks back down into an adoring little lap dragon.

The Sunshine Cat *Written by Miriam Moss, Illustrated by Lisa*
Flather ISBN: 978-1841215679
Orchard Picturebooks

Sunny the cat is loved by all his human family, but one day there is a knock at the door - Sunny has been killed in an accident. A sensitive story which aims to help children come to terms with death.

Heaven *Written and Illustrated by Nicholas Allan*
ISBN: 978-0099488149

Dill, the dog, knows his time is up, so he packs his case and tells Lily, his owner, that he's off "up there". "Can I come too?" asks Lily. "Er...not yet," replies Dill. While he is waiting for the angels to collect him, Dill explains to Lily what he thinks heaven is like: hundreds of lampposts to pee against, lots of whiffy things to smell and bones everywhere - with meat on them! But, Lily completely disagrees; she thinks heaven is quite different. Luckily, they agree to disagree just in time for a fond, and very poignant, last goodbye.

The Huge Bag of Worries *By Virginia Ironside & illustrated by Frank Rodgers, 1996*
Hodder Wayland, ISBN: 978-0340903179

Jenny begins to worry about lots of different things and these worries build up and get out of control. She just can't get rid of them, until she meets the old lady next door who helps her feel better. A lovely story with fun illustrations encourages children to talk about their worries.

Saying Goodbye to Daddy

*By Judith Vigna, 1991 (h'back)
Albert Whitman & Company,
ISBN: 978-0807572535*

Clare's Dad died in a car accident and this book looks at changes in the family, difficult feelings, funerals and memories through the eyes of Clare. It would also be a good book to help parents understand the child's perspective. It gives good examples of how adults can answer children's questions, emphasising the need to be clear and honest.

The Tenth Good Thing About Barney

*By Judith Viorst & illustrated by Erik Blegvad, 1987
Prentice Hall & IBD,
ISBN: 978-0689712036*

A young boy's cat dies and his parents suggest that he could think of ten good things about Barney to tell at the funeral. But he can only think of nine, until he talks to his Father about what happens to someone after they have died, and he discovers the tenth. A carefully written book with black and white pictures, that sensitively deals with death and lets the reader make his or her own decisions about what happens after the funeral.

**When Dinosaurs Die:
A Guide to Understanding Death**

*By Laurie Krasny & illustrated by Marc Brown, 1998
Time Warner Trade Publishing,
ISBN: 978-0316119559*

This factual picture book uses cartoon dinosaurs to illustrate the text and comment on what is said. It is a bright and colourful book that explains death in a simple and unthreatening way. It covers many issues including 'why does someone die?', 'feelings about death' and 'saying goodbye'. It would be an excellent resource for anyone caring for young children.

BOOKS FOR AGE 9 –12 YEARS

Beginnings and Endings with Lifetimes in Between: *By Bryan Mellonie & Robert Ingpen, 1997*
A beautiful way to explain life and death to children Belitha Press, ISBN: 978-1855617605

This thought provoking book has large pictures complemented with small sections of text. It clearly explains about life and death focussing on plants, animals and insects before moving on to people. It emphasises that death is part of the life cycle and is natural and normal whenever it occurs. A simple book with a powerful message.

Death: What's Happening? *By Karen Bryant-Mole, 1994*
Hodder Wayland, ISBN: 978-0750213790

This factual book has clear text and large photos. It uses stories of young people to discuss issues surrounding death such as feeling frightened, the funeral and the future. It includes advice on how to feel better and cope with difficult situations after someone has died. Using straightforward language, this book may reassure the reader there are other young people who have had someone important to them die and answer some of their questions and concerns.

The Cat Mummy *By Jacqueline Wilson & illustrated by Nick Sharratt, 2002*
Corgi Childrens, ISBN: 978-0440864165
(also on audiocassette)

Verity's Mum died the day she was born but she rarely talks about her. Verity doesn't want to upset her Dad or Grandparents. This humorous but sensitive story mainly focuses on Verity's missing cat Mabel but reveals some of the misunderstandings and anxieties children can have about death. It also shows it can be good to be open, honest and to talk about difficult issues.

The Ghost of Uncle Arvie *By Sharon Creech, 1997*
Macmillan Children's Books, ISBN: 978-0333656327

This fun and humorous book is about Danny, an ordinary nine-year-old boy. However, once or twice a year a ghost visits him. This time it is the ghost of his Uncle Arvie who follows him, persuading him to make his three wishes come true. As a result Danny and his dog get into adventures which make him think about his dad who has also died. This book has some important messages and talks about death in an open way, but is primarily fun and imaginative.

The Mountains of Tibet *By Mordicai Gerstein, 1989*
Barefoot Paperbacks, ISBN: 978-1898000549

Based on Tibetan teachings, this book tells of a small boy who grows up to be a woodcutter. When he dies, he discovers there is a chance to live again but first he must make a number of choices. A simple tale with deep meaning but the theme of reincarnation could be confusing.

Losing Uncle Tim *By Mary Kate Jordan & illustrated by Judith Friedman, 1999*
Albert Whitman & Company, ISBN: 978-0807547564

This picture book for slightly older children explains how a young boy finds out his Uncle Tim has AIDS and is going to die. It is a serious and sensitive book covering many of the issues, changes and difficult feelings that can occur when someone has a serious illness.

Michael Rosen's SAD BOOK *By Michael Rosen & illustrated by Quentin Blake, 2004*
Walker Books, ISBN: 978-1406313161

This book has large illustrations and small snippets of text. It is wonderfully honest and will appeal to children and adults of all ages. We all have sad stuff, but what makes Michael Rosen most sad is thinking about his son who died. This book is a simple but emotive story. He talks about what sad is and how it affects him and what he does to cope with it. In true Michael Rosen style, this book manages to make you smile as well.

Milly's Bug Nut *By Jill Janey, 2002*
Winston's Wish, ISBN: 978-0-9539123-4-6

A short, simple story with black and white pictures, of a young girl who's Dad has died. It talks about the ups and downs of family life and how things slowly get easier as time goes. Milly misses her Dad and things are just not the same anymore. She knows when people die, they can't come back but she still keeps a wish to see her Dad one more time.

The Best Day of the Week *By Hannah Cole & illustrated by John Prater, 1997*
Walker Books, ISBN: 978-0744554670

This storybook tells of two young children who spend Saturdays with their Grandparents when Mum is at work. It has three chapters, with stories of three different Saturdays. The first is a happy day; the second is at the hospital and sad as Granny dies, the third at the theatre. It is a lovely story that gives an important message that it is still okay to have fun after someone dies.

Water Bugs and Dragonflies: *By Doris Stickney & illustrated by Gloria Stickney, 1983*
Explaining death to children *Geoffrey Chapman; New Ed edition 1997*
ISBN: 978-0264674414

This pocket size booklet with small black and white pictures is based on a fable, associating death with a water bug's transformation into a dragonfly. It portrays the mystery around death but may need an adult to explain the analogy and help a child relate it to their own experience. It uses Christian beliefs with a focus on life after death and also contains advice for parents.

What on Earth Do You Do When Someone Dies? *By Trevor Romain, 2003*
Free Spirit Publishing Inc,
ISBN: 978-1575420554

This book for older children is a factual guide, answering questions such as 'why do people have to die?', 'is it okay to cry?' and 'what is a funeral/memorial service?' It is written in a straightforward way, with practical tips, advice and information about different faiths and beliefs.

Ways to Live Forever *By Sally Nicholls, Marion Lloyd Books, 2008*
ISBN: 978-1407104997

If I grow up," 11-year-old Sam informs readers, "I'm going to be a scientist." He says "if" because he has acute lymphoblastic leukaemia and knows he probably won't. With the encouragement of his tutor, he starts to write a bit about himself, then more, until he is using his writing to sort out his death. Interspersed with Sam's lists, questions and odd bits of mortality facts on notebook paper, his narrative proceeds in short, candid chapters that reveal a boy who, though he's not ready to die, nevertheless can confront the reality with heartbreaking clarity. As his parents wrangle about treatment (he doesn't want it), his little sister grapples with the changes to the household and his best friend and fellow cancer-sufferer dies, Sam methodically works through the things he wants to do before he dies, from going up a down escalator to the more problematic ride in an airship and seeing the earth from space.

BOOKS FOR AGE 13 – 16 YEARS

Double Act

*By Jacqueline Wilson & illustrated by Nick Sharratt, 1996
Corgi Children's, ISBN: 978-0440867593 (Also on audiocassette)*

Ruby and Garnet are 10-year-old twins. They do everything together, especially since their mum died three years ago. When their dad finds a new partner and they move house, Ruby and Garnet find it hard and get into all sorts of trouble. Eventually, they settle down and learn to live with the changes. A lively and humorous book that deals sensitively with change.

Dustbin Baby

*By Jacqueline Wilson, 2002
Corgi Children's, ISBN: 978-0552547963 (Also on audiocassette)*

April was abandoned in a dustbin as a baby on the 1st April. Having spent all her life in a children's home and with different foster parents (one of whom committed suicide), things haven't been easy and April is struggling. Now she's fourteen and on her birthday, determined to find out more about her past, sets off to find some important people. This is an emotive book with a great storyline in usual Jacqueline Wilson style. It is open and honest.

Straight Talk about Death for Teenagers: *By Earl A. Grollman, 1999*
How to Cope with Losing Someone You Love *Sagebrush Ed Resources,
ISBN: 978-0807025017*

This book was written after the author spoke to thousands of teenagers and found they often felt forgotten after someone has died. Written in short, clear sentences that are easy to read, it covers feelings, different types of death and the future. This book gives the reader many options of what can happen, how s/he may feel, giving advice and reassuring readers grief is normal.

The Charlie Barber Treatment

*By Carole Lloyd, 1997 Walker Books Ltd; New
Edition, ISBN: 978-0744554571*

Simon's Mum died suddenly from a brain haemorrhage and he came home from school to find she had died. With his GCSE coursework piling up and having to help around the house, Simon finds it hard and doesn't go out much with his friends. He then meets Charlie, who is visiting her Grandma, and believes their meeting was fate. Simon starts to enjoy life again and to re-build relationships with his family and friends. A sensitive and realistic book that conveys some of the thoughts and emotions of a teenage boy.

The Lost Boys' Appreciation Society

*By Alan Gibbons, 2004 Orion Children's
Books, ISBN: 978-1842550953*

Teenage life is difficult enough for Gary and John, but when their Mum dies in a car accident, things get steadily worse. John struggles to keep the peace as Gary goes off the rails, saying his new mates are now his family. With GCSE exams looming and his Dad going out on dates, things become unbearable for John. A gripping book exploring relationships and how different people react to life events.

The Man who didn't want to die: *Retold by Sherab Chodzin & Alexandra Kohn*
From The Barefoot Book of Buddhist Tales *Illustrated by Marie Cameron, 1999
Barefoot Books, ISBN: 1841480096*

This short story is based on a Japanese folk tale and approaches death from an unusual angle. When a man decides he doesn't want to die, he is sent to the Land of Never-ending Life and expects to meet the happiest people in the world. However, the realities of living forever are not as attractive as he thought and he consequently learns an important lesson. This story is very thought provoking and could lead to some interesting discussions.

Before I Die

*By Jenny Downham David Fickling Books
ISBN: 978-0385613460*

With only months left to live, 16-year-old Tessa makes a list of things she must experience: sex, petty crime, fame, drugs and true love. Downham's wrenching work features a girl desperate for a few thrilling moments before leukaemia takes her away. Although Tessa remains ardently committed to her list, both she and the reader find comfort in the quiet resonance of the natural world. Tessa's soul mate, Adam, gardens next door; a bird benignly rots in grass; psychedelic mushrooms provide escape; an apple tree brings comfort; and her best friend, Zoey, ripens in the final months of pregnancy.

The Spying Game

*By Pat Moon, 2003 Politico's Publishing Ltd; Rev. Ed
Edition, ISBN: 978-1842750049*

Joe's dad died in a car accident and he feels really angry towards the man who killed his father. He decides to set up a secret 'Nightmare Plan' to vent his anger and begins to persecute the man and his family by scratching his car and sending hate mail. This powerful book reveals the difficult emotions Joe faces both at home and at school. A very readable and fast paced book that would appeal to many young people.

Two Weeks with the Queen

*By Morris Gleitzman & illustrated by Andy Bacha, 1999
Puffin Books, ISBN: 978-0141303000*

Twelve-year-old Colin, an Australian boy, is sent to stay with relatives in England when his brother becomes ill with cancer. He is determined to find a way of curing his brother, which leads him into all sorts of adventures including trying to visit the Queen! Colin finds a friend in an older man named Ted who helps him express his feelings and understand what he has to do. (Also on audiocassette.)

Up on Cloud Nine

*By Anne Fine, 2006
Corgi Children's, ISBN: 978-0552554657*

Stol falls out of a top floor window and ends up unconscious in hospital with lots of broken bones and no-one knows whether it was attempted suicide or an accident. This book is written from the perspective of his best friend Ian whilst he is sitting by his bedside. He recalls all the fun times they have had together as well as acknowledging the slightly different way Stol sees the world. Ian captures the emotions of his own adoptive parents as well as Stol's family and the hospital staff in an amusing yet moving way illustrating how Stol has had an inspirational effect on everyone. (Also available in audiocassette)

Vicky Angel

*By Jacqueline Wilson & illustrated by Nick Sharratt, 2001
Corgi Children's, ISBN: 978-0440865896*

When Jade's best friend Vicky, is run over by a car and dies in hospital everyone at home and school starts treating her differently. 'Vicky Angel' then starts following Jade around, distracting her and getting her into trouble. This moving but amusing story illustrates how hard it is to carry on with every day life after a tragic accident. (Also available in audiocassette)

Ostrich Boys

*By Keith Gray
Definitions 2008, ISBN: 978-0099456575*

It's not really kidnapping, is it? He'd have to be alive for it to be proper kidnapping.' Kenny, Sim and Blake are about to embark on a remarkable journey of friendship. Stealing the urn containing the ashes of their best friend Ross, they set out from Cleethorpes on the east coast to travel the 261 miles to the tiny hamlet of Ross in Dumfries and Galloway. After a depressing and dispiriting funeral they feel taking Ross to Ross will be a fitting memorial for a 15 year-old boy who changed all their lives through his friendship. Little do they realise just how much Ross can still affect life for them even though he's now dead. Drawing on personal experience Keith Gray has written an extraordinary novel about friendship, loss and suicide, and about the good things that may be waiting just out of sight around the corner...

Broken Soup

*By Jenny Valentine HarperCollins Children's Books 2008
ISBN: 978-0007229659*

When the good-looking boy with the American accent presses the dropped negative into Rowan's hand, she's sure it's all a big mistake. But next moment he's gone, lost in the crowd of bustling shoppers. And she can't afford to lose her place in the checkout queue -- after all, if she doesn't take the groceries home, nobody else will. Rowan has more responsibilities than most girls her age. These days, she pretty much looks after her little sister single-handedly -- which doesn't leave much time for friends or fun. So when she finds out that Bee from school saw the whole thing, it piques her curiosity. Who was the boy? Why was he so insistent that the negative belonged to Rowan?

OTHER HELPFUL BOOKS (NOT DIRECTLY ABOUT DEATH)

There are a number of books that do not directly deal with death or bereavement but may help the reader face difficult feelings.

Angry Arthur

*By Hiawyn Oram & illustrated by Satoshi Kitamura, 1993
Red Fox, ISBN: 978-0099196617*

Its time for bed but Arthur wants to stay up so he gets really angry. Every time someone tells him 'that's enough' his anger gets bigger and bigger and takes over the world until he wonders why he was so angry in the first place. A wonderful imaginative story that many children (and adults) will be able to relate to.

No Matter What

*By Debi Glori, 2003 New Edition (Paperback)
Bloomsbury Children's Books, ISBN: 978-0747563310*

A rhyming story with large, bright pictures about Small, a young fox who is feeling cross because no one loves him. Large, then reassures him that she'll love him no matter what. A fun and imaginative book that only briefly talks about death but would be a useful story to help support a young child through difficult times.

Nothing

*By Mick Inkpen, New Edition 2006
Hodder Children's Books, ISBN: 978-0340918166*

A 'little thing' has been stuck in the attic for so long, he has even forgotten its name. When the owners move house and leave him behind, he sets off on an adventure to discover who he really is. A lovely book about families and the feeling that you belong. It could be used in many situations, particularly with a child who is feeling unsettled.

Nothing Scares Us

*By Frieda Wishinsky & illustrated by Neal Layton, 2001
Bloomsbury Children's Books, ISBN: 978-0747550433*

Lucy and Lenny are the 'fearless two', best friends who have all sorts of adventures. Lenny then starts watching a scary programme on TV, which gives Lucy nightmares and she dare not tell Lenny in case he laughs at her. With bright colourful pictures, this fun book is a comforting story about friendship and adventure.

Something Else

*By Kathryn Cave & illustrated by Chris Riddell, 1995
Puffin Books, ISBN: 978-0140549072*

Something Else doesn't belong and has no one to be friends with, until one day Nothing knocks at his door and although they seem very different, they get along and become friends. These unusual looking characters capture the feelings of young people in a sensitive and fun way. A lovely book that could reassure children who feel unsettled within their peer group.

Supposing

*By Frances Thomas & illustrated by Ross Collins, 1999
Bloomsbury Children's Books, ISBN: 978-0747541738*

Little Monster starts telling his mother a wonderfully imaginative but scary story about what might happen tomorrow. Mother then gives him an alternative, happier story and takes away his fears. This story is reassuring as well as fun and imaginative.

The Huge Bag of Worries

*By Virginia Ironside & illustrated by Frank Rodgers, 1996
Hodder Wayland, ISBN: 978-0340903179*

Jenny begins to worry about lots of different things and these worries build up and get out of control. She just can't get rid of them, until she meets the old lady next door who helps her feel better. A lovely story with fun illustrations encourages children to talk about their worries.

Five Minutes' Peace (The Large Family)

*By Jill Murphy, 2001 New Edition
Walker Books, ISBN: 978-0744581195*

This humorous book with lovely detailed pictures tells the story of Mrs Large who is desperate for five minutes peace from her three children, but it is harder to find than she expects! A lovely book that can be enjoyed by both adults and children and may help to explain that every so often, grown-ups need time to themselves.

There's No Such Thing as a Dragon

*By Jack Kent Happy Cat Books
ISBN: 978-1899248957*

Billy wakes up to find a tiny dragon in his bedroom. His mother insists that there is no such thing as a dragon but the dragon gets bigger and bigger until it fills the whole house. When the family finally acknowledge that the dragon exists, it returns to its normal size. This colourful picture book is a useful tool to use with children to talk about difficult feelings and other issues that can increase when they are ignored.

There are also many books where death is not the main focus of the story but features bereavement or the main character has been bereaved. These include:

- A Little Princess** *By Frances Hodgson Burnett & illustrated by Tasha Wordsworth Editions Ltd; New Edition
ISBN: 978-1853261367*
- Bambi** *By Felix Salten, Aladdin Paperbacks; Reprint Edition (Jul 1988) ISBN: 978-0671666071*
- Charlotte's Web** *By E. B. White & illustrated by Garth Williams
Puffin Books (2003), ISBN: 978-0141317342*
- Danny the Champion of the World** *By Roald Dahl & illustrated by Quentin Blake
Puffin Books (2007), ISBN: 978-0141322674*
- Harry Potter and the Philosopher's Stone** *By J. K. Rowling Bloomsbury Children's Books
ISBN: 978-0747532743*
- James and the Giant Peach** *By Roald Dahl & illustrated by Quentin Blake
Puffin Books (2001), ISBN: 978-0141311357*
- Little Women** *By Louisa May Alcott, CRW Publishing Limited; New edition (2004)
ISBN: 978-1587261329*
- Oliver Twist** *By Charles Dickens, Penguin Books (2003), ISBN: 978-0141439747*
- The Secret Garden** *By Frances Hodgson Burnett, Wordsworth Editions Ltd (1993),
ISBN: 978-1853261046*

BOOKS FOR FAMILIES WHEN SOMEONE IS SERIOUSLY ILL

Flamingo Dream

*By Donna Jo Napoli & illustrated by Cathie Felstead, 2002
Greenwillow Books, ISBN: 978-0688167967*

This bright and colourful book is told by a young boy whose Dad is seriously ill and dies soon after a trip to Florida to see the place where he grew up. The collage style illustrations capture the things the boy collects to remind him of his Dad. A sensitive but honest book, which emphasises the importance of memories.

Losing Uncle Tim

*By Mary Kate Jordan & illustrated by Judith Friedman, 1989
Albert Whitman & Company, ISBN: 978-0807547564*

This picture book for slightly older children explains how a young boy accepts the changes in his life when he finds out that his Uncle Tim has AIDS and is going to die. It is a serious and sensitive book that covers lots of issues and difficult feelings that can occur when someone has a serious illness.

The Secret C

*By Julie A. Stokes & illustrated by Peter Bailey, 2000
Winston's Wish, ISBN: 978-0-9539123-0-8*

The Secret C – straight talking about cancer, attempts to answer some of the questions and worries a child may have about cancer, especially when it involves someone in the family. This reassuring book will help adults and children to talk about the difficult issues and feelings involved when someone is seriously ill and briefly talks about the possibility of death.

Two Weeks with the Queen

*By Morris Gleitzman & illustrated by Andy Bacha, 1999
Puffin Books, ISBN: 978-0141303000*

Twelve-year-old Colin, an Australian boy, is sent to stay with relatives in England when his brother becomes ill with cancer. He is determined to find a way of curing his brother, which leads him into all sorts of adventures including trying to visit the Queen! Colin finds a friend in an older man named Ted who helps him express his feelings and understand what he has to do. (Also available in audiocassette.)

When someone has a very Serious Illness: Children can learn to cope with Loss and Change

*By Marge Heegard, 1991(workbook)
Woodland Press,
ISBN: 978-0962050244*

Aiming to be used weekly, over a number of sessions, this workbook will help families communicate and teach children about illness and coping skills. With simple, clear writing and plenty of space for children to draw and colour, it covers areas such as change, feelings and looking after oneself. It also has suggestions for how adults can help children as well as useful addresses and additional reading.

As Big As It Gets: Supporting a child when a parent is seriously ill

*By Julie Stokes & Diana Crossley, 2007
Winston's Wish, ISBN: 978-0-9539123-9-1*

An information booklet to help families cope with the serious illness of a parent. It provides a range of ideas for parents or carers so that they feel more able to explain to their children what is happening, giving some suggestions to what parents might say to children and how to offer support.

I Carried You On Eagles' Wings Sue Mayfield, Scholastic Point 1995
ISBN: 978-0590559393

Tony's mum is dying and there's nothing he can do about it. He can't always put on a brave face and his dad won't talk about things. Only Clare seems to understand – somehow she helps him keep it together. Then Tony finds an injured seagull, a creature he *can* nurse back to health. And, slowly, gradually, Tony begins to understand that death can sometimes bring freedom.....

BOOKS FOR FAMILIES BEREAVED THROUGH SUICIDE

Up on Cloud Nine By Anne Fine, 2006
Corgi Children's, ISBN: 978-0552554657

Stol falls out of a top floor window and ends up unconscious in hospital with lots of broken bones and no-one knows whether it was attempted suicide or an accident. This book is written from the perspective of his best friend Ian whilst he is sitting by his bedside. He recalls all the fun times they have had together as well as acknowledging the slightly different way Stol sees the world. Ian captures the emotions of his own adoptive parents as well as Stol's family and the hospital staff in an amusing yet moving way illustrating how Stol has had an inspirational effect on everyone. (Also available in audiocassette)


Beyond the Rough Rock: Supporting a child who has been bereaved through suicide
By Diana Crossley & Julie Stokes, 2008
Winston's Wish, ISBN: 978-0-95139123-7-7

An information booklet offering practical advice for families where someone has died by suicide. It aims to give parents and professionals the confidence to involve children in discussions about the nature of death by suicide. It also includes activities for children to do with the family to start making sense of what has happened.

Ostrich Boys By Keith Gray
Definitions 2008, ISBN: 978-0099456575

It's not really kidnapping, is it? He'd have to be alive for it to be proper kidnapping.' Kenny, Sim and Blake are about to embark on a remarkable journey of friendship. Stealing the urn containing the ashes of their best friend Ross, they set out from Cleethorpes on the east coast to travel the 261 miles to the tiny hamlet of Ross in Dumfries and Galloway. After a depressing and dispiriting funeral they feel taking Ross to Ross will be a fitting memorial for a 15 year-old boy who changed all their lives through his friendship. Little do they realise just how much Ross can still affect life for them even though he's now dead. Drawing on personal experience Keith Gray has written an extraordinary novel about friendship, loss and suicide, and about the good things that may be waiting just out of sight around the corner...

www.winstonswish.org.uk

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BOOKS ABOUT THE DEATH OF A NEW BABY

No New Baby

*By Marilyn Gryte & illustrated by Kristi McClendon, 1988
Centering Corporation, ISBN: 978-1561230419*

Recently revised, this book tells the story of a young girl whose sister died before birth. She talks about the preparations they were making for the new baby and the different feelings she now has. Her Grandmother takes her out for the day and tries to answer some of her questions. This book is American and not particularly informative but there are very few books about the death of a baby and some young children may find this one reassuring.

My book about our baby that died

*By Lynda Weiss, 1996
Greenfield Publishing, ISBN: 978-0952332831*

This is a workbook for young children who have experienced the death of a baby sibling. With pictures that can be coloured in and spaces for children to draw pictures and fill in answers to questions it covers topics such as hospitals, saying goodbye and feelings. It is a simple book that does not go into great depth but could be a good starting point for a child and adult to communicate about the death.

Stillbirth & Neonatal Death Society (SANDS)

*Website: www.uk-sands.org
Helpline: 020 7436 5881*

SANDS provide support for parents and families whose baby is stillborn or dies soon after birth, including a range of leaflets and books for adults.

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 Crossley, Katrina Alilovic &
Di Stubbs. Winston's Wish, New Edition 2008
ISBN: 978-0-9559539-0-3*


A useful and informative introduction for any adult who is supporting a child through bereavement. Covering a variety of issues that may affect a child when a person close to them dies, both immediately and in the longer term, the booklet also offers practical activities to do together and a section on further reading and support.

Grief in Children: A Handbook for Adults

*By Atle Dyregov, 1 Edition 2008
Jessica Kingsley Publishers,
ISBN: 978-1843106500*

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, sex 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.

www.winstonswish.org.uk

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**Talking about Death:
A Dialogue Between Parent and Child**

*By Earl A. Grollman, 1991
Beacon Press, ISBN: 978-0807023631*

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 quotes 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. Walker Books Ltd 2008
ISBN: 978-1406313161*

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.

And When Did You Last See Your Father

*By Blake Morrison, 2006
Granta Books, ISBN: 978-1862079083*

The book tells of how Dr Morrison's life slowly slips away during the last few weeks of his life. Interspersed with this are the authors recollections of his father, who whilst being a difficult man at times, always remained a loving husband and father. The author is at all times open and honest - sometimes brutally so - and lays open his feelings for all to share. One of the strengths of the book is that whilst it is about the death of a loved one it never gets too mawkish or sentimental and remains at all times a good read

BOOKS FOR FAMILIES BEREAVED THROUGH MURDER

Hope Beyond The Headlines: supporting a child bereaved through murder or manslaughter

*By Di Stubbs, Danny Nugus & Kate Gardner
Winston's Wish 2008,
ISBN: 978-0-9559539-1-0*

This book offers practical advice for families in the immediate days, weeks and months following a murder. It is written for both parents and professionals, giving them the confidence to involve children and young people in understanding and managing the particular difficulties and complexities that so often surround a death by murder or manslaughter. The booklet includes child-friendly activities to do with children or as a family to help them to make sense of what happened and to begin to express their grief.

Teachers Dead

*By Benjamin Zephaniah
Bloomsbury Publishing PLC 2007
ISBN: 978-0747586098*

A teacher is dead, murdered by two of his students in front of the school. He was a good man. People liked him. So how could this happen? Why? It just doesn't make sense to Jackson, and he is determined to investigate the case until he understands. Benjamin Zephaniah has, once again, chosen a topical and hard-hitting subject - and he deals with it in his own uniquely empathetic and edgy way.

The Dougy Center: The National Center for Grieving Children and Families 2002

After a murder: A workbook for grieving kids
www.dougy.org

ISBN: 978-1890534073

www.winstonswish.org.uk

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Websites

School Crisis Response Initiative

www.ojp.usdoj.gov/ovc/publications/bulletins/schoolcrisis/ncj197832.pdf

Bereavement in the Curriculum

Social and Emotional Aspects of Learning

<http://www.standards.dfes.gov.uk/primary/publications/banda/seal/>

Addressing Bereavement in Schools

<http://www.childhoodbereavementnetwork.org.uk/documents/Addressingbereavementinschools.pdf>

The Child Bereavement Charity

http://www.childbereavement.org.uk/for_schools

The Qualifications and Curriculum Authority

<http://www.qca.org.uk/>

Terrorist Incidents Emergency Plan

US Department of Education

www.ed.gov/admins/lead/safety/emergencyplan/index.html

Montgomery County, Public Schools

www.montgomeryschoolsmd.org/info/emergency/

TeacherNet

<http://www.teachernet.gov.uk/emergencies/planning/emergencyplan/index.html>

<http://www.teachernet.gov.uk/wholeschool/healthandsafety/>

UK Resilience

<http://www.ukresilience.info/>

Department for Children Schools and Families

<http://www.dfes.gov.uk/sept11guidance/>

Suicide

Suicide

http://www.jaredstory.com/suicide_and_schools.html

Choose Life

<http://www.chooselife.net/home/Home.asp>

LivingWorks

<http://www.livingworks.org.nz/>

Suicide and the School

<http://www.ncpamd.com/Suicide.htm>

Youth Suicide Prevention

<http://theguide.fmhi.usf.edu/>

SECTION 8

Appendices

- Appendix 1 – Previous Experience: One Secondary School's Experience following the sudden, accidental death of a pupil
- Appendix 2 – Seasons for Growth Information
- Appendix 3 – Applied Suicide Intervention Skills Training Information
- Appendix 4 – Safe Talk
- Appendix 5 - School Nurse Resources
- Appendix 6 – Preparing for and Responding to a Death by Suicide
- Appendix 7 – Understanding Childhood: Bereavement
- Appendix 8 – Circle Time
- Appendix 9 – Winston's Wish School Information Pack
- Appendix 10 – Winston's Wish Supporting a Bereaved Child or Young Person a Guide for Parents and Carers
- Appendix 11 – Winston's wish Positive Responses to Death a Strategy for Schools
- Appendix 12 – Coping with a Personal Crisis
- Appendix 13 – Advice for Staff after a Critical Incident
- Appendix 14 – Child Death Helpline Information

Previous Experiences

The Experience

- The initial shock needs to be put to the side to stabilise a very unstable situation.
- Should Crisis Call provided a very useful check list and ensured that SAC and the relevant support partners were mobilised – minister, nurses, mental health advisor and guidance team.
- A ‘haven’ area was identified for distressed pupils to be sent to.
- The decision to get very distressed children home quickly helped to stabilise the school situation.
- The provision of a ‘Memory Board’ in a suitable place in the school gave a much needed focus for sharing and acknowledging their grief in a personal way and allowed pupils to take ownership of this. These messages formed a display at the funeral and the parents/carers later received the messages.
- It was very important to allow the pupils the space and time to grieve supported by the relevant partners.
- Special assemblies were held to advise the pupils of what had happened and the funeral plans. This went a long way to setting tone and maintaining a dignified respect for the family and their needs.
- Team work was essentially the key to the sensitive support for all pupils and staff.
- Close friends and fellow pupils were consulted about their views as to the format of the school service. It was their choice of music etc.
- After the funeral it is essential that there is a ‘return to business’ approach. The pupils and the staff were ready for this – a very emotionally draining time.
- Pupils were consulted about the nature of a memorial for the pupil.
- The pupil’s name should be removed from Class registers, PSE lists etc – this can be very upsetting for pupils.



Introduction

- Based on the idea that change, loss & grief are a normal & valuable part of life.
- Children & adolescents are given the opportunity to examine how issues such as death, separation & divorce have impacted on their life.
- Based on the four seasons.
- Draws on extensive research in developing a sound educative response to loss & grief.
- Seasons for Growth is a programme of psycho-education – the focus is on acquiring information to enable new ways of thinking and behaving.
- Development of social skills and new ways of coping.
- There are 8 main sessions (2 sessions per season) plus a celebration session to finish. Two re-connector sessions also take place (11 meetings of the group in total).

Season	Seasons for Growth	Individual
Autumn	<ul style="list-style-type: none"> • Supports young people to understand & manage the issues they experience because of the loss of a parent or significant other through death, separation or divorce 	Acknowledge the reality of change and loss in their lives
Winter	<ul style="list-style-type: none"> • Assist young people to understand the reactions associated with their losses are normal • Educates about the grief process 	Learn about the possible reactions to change and loss and how each has experienced these
Spring	<ul style="list-style-type: none"> • Develops skills for coping, problem-solving and decision-making • Builds a peer support network 	Develop skills to assist in managing their grief reactions
Summer	<ul style="list-style-type: none"> • Helps restore self-confidence and self-esteem 	Explore ways of letting go and moving forward

Different Strategies used;

- | | |
|---------------------------------|--------------------------|
| • Brainstorming | • Poetry |
| • Body maps | • Role play |
| • Whole/small group discussions | • Literature |
| • Music | • Hidden thoughts |
| • Pair/share interviews | • |
| • Coaching | • Art |
| • Guided imagery | • Sentence stems |
| • Timelines | • Speech/thought bubbles |

- Journaling
- Storytelling

- Movement
- Listening



Planning

Issues to consider

- **Child Protection – Disclosures of information**
- **School staff not involved in the programme – awareness**
- **Advertising of programme within school**
- **Dates & times (afternoon best)**
- **Venue – size and atmosphere of room**
- **Decoration (seasons)**
- **Budget – Materials; Manual, Journals, Memory Stick, Flipchart, Pens & Pencils**
- **Information session for parents/carers, or consent forms**
- **Initial meeting between young people & companions (approx 15 mins)**
- **Participants – number and level of programme**

Level	Ages	Length per session
1	6-8	40 minutes
2	9-10	40 minutes
3	11-12	45 minutes
4	13-15	50 minutes
5	16-18	50 minutes

* consideration of gender, literacy, cognitive ability, siblings, behaviour etc may influence group placement

Applied Suicide Intervention Skills Training (ASIST)

Description of Resource

A two day training course, with an emphasis on suicide first aid and helping a person at risk stay safe and seek further help. Attendance at the full two days is essential.

ASIST was developed by Living Works Education in Canada. Living Works International Coaching Trainers deliver 'Training for Trainers' in Scotland, and then local trainers offer ASIST workshops and Suicide TALKs across Scotland.

ASIST has five learning sections:

- Preparing - sets the tone, norms, and expectations of the learning experience.
- Connecting - sensitises participants to their own attitudes towards suicide. Creates an understanding of the impact which attitudes have on the intervention process.
- Understanding - overviews the intervention needs of a person at risk. It focuses on providing participants with the knowledge and skills to recognise risk and develop their skills through observation and supervised simulation experiences in large and small groups.
- Assisting - presents a model for effective suicide intervention. Participants develop their skills through observation and supervised simulation experiences in large and small groups.
- Networking - generates information about resources in the local community. Promotes a commitment by participants to recognise and develop safe plans to reduce risk of suicide and to transform local resources into helping networks.

Emphasising structured small-group discussions and practice, the course uses a 20-page workbook and two audiovisuals. Participants receive a 154-page Suicide Intervention Handbook and a colour, laminated pocket card featuring intervention, risk review and safe plan development principles. Participants can come from any background and include people concerned about family and friends and workers from a wide range of agencies and professional backgrounds.

Contact Details

In Scotland Choose Life develops and manages the implementation of ASIST, working closely with Living Works Education.

For more information contact the Choose Life Training and Development Manager or click on the website below.

Email Address

info@chooselife.net

Web Address

<http://www.chooselife.net/Training/GeneralOverview.asp>

wellscotland.info

SafeTALK

What's it for?

Suicide prevention training

Who's it for?

Anyone interested in suicide prevention training

How much does it cost?

Costs vary

Length

Half day

Location

Across Scotland

SafeTALK

SafeTALK is a half day training programme, either as a stand-alone or a precursor for [ASIST training](#).

It has an awareness and training focus, and teaches participants to recognise and engage people who might be having thoughts of suicide, and to connect them with community resources trained in suicide intervention. As this training can be delivered in a half-day, it is a flexible option for anyone wanting to develop suicide prevention skills.

Further information

For more information on this and other suicide prevention learning opportunities, visit Choose Life's [ASIST Training Pages](#) or contact your local Choose Life co-ordinator.

Contact details for local Choose Life co-ordinators can be found by visiting Choose Life's [local action pages](#).

SafeTALK and the National Programme

The National Programme supports and promotes training to increase skills and awareness through [Choose Life](#) – Scotland's national strategy and action plan for suicide prevention.


Get the knowledge, take control

If you or someone you know has just been given a diagnosis of a [mental illness](#), it can be a frightening and bewildering time.

Finding out about the illness from books, the Internet, and support groups increases our knowledge, puts us more in control and **helps reduce our anxiety**.

Knowing that others have **faced the same problems** and recovered can be a great relief. Learning how others have coped can help us to do the same.

Gathering information also allows us to explore the **different treatments and therapies** that are available and decide how we want to move forward.

[More top tips ...](#)

Email-a-friend

If you think this page will be of interest to a friend or colleague, you can email them a [link to this page](#).



School Nurse Resources

- 101 games for self esteem
- 101 games for social skills
- Self esteem skills to build self worth – age 7-10
- Self esteem skills to build self worth – age 10-12
- Fighting invisible tigers
- Webber photo cards
- Bright ideas circle time
- Bridging the circle
- Circle time prop case
- Circle time starter cards
- Circle time out of the box
- Circle time in secondary schools set
- Alcohol prevention bingo
- Bully buster bingo
- Stress bingo for teens
- Boys2Men
- Work with young men
- Interactive ball set
- Body Boards and emotions pack
- Meeting the health needs of people with a learning disability
- Set of puppets (8)
- Power of puppets
- Puppets at large
- Hug bag of worries (set)
- Set of books – helping children :
 - Locked in rage
 - With loss
 - With fear
 - With low self esteem
 - Who are anxious
 - Who yearn
 - Pursue their hopes
 - Who bottle up feelings
 - Who have hardened their hearts

Leaflets the School Nurse has access to:

- When Someone Dies L00442
- What everyone should know about stress L00156
- R U Worried L00438
- R U Sad L00439
- R U Friends L00440
- Family Break Ups L00441
- Help yourself to better health L00748

Preparing for and Responding to a Death By Suicide

Steps for Responding to a Suicidal Crisis

An effective suicide prevention program should be comprehensive; it should not limit its scope to include only preventative and intervention measures but should also address postvention measures, or measures that are taken after a suicide crisis (1,2,7,8). The school community must address suicide attempts and deaths by suicide in order to provide appropriate support for students and staff.

What is done after a suicide crisis (threats, attempts, or deaths by suicide) is just as important as what is done before one.

The best way to address the needs of the school is to be prepared with a comprehensive and recognized plan of action. Unfortunately, however, many schools lack a preplanned postvention program and tend to respond to a suicidal crisis in an unorganized fashion (4). Appropriate postvention programs can be viewed as a form of prevention since, if carried out correctly and successfully, can reduce potential cluster (copycat) suicides (5). By not having an adequate postvention program in place, schools may unknowingly contribute to further suicidal behaviors or copycat suicides.

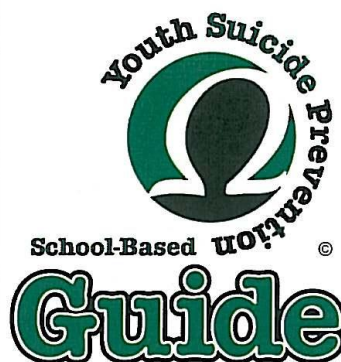
The rationale behind postvention programs in schools is not only to reduce subsequent morbidity and mortality of suicide in fellow students, but also to reduce the onset and degree of debilitation by psychiatric disorders, such as posttraumatic stress disorder (3). After a suicidal crisis, friends and family are at an increased risk of developing posttraumatic stress disorder, as well as relying more heavily on alcohol and drug use to numb the pain (6). A comprehensive postvention plan increases the likelihood that a school can decrease the risk of copycat

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7a

Issue Brief



Prepared By:

Justin Doan
 Stephen Roggenbaum
 Katherine Lazear

Design & Page Layout: Bill Leader

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Steps for Responding to a Suicidal Crisis continued

suicides and provide a much-needed service to those left behind following a suicide.

It is not enough for a suicide prevention program to implement and maintain “before the fact” prevention elements, designed at preventing a suicidal event from occurring, but a program must have an established method of responding to a suicidal crisis. An effective postvention plan may also decrease the chance that an acute stress reaction caused by the suicide will lead to a more chronic and debilitating reaction for those left traumatized and grieving. This could be prevented through counseling and utilizing community links to get those individuals help.

The Checklist 7a: Preparing for and Responding to a Suicidal Crisis, presents a brief overview of some of the necessary components of a postvention plan. It must be noted that the checklist is flexible and should be used in a way that is complementary to the schools’ needs and abilities.

Steps for responding to a suicidal crisis include:

1. The school principal should contact the police or medical examiner in order to verify the death and get the facts surrounding the death. It is important to know the facts in order to reduce imitative behaviors and to place focus on means restriction strategies for parents, as well as the school.
2. The superintendent of the school district needs to be informed of the death. He or she should also be involved in the school’s response to the suicide through information dissemination with other school districts and media contacts.
3. Prepare and activate procedures for responding to the media. Suicide is newsworthy and as such can be expected to attract the media. Utilize a designated media spokesperson and remind staff not to talk with press or spread rumors and if asked refer to media spokesperson. For more information refer to Issue Brief 7b: Responding to and Working with the Media.
4. Notify and activate the school’s crisis response team (for more information on crisis response teams refer to Issue Brief 6b: Crisis Intervention and Crisis Response Teams.
5. Contact the family of the deceased. Find out if the deceased has any siblings enrolled in other districts. If so, then notify the principals of those schools.
6. Schedule a time and place to notify faculty members and all other school staff. This meeting should be arranged as soon as possible. After this has been done, staff can provide critical and appropriate support for students.
 - Inform all staff about the facts behind the suicide.
 - Allow time for staff to ask questions and express feelings.
 - Ensure that all staff have an updated list of referral resources.
 - Review the process for students leaving school grounds and tracking student attendance.
 - Announce to staff how the school will interact with the media and inform staff who will act as the school’s media spokesperson. Remind staff not to talk with the press and refer any questions to the designated media spokesperson.
 - Review planned in-class discussion formats and disclosure guidelines for talking to students. Prepare staff for student reactions.
 - Compile a list of all students who were close to the deceased.
 - Compile a list of all staff members who had contact with the deceased.
 - Update and compile a list of students who may be at-risk for suicide (see Issue Brief 3a: Risk Factors for more information on risk factors).
 - Remind staff about the risk factors and warning signs for adolescent suicide.
 - Provide staff counseling opportunities and supportive services available to them.

Steps for Responding to a Suicidal Crisis continued

7. Contact community support services, which should be supervised by the school's crisis response team leader. Community support services include local mental health agencies, other school counselors, community crisis hotline agencies, and clergy members.
8. Arrange a meeting for parents.
 - Provide parents with warning signs for adolescents who may be suicidal.
 - Provide information about supportive services available to students at the school.
 - Provide information about community resources they may wish to utilize.
 - Provide information about how to respond to students' questions about suicide.
 - Remind them of their child's special needs during this time.
 - Avoid a large parent meeting and try to keep the number of parents at a minimum. Communicate with other students' parents through telephone or written notice.
9. Meet with all students in small groups (classrooms).
 - Notify students as early as possible following the staff meeting.
 - Make sure all teachers announce the death of the student to their first class of the day. It is preferable to describe the deceased as "having died by suicide," rather than as "a suicide," or having "committed suicide." The latter two expressions reduce the person to the mode of death, or connote criminal or sinful behavior.
 - Disclose all relevant facts pertaining to the student's death. Do not provide morbid details, such as method or exact location of suicide.
 - Allow students an opportunity to express their feelings. "What are your feelings and how can I help?" should be the mantra behind the structure of discussion.
 - Explain and predict what students can predict as they grieve (feeling angry, guilty, shocked, anxious, lonely, sad, numb, or experiencing physical pain). Express to students there is no one right way to grieve. What is important is to recognize feelings and communicate them.
- Inform students of the available support services in the school (and outside the school) and encourage them to use them.
- Reorient students to ongoing classroom activities.
- Avoid assemblies for notification and do not use impersonal announcements over the public address system. Notify students in small, individual classrooms through faculty members or crisis team members.
10. Provide additional survivor support services. A school may want to invite friends of the deceased to join a support group so they can be counseled separately with more focused attention. Provide individual counseling to all students identified as at-risk.
11. Members of the school's crisis team should follow the victim's classes throughout the day providing counseling and discussion to assist students and teachers. This could also help to identify and refer students who may be at-risk.
12. Establish support stations or counseling rooms in the school and make sure that everyone including faculty, students, and other school staff members know where these are located. There should be more than one location and should be set up in small to mid-size rooms.
13. De-brief staff (including members of the crisis team) at the end of the day for approximately five days following the suicidal crisis.
14. Reschedule any immediate stressful academic exercises or tests if at all possible.
15. Avoid flying the school flag at half-mast in order to avoid glamorizing the death. Memorialization should be consistent with other types of deaths of students.
16. Memorialization should focus on prevention, education, and living. Encourage staff and students to memorialize the deceased through contributions to prevention organizations such as Mothers Against Drunk Driving, a suicide hotline, or a suicide survivors group.

Steps for Responding to a Suicidal Crisis continued

17. Inform local crisis telephone lines and local mental health agencies about the death so that they can prepare to meet the needs of students and staff.
18. Provide information about visiting hours and funeral arrangements to staff, students, parents, and community members. Funeral attendance should be in accordance with the procedures for other deaths of students.
19. The family of the deceased should be encouraged to schedule the funeral after school hours to facilitate the attendance of students.
20. Arrange for students and staff to be excused from school to attend the funeral if necessary.
21. Follow up with students who are identified as at-risk and provide on-going assessment and monitoring of these students. Follow-up should be maintained as long as possible.

Seven major sources were utilized and synthesized into developing steps for dealing with a suicidal crisis:

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Understanding Childhood

Understanding Childhood is a series of leaflets written by experienced child psychotherapists to give insight into the child's feelings and view of the world and help parents, and those who work with children, to make sense of their behaviour.

This leaflet was originally published by the Child Psychotherapy Trust.

Leaflets available from:

www.understandingchildhood.net

email:
info@understandingchildhood.net

bereavement

helping parents and children cope when someone close to them dies

How best can you help your child when someone close to them dies? What if you are grieving too? Do children grieve in the same way as adults? What about very young children? What is 'normal' grieving in a child and what do you need to worry about? This leaflet suggests ways that adults can help children to come to terms with grief and bereavement.

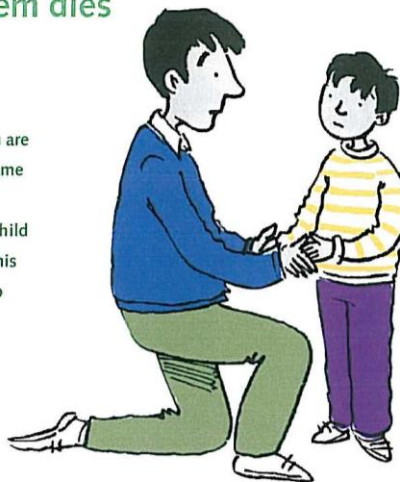
Children's thoughts about death

Children will have many experiences of loss and separation as part of their normal development. Even when they have not experienced a bereavement, children will have lots of thoughts about death. This is part of their healthy curiosity about life – like thoughts about their body, sex, or birth.

Adults may find it difficult to talk about death because of anxieties about their own mortality or for fear of upsetting other people, but children may be ready and willing to talk about their anxieties. It is important for a child to feel that there are adults who are strong enough to bear whatever they want to talk about and to answer their questions. Indeed, being prepared to listen to their child's thoughts, beliefs and fears can be the most useful way in which parents and other important adults in their lives – such as teachers, carers and GPs – can help children.

Breaking the news

It can be very difficult to tell a child about the death of a parent, brother or sister, close relative, or friend. You may want to protect the child or feel that it is better if they do not know the truth. But children are quick to pick up when their own observations about important



things are denied. A conspiracy of silence will not spare them from pain – it will bewilder and frighten them. They need to be told about the death in simple terms that are appropriate for their age, so that they can begin to grapple with the implications and will continue to trust you as someone they can turn to.

It is harder for everyone when the death is sudden. If there have been weeks or months in which to prepare the child for the death, they will find it easier to accept. But that does not take away the pain. Death is always a shock.

Religion

Religious beliefs often include a concept of life after death. This may be comforting for the child if you really believe it. However, it does not erase the loss of the loved person now – in this life – nor does it answer questions about why God took them away, especially if the person who died was young.

Children's responses to death

Children have different responses to death and dying depending on their age and experiences. There are no clear-cut stages, no



correct order, no set time for grief to last, so try not to think about it in terms of a 'right way' to grieve.

The age of the child affects the ways in which they are likely to express their feelings and the kind of support they need from the adults around them. It is important for children not to feel under pressure to display more conventional signs of grief and for them to be allowed to grieve in their own way and in their own time.

Parents need to be prepared for young children to slip in and out of grief in a way that can be shocking and upsetting to a grieving adult.

- They may switch between tears and misery and demands for food and treats, which is very hard for adults to sympathise with or respond to.
- They may make requests that appear extraordinarily heartless to an adult – 'As granny is dead, can I have her blue necklace?' 'Can I sleep in John's room now that he's died?'

It may help to know about some fairly typical reactions that you may notice.

Very young children and babies

If a significant death occurs in the life of a child aged under two years, they will not have much language to express their loss. However, even very young children and babies are aware that people they were attached to have gone, and experience the dawning realisation that they are never coming back and that death is permanent.

For very young children, who are unable to speak, death might be described as an unnameable fear or dread. You know how inconsolably a baby or young child can cry if they feel unsafe, or if a parent goes out of the room or leaves them for longer than they can bear. If the loved one does not return, young children can be left with fears for their own survival.

Adults can usually comfort children if they are not too upset themselves. Even very young babies will be affected by their parents' emotional state and a death in the family will affect other family members. This may disrupt their care, so some scar may well be left. Try to minimise other disruptions and changes. In time, within the setting of a steady and loving environment, the loss can be repaired to some extent.

It is important for the child, and those caring for them, to keep the memories of the dead person alive. As the child grows up, there will be opportunities to understand better what they suffered before there was shared speech.

Young children

Children aged between two and five years are beginning to grasp that death is final, and that the dead person is not coming back. This is difficult for them to acknowledge fully as it threatens the security of their safe familiar world. Deep down, any too-long separation leaves them feeling frightened for their own survival.

During these years they will form several very important attachments to adults and

children. If their development has gone well, they will have a reasonably secure picture of their loved ones inside them – a sort of 'mummy or daddy inside their mind' – that provides solace during separations.

If the loss is not of a very close relative, they may be curious and affected by the event, but will probably absorb it in their play and everyday activities. If, tragically, it is the death of someone very important, they will go through a similar grief process to adults.

Children aged 6 to 12

Children in this age range begin to develop a more mature understanding of death and life, and are becoming aware that everyone dies one day, including themselves. They want to know more about the actual cause of death – 'Why cancer?' 'Why suicide?'

They may retreat into denial, unable to express feeling. If they appear stuck and cannot grieve, they may need professional help – someone who can bear their withdrawal – especially if the important adults in their life are grieving too.

At this age, children like to feel that the world is an ordered place, with routine and structure playing a significant part. They are beginning to move away from the family to make important relationships with other children and with school. The death of someone close can easily throw them back to feeling unsafe, and to being more dependent. They may feel less calm emotionally, and more like a younger pre-school child, who is up and down in their feelings.

Adolescents

Adolescents are often full of thoughts about life and death issues, or the 'meaning of life'. On the other hand, they can be so busy living life to the full that they rarely stop to reflect deeply. They may be unaware of their feelings, burying them until they surface much later at a vulnerable time in their lives.

A significant death can make a teenager feel particularly thrown because it may go against their strong belief in their own future and that of others. They can feel insecure just when they are starting to separate more from the family. You may notice that they do any of the following:

- withdraw into a very private existence

- go back to behaving like a younger child
- appear to be very matter-of-fact and detached, worried about emotions overwhelming them
- become angry and protesting.

As these tendencies are often a part of normal adolescent development, it may be difficult for you to know when to persist in your offers of help.

If the young person is managing school and social life, as well as eating and sleeping reasonably normally, you can probably wait for the normal grieving process to run its bumpy course. The support of their friends may be particularly important for them.

More than ever, they need the love that you have tried to provide all along. They also have even more need of the limits that you have set.

They may like to talk to someone outside the family who is not in danger of being too upset by hearing about what they are feeling, but it is best not to assume that this is automatically wanted or needed.

Traumatic death

Children who have witnessed one or more dramatic deaths, or been involved in a disaster, accident, or other trauma – including terrorist attacks – may need specialised treatment. This may also be the case if a loved one has died in a sudden, dramatic or violent way.

If there has been a tragedy at school, or the school has been exposed to violence, parents need to be prepared for the 'ripple effect' of a trauma, even when the child has not been directly involved. Parents, schools and other groups in the community may also need help. These experiences are often too shocking and disruptive to be absorbed and may need to be worked through over time.

Children who watch appalling events on television may shift unpredictably between anxiety, excitement, indifference, obsessive interest and unreality.

If you are in any doubt about the matter, in general it is better to seek help than not to do so.

Specialised help is available through: The Children's Team, Traumatic Stress Clinic, 73 Charlotte Street, London W1T 4PL. Phone 020 7530 3666 for enquiries about referrals to the team; you may need to request a referral from your GP.

Signs of children grieving

- **Numbness and disbelief** Simply try to comfort them. Try not to make them talk about it – they may be too frightened just now. Be patient and offer comfort.
- **Shock** This may include disturbed sleep, being unable to go to sleep, fear of the dark and nightmares. Again, they need lots of comfort and patient attention.
- **Denial** They may well deny that the death has happened. Denial is a necessary anaesthetic. In time the reality will come through their self-protection. There's no need to repeatedly 'put them straight'.
- **Regression** Under the stress of their loss, children of all ages may regress to earlier stages of development (just as adults do) and need extra care and comfort. Although you may worry about this behaviour, it is important to try and see it as expressing a need to be looked after and to be held. It is an opportunity for you to help children rebuild the security they've lost.
- **Anger and appeals** They may protest with anger or appeals – older children and adolescents may say something like 'How could he have left me?' or 'Why didn't the doctors make her better?' Try to acknowledge their anger. It is a very human response to be angry and to feel abandoned. This may be very hard for you when you may feel exhausted and may be angry and desperate yourself. If you agree with any of what they say, let them know that you feel the same way. It is helpful for them to know that they are not alone with their feelings. Give them permission to cry.
- **Change of habits** Children may be restless and unable to settle to anything. Some children will eat a great deal, and even store food, to fill up the emptiness they feel inside. Others may lose interest in eating. Some children start to bite their nails, to pick at themselves, twiddle with their hair and so on.
- **Despair** They may feel despair. Again, it is hard to help a child who is despairing if you are full of despair too, but it does them no harm to see you cry and to know that you are also struggling.
- **Guilt** They may feel that they contributed to the death. You can reassure the child that nothing they did or said or felt caused the death. Tell them that lots of people feel guilty when someone they love dies, or wonder if they did something wrong.
- **Imaginary sightings** They may search for the person who has died, expecting them to come back and even feeling they've seen them in the street. This is a normal universal response. It is a necessary process before children realise that the person who has died is not ever coming back. You may be able to gently help them believe in the finality of the death, but it can take much longer than anyone realises.
- **Acceptance** They will eventually understand that the person has died. Even though they probably feel very low, and perhaps lonely and rejected, it is necessary to truly believe that the person has died before anyone can begin to let them go, while holding on to precious memories.
- **Life goes on** Eventually they will realise that life goes on and that the loved person who has died is alive in their minds – a helpful part of their imagination for ever. Some 'recovery' may begin to take place after a few months, but where the death was particularly sudden and close it takes much longer, perhaps years.



These suggestions may be helpful

- There is no easy way of taking away the pain, although of course we wish we could. Pain is the price we pay for having loved someone.
- Use straightforward words like dead and dying. With young children, try to link it with a known loss, such as the death of a pet (which may also cause more grief for the child than the parents expect).
- Children under the age of about four often think that sleeping and death are the same. Older children sometimes think this too. The difference needs to be explained – for instance ‘When you are asleep your body works very well’.
- Avoid phrases like ‘He’s gone to sleep’, or ‘She’s gone away’, or ‘We lost Gran’. These phrases can be confused with everyday occurrences, and may lead to fears about going to sleep, being abandoned or getting lost.
- Make it clear to younger children that this means that the body of the person who has died is no longer working, and that they don’t feel any pain. Your child needs help to realise the body has not gone anywhere, other than perhaps to the cemetery or crematorium. Go through this carefully as children may need to be clear about what happens to the body. In some cultures or families children may see the body after death. Indeed, it may be helpful to do so.
- Going to the funeral and the cemetery may be very helpful. Many children will choose to go to the funeral if they understand that it’s a special time to say goodbye, remember the person and celebrate their life. Try to explain what they will see, in simple terms in advance. For example, ‘The body is in a box that gets buried in a hole in the ground’ or ‘It goes into a fire and the ashes of the body are sprinkled on the ground’.
- Religious rituals and cultural beliefs may be helpful and comforting if they are part of your family’s life.
- Be prepared to tell the story, and to answer the same questions, over and over again. It is important for your child to understand and have the story straight in their mind, but be prepared for them to be really confused at times.
- Children can be anxious about expressing their own grief for fear of upsetting you further, especially if they think there is no one else to look after you. You may find that involving another adult to comfort the child helps to share the load.
- Your own grief can be shared with the child, but try not to offload it onto them. This could give them the feeling that there is no space for their own grief. Parents need to avoid robbing children of their own experiences – for instance, by saying ‘I know how you feel’. No one can know how another person really feels.
- It is important for the child to continue to have opportunities to share their feelings about the person they have lost. You can help by collecting photos, for instance, or making a story. There is never a time that a dead person is ‘forgotten’. They stay in our minds, sometimes in the background, as long as we ourselves live.

Getting help

Even though the grieving process is normal, at times you may feel the need to discuss your anxieties. You may wish to approach a teacher, health visitor, GP, or child psychotherapist for support or guidance for

you or your child during this difficult time. However, it is important not to assume that your child needs to see someone. This may be so, but it may also be helpful for you to find the support to think about your own concerns and perhaps strengthen your ability to help the child yourself.

Further help

In every area there are organisations that provide support and services for children and families. Your GP or health visitor will be able to offer you advice and, if needed, refer you to specialist services. To find out more about local supporting agencies, visit your library, your town or county hall, or contact your local council for voluntary service.

Contacts

Cruse Bereavement Care

Phone (national rate): 0870 167 1677
(national helpline)
Web www.crusebereavementcare.org.uk

Winston's Wish

Guidance and information for families of bereaved children.
Phone (local rate): 0845 2030 405
Web www.winstonswish.org.uk

YoungMinds Parents' Information Service

Information and advice for anyone concerned about the mental health of a child or young person.
Freephone 0800 018 2138
Web www.youngminds.org.uk

Parentline

Help and advice for anyone looking after a child.
Freephone 0808 800 2222
Web www.parentlineplus.org.uk

ChildcareLink

Information about child care in your local area.
Freephone 0800 096 0296
Web www.childcarelink.gov.uk

Contact a Family

Help for parents and families who care for children with any disability or special need.
Freephone 0808 808 3555
Web www.cafamily.org.uk

Written by Dr Dorothy Judd
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Illustrated by Jan Lewis
Design by Susan Clarke for Expression, IP23 8HH

Enquiries to:
The Administrator
Understanding Childhood
PO Box 235
Hythe
Kent CT21 4WX

e info@understandingchildhood.net
w www.understandingchildhood.net

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Circle Time

EARLY LEVEL - BEREAVEMENT/LOSS- SHOULD CRISIS CALL SESSION

Teacher acts as facilitator

Class: 20 minutes	Theme: Dealing with loss of someone in school through bereavement
Date:	Props required: Perhaps a book to help you approach the subject – see below
<p>Activity 1 – game: 5 minutes Pass the Name. Everyone sitting in a circle. The leader turns to the child on her/his right and says I am sitting next to _____. Continue until everyone has contributed. Remember children can pass if they wish or speak at the end of the round.</p>	
<p>Activity 2 – warm up round: 2/3 minutes Towards remembering the person in a positive way. My best thing about _____ is _____ round</p>	
<p>Open Forum 10 minutes Suggestion : Work through a book giving children opportunity to express their feelings and to ask questions. For example: <i>Always and Forever</i> by Alan Durant ISBN 978 – 0 – 552 – 54877 – 9 With the children decide what you are going to do as a class to remember the lovely things said in the round e.g. - Discuss how to remember the person - Making a book about the person - Planting a tree or bush - Scrapbook assembly 'Smile' list</p>	
<p>Activity 3 – Celebrating success: 5 minutes Thank everyone for his or her helpful contribution.</p> <p>Calming down game There's a Storm Brewing. Tell the children to stand in a line facing you. Explain to them that they are going to act out a storm. As you introduce each element of the storm they need to act as follows:</p> <ul style="list-style-type: none"> ○ A gentle wind picks up and slowly grows in strength – the children make moaning noises like the wind ○ Then the rain begins – the children gently tap their fingers on their knees ○ The rain becomes heavier – the children stamp their feet ○ A bolt of lightning strikes – beginning at one end of the line, each child reacts with a start as if shocked ○ Then there was thunder – a single loud clap <p>The children can repeat the lightning and thunder several times as you repeat these sentences. Then talk them through the storm subsiding, the rain lessens, the wind dies down. No actions are required for this. At the end focus on slow, deep controlled breathing to make sure the children are calm. Talk the children through this process.</p>	
After Activity:	

References

GOOD GRIEF P55-57

101 GAMES FOR BETTER BEHAVIOUR JENNY MOSLEY AND HELEN SONNET LDA ISBN 1-85503-401-8

I MISS YOU – A FIRST LOOK AT DEATH BY PAT THOMAS

ISBN 978 – 0 – 340 – 911068 - 8

Circle Time

EARLY LEVEL - BEREAVEMENT/LOSS– SHOULD CRISIS CALL SESSION

Teacher acts as facilitator. You may wish to have another member of staff or the school nurse present.
Read pgs 59-60 *Good Grief* by Barbara Ward and Associates for other ideas to discuss with young children.

<u>Class:</u> 20 minutes	<u>Theme:</u> Helping a peer deal with loss through bereavement
<u>Date:</u>	<u>Props required:</u>
<p><u>Activity 1 – game:</u> 5 minutes Pass the Name. Everyone sitting in a circle. The leader turns to the child on her/his right and says I am sitting next to _____. Continue until everyone has contributed. Remember children can pass if they wish or speak at the end of the round.</p>	
<p><u>Activity 2 – warm up round:</u> 5 minutes How are children feeling, thumbs. Discuss responses as appropriate. Explain simply to children what has happened</p>	
<p><u>Open Forum</u> 10 minutes Children can ask bereaved child what they could do to help. Bereaved child can tell others what he/she would like them to do to help. Allow bereaved child to speak about parent/grandparent/sibling and encourage him/her to remember positive things about her/him</p>	
<p><u>Activity 3 –</u> <u>Celebrating success:</u> 5 minutes Thank everyone for his or her helpful contribution.</p> <p><u>Calming down game</u> There's a Storm Brewing. Tell the children to stand in a line facing you. Explain to them that they are going to act out a storm. As you introduce each element of the storm they need to act as follows:</p> <ul style="list-style-type: none"> ○ A gentle wind picks up and slowly grows in strength – <i>the children make moaning noises like the wind</i> ○ Then the rain begins – <i>the children gently tap their fingers on their knees</i> ○ The rain becomes heavier – <i>the children stamp their feet</i> ○ A bolt of lightning strikes – <i>beginning at one end of the line, each child reacts with a start as if shocked</i> ○ Then there was thunder – <i>a single loud clap</i> <p>The children can repeat the lightning and thunder several times as you repeat these sentences. Then talk them through the storm subsiding, the rain lessens, the wind dies down. No actions are required for this. At the end focus on slow, deep controlled breathing to make sure the children are calm. Talk the children through this process.</p>	
<p><u>After Activity:</u> Try to find suitable book to read to class at a later time for example Grandpa by John Burningham ISBN 978-0-099-43408-5. See bibliography.</p>	

References Step by Step Guide to Circle Time for SEAL Positive Press www.circle-time.co.uk
101 Games for Better Behaviour Jenny Mosley and Helen Sonnet LDA 1-85503-401-8

Circle Time

FIRST LEVEL

BEREAVEMENT/LOSS– SHOULD CRISIS CALL SESSION

Teacher acts as facilitator – depending on response and circumstances this may cover more than one session

Class: 30 minutes	Theme: Dealing with death of someone in school or child in class. To give children the opportunity to express their feelings and ask questions. To explore ways of celebrating the person's life and ways to remember the person
Date:	Props required: Good Grief' (especially page 38) by Barbara Ward and Associates – a copy should be available in each school. Book to help approach the subject – see suggestions below.
Activity 1 – game: Children form a circle facing inwards – curl up small – as their name is called they are to uncurl and sit up and make the circle. Welcome everyone to Circle Time (Aim: a gentle introduction to Circle Time)	
Activity 2 – warm up round: With the parents' permission explain to the children the reason for the circle time. If this is the children's first awareness that someone has died explain to the class what has happened. Children in this age range may still be in the magical thinking phase or may have moved to the concrete thinking stage (Good Grief, page 38). It may be wise to ask the children to explain back again what (s)he has been told so that gross distortion and misconceptions can be corrected. Give children opportunity to express their feelings and to ask questions	
Open Forum: Suggestion: Work through a book. For example 'The Tenth Good Thing about Barney' by Judith Viorst or 'Always and Forever' by Alan Durant to give you guidance. Discuss the story with the children as appropriate. (You can show the illustrations using the interactive whiteboard if you wish as you read/tell the story). Discuss ways to remember the person, eg. making a book about the person, planting a tree or a bush, holding a scrapbook assembly, making a 'smile' list etc. With children make a choice	
Activity 3 – Celebrating success: Thank everyone for his or her helpful contribution. Calming down game: One nice thing I remember about Is	
After Activity: Follow up on suggestions made during open forum	

References I MISS YOU – A FIRST LOOK AT DEATH BY PAT THOMAS ISBN 978 – 0 – 340 – 911068 – 8
The Tenth Good Thing about Barney by Judith Viorst ISBN 978-0-689-71203-6
Always and Forever by Alan Durant ISBN 978-0-552-54877-9
Jenny Mosley Quality Circle Time Vol. 1 ISBN 1-85503-229-5

Circle Time

SECOND LEVEL

Bereavement/Loss– Should Crisis Call Session 1

Teacher acts as facilitator. You may wish to have another member of staff or the school nurse present

<u>Class:</u>	<u>Theme:</u> To give children an opportunity to express their feelings and to ask questions about the death of a child/person in class or school. For teacher support for this activity please see 'reference' <i>Good Grief</i> at bottom of page
<u>Date:</u>	Props required: A piece of paper and a pencil for each child and a box or a bag for the closing down game
<u>Activity 1 – game</u> Children form a circle facing inwards – curl up small – as their name is called they are to uncurl and sit up to make a circle. Welcome everyone to the circle. (Aim: gentle introduction to circle time)	
<u>Activity 2 – warm up round</u> With the parents' permission explain to the children the reason for the circle time. If this is the children's first awareness that someone has died explain to the class what has happened. The facts should be clear to dispel anxiety and to avoid rumours. Expect different reactions, from tears to giggles and silly comments.	
<u>Open Forum:</u> Give the class an opportunity to express their feelings and ask questions. Be willing to express your own feelings as this will help and encourage the children to express theirs. Discuss how the children can help each other at this time. It is important the children are encouraged to verbalise and acknowledge their feelings. Tell the children another circle time is going to be held very soon to talk some more about the person who has died and how everyone is feeling.	
<u>Activity 3 – Celebrating success:</u> Thank everyone for his or her helpful contribution.	
<u>Calming down game:</u> Our Gifts to You –Ask the children to write their name on a piece of paper. Collect in the names and place them in the bag or the box. One at a time take a name out and invite children to show by 'thumbs' to volunteer a gift they would like to give to that person. Choose three children to say what they would give. Encourage the children to be imaginative in their choices; for example an African safari, a robot to do all their homework. With older children you might like to ask them to make their gifts more abstract e.g. the ability to talk to animals.	
<u>After Activity:</u> The children could make beautiful boxes. They write their gifts for one another on separate gift tags and 'post' them in the appropriate boxes, so that the children all have something to keep forever.	

References GOOD GRIEF BY BARBARA WARD AND ASSOCIATES FOR TEACHER REF. ESPECIALLY PAGES 26, 33-38, 42, 55-58

 I MISS YOU – A FIRST LOOK AT DEATH BY PAT THOMAS ISBN 978-0-340-911068-8

 101 Games for Self Esteem by Jenny Mosley and Helen Sonnet
 LDA ISBN 1 85503 351 8

Circle Time

SECOND LEVEL

Bereavement/Loss– Should Crisis Call Session 2

Teacher acts as facilitator

<u>Class:</u>	<u>Theme:</u> To give children an opportunity to express their feelings and to ask questions with regard to the death of a child/person in class or school. To begin to say good-bye. To agree how to remember the child/person.
<u>Date:</u>	<u>Props required:</u>
<u>Activity 1 – game</u> Children form a circle facing inwards – curl up small – as their name is called they are to uncurl and sit up to make a circle. Welcome everyone to the circle. (Aim: gentle introduction to circle time)	
<u>Activity 2 – warm up round</u> Again give the class an opportunity to express their feelings and ask further questions. Again be willing to express your own feelings	
<u>Open Forum:</u> If a pupil has died discuss with the children what should be done with the desk of the student who has died. Discuss with children about how to say good-bye i.e. writing a letter to the person, drawing a picture of the person, discuss funeral and what happens - would it be appropriate for some pupils to attend (parents would have to be notified of this discussion prior to circle time and their views taken into consideration) Discuss ways to remember the person. Prompt children to think of different ways it could be appropriate e.g. planting a bush or tree, making a scrapbook or tribute book including photographs, plan an assembly or memorial where children could sing the person's favourite songs and share memories and recite their favourite story about the person, If a child dedicate a part of the playground to reflect the child's favourite pastime i.e. football corner, quiet area, hold a collection for a trophy to be presented every year to reflect the child's best subject or adult's particular interest	
<u>Activity 3 –</u>	
<u>Celebrating success:</u> Thank everyone for his or her helpful contribution.	
<u>Calming down game:</u> My favourite memory about is (could contribute to a memory book) Remember children can pass or speak at the end if they wish to	
<u>After Activity:</u> Planning the children's choices as to how to say good-bye and how to remember	

References *Good Grief* by Barbara Ward and Associates especially pages 26, 33-38, 42, 55-58
I Miss You – A First Look at Death by Pat Thomas
ISBN 978 – 0 – 340 – 911068 – 8

Circle Time

Children's Books

The Tenth Good Thing About Barney by Judith Viorst
ISBN 978-0-689-71203-6 (pub. Aladdin paperbacks)

When Someone Dies by Dwaine Steffes
ISBN0-900321-10-5 (Cruse Bereavement Care)

Michael Rosen's Sad Book by Michael Rosen
ISBN 978-1-4063-1316-1 (pub. Walker Books Ltd)

I Miss You by Pat Thomas
ISBN 978-0-340-91106-8 (pub. Hodder Children's Books)

I'll Always Love You by Hans Wilhelm
ISBN 0-517-57265-6 (pub. Crown Publishers Inc)

Badger's Parting Gifts by Susan Varley
ISBN 978-0-00-664317-3 (pub. Collins Picture Books)

Sad Isn't Bad by Michaelene Mundy
ISBN 0-87029-321-4 (pub. Abbey Press)

The Best Day of the Week by Hannah Cole
ISBN 0-7445-5467-5 (pub. Walker Books Ltd)

What on Earth do you do When Someone Dies? By Tevor Romain
ISBN 978-1-57542-055-4 (pub. Free Spirit)

Goodbye Mousie by Robie H Harris
ISBN 0-689-87134-1 (pub. Aladdin Paperbacks)

Always and Forever by Alan Durant
ISBN 978-0-552-54877-9 (pub. Picture Corgi Books)

Becky Bananas by Jean Ure
ISBN 978-0-00-712151-9 (pub. Collins)

Water Bugs and Dragonflies by Doris Stickney
ISBN 0-826-46458-0 (pub. Continuum)

Bridge to Terabithia by Katherine Paterson
ISBN 0-140-31260-9 (pub. Puffin Books)

John's Book by Jill Fuller
ISBN 0-7188-2870-4 (pub. The Lutterworth Press)

Remembering Mum by Ginny Perkins and Leon Morris
ISBN 0-7136-4432-X (pub. A & C Black)

Grandpa by John Burningham
ISBN 978-0-099-43408-5 (pub. Red Fox)

Life Times – Journey's End – Death and Mourning by Anita Ganeri
ISBN 0-237-52481-X (pub. Evans Brothers Ltd)

When Something Terrible Happens by Marge Heegaard (workbook for children)
ISBN 978-0-9620502-3-7 (pub. Woodland Press)

Also try Cruse Bereavement Centre for leaflets and other books. Some of these books are available from Amazon if you can't get them from your local bookseller. Because of the nature of these books they may not be available for long so check with your local bookseller and ask their advice regarding recent publications.

Bibliography

Good Grief – volume 1 – Barbara Ward and Associates (pub. Jessica Kingsley)
ISBN 1-85302-324-8

Quality Circle Time in the Primary Classroom – volume 1 Jenny Mosley (pub. LDA)
ISBN 1-85503-229-5

101 Fames for Self-Esteem – Jenny Mosley and Helen Sonnet (pub. LDA)
ISBN 1 –85503-351-8

101 Games for Better Behaviour – Jenny Mosley and Helen Sonnet (pub. LDA)
ISBN 1-85503-401-8

Step-by-Step Guide to Circle Time for SEAL – Jenny Mosley (pub. Positive Press)
ISBN 9-781906-866204

Circle Time – Ed. Jenny Mosley (pub. Positive Press)
ISBN 0-9530122-7-1

Bridging the Circle Transition through Quality Circle Time – Anne Cowling and Penny Vine (pub. Positive Press)
ISBN 0-9530122-2-0

Winston's Wish
the charity for bereaved children
Schools Information Pack

Death is a subject that nobody ever wants to address. It is almost inevitable though, that at some point in every teacher's career, the school community will be affected by a death in some way or another. This might include the death of a pupil, the death of a staff member, the death of a pupils' family member, or the death of a key member in the school community such as a governor or popular visitor to the school.

The following pack has been designed by teachers, for teachers. It draws on the experiences of school staff and the input of Winston's Wish. The hope is that you will never have to use this pack. If however you do, it will give you confidence and plenty of ideas for how to deal with the subject in lessons, tutorials and assemblies, as well as on an individual basis.

Contained over the following pages are;

- ❖ Aids for speaking with a pupil about a death in their family
- ❖ Tips for speaking with pupils about death
- ❖ Learning ideas for classroom activities with National Curriculum references
- ❖ Assembly and whole school communication ideas
- ❖ Ideas for memorial activities

As you read the pack, make sure that you remain aware of your own feelings and emotions. Many of us will have to read these either having been affected by recent events ourselves, or having memories of past personal experiences.

For more help, advice or ideas please ring the Winston's Wish Helpline (Monday to Friday), 9am to 5pm) on **08452 03 04 05** and speak to our experienced practitioners.

How do I talk about it?

"My mum died and my life changed forever, it was the biggest thing that ever happened to me. My teacher never mentioned it".

Sometimes our reaction to death is not to talk about it. We assume that the bereaved person will not want to, that they will view us as nosey, and we fear that by mentioning it we will upset them.

The worst thing that could happen ... already has! Most bereaved children will at some point be very glad to have the chance to talk about what has happened, and will appreciate that a teacher cares enough to ask about them and their feelings. Although the teacher involved with the quote above had acted with the best intentions, and had not wanted to upset their student, what the pupil perceived from their actions was that the teacher did not care. This only added to their hurt.

Following are some simple tips for speaking with young people about death.

- **Be honest.** It is not easy subject for anyone. If you are upset too – do not be afraid to admit it. Model the fact that difficult feelings are ok, and totally normal. A recent post on our website from a school pupil said this; *"Miss B showed us this website, she wrote down some things about her Nan, and she started to cry when she told us that her boyfriend never met her Nan, and her Nan would love him"*.
- **Use clear language.** Trying to avoid the death by using phrases such as "your loss" and "gone to a better place" can frustrate older children and confuse younger ones. A six year old who hears that he Dad has been lost will try to find him, because that is what you do when someone is lost. Simply use language which is real and clear; "I was really sorry to hear that your Dad died last week, how are you feeling?"

- **Expect questions**, but don't feel pressured to provide immediate answers. Death often throws up many questions for us all. Some of these may seem straightforward and obvious under the circumstances, such 'How does smoking cause cancer?' to the more complex 'Why do some people die so young without warning?' If there are questions that you are unable to answer, feel able to say so, and promise to look into providing an answer at a later point. There may be other questions where you have to admit total defeat ... this is ok too.
- **Recognise** that every death and every reaction to it is unique. The way in which a child reacts to a death is dependant on their relationship with the person who died, the time of death in that child's development, the nature of the death (was it expected after a long fight against an illness or was it sudden?), the child's understanding of death, their support network and many other factors.
- **Don't assume** anything. Ask the pupil how they feel, rather than projecting feelings that you might expect them to have. Also, expect that other children in a class might be affected by a death in an immediate family other than their own.
- **Allow time** and space for pupils to digest the news, find out the facts and discover exactly how they feel. For some, this may be their first experience of someone they know dying.
- **Moving on** – expect children (especially younger ones) to 'move on' fairly quickly. As adults we tend to remain in a feeling or thought for a lot longer than children. If we are sad and reflective, we may be so for many hours. Children may be distraught one moment and then the next, need to ask what is for lunch, or express annoyance that it is raining outside. Although this sometimes shocks us, this is completely normal, so try not to punish it.
- **Act early** to prevent rumours from spreading, or gossip being spread around the school. Our response to death is often something that we mask when in public. Some people mask it with humour. Among children this humour can be less tempered by social graces and so can be very hurtful, as can rumours about a death or an individual. Try to prevent these at all times, but remember that nasty words are sometimes born out of fear. This does not, and should not excuse them, but may help us deal better with the pupils concerned,
- **Try to normalise** the feelings that a bereaved young person shares with you. They are probably very worried that they are the only person who has ever felt this way. Assure them that feelings of anger, fatigue, fear, worry, stress, sadness, exhaustion, guilt, anxiety, frustration, loneliness, lack of focus etc are all a normal reaction to grief.
- **Acknowledge** that some days will be better than others. A bereaved pupil may arrive for registration one morning and seem totally fine. The next day, for an obvious reason, or for no apparent reason at all, they may seem completely different.

What are they feeling?

Children under 2 years old

Very young children and babies are not able to understand death. However, if a death occurs in the life of a child in this age group they experience the loss as a separation from someone they have an attachment to. And although children at this age do not have much language to express their loss they will react to it. They may search for the person who died; they may cry inconsolably or be withdrawn.

Children this age will also be affected by the emotional state of other important people in their lives. It is important that as normal a routine as possible is maintained for the child. They will respond to a steady, loving, interested environment which will enable them to continue to thrive. As the child grows, so will their ability to understand and use speech to express themselves and so there will be opportunities to talk about the person who died and help them build their own story. When a child this young experiences the death of a parent it is particularly important they are helped to know what the person as it is an integral part of their history.

Children aged 2 to 5

Children aged between 2 to 5 years think that death is reversible and that people who have died can come back. Their thoughts are characterized by what we call "magical thinking". Children can be convinced that it was something they said or did or thought that caused the person to die. The flip side of this thinking is that they can believe their words, actions or thoughts can bring the dead person back. They need to be reassured repeatedly that the death was not their fault. Children's thinking in this age range is also concrete – they cannot grasp abstract concepts or roundabout ways of saying things. Instead use specific concrete words such as "Mummy has died" and give specific explanations about why the person died. Don't be afraid to be honest and tell your child if you don't have an answer.

It is not unusual for children of this age to revert to behaviour patterns they had when they were younger such as bed-wetting, use of a security blanket or thumb sucking. Try to be tolerant. In time, these earlier behaviour patterns will probably disappear again, once family life resumes.

One of the most difficult aspects of a child's grief at these ages is how they ask the same questions over and over again in an effort to begin making sense of their loss. Children are naturally curious and they want to make sense of what is happening in their world. Their repeated questions are not a sign that your explanations aren't good enough – it is just the way they do things at this age. Reading books on death and loss, playing, drawing and giving them opportunities to identify and talk about worries and feelings will all help them deal with the loss. When they experience a death in this age range they are at their most helpless and are most dependent on adults to regain their balance.

Children aged 6 to 9

In this age range the child begins to develop an understanding of death as irreversible and something that will happen to all living things but they may be confused about it. It is not uncommon for children to think of death as something spooky, like a zombie or a spirit that comes to get you. It is important that their specific worries are spoken about, that they share bad dreams and are told that what they're feeling is normal. Children are reassured by having their worrying and negative thoughts talked through, giving them skills and confidence to be in charge of them.

Children may display what you feel is an unhealthy curiosity with issues such as what a dead body looks like and what happens to a body after a person has been dead for some time. This curiosity is natural and they will benefit from clear explanations. They may worry about how the person who has died will eat, breath and keep warm. It is important to give them information and tell them that once someone has died, the body doesn't feel any more and they don't get hungry.

Children at this stage may complain of a sore tummy, headaches or just generally not feeling well. These are what we 'somatic' complaints, where unexpressed feelings and emotions can lead to physical symptoms or discomfort. Somatic complaints are normal but it is important that routines are maintained while gently acknowledging when someone important dies.

Children this age may have difficulty expressing feelings verbally and may retreat into themselves. In dealing with their feelings of helplessness, you may notice increased aggression. It is important to avoid clichés such as "You're such a brave boy/girl". Children will interpret this that you want or need them not to share their feelings. They need you and other important people in their lives to show them that it's OK to express their feelings.

Children aged 9 to 13

In this age range children are much more aware of the finality of death and the impact the death has on them. They are able to understand death as both concrete and abstract.

Children may experience difficulties in their interactions with their peers. The death of someone important can make them feel different at the very time they want to be the same as everyone else.

It is important to find ways to build their self-esteem. Children at this age are beginning to think of the longer term consequences of the loss of the relationship. They are aware of the loss they feel in the present but also of the losses they will experience in the coming months and years when they encounter certain important milestones or occasions and realise that they won't be able to share these with the person who has died.

At this age children are beginning to move away from dependence on the family and they start to form important relationships with other children. The death of someone important can easily destabilise them, feeling safe and more dependant on the family. Their ability to manage their feelings may be disrupted and lead to mood swings or more definite ups and downs in their feelings. Big emotional releases (such as anger or distress) are not uncommon but can be scary for children at this stage. They will benefit from your willingness to listen and your assurances that the feelings are normal.

Adolescents

Friends and peers are increasingly important as young people develop their ideas of who they are and what is important to them. They want to be accepted by other important people in their lives. Their bodies are changing, they are aware of all sorts of possibilities for themselves and are more aware of the future – their future. It is quite common for risk-taking behaviour to increase during adolescence as young people test the boundaries.

They may struggle to make longer term plans as the death of someone important causes them to reflect on "the meaning of life" and ponder on the question "what's the point?" Or you may find that they are so busy with different activities they don't stop to reflect. This can be an effective way of keeping intense feelings under wraps if they are worried about losing control of their emotions.

If you notice a teenager who is withdrawing, acting very matter of fact and detached, or angry and protesting, then remain available for them – but don't push. Your job is to remind them that you're there and if they prefer to speak to some one else you'll help them find peers or other trusted adults to support them. Although an adolescent's growing process is most like an adult's they are still going through important emotional development at this age and are not ready to manage adult responsibilities even if at times they think they are adult. They need to be reassured of your love and support and to know that the limits you set are still enforced.

A Death in the Family

Many of the ideas contained within this pack for assemblies and lesson are appropriate when the school community as a whole has experienced a death, for example a teacher, a pupil or another staff member.

Perhaps a more common experience for teachers and LSW's is that of a pupil experiencing the death of a parent. Whole school or class activities will not normally be appropriate in this situation, but the needs of that individual pupil still need careful consideration. These hints, tips and ideas will help you to engage with an individual pupil in such an instance. Remember, they may want to do all, some or none of these. They may want to talk straight away, or not for several months. Knowing that you are available, honest, understanding and trustworthy will be a great comfort to the pupil concerned.

The death of a parent or sibling is often a shocking thing. Even if a long term illness has meant that the death was expected, no amount of preparation can make someone numb to the experience, nor should it.

What should I expect?

Often a pupil may be off school for a few days after the death. Immediately after the death the prospect of them ever coming back to school again can seem impossible for them to comprehend. Or, it may be the very thing that they want so that they can "experience normality" again and "take their mind off things". It is impossible to know quite how a pupil of yours may react. A simple phone call home can be a great way of determining this and also letting the family know that you care. No pupil has ever failed to be impressed by a teacher who went out of their way to make a tough phone call. A quick visit to the family home can also be especially helpful, and help you to get some idea of the family's frame of mind.

How should I tell the class?

Before they return to school, ask the pupil if they would like you to explain to other friends or classmates what has happened. They may like you to do it, or for you to do it together, or not at all – make sure the decision is theirs. During this chat though, it is good to remain confident in the fact that it is usually best if peers at school are told. They will find out at some point anyway, and so controlling the manner in which they do find out is often better than rumours circulating.

They may like to get straight back into things and be treated almost as if nothing has happened. The chances are that they will have been surrounded by grieving family members for days and all they want is a break from it. Equally they may want to answer questions from their classmates – this can help some children cope. Again, make sure the decision is theirs and that you are available to support the whole time.

What can I do to make their return to school as easy as possible?

Whilst the pupil is off school, you may like to ask them if it is ok if you tell the rest of the class what has happened. If so, get the class to write letters or cards to them, assuring them of how sorry they are to hear the news, but also how much they are looking forward to them coming back and helping them with the school play, playing football, going to the shops together. This will be a great parcel for you to deliver to the family home, and will make the return to school much easier.

Keep the pupil informed about what is going on. Include what the class have been studying, but also some other news; who has been told off, who is going out with who and who fell of their chair in French! This simply keeps the bonds between you and the pupil strong, as well as keeping them up-to-date with their school life; they will probably be quite worried about falling behind.

Organise their first day back to be not quite normal. Get them to come in at break time, this way they can talk to who they want to rather than be subjected to all kinds of questioning before school. Maybe have some of their best friends meet them and chat together in the staffroom for a bit – make them feel special.

Will their behaviour have changed?

Maybe. This won't be a permanent thing, but immediately after the death they may not seem their 'normal' self. They may:

- ✗ Have less concentration.
- ✗ Be a lot more tired and therefore irritable.
- ✗ Have a heightened sensitivity to comments and remarks.
- ✗ Be so wrapped up in their own feelings that they fail to take the feelings of others into account, which can result in arguments and fights.
- ✗ Could have a lot of un-vented anger and frustration that their parent has died.

It is important that you recognize that some, or all these things may happen, and that you are ready to be patient and understanding. It is also important though that normal rules and expectations of behaviour are maintained. This can feel harsh in some circumstances, but a routine actually helps, and a lack of it will cause more problems within the class amongst peers.

How long will it take before they are over it?

Nobody ever 'gets over it'. Their life has changed forever. Of course they will not always feel as emotional as they may do right now, and their life will return to a less shocked state, but it will be different for ever.

There is no hard and fast rule for grieving. Some people are hit by their feelings right away, others seem fine for months and then it suddenly strikes them, others manage to keep it very much under their control. Your pupil will appreciate being given a little time to come to terms with what has happened and be thankful of your patience.

Since his Dad's death he has been really difficult, but I struggle to tell him off as I feel bad – piling more problems on top of ones he already has.

Following the death of someone close to them, a child's behaviour may well be intermittently affected by their grief. They can sometimes sense a lack of control over their emotions, and may react in some situations in a way that you might not expect, or which is unpredictable.

If a bereaved pupil displays behaviour that needs to be challenged and punished it is right that this is done. Do not be afraid to use standard punishments for bad behaviour (detentions for not doing homework in the week of the funeral may not be appropriate but a detention for punching a peer would be). It is important though that your student understands exactly why they are being punished. Also, avoid using phrases such as "What would your Dad say? Is this the way in which he would want you to behave?" This piles an enormous amount of false guilt, shame and emotion onto the young person, and is not fair.

They don't seem to be getting much support at home, what can I do to help them remember the person who has died?

There are many things that you could do with the pupil in order to help them remember the person who has died. You could help them to create a book of memories filled with photos, stories, cards and letters; you could suggest they make a memory box and talk with them about what they might include; you could hold a small candlelight ceremony with them; have a balloon release and let their messages rise to the sky; help them create a calendar of important dates and ways in which they could mark them; plant some bulbs in a pot which will become flowers dedicated to the memory of the person who has died.

You could also talk about a First Aid Kit, a collection of things that make them feel better on bad days.

Jack's Mum died last year. He is currently being very unsympathetic to another child in the class whose grandparent died last month. Jack says it is not as important to lose a grandparent. What do I tell him?

It sometimes seems natural to us, that a whole year after a death, a child should have learned what their feelings are, and be able to manage them. This is not the case though. Our emotions do not run in yearly cycles and it may take many months before a child experiences a thought or emotion for the first time. The death of a friend's grandparent may bring Jack's own feelings and thoughts to the surface, possibly for the first time.

Some children also automatically impose a hierarchy of death onto all situations. They may feel that the death of a parent is worse than the death of an uncle, and the death of a friend somewhere in the middle. This may seem a natural thing to conclude, but it is not always true. As stated earlier, the relationship that the child had with the person who died is the determining factor, not the name given to that relationship. Some second cousins may in actual fact be a lot closer to a child, and do a lot more of their 'parenting' than their real parents – this may not seem obvious to an onlooker.

Encourage Jack (or your pupil in the same situation) to realize that their classmate is feeling very similar things to them a year ago. What could Jack suggest that would help them now?

A Death in the School Community

A death within the school community can have a huge effect on the school as a whole. Speaking with a single child about the death of a parent or sibling needs to be discreet and sensitive to their individual needs, dealing with a death which affects many pupils has to be far more 'managed' by the school.

The following ideas are specifically designed to be used when a whole school is affected by a death of a student, a staff member or other significant adult, or both. The assembly ideas detail how to break the news of a death, and how that person who has died can be remembered by the whole school community.

Also downloadable are several lesson ideas, ready to be used by individual teachers and LSW's should they feel that a class needs to explore the issue of death and their reactions to it further. Pupils will benefit greatly from being able to take part in these activities, place their feelings in context and realize that their feelings, although maybe alien to them, are totally normal. It is not intended that a school use all these ideas – students would not want to spend the whole week talking about death in every single lesson. What they are intended to show though is that speaking about death can be done in a positive way, and students can be helped to understand what is going on in an open, safe and nurturing environment. This is always better than children suppressing and hiding these feelings and thoughts.

The lesson ideas are designed so that a lesson can easily be built from them, and the ideas adapted to best suit your needs. They are cross-referenced with National Curriculum programmes of Study, and can be used easily across a range of subjects.

Assembly / Group Ideas

There are occasions when staff at a school may have to use a gathering such as an assembly to convey information about a death. Following are some ideas used in schools, which have already helped to make the job a little easier for the staff member concerned. These assembly ideas are designed for occasions when there has been a death within the school community, not when an individual pupil has experienced the death of a close relative.

All of these ideas can be easily adapted to suit any size gathering, and take little or no preparation.

Memory Stones

The concept of memory stones is a very simple one, yet it is a great tool to help pupils to speak honestly about their feelings and their memories.

First, hold a jagged, rocky pebble up high. Either your or some pupils should then describe it. It is rough, and has sharp bits. Ask a pupil to hold it tightly and squeeze it in the palm of their hands – how does it feel? Not nice, it may even hurt a little. Use this pebble to explain that there may be some difficult memories or feelings that some pupils have right now. They may be struggling with the way in which the person died, or they may be feeling guilty that they did not actually like the person, and the last words they shared were nasty ones, a fact which they now really regret.

Next, hold aloft a normal pebble. Again, you may want to ask pupils to describe it. You are looking to find words such as "normal" "smooth" "ordinary". State that this tone signifies the ordinary, everyday memories that pupils may have of the person who died; the fact that they ate prawn cocktail crisps or liked English lessons.

Finally, display a shiny, precious gemstone. The characteristics of this stone are that it is sparkling and precious, it looks great. Use this to explain that we will have some great memories of the person who died. It maybe a best holiday, or a special trip to the theatre, or an evening spent watching DVD's curled up together on the sofa.

All three stones are important and the feelings and memories described by them are all true. The stones can all be held together in on hand, and the memories can all be held in our minds together.

Depending on the size of the group and their closeness to the person who has died, it may be good to let each child have a set of the three stones. This will help them to remember the point and manage their feelings.

Breaking the News

This is usually only done when a student or a staff member has died. Publicly talking about a single student who has experienced the death of a parent over the weekend may not be the best thing to do.

First, it is important to acknowledge that this is a serious assembly and that there will be time at the end for discussion back in class groups.

It a student or staff member has died, it will probably already be the subject of much speculation. You may wish to use this as a starting point, say something like:

"Many of you may have heard a story in the playground or in the newspapers about Mr Nichols. There are many different stories circulating that I have heard. Some of these stories are based on fact, others are totally made up. What I want to do right now, is to tell you the truth, and as much of the story as I know. There may be other things you want to know, but that may not be possible right now, but we will try not to exclude you from anything that you do need to know".

"I am sorry to say that over the weekend Mr Nichols died. For some of you that may come as a real shock, and hearing those words is really difficult. For others you may feel that you already knew that. I am simply going to wait for a moment while we all think for a moment and compose our thoughts. Then I am going to tell you how he died, and what we are going to do to remember him".

After this it might seem like a good time to pause for a moment before filling pupils in with more information. Children react better when they all know the information. This also makes it less easy to pass on and create rumours.

Pupils will also want to know all about the funeral arrangements, what will happen to his class, will they be able to do anything to mark the occasion and if there is anyway that they can help.

Holding a Memorial

After a death, we can often be left with a strong urge to 'do something' which marks the significance of the death and which states its importance to us. For family members this is usually the funeral or a ceremony of some other sort. It is not always either appropriate or possible for school children to attend these occasions though, so facilitating something within the school context is very important. The following are just a few ideas that are easy to do, yet significant. They of course can be combined.

- ❖ Light a candle and reflect.
- ❖ Listen to some music. Maybe a significant piece to the person who has died – you may want to combine this with lighting a candle.
- ❖ Create a memory box or book. Invite pupils to write a memory in the book about the person who has died, or place an object that means something to them and that has a story attached to it in the memory box. This box could then be displayed, or kept, or presented to the family of the person who died. (Children make mistakes, which especially in sensitive circumstances can upset them. You may want to get them to write on cards which are then stuck into the book, rather than directly into the book itself).
- ❖ Plant a tree in memory of the person.
- ❖ Create a plaque, or wall display to commemorate their life.
- ❖ Were they sporty? Name a cup after them and hold an annual sports tournament to win the trophy, or present it to the most improved sportsperson of the year.
- ❖ Did they like singing or acting? Hold a cabaret event in their honour.
- ❖ Invite pupils to write poems, song and letters to or about the person who died.
- ❖ Hold a balloon release ceremony where pupils each attach a message to helium filled balloons, and then all release them together.
- ❖ Hold a minute's silence.
- ❖ Get the school canteen to serve the person's favourite meal one day. If they died of an illness, raise funds to support an appropriate charity that works with sufferers of that illness.

Winston's Wish the charity for bereaved children

Supporting a bereaved child or young person

A guide for parents and carers

Supporting a bereaved child

Whether sudden or expected, few life events have a greater impact on families than the death of a family member. The ways in which families make sense of, and cope with their grief vary greatly. Everyone's bereavement journey will be unique. But grief is normal – and necessary – and needs to be expressed.

Although supporting a bereaved child can seem daunting, there are simple, straightforward and practical ways, which can make a real difference.

With support and information, young people can be helped to understand what has happened and can slowly learn to live with their loss.

For parents and carers

At a time when you are experiencing your own grief at the death of a partner, child, other family member or friend, it can seem overwhelming to offer support to your child or children.

Within these pages we hope to give you some information and some guidance on the responses and needs of children and young people when someone important in their life has died.

Some important reminders

- Remember that 'super parents' don't exist. Just do what you can, when you can. Be gentle on yourself.
- There is more than one way to support your children. Choose the things that you feel most comfortable with.
- Accept that some things just can't be 'made better' in a short space of time.
- Talk to children using words they understand and ask questions to check they have understood you.
- Give information a bit at a time if your children are younger. Pieces of the 'jigsaw puzzle' can be put together over time to make the complete picture.
- Show children how you are feeling: it helps them to know that it's OK to show their feelings too.
- Encourage children to ask questions and keep answering them – even if it's for the 100th time.
- Answer questions honestly and simply; and be willing to say 'I don't know'.
- Try to find ways in which children can be involved.
- Keep talking about the person who has died.
- Trust yourself and your instincts – you haven't forgotten how to parent your child.
- Look after yourself too.

Children and grief

Children's experience of a death in the family, and their reactions to it, may be different from yours as an adult. Try not to assume you know what they are feeling – ask them what they are feeling and accept what they tell you.

Initial reactions may range from great distress to what may seem to be unconcern. They may find it impossible to speak, they may be unable to stop crying or they may ask: 'can I ride my bike now?' All of these – and more – are normal reactions and do not mean that the child is uncaring or reacting excessively.

Younger children experience grief differently to adults. Adults could be said to wade with difficulty through rivers of grief, and may become stuck in the middle of a wide sea of grieving. For children, their grieving can seem more like leaping in and out of puddles. One minute, they may be sobbing, the next they are asking: 'What's for tea?' It does not mean they care any the less about what has happened.

It happened to us

Everyone will experience their bereavement in their own individual way.

Here are some personal experiences of bereavement, told in each individual's words. Several are detailed stories about what happened, while others are shorter 'snapshots in time'. All the people involved have given their permission for their stories to be shared.

Phil

Veronica Harding died suddenly in May 1999, leaving a husband, Phil, and four children. This is Phil's story.

Veronica and I celebrated our 20th wedding anniversary on 21st April 1999. We planned to take a long weekend away in Derbyshire to celebrate properly – a hotel somewhere and an idle couple of days to enjoy the scenery and perhaps capture a little romance away from everyday things. On 13th May we decided to have a Chinese take-away and we opened a bottle of wine together. A quiet evening is fairly rare when you have four children – Lynda (18), Alison (16), Michael (4) and Joanna (17 months) – so this was great, as Michael and Jo seemed to behave particularly well that evening.

We had no idea that Veronica was ill, but the following morning she died suddenly from hypertrophic cardiomyopathy, a heart condition that causes enlargement of part of the heart muscle. My world fell apart when Veronica died and the person I loved most in the world was gone.

Lynda, the eldest, was at Hull University studying Chemistry and about to take her end-of-year exams and the other three were all at home. Lynda was fetched by my brother-in-law, Ray, and we had to begin to come to terms with what had happened.

As I write this in February 2000, it is still only nine months since Veronica died, although if it were not for the calendar telling me that the first winter has not yet passed I would have thought it nearer two or three years. My sense of time is completely haywire.

There are times, and this is one of them, when I feel a dreadful sense of loneliness – something akin to being lost in the dark, like a small boy who is afraid to go upstairs after sunset by himself.

Not everything is bad. The children and I have become closer as we have learned to pull together and we have had tremendous support from friends and family. My parents and in-laws have given much help, particularly with looking after Jo and the others. I'm not much good with an iron but I can juggle large

numbers of clothes pegs in one hand while hanging out the washing with the other. I can cook and enjoy creating various burnt offerings for the family and friends.

Winston's Wish has been a ray of daylight in a gloomy tunnel. We don't feel quite so isolated now, but much more positive. In an odd way, being in touch with others who know and understand this has relieved some of the tension.

Linda passed her exams, Alison became engaged and I know Vron would approve. Me? I don't really know but I think it is time to begin picking up the pieces and learning to look forward, not back.

Phil wrote this for our newsletter in Spring 2000. None of us could have imagined that the family had another tragedy to face all too soon. In June 2002, Michael, aged 7, died suddenly of heart failure ...

Our support was offered again to Phil, Joanna, Linda and Alison as they struggled to rebuild their lives after this second bereavement.

John and Jane

John and Jane Foster share this story of the death of their daughter Isabelle.

Izzy, the second of our four children, entered and left this world fighting for breath. She needed oxygen on the day of her birth and she died during an uncontrollable asthma attack on January 22 1995.

We had got used to Izzy's asthma and to setting up a nebulizer to stop an attack. The fact that her condition could be fatal was something we skipped over, if we knew or considered it at all.

Izzy was usually in hospital one week in four getting over an attack. Despite this, she managed to keep up with her work and her peers, and had a small circle of close friends who looked after her at school. They also looked up to her, as an example of getting on with life.

The Sunday she died, Izzy was on her way to Birmingham Children's Hospital for a 'detox' – the steroids she took were threatening to damage her bones and sight, so she had to have her asthma managed without them in hospital periodically. On the way, her asthma became acute and several doses of the nebulizer had no effect. I think she lost consciousness as we left the M5 so she was unaware of her dad, John, (a taxi driver) flying through red lights at high speed while her mum, Jane, (a staff nurse) did all she could to revive our daughter.

One of her last requests was that I should carry her into the hospital. I staggered up some steps and laid her on the floor of the reception area – we had no time to find the A&E department. Doctors and nurses arrived from nowhere and we waited for an eternity before our paediatrician came in and said starkly 'she's dead'.

Numbness set in. We spent days until the funeral in a 'shop closed' state. We tackled one major job together per day (like seeing the undertaker or the vicar or arranging the funeral flowers) and spent the rest of the time being miserable, together or individually. When her school heard, everyone came to a standstill in grief and disbelief.

I don't know how many hours I spent just staring at Isabel's smiling photo, aching with loss, I now know why people used to draw the curtains after someone had died – in your grief you are no longer part of this world and nothing out there has meaning.

I don't know if Izzy foresaw her death. She once said to Jane, while listening to the Queen song *The show must go on*, that we should play it at her funeral, so we did, I think everyone cried at the song because we all remembered how she had refused to let her condition get her down or limit her enjoyment of life, and now the song contained her message for us – that Izzy's smile lived on and that we must continue with life.

This we tried to do but, feeling that we needed outside help, we contacted Winston's Wish. Oliver and Alice attended Camp Winston and we attended the parents' group and shed as many quiet tears as our children. Abigail, our eldest, was too old for the children's camp and too young for the adult sessions. She got rather tangled up in her emotions and managed to become ensnared in 'exam phobia', writing pages of brilliant wrong answers and not doing as well as predicted with her A levels. She has recently got a very good degree result. Oliver 'punished' himself for Isabel's death by being disruptive at school and not working for a year and needed further help from Winston's Wish to understand his feelings. Alice, Izzy's favourite, looks like turning out to be the fun-loving, peace-making, vegetarian member of the family that Izzy was grooming her to be.

So the show goes on – we just wish that the gentle ring leader was still here to watch it.

Marion

My mum died when I was 13. The first time I cried was several months later. I was at friend's house after school. She wasn't feeling well and her mum brought her a glass of milk. Suddenly I realized that my mum was never going to do that again.

Janie

My mum died very suddenly when I was 14. I don't remember seeing dad cry – he wasn't a man who showed his feelings. And we quickly realized that mum had become a taboo subject. Dad never mentioned her – perhaps that was his way of coping – but for us it was very hard

Greg

After my brother died last year when I was 6, I am scared that someone else will die in my family. I drew a picture of my mum going to work, and I am sad because I am not with her and I don't know if she will die or not.

Parent

The girls got so much from the weekend – realizing they weren't the only ones and that it was OK to feel all sorts of emotions. We still talk about the weekend and I find it a great way to open up a conversation about their dad, which used to be such a hard thing to do. For me, I felt their lives were ruined and as a mum I found that devastating. The weekend taught me that life is *different* but *not ruined* and knowing that has had the biggest impact on me. Just knowing we are under your 'umbrella' is such a help.

Chris

Chris was 4 when his grandfather died of lung cancer. Five years on, Chris' mother asked him to think of things he remembered about his grandfather. Without prompts, he recalled the following memories, in this order:

- granddad smoked
- he was a good builder
- he didn't eat enough vegetables
- he lived near the beach where his white hair blew in the wind
- we played character stories together

Dawn

Winston's Wish helped us grieve as a family and we still know we can phone them if we ever have a bad day. They managed to focus our thoughts towards positive things and their little coping strategies were crucial to me.

Gemma and Mandy

Gemma and her older sister Mandy were two of 14 children who attended a pilot group in September 1992. In June 2003 the sisters chose to make contact with Winston's Wish again, perhaps simply to touch base some 12 years after their mother's death from cancer. Now in their early 20s they arrived with two carrier bags full of photos, workbooks and letters. They remembered with tears and joy a journey in their lives that has left them with a respect for their own capacity to be resilient and a knowledge that they have successfully continued a bond, which appears to have a genuine chance to be everlasting. After their visit each wrote a letter.

Gemma

I was 9 years old when mum was diagnosed with cancer in October 1990. During her stay in hospital Mandy (my sister, aged 11 at the time) and I were introduced to someone from Winston's Wish. We talked about mum's illness, our hopes and fears and ultimately mum's death. These meetings were so important to me as I began to realize that I wasn't the only person going through something like this and that it's OK to cry and to show your feelings and emotions. In a way, I was being prepared for the worst. The worst came on May 9th 1991 at 2.42 pm when mum died from cancer ...

Just before mum died I rushed in to see her. I gave her a huge hug, deep down wishing that I could never let go as I knew this would be the last time to do so. I sat there for what seemed an eternity, talking to her about my school trip and helping her to drink some fluids. As I left her room to go downstairs I gave her a hug and kiss which are still very memorable to me as this was my very last time with mum.

Both Mandy and I continued our sessions; although we attended them separately. I was given a book that was designed to help children cope with grief, which I worked through. I drew pictures of my thoughts, feelings and favourite memories of mum. It was a nice way of extracting all my feelings that I could have so easily bottled up inside of me. We talked endlessly about mum too, which meant she was still alive in my thoughts.

My sister and I were one of the first people to actually take part in a Winston's Wish group. I remember we attended the group along with several other children who had lost a family member. This was such a good day for me as I realized that I was not alone, there were other people and other children who had been through the same as me ... I still remember the boy I sat next to, he must not have been much older than me, and he told us about the experience of losing his dad. I was not alone and that was such a relief.

Now 12 years on, there is never a day that goes past where I don't think of mum. I feel her spirit is with me, guiding me through life. I talk to her in my subconscious all the time and I believe that I am able to do this as a result of my involvement with Winston's Wish. They encouraged me to remember mum and to keep her spirit alive.

At home, I have many photos of mum and one is kept beside my bed. I look at this every night before I go to sleep; it's my way of saying 'Goodnight Mum'. There are still times when I get upset and wish she was here, however, I now realize that she has gone to a better place and is no longer in pain. It's particularly hard when I see people around by age with their mums. I do get jealous, wishing I still had my mum, but I am proud to have spent the time that I did with her and remember that even though she isn't with me in body, she will always and forever be with me in memory.

Mandy

The day of Mum's death, I still remember as clearly as though it was yesterday. I was able to have a cuddle with mum, which I knew deep down would be my last one, and say goodbye in our own way. This is a memory, which will still with me forever.

The visits after mum's death involved a lot of talking about how I felt, where I thought mum had gone, and my memories of mum – again helping me to understand more about death and bereavement, and that it was OK to cry. One of the first bits of 'work' was to write a biography of mum's life and I was encouraged to include lots of photos – which I did. This I still have today as a nice memento of my mum's life.

I do sincerely believe that being part of Winston's Wish has helped me to come to terms with the death of my mum. As a child it is a difficult thing to comprehend that you are never going to see this someone special ever again – but when all your questions, worries and fears are explained to you, it makes it that little bit easier. Realising you are not the only person to have lost your mum, and that you are not 'weird' was so important (in my opinion!). The encouragement I was given to talk about the person I have lost and to treasure my memories is the most important thing I learnt from all of those sessions.

I still have many happy, sad, good and bad memories of my mum, all of which I treasure. At home I have many photographs of her around the house. I am proud to wear various bits of her jewellery, including her wedding and engagement rings, and I take it as the biggest compliment when people tell me how much I look like her. My mum may be gone, but she is definitely not forgotten!

A Day on the Winston's Wish Helpline – 0845 203 0405

Here at Winston's Wish, we speak to thousands of people every year who have experienced the death of someone important. Every story is unique. Every journey of bereavement is a personal one.

What follows is an account of one day on the Winston's Wish Helpline; this account has been compiled from calls received on the helpline although details have been changed and some elements of the stories created to illustrate the types of calls we receive. What has not been artificially created however is the range of calls we receive in any one day, nor the truth and intensity of the interactions between the Winston's Wish helpline team and the person who needs us at that time.

Brendan and Kat are answering the helpline phone on this day: this is what happens during their shifts. Some calls last 10 minutes; some last over an hour; most calls last around 30 minutes. We receive around 15 calls a day.

9.15 Brendan is answering the helpline phone this morning. He's also one of the most generous tea makers in the office – so he's making a quick round for the fundraisers and the other practitioners before he settles into the dedicated helpline room to take the first call of the day. We always promise to keep his caffeine level topped up in return – a drink and a friendly smile from a colleague can be very supportive when taking a demanding call.

9.30 The helpline is now open. Brendan checks the answering machine for any messages left overnight. While the majority of calls come in during our opening hours of 9.30 am to 5 pm, people sometimes leave a message. This morning, there's a message from a head teacher asking for a call back during mid-morning break time. Brendan makes a note and checks for other messages left by colleagues. However, the phone rings ... and it continues to do so with only short gaps between calls for the rest of the day.

9.35 Brendan answers the phone to a grandmother, Florence, who is concerned for her 6 year old grandson, Matt. His mother died four months ago of breast cancer and Matt is now living with his father and his paternal grandparents over 300 miles away from Florence and his 'old' home. His father, and his father's family, believe in the 'stiff upper lip' school of coping and have decreed that his mother will not be mentioned in the hope that Matt will 'get over' her death quickly. Florence has different beliefs about expressing emotions and wonders how she can support Matt from a distance.

Brendan explores ways she can keep in contact with her grandson and how she can play a vital role in helping preserve memories of his mother (her daughter). Brendan suggests that she begins to write down some stories about his mother as a child, being naughty, favourite subject at school, meeting dad, telling granny about being pregnant with Matt and so on. With some old photos from gran's drawer, this will form a life book of his mum that will be treasured as Matt grows up.

Brendan also suggests activities that might help Matt that Florence could try – even from a distance – and suggests a couple of books Florence could post for Matt to read. He also explores with Florence her own feelings about her daughter's death and how she might find gentle ways to engage her son-in-law so they can both help Matt establish an appropriate 'continuing bond' with his mum.

10.15 Angela rings the helpline for ideas on how to celebrate the tenth birthday of her surviving twin son, James. His twin died of leukaemia about nine months ago. Angela feels that James is entitled to have fun at his party but knows that it will be extremely difficult as it's the first birthday he has not shared with David.

Brendan encourages Angela to talk about how hard this birthday will be for her too. Brendan then shares some ideas on how to celebrate David's life in a fun way – recognising that the friends at the party, as well as the family, will be grieving for their friend. Among the ideas is to make jars of memories – using coloured salt swirled together to represent each child's memories of David. They could decorate biscuits with icing faces to represent how each one is feeling right now and the children could write a birthday message to David to tie to a helium filled balloon released at the end of the party. He agrees that his birthday will always be a hard time for James; that's how it is when someone dies. There's no magic wand to make everything better. The best that can be hoped is to find a way to move forward into the future, with the precious memories of the past. Brendan says he will post activity sheets about the ideas they discussed.

11.00 Almost missed the time to call the head teacher! Mr Lloyd is very concerned about a 14 year old pupil in Year 8, Sean, whose work has recently deteriorated and who is beginning to get into trouble for his angry outbursts at children and staff. Sean says it's because his brother died two years ago and he hates the world. Mr Lloyd and his staff want to be supportive but wonder sometimes if he is using the bereavement as an excuse.

Brendan discovers that the brother was a star student, two years older than Sean, who was knocked off his bike and killed when they were out riding together. It strikes Brendan that Sean is now the age his 'golden' brother was when he died, and he recognises that Sean may feel he should not be alive when his brother is dead. Brendan checks that Sean's mum is aware of the head contacting Winston's Wish and suggest calling her to see if we can offer her support. We may also be able to make contact with Sean's teachers.

11.15 The next call comes from Jane, a friend of someone whose husband died last week. She is glad to talk to Brendan about ways she can support her friend's children. The funeral is in two days and Jane is wondering how the two children will cope.

Brendan explores whether the children will be attending and if Jane feels she could take on the role of supporting them during the ceremony to allow her friend to grieve freely. They discuss some suggestions for ways in which the children (aged 17 and 6) can be involved, for example, by choosing one of their father's favourite pieces of music or writing a poem for him. Jane decides to order two memory boxes from us in which each child can keep mementos of their father – such as old photos, sheels from a special holiday, his aftershave, tickets to see a film, birthday cards and anything else.

11.45 Andrew calls about his daughter Kate, aged 13. They always used to be 'best friends' but since her mother's death a few months ago Kate has changed totally and is now very 'stropky' according to Andrew. Andrew is exhausted and is really struggling after his partner's long illness and recent death.

He said he is at his wit's end. He feels Kate can't love him or her mother because she doesn't ever want to talk about her and slams out of the room at the slightest provocation. Andrew's voice shakes throughout the call – he is afraid that Kate will begin to 'get into trouble' with drugs or drink.

Brendan listens to Andrew, encouraging him to share the pain. Sometimes, a caller needs our presence and our attentive listening more than our ideas, guidance and information. When it seems right, he helps Andrew consider how he and his daughter are grieving separately and differently; maybe there's also a place for them to communicate how they are feeling to each other. He offers some very simple ideas (notes stuck to the fridge saying 'I love you and I know you're hurting', for example) as a beginning but he feels this family might benefit from attending Camp Winston. After ascertaining that Andrew and Kate live locally, Brendan tells Andrew that he will ask a colleague to arrange a home assessment to discuss how we can best support them.

12.30 It's been a busy morning with no time to sip the tea we at last remembered to make him!

A Hospice in Blackpool calls to order some of the publications which Winston's Wish produces. They ask for our book for children about cancer, *The Secret C* and the booklet *As Big as it Gets* written for adults supporting a child when someone in the family is seriously or terminally ill. The hospice has a mother with young children as an in-patient.

Brendan takes the order and after a brief assessment discusses how they might use the publications with this family.

13.15 Kat takes over, tidies up the booklets and directories of information, waters the plant and reads the messages. Kat and Brendan are part of a team of experienced practitioners who take turns answering the helpline while also supporting families through our other services. Their direct experience with bereaved young people gives a unique depth and breadth to the guidance and support they are able to offer callers throughout the UK over the phone.

13.20 Kat's first call is from a health visitor concerned about a 7 year old girl she sees when visiting the family. The little girl won't go to bed at night and becomes very distressed and hysterical if the family tries to make her do so – she ends up falling asleep exhausted on the sofa. Her grandmother died recently and the health visitor wonders if there may be a connection.

Kat enquires what the child has been told about her grandmother's death and learns that 'her mother simply told her that granny died in her sleep.' Kat explores how confusing these words could be to a child: 'if you can die in your sleep, there's no way I'm going to risk going to bed'. The health visitor immediately grasps the point and plans a visit to explain to the little girl that her grandmother died because she was ill and elderly. Kat also offers to describe on another occasion some other ideas that may help if the little girl is still afraid of sleeping. They agree that it might be helpful for the child to complete an activity book to consolidate both her understanding and her need to commemorate the relationship with her grandmother properly.

14.00 Janet calls. Her two children, Ben (10) and Anna (8), came to one of our residential weekends last year after the death of their father. The children had responded well to Camp Winston and had seemed more settled afterwards. Recently, though, Ben is having trouble with stomach pains; he says he's worried about passing the entrance exam to secondary school.

Kat remembers Ben and Anna from the residential group the previous spring; she's glad Janet took up the offer to ring as part of an on-going support network. In exploring together what may have changed for Ben, Kat learns that the school for which Ben is sitting the exam is his father's old school. She wonders if Ben feels pressure to follow in his father's footsteps, even to take his father's place in the family. Janet had seen the chance as a positive way for Ben to keep a sense of contact with his father but she says she will make it really clear to Ben that he does not have to replace his father in any way.

15.00 Kat notices a new e-mail that has come in to the central enquiry address for Winston's Wish and forward it to the colleague who responds to e-mail questions asked through our website. We regularly receive e-mails, often from young people using their preferred way of finding information and asking the questions they find impossible to ask when face-to-face with someone. The questions can range from: 'I'm 16 and I've just learnt that my mum killed herself when I was 7. I was always told she'd had a car accident. She must have really hated me, mustn't she?' to the heart-breakingly simple: 'Why my friend?'

15.15 The manager of a nursery calls for advice. At 'news time' today, a 3 year old who attends the nursery full-time had said: 'My news is that my daddy died on Friday'. The manager was looking for advice, both on how to support the child and also on how to handle questions from interested playfellows. She added that the staff had also been at a loss when the young boy had then asked one of them if his dad would be picking him up at the end of the day as he often did. Later, the child's mother told the nursery that her ex-partner had killed himself.

Kat explains about children's growing understanding of death and dying, and how this child will neither understand the permanence of death nor even properly what death is. Finding out that the nursery is in Oxfordshire, she suggests that they contact SeeSaw, their local service. Finally, Kat agrees to send out a booklet which gives guidelines when supporting a child bereaved by suicide. She sends it by first class post so it will arrive the next day.

15.25 A neighbour of a woman with three children whose husband has just died suddenly of a brain haemorrhage rings to ask if there's a service like Winston's Wish in their part of UK.

Kat checks our information but finds that as yet there is no similar service within 50 miles. She gives the number for the Childhood Bereavement Network, a co-ordinating body which brings together individuals and organisations providing services to bereaved children, in case there is a local individual with experience of bereavement support. She also arranges to send the neighbour some information about the helpline and the other services we provide for all families.

16.15 Kat's last call today is from a young mother, Emma, with a 5 month old baby girl. Her husband was diagnosed with cancer on the very day they discovered she was pregnant. Despite great efforts on everyone's part for him to survive long enough to see his baby born, he died just three weeks before her birth. Emma feels she went straight from the funeral to the delivery suite – everything in-between is a blur. She is worried about being a bad mother since she finds herself crying desperately while she is feeding the baby and, in particular, she wonders how she can ever make her husband seem like a real daddy to Alexandra when she will have no memories of him.

This is a demanding call and Kat gives Emma every ounce of her attention. After listening carefully, and checking whether anyone is supporting her, Kat explains a little about how children remember things. Kat suggests that as Emma grows up she talks about Mark a lot, that his picture is around the house, and that as Alexandra develops she tells her stories that help her to understand how excited Mark felt about the arrival of Alexandra.

For example, she could say something along the lines of; 'When daddy knew we were going to have a little baby to love, he hugged the doctor and almost kissed the woman in the bread shop he was so excited!! He had some funny ideas of names for you – would you like to have been called Rainbow? – but we chose your beautiful name together.' Kat has several other ideas but feels that, for now, it will be best to encourage Emma to ring us whenever she wants to or needs to. This may be over many years, when we can hopefully offer on-going support and some suggestions for creating and preserving memories.

16.55 The last call had been very poignant and Kat is glad that Sarah pops in to check how she is feeling as her shift nears the end. Informal support among colleagues counts for a lot when you are working with and supporting those affected by grief and loss. Sarah and another colleague Edward will be answering the helpline tomorrow and Kat told her to expect the call from the mother whose friend had called Brendan earlier.

17.00 the helpline closes for the night. Any night time callers can leave a message that will be responded to first thing in the morning. It's been a fairly typical day. We receive more calls from mothers than from other relatives; the person who had died is most frequently the father of the child under concern. The most frequently mentioned causes of death are cancer, suicide, heart problems and road traffic accidents. Professionals concerned about a child or children make up around 23% of our callers.

With two children experiencing the death of a parent every hour in the UK (around 20,000 children under 18 every year) and many more experiencing the death of a brother or sister, a grandparent or best friend, the helpline is providing a vital, accessible and appreciated service.

Please give our number to anyone who is caring for a bereaved child: 08452 03 04 05. The line is open from Monday to Friday between 9 am and 5 pm and calls are charged at the local rate.

How age can affect understanding

Our understanding about death and dying increases with age. Broadly speaking, it follows this sort of pattern over the years from 3 or 4 to around 10:

- The hamster's not moving but he'll play with me tomorrow.
- The hamster won't every play again.
- Old people die and we can never play with them again.
- Grandpa may die one day in the future.
- Mummy and daddy will die when they're old.
- I will die when I'm old.
- Not only old people die. Mummy and daddy could die tomorrow if something happened.
- I could die tomorrow.
- I can kill myself.

Under 5 or 6, a child may not be able to understand that death is permanent nor that it happens to every living thing. A 4 year old may be able to tell others confidently that 'my daddy's dead' and may even be able to explain how 'he was hit by a car and he died'. However, the next sentence maybe: 'I hope he'll be back before my birthday' or 'he's picking me up tonight'.

Slightly older children may still have this hope and belief that the death will not be permanent but are beginning to understand 'forever'. Children bereaved when they are 5 to 8 years old may feel that they can in some way reverse what has happened ('Dad will come back if I'm very good and eat my broccoli').

They may also feel – as may older children and young people – that they in some way caused the death. ('I was angry with him and shouted at him when he left for work because he wouldn't fix my bike. I refused to give him a hug. And then he never came home again. It's all my fault.') It is so common for a young person to feel they may have contributed to the death that it's worth saying something like: 'You do know, don't you, that nothing you said or didn't say and nothing you did or didn't do made this happen?'

When first told of the death, younger children may be mainly concerned with the 'when' and 'where' of the death. Slightly older ones may also want to know the 'how' and older children and young people will also explore the 'why'.

Younger children will express their concerns about their own future; don't be surprised if a child asks you: 'What will happen to me? Who will meet me after school? Will I still go to Cubs?/ Whatever reassurance is possible about continuing everyday activities and arrangements will be appreciated, or clear explanations given about alternative arrangements. 'At the moment, we're working all this out. What I do know is that we will still be living in this house at least until Christmas and that granny Jane will meet you from school on the days I can't. You can still have Bethany to tea whenever you want.'

As children begin to understand more about death and dying, a death in the family may make them anxious about the health and safety of surviving members of the family. Don't be surprised if the children become more clingy or more reluctant to see you leave. They may feel that they need to stick close to protect you from the mysterious occurrence that made their dad disappear or at least to be with you if it happens again. Older children may feel very responsible for you and younger siblings and feel the need to keep a close eye on your safety.

By the age of 10, children will usually have all of the bits of the jigsaw puzzle of understanding. They will even understand that they are able to cause their own death. They will appreciate clear and detailed information – beyond 'when', 'where' and 'how' the death happened, they will be interested in 'why'.

Talking about death

Talking to your child about the death of someone close maybe the hardest thing you have ever done or will ever do.

Yet to keep talking about the person who has died – offering information, recalling and stimulating memories, and sharing feelings – is one of the most important things you can do to help your child as they journey through grief. Children never want to forget the person who has died.

When children ask difficult questions, there is no automatic need to give a long explanation. Beginning by asking: 'What do you think?', and building on their answer, will aid their understanding.

Younger children maybe confused by some of the everyday expressions that people use when someone dies, so it is best to keep language simple and direct. Saying that someone has 'died' or is 'dead' gives a child unique words for a unique event and helps them begin to understand that what has happened is so important that it needs a whole new range of words to describe it.

Consider that you are young and you are told that; 'We've lost your mother'. Wouldn't you wonder who no-one was out looking everywhere they could think of for her? Wouldn't you be afraid that no-one would come looking for you if you became lost?

Suppose you are told that: 'Granny has gone to sleep' or 'passed away in her sleep'. Wouldn't you be very scared of going to bed at night and do all you could to keep yourself and our parents awake at all costs?

Even the language we use with the very best intentions of giving appropriate and accurate descriptions can confuse a child. Take a moment to think about it from their point of view. Here are some examples of misunderstandings that children have shared with us:

- 'Someone attacked daddy in his heart but I couldn't see the cuts.' (*His father had a heart attack.*)
- 'they told me my baby sister was born dead. But how could she be both?' (*Her sister was stillborn.*)
- 'If passed his HIV on, why did he still have it?'

The language surrounding funeral rites can also confuse. Children who are asked if they want to see their mother's body have asked: 'Why not her head too?' Similarly, when people talk of burying or cremating someone's body, children can wonder what happens to all the other bits.

'She was beside herself when I suggested she came with me to see the new headstone on her mum's grave. It was only later that she told me she'd thought it would be her mum's head changed into stone. Logically really because we talk of her body being in the grave.'

Children who have always been told to avoid fire and flames may be alarmed at the idea that their relative's body is to be burnt.

Families try to convey their beliefs about life after death to their children. Some families may believe in a heaven or other place beyond this world. Some may believe that the person who has died is a star, or an angel, or is 'all around us'. Some may believe that the dead person will be reborn in some form. Some may believe that death is an ending.

While it is your choice about how you talk about what happens after death, please consider the following thoughts that children have shared with us. They worry whether they will be seen when they are being naughty or want to be private. They wonder why their parents don't ring or write from heaven. They struggle to understand how grandad can become a plant.

'Mummy said daddy had gone to heaven. But she won't take me to see him. Granny lives in Cornwall so I don't see why we can't go and visit him: you go through heaven to get there.'

'Gran says mum can see me all the time. So she must have seen me hide the sweets. She won't love me any more because I said I hadn't'.

It may be best to say something like: 'People have all sorts of beliefs about what happens after someone dies. We know that they can't come back and visit us or ring on the phone. Being dead isn't like being in another country. These are some of the things that people believe ... and I believe this ... I wonder what you believe? You may change what you believe as you grow older.'

Time passes

You will come across many beliefs about grief. Only you will find out what is true for you and for your children – and they may be different things.

You will probably be told that 'time heals' or that 'the first year is the worst'. Some families find this is true – but others find that the second year can be even harder. Or the fourth.

It can be when family and friends ask less about how you are coping or when the invitations fall away or when people assume you are 'over it' that the loneliness and the yearning hit hardest.

Children and young people tell us that, after a while, their friends stop talking about the person who has died, that teachers no longer ask how they're doing and that sometimes even their own families stop communicating, assuming that it's 'for the best' if the person fades from memory. Yes these young people passionately want to keep talking about the person who has died – they just need some help to do so.

We often hear from families who say something like: 'He never talks about his dad, I think he's forgotten him'. Children and young people need your help to keep talking about the person who has died. They need your 'permission' that it is OK to do so, and this is best demonstrated by you talking about them regularly and naturally.

Young people want to preserve their memories and maintain a 'continued bond' with the person who has died for as long as they choose.

Feelings, thoughts and behaviour

Children and young people can experience a huge range of feelings and thoughts after the death of someone close. You may feel that your children are reacting in unexpected or surprising ways. You may feel that some reactions are inappropriate. Each child and young person will have a unique response to this unique event – and every reaction is natural.

Some people expect – or maybe that should be 'hope' – that grief will follow a pattern of responses from disbelief and shock through to acceptance. Bereaved young people will tell you that grief is nowhere near as organised or straightforward. Grief feels chaotic. Grief follows no rules. Think about yourself and how it has felt for you.

So the following list just begins to describe some common responses to the death of someone important. You may also want to take a look at the 'feelings' areas of the pages for young people to see some of the feelings young people have shared with us. And you may like to look at our 'This may help' section for some practical ideas.

Common responses include:

- Sadness, not necessarily shown in crying. ('Don't they realise people cry on the inside too?')
- Guilt. ('if only I hadn't refused to tidy my room.')
- Anger, at others and/or at the person who has died. ('I hate him for riding so fast on his motorbike; he can't have loved us.')
- Disbelief. ('If I don't think about it, she'll come back.')
- Confusion. ('I don't understand anything any more; it's all jumbled up.')
- Fear. ('No-one's safe; they say everyone dies.')
- Rage, often expressed in physical violence to objects. ('I want to smash up the whole ***** world.')
- Anxiety and a desire to control events and people. ('What's going to happen next?')
- Despair. ('There's no point in anything any more.')
- Feeling 'frozen'. ('I can't feel anything at all.')
- Avoiding the subject. ('I'm leaving if you mention Tim again.')
- Wanting to keep busy at all costs. ('I can't talk ... I'm off to football.')
- Yearning. ('If I could just see her for a second.')
- Powerlessness. ('What can I do?')
- Worthlessness. ('It should have been me who died.')

The death of a parent

Leading researchers agree that the death of a parent is one of the hardest losses a child has to face. Young people's responses to the death of a parent will vary according to:

- their age
- the cause and nature of the death (for example, whether sudden or expected, whether by suicide or violence)
- the family circumstances (for example, whether parents lived together, whether major life changes will now be necessary)
- any previous experience of death or trauma within the family
- their own resilience and the support and care they receive.

The death of a parent may cause a child or young person to feel some or all of the following:

- deep sadness, that may or may not be expressed in conventional ways such as crying
- a hollow, achy pain inside that is hard to put into words and may be described as hunger or boredom or fear
- loneliness and a sense of having been abandoned
- anxiety about the safety and well-being of the rest of the family, especially the surviving parent and including themselves
- that they have to become more responsible – 'man of the house now'
- that there's no point in anything any more, including school work
- anger and even rage at what has happened
- blame or guilt for things said or unsaid, done or undone
- relief – if the family situation and dynamics had been difficult, for example
- physical symptoms (for example, ones that may echo their dead parent's symptoms)
- and many others.

The death of a brother or sister

Young people's responses to the death of a brother or sister will vary according to:

- their age
- the age of their brother or sister
- their position within the family
- how long they had known each other (for example, a stillborn baby or an older teenager)
- the cause and nature of the death (for example, whether sudden or expected, whether by suicide or violence)
- the family circumstances (for example, their parents' ability to support them while grieving themselves)
- any previous experience of death or trauma within the family
- their own resilience and the support and care they receive.

The death of a brother or sister may cause a child or young person to feel some or all of the following:

- deep sadness, that may or may not be expressed in conventional ways such as crying
- a hollow, achy pain inside that is hard to put into words and may be described as hunger or boredom or fear
- loneliness and a sense of having been abandoned
- anxiety about the safety and well-being of the rest of the family, especially other siblings and themselves
- a feeling of responsibility – working hard, helping out
- a sense of identification with, for example, an older sibling and a commitment to live up to their memory and planned future
- a feeling that there's no point in anything any more, including school work
- anger and even rage at what has happened
- blame or guilt for things said or unsaid, done or undone
- relief – if the family situation and dynamics had been difficult, for example, or if the sibling had caused family strife
- resentment at parents' absorption in their own grief
- disquiet at reaching and passing sibling's age
- and many others.

The death of a grandparent, other relative or friend

Young people's responses to the death of someone close will vary according to:

- their age
- the age of the person who died
- the nature of their relationship (for example, a grandfather who picked them up from school every day or an aunt who lived in Australia and just sent birthday cards)
- the cause and nature of the death (for example, whether sudden or expected, whether by suicide or violence)
- the family circumstances (for example, their parents' ability to support them while grieving themselves)
- any previous experience of death or trauma within the family or wider community (for example, the third children from school to die this year)
- their own resilience and the support and care they receive.

The death of a grandparent, other relative or friend may cause a child or young person to feel some or all of the following:

- deep sadness, that may or may not be expressed in conventional ways such as crying
- a hollow, aching pain inside that is hard to put into words and may be described as hunger or boredom or fear
- loneliness and a sense of having been abandoned (for example, they were the only school friend who played at lunchtime)
- anxiety about the safety and well-being of the rest of the family including themselves
- a feeling of responsibility – working hard, helping out
- a feeling that there's no point in anything any more, including school work
- anger and even rage at what has happened
- blame or guilt for things said or unsaid, done or undone
- relief – if the family situation and dynamics had been difficult (for example, if gran lived with the family and needed a great deal of care)
- the loss of a trusted supporter (for example, an uncle who always had time to listen)
- and many others.

Different causes of death

There's no hierarchy of death. No means or cause of death is better or worse than another for a grieving child. They are all overwhelming.

If a death is expected (for example, through cancer or other illness), the family may have had time to prepare for the loss, to begin to adjust to the future without the person, to make sure that photographs have been taken, letters to open in the future have been written, goodbyes said. It is very likely that the family will have received help – and will continue to receive help – from a hospice based service or other support service (such as Macmillan nurses).

However, the family may also have suffered through a prolonged period of stress in which the children felt unable to undertake normal activities or to rebel or have fun; a period when the family focused on the person who was dying in a way that the children found very hard.

If a death is sudden (for example, through a heart attack or road accident) there is no chance for goodbyes and no chance for preparations or adjustments. The last conversations linger in the memory. There is no professional whose role it is to support these bereaved families (although police family liaison officers and hospital based bereavement services make valuable contributions). However, for some people, a sudden death may be seen more positively (for example, of a frail grandmother).

If a death is through suicide, there are particular difficulties for the families left behind. It has been estimated that for every suicide, six people will experience intense grief – and many more will be deeply affected. Those bereaved through suicide face especially intense feelings and thoughts, ask themselves more agonising questions and face more public scrutiny. For both children and adults, it can take a long time to dare to trust others again.

Funerals and other memorials

Families, and individuals within families, can have very different views on whether children should see the body after death or attend the funeral.

From our conversations with bereaved children and young people, we know that they value the chance to choose but, to make an informed choice, they need information on what is involved.

However, if it will not be possible or appropriate for your children to attend the funeral, for whatever reason, there are other positive ways in which they can be involved. Or, if the funeral happened a while ago, and your children have regrets that they did not attend, it is never too late to have a memorial or other ceremony that includes them in saying 'goodbye'.

Probably the biggest factor that will affect a younger child's attendance at a funeral is if they feel their presence is welcome there. If there is going to be tension (as opposed to sadness) they will pick this up and feel more distressed by the atmosphere than by what is happening. It's your family. You know them best.

It is, however, worth saying that we have spoken to many, many children who did not attend the funeral of someone close and later regretted it.

Call the Helpline (08452 03 04 05) if you would like to talk about your children attending a funeral or viewing the body.

Why it can help to see the body and attend the funeral

Families will have different cultural and religious beliefs about seeing the person who has died and attending the funeral, but it can help a child to:

- begin to say goodbye
- begin to accept the reality and finality of the death
- begin to understand what has happened
- be less scared.

Seeing the body

If you are prepared to let your child make the choice of whether to see the person after they have died, some things may help them decide:

- Tell them that they can change their minds – at any time.
- Check that they are happy with the choice they've made – but not too often, because children want to please and may say what they think you want them to say.
- Give them clear and detailed information about what will happen. ('Aunt Sue and me and you will drive to the Chapel of Rest on the High Street just past the video shop. There's a little room with a few chairs where we can sit and wait. You'll have the chance to change your mind. Then Mr Collins, the undertaker, will come in. He's quite tall and has wispy ginger hair and always wears a suit. Aunt Sue will go in to see dad first.')

- Let them know, quite clearly and in detail, what to expect, ideally from you or someone else who has already seen the body. ('Your dad is lying in the box called a coffin on a table with his head to the left and his feet to the right. You can see all of him because the lid isn't there. There's a window high up in the wall behind him and you can see a tree through it. Your dad's wearing his old football shirt. There's a rather nice smell from a vase of flowers on the table near your dad's head. He doesn't look quite like Jim as I think of him, partly because he's not jumping up and offering you a drink, and partly because he's got his eyes closed and he's not talking. Partly, I think, because the bit I think of as "Jim" isn't there. It's just his body. So don't be surprised if it doesn't seem to be your dear dad. His skin's cold too. You can touch him. I kissed his forehead which was what I wanted to do but it seemed strange that his skin was cold.')
- Give them choices about what they do when they enter the room – they can wait by the door, stroke a head or hand, and leave when they want to.
- Children and young people often appreciate taking something with a special meaning to leave with body, for example, a card they have made, or a shell from a favourite holiday or a picture.

Attending the funeral

If you are prepared to let your child make the choice of whether to attend the funeral, some things may help them decide:

- Talk to them about what is involved.
- Let them know that they can change their minds – at any time.
- Check that they are happy with the choice they've made – but not too often, because children want to please and may say what they think you want them to say.
- Have someone with whom the child feels secure to act as their supporter for the funeral. This may be an aunt or uncle or one of your best friends. This allows you to be fully present at the funeral for your own sake.
- Give them clear and detailed information about what will happen; this will involve explanations about the difference between, for example, burials and cremations. If it fits with your own beliefs, it will help if the child has had some preparation about the difference between the body of the person and the part that made them who they were. Some people call this a soul, or a spirit, or love, or 'what was special about daddy' or 'what we will remember about daddy'.
- Reassure them that it is all of the body of the person who has that is being buried or cremated. Some younger children are confused and wonder what happens to the head, arms and legs.
- Give reassurance that the person who has died can no longer feel anything, so they will not feel the flames nor will they be scared at being buried.
- Offer clear and detailed explanations of what to expect from people at the funeral. Some children can be shocked that people seem to have a party after someone has died; others are upset when people say: 'How lovely to see you'. Explain that this doesn't mean that these people are happy that the person has died – they're just the sort of things that adults say. Equally, seeing adults in deep distress may alarm children but preparation beforehand will help them understand that this is a reasonable response to the huge thing that has happened.
- Prepare them for some of the things that adults may say to them. For example, boys may be told that they are the 'man of the house now' and will appreciate reassurance that they are not.

- Create opportunities to be involved. This may be in the planning of the funeral service. It may be through saying or reading or writing something about the person who has died. It may be through coosing a particular piece of music. They may wish for something special to be put in the coffin, for example, a picture or something linked to a memory.
- Give plenty of reassurance that they can still be involved and participate in saying 'goodbye' even if they choose not to attend and that they won't be criticised if they don't go to the funeral.

Alternative 'goodbyes'

It is never too late to hold a memorial or other ceremony for an important person. You could consider linking this to an important date – for example the dte of their death, or of the funeral or of their birthday. Children and young people who did not attend the funeral may appreciate some of the following ideas; they can also be used for marking the anniversary of the person's death:

- Visit the grave (if there is one – or other special place, for example where the ashes were scattered).
- Visit a place with special memories (for example, the place where you had your best holiday every).
- Create a specail place of their own choosing (for example, in the garden of a new house).
- Visit a place that you went to reguarly (for example, the park or the swimming pool) – an everyday rather than a once-in-a-lifetime place.

Some of these ideas may make the occasion special:

- Hold a small ceremony with specially chosen music, poems and tributes.
- Bring a picnic of the dead person's favourite food to share.
- Prepare something to leave in the 'special place' – flowers, a laminated poem, a toy.
- Release helium-filled balloons to which messages are attached on labels. You could say: 'If you came back for five minutes, I would ...' or 'I remember when ...' or 'My wish for the futire is ...'
- Light a candle and share special memories with each other.
- Start a collection of memories from family and friends of the person who has died. ('I remember the day Jim got stuck on the school roof after climbing up to get his ball.')

When more help may be needed

Most children and their families will be able to cope with the death of a close family member, especially if families can talk about what is happening, about their thoughts and feelings, and about the person who has died.

Community based local bereavement services for young people can offer support, and help children and families begin to rebuild their lives following a death in the family.

Many people worry about their children and they sometimes feel they should seek professional help immediately after the death. Children and young people will have a range of reactions that may cause concern. These may include: not talking about the person who has died, deep sadness, rage, disturbed sleep, nightmares, lack of appetite or over-eating, lack of intrest in previous enthusiasms, not wanting to attend school or see friends.

Most of these changes will disappear gradually. However, if they persist or become severe (for example, a child almost stops sleeping or a teenager considers suicide as a way of rejoining the person who has died), it may be best to seek help. You could start by talking to your family doctor.

The Winston's Wishes Helpline (**08452 03 04 05**) is here to offer support, guidance and information to anyone caring for a bereaved child. We can talk with you about how your child is reacting and offer suggestions for further support if this seems appropriate.

This may help

The following are some examples of activities that may

- support a bereaved child or young person and their family
- preserve a continuing link with the person who has died
- involve children and young people in the mourning process
- help bereaved children and their families take steps along their unique bereavement journeys

Making a memory box

Bereaved children will benefit from collecting into a special box items that remind them of the person who has died and times shared with them. Examples could be:- cards received, perfume or aftershave, shells from a beach holiday, tickets from an outing, an item of clothing or jewellery, flowers from the funeral, photographs every time the child turns over the items in the box, they are turning over the memories of the person in their mind and thus keeping fresh their memories. You can find specially designed memory boxes and information sheets in our shop.

Making a memory book

This is a paper based version of a memory box. A scrapbook can contain pictures, drawings, tickets, postcards, letters, and certificates – all important keepsakes connected with the person who has died.

Family record

A family record can help a child or young person gain a sense of where they and the person who has died fits into the family. A family tree can be put together. Family photographs, documents, certificates and mementoes can be included. It can be particularly powerful to include stories about the person's life, which can be contributed by family members and friends; this is often a welcome way for them to be involved. For example, what was the funniest thing they ever did? What was their best subject at school? What was the bravest thing they ever did? If you are going to include videos or sound tapes of the person who has died – please consider making a copy – just to be on the safe side.

Telling the story

It is important that children and young people gain a clear understanding of what happened to the person who died. Younger children may appreciate using dolls, mode figures or puppets to tell the story. Older children may prefer to use paper and pens. It can help them tell what happened if they break the story into 5 or so pieces:-

- what was life like before they died? (some idea of the family before the death)
- what happened just before they died (earlier in the day, the day before ...)
- how did they die? what happened?
- what happened immediately afterwards?
- what is life like now?

Listening to them tell what happened gives a chance gently to correct any misunderstandings, to provide additional information and to answer any questions.

Sleeping difficulties

Bereaved children can have difficulties sleeping; both in getting to sleep through worrying and grieving, and in experiencing nightmares or disturbing dreams.

For worrying, try South American **worry dolls**. (you can buy these in 'Oxfam' or similar shops or may your own). 5 or 6 tiny doll-like figures are held within a tiny cloth bag with a drawstring. South American children are encouraged at bedtime to whisper one big worry to each doll. The dolls are then placed under the pillow and the dolls take over the task of worrying for the night.

For bad dreams and nightmares, try the American Indian legend of the '**Dreamcatcher**'. (You can buy these from some 'Oxfam' or similar shops or make your own). The legend tells how all the dreams of the world flow over our heads as we sleep. Our dreams are caught by the Dreamcatcher's web; the bad dreams stick to the strands of the web and the good dreams filter softly down the feathers to the sleeper beneath. Some Dreamcatchers have beads woven onto the web – these represent 'heroes' and a child can choose their own heroes to help hold back the bad dreams (for example, one could be Dad, another could be a football star, another could be the family dog etc).

Anxiety on parting

Bereaved children can become very concerned about being apart from their parent(s) or carers after a death. They may worry that other people will also die or in some way disappear from their lives.

Handprints

Place your hand and your child's hand on a piece of paper, with one or more fingers touching. Draw around the hands. Do another sheet so that each of you has a copy. Then each person keeps their copy safe – for a child, it could be tucked into a school bag, or a coat pocket. Whenever they feel the need to be close to you, they place their hand over their handprint and 'feel' your hand alongside, supporting and encouraging them.

Later today ...

When parting, mention something that will happen after school (or wherever the child is spending the day). For example, 'remind me to buy potatoes when I collect you', 'let's feed the ducks on the way home tonight'; 'we must water the plants this afternoon'. Having a glimpse of the future that includes both of you can be comforting.

The following activities can be found on the website (www.winstonswish.org.uk)

Calendar of memories

Mark important dates connected with the person who has died on a calendar which you can then share with other people.

Memory shapes

Make your own coloured shape of memories

Feelings, feelings

Compare your feelings with our feelings grid

Remember

Add a star to our skyscape of memories

Charter for bereaved children

Winston's Wish has supported many thousands of bereaved children in the last 10 years. This 'charter' is based on our conversations with them. If we live in a society that genuinely wants to enable children and young people to rebuild their lives after a death, then we need to respect their rights to:

- B Bereavement support**
Bereaved children are entitled to receive the support they need.
- E Express feelings and thoughts**
Bereaved children should feel comfortable expressing all feelings and thoughts associated with grief, such as anger, sadness, guilt and anxiety and to be helped to find appropriate ways to do this.
- R Remember the person who has died**
Bereaved children have a right to remember the person who has died for the rest of their lives if they wish to do so. This may involve re-living memories (both the good and the difficult) so that the person becomes a comfortable part of the child's continuing life story.
- E Education and information**
Bereaved children are entitled to receive answers to their questions and information that clearly explains **what** has happened, **why** it has happened and **what** will happen next.
- A Appropriate and positive response from schools or colleges**
Bereaved children can benefit from receiving help and understanding from their teachers and fellow students.
- V Voice in important decisions**
Bereaved children should be asked if they wish to be involved in important decisions that have an impact on their lives (such as planning the funeral and remembering anniversaries).
- E Everyone involved**
Bereaved children should receive support which includes their parent(s) or carers and siblings and which respects each child's confidentiality.
- M Meeting others**
Bereaved children can benefit from the opportunity to meet other children who have had similar experiences.
- E Established routines**
Bereaved children should be able to choose to continue previously enjoyed activities and interests.
- N Not to blame**
Bereaved children should be helped to understand they are not responsible and not to blame for the death.
- T Tell their story**
Bereaved children have a right to tell their story in a variety of ways and for those stories to be heard, read or seen by those important to them.

**Winston's Wish, The Clara Burgess Centre, Westmoreland House, 80-86 Bath Road,
Cheltenham, Gloucestershire, GL53 7JT
Telephone: (01242) 515157 Fax: (01242) 546187
Helpline: 08452 03 04 05
Email: info@winstonswish.org.uk Web: www.winstonswish.org.uk**

Winston's Wish
The charity for bereaved children

POSITIVE RESPONSES TO DEATH

A STRAETGY FOR SCHOOLS

**A Policy and Procedures Aid for
A Death in the School Community**

A Procedure Aid for Schools

These guidelines are intended to assist your school in developing a strategy to respond to a death in the school community, such as a member of staff or a pupil. Practitioners at Winston's Wish and school staff have put them together using experience gained over the last decade.

Please feel free to use it, copy it, change it and adapt it to best suit your needs. It can ideally inform the writing and implementation of your Major and Critical Incident Plan.

If you have any further questions, comments or suggestions, please contact the Helpline on **0845 03 04 05**.

The pack is divided into three sections:

A. Informing staff and governors

B. Informing pupils

C. Informing parents

(A) Informing Staff and Governors of a Death within the School Community

A death can affect the school community in different ways and depends on:

- The role that the deceased person had in school
- How well known they were in the local community
- Circumstances surrounding the death, particularly suicide or other violent deaths

The experience of working with many schools affected by death has taught Winston's Wish that adults and children benefit from being kept informed of a death. Rumour and gossip can be very damaging and can lead to both young and old developing the attitude that the death is not a topic to talk about. Children and young people have a healthy curiosity and if they are not informed of the circumstances or feel they are unable to ask questions, their normal grief process can be obstructed.

The following guidelines may help when informing staff and governors:

- Arrange a staff meeting as soon as practicable. Identify absent staff.
- Tell the story of what happened leading up to the death.
- Give a factual explanation of how the death occurred.

- Be prepared for obvious upset and feeling of anger/guilt. People may connect the incident to their own personal experience of bereavement, so feelings about past bereavements may need to be discussed. This is perfectly natural.
- To enable absent staff to feel part of a caring team, arrangements should be made to inform them over the telephone if a personal visit is impractical. Consider the relationship between the absent colleague and deceased.
- For a death that may attract media coverage (e.g. if the member of staff was a well known personality or died tragically), identify a nominated spokesperson (e.g. Chair of Governors, LEA etc.) to provide a 'news statement' at an agreed time, as a way of dealing with media intrusion. Liaison with the individual's family is essential.
- Try to establish a 'protected' telephone line to ensure free flow of accurate information to and from the school/hospital if this is appropriate. (If schools have one direct line, consider the loan of a mobile telephone). BT will provide an additional line if the situation requires one.
- With death in traumatic circumstances such as suicide or murder, consider requesting bereavement support services – Winston's Wish, Cruse, Compassionate Friends and the Educational Psychology Service (if psychological de-briefing is thought necessary).
- Arrange staff condolences with collaborative agreement if felt appropriate.
- Provide details of someone who can be available to talk things through with a member of staff, parent or child if they are finding the situation particularly hard. This person could advise the family of support services available if required.
- Nominate staff to prepare a newsletter to parents and carers (to be given after school).
- Arrange a staff meeting for the end of the working day and invite each person to recount his or her feelings and to describe what was good and bad about the day. Staff who will be alone that night could be identified and arrangements made for colleagues to contact them by phone.
- We recognise that speed and chaos may be a major factor on a day when a Critical Incident has happened – the speed and chaos meaning that constantly referring to plans and lists is not possible. DON'T WORRY! Be confident enough to go with your gut instinct. Remember that keeping people as informed as possible is always helpful and don't bear all the responsibility yourself, share it round.
- Trained and experienced practitioners are always available on the Winston's Wish helpline should you want to check out ideas throughout the day.

B. Informing Children and Young People

People often think that children do not grieve, but even very young children will want to know what happened, how it happened, why it happened and perhaps most importantly of all, what happens next?

The following guidelines will help you to inform children of the death of a teacher or other member of staff:

- Identify those children who had a long-term and/or close relationship with the deceased to be told together as a separate group. Where possible inform all the pupils in the smallest group practicable. Class or tutor groups are ideal.

- Experience has shown that it is more beneficial if all pupils are informed. It is always a shock when a death occurs in a school even if it may have been anticipated. In the eyes of the pupils, teachers are part of the fittings and fixtures in school and are not expected to die. Children expect to live forever, and so a fellow pupil dying whilst still young enough to attend school can also feel quite shocking.
- Provide staff with guidelines on how to inform children. For example:
 - (i) "I've got some really sad news to tell you today that might upset you. I know most of you will have heard of cancer, and know that sometimes people with cancer get better, but other times people die from it. Mrs Smith, the Geography teacher and Year 11 tutor, has been ill with cancer for a long time. I have to tell you that Mrs Smith died yesterday in hospital".
 - (ii) "Sometimes people have accidents at work, at home, at school or on the road. People may be hurt or injured in the accident and they may have to go to hospital for treatment. Sadly, there are some accidents that cause people to die. I have some really sad news to tell you that might upset you. Yesterday Stephen, who is in Year 4, was in an accident and he was so badly injured that he died".
- Refer to name naturally, "Mrs Smith died from cancer".
- Children and young people will appreciate time to verbalise their feelings and fears. Allow space for "If only's" to be acknowledged.
- Discussion – allow pupils to share their own experiences of death, e.g. "When my pet/my Gran died", etc.
- Be honest about your own feelings and experiences, and talk honestly about the relationship that you had with the person.
- Answer pupil's questions factually. Avoid using euphemisms like 'passed away', or 'lost' etc. Use the word dead, died and death to avoid confusion for children.
- Be prepared for children to say or do the unexpected, experience has shown some responses or apparent lack of response may be upsetting for adults. No apparent response does not mean that a child does not care.
- End up discussion on a positive note – not all people who are ill or have accidents die – many get better. Consider a prayer to remember the deceased and their family. Perhaps co-ordinate an assembly to end discussion.
- Do pupils want to arrange for representatives to attend the funeral? How will this be managed?
- Try to identify any key answers that you may need to prepare, e.g. the facts about an illness, or dates which may be relevant to the death such as end of school year and changing class or schools.

INFORMING PARENTS OF THE DEATH OF A PUPIL

These are two examples of a letter to parents. Please feel free to change them according to the needs of the situation.

Gloucester C of E Primary School

<Date>

Dear Parents

Your child's class teacher had the sad task of informing the children of the tragic death of <Name>, who has been a teacher at this school for <number> years.

Our thoughts are with <Name>'s family at this time and in an effort to try and respond to his/her death in a positive, all children have been informed.

The children were told that <Name> died from an asthma attack on <Date>. A Number of pupils have been identified as being asthmatic and <Name>, the School Nurse has today reassured them that it is unusual for a person to die from asthma.

When someone dies, their family and friends have lots of feelings – sadness, anger, and confusion – which are all normal. The children have been told that their teachers are willing to try and answer their questions at school, but I have made available some information which may help you to answer your child's questions as they arise. You can obtain this from the school office.

The funeral will take place at <Named Church or Crematorium> on <Day and Date> at <Time>. Your child may wish to attend the funeral. If this is the case you may collect your child from school and accompany them to the church.

Yours sincerely

<Name>
Headteacher

Gloucester C of E Primary School

<Date>

Dear Parents

Your child's tutor had the sad task of informing the children of the death of <Name>, a pupil in <Year>.

They were told that <Name> died from an illness called cancer. Sometimes people who have cancer can get better, but other time people die from it. <Name> had been ill with cancer for a long time and died at home yesterday.

When someone dies, their family and friends have lots of feelings of sadness, anger, and confusion – these are normal. The children have been told that their teachers are willing to try and answer their questions at school, but I have made available some information which may help you to answer your child's questions as they arise. You can obtain this from the school office.

The funeral will take place at <Named Church or Crematorium> on <Day and Date> at <Time>. Your child may wish to attend the funeral. If this is the case you may collect your child from school and accompany them to the church. Please inform your child's tutor if this is the case.

Yours sincerely

<Name>
Headteacher

COPING WITH A PERSONAL CRISIS

At some time or another, everyone goes through a crisis or tragedy. People have accidents at home, at work or on holiday. Young and old can die unexpectedly. Your or your family may become very ill.

A tragedy is always something we feel could have been avoided. It is something we are very unprepared to meet, something that leaves us with all sorts of difficult and strange feelings.

Tragedy makes other people notice you. They maybe helpful, but sometimes they are just nosey or even nasty.

For many, the worst time is when 'all the fuss' has died down, but the strong feelings remain. Everyone expects us to be alright – and we are not. The work goes on much the same as before while inside we feel alone and that no-one understands.

You may think that you ought to be coping better, that you are not dealing with things as well as others might. This may mean that you don't tell those around you how bad things really are. You may feel ashamed about needing or asking for help.

This leaflet will help you to understand your reactions, to know what to expect, and to know what to do.

Reactions in the early week and months

Shock

Initially, you may feel very little or nothing at all. You may have difficulty taking in what has happened. Everything may seem unreal. Some describe being 'in a dream', or feel as if things were happening to someone else.

Thoughts about what happened

You may find that you have painful pictures or intrusive memories of things that happened. You may dream about it. You may find yourself going over things again and again. You may think about things that might have happened.

Anger

Strong feelings of anger are common. You may wonder "Why me?".

You may feel upset by an apparent lack of understanding by those in authority.

'They' may not seem to understand the importance of what has happened. You may be angry at the media for getting it wrong.

Fear

Tragedy makes us aware of how unsafe and vulnerable we really are. When things go badly wrong we can see how easily it can happen. The world around us can now seem much more dangerous.

This can make us frightened that the same things could happen again, and fear for the safety of those we love.

Shame and guilt

No matter what actually happened or what we did or didn't do, it is often the case that people feel guilty. You may wonder if you should have done more for others or why you should be alive when others are not.

Remember, it is easy to be critical after the event.

Helplessness

You may feel totally out of control of your feelings and of what happens to you. This may make you feel ashamed.

Loss

If you have been bereaved, the sense of loss may feel very overwhelming. Some describe waves of physical sensations which can come and go at any time, leaving them feeling very tired and worn out.

Deep feelings of sadness, anguish and grief may follow. You may feel faint, ill and hopeless, as though you were going mad.

How your body can be affected

Some feelings are experienced in your body. This may cause you to worry that you are physically ill when in fact your body is showing signs of your emotional distress.

The following are common:

- * tiredness
- * dizziness
- * a racing heart and shakes
- * difficulty in breathing
- * tightness in your throat and chest
- * feeling sick and diarrhoea
- * headaches, neck and backache
- * period problems

Sleep problems are common too:

- * it is hard to get to sleep
- * you may wake in the middle of the night sweating, or after a dream
- * you find yourself up very early
- * children may wet the bed

It is these problems, coupled with physical arousal or adrenalin that can make you feel so tired.

In the Longer Term

Loss of interest

You may discover that you are not as involved as you were in your usual everyday activities. You may not even notice this until someone tells you.

Loss of confidence

You may also have loss of confidence, in that you worry about doing everyday jobs. What you once took in your stride may now seem very difficult.

Feeling cut off

You may feel cut off or distant from people you love and are normally close to. This, with the irritability and anger you may have, may make relationships very difficult.

It is very important to understand that these feelings can be normal reactions to a crisis or tragedy. Although your feelings may be very intense and difficult to put up with, they are the reactions of normal, ordinary people.

What are the most useful things to do?

Don't expect the memories and feelings to go away quickly – they will come and go for a while.

Trying to forget, or avoiding things to do with the events may seem like a good idea at the time. Trying to push things to the back of your mind can be helpful for a short while. But it may be impossible to forget – the thoughts may return, however hard you try. You won't forget things, but you need to reach a point where remembering is not so painful.

Getting better comes from allowing feelings to come out. Showing anger and sadness can be helpful, keeping feelings in will be a drain on your energy.

Try to share what has happened to you with people who are prepared to listen. This may be embarrassing at first, but **talking does help**. However, don't get involved with too many people – find one person to talk to over a period of time.

Don't forget that children may need to talk just as much as adults. Let them show their feelings in games and drawings. Do let them get back to school, but discuss with their teachers what has happened. School friends may be cruel to them.

There are now a number of organisations which can offer specialist support to children.

Other people who share the same sort of experience can be a great help to you. Take the opportunity to meet with those who can understand.

Take good care not to drink or smoke too much. It will only help for a short while and then become a problem itself. The same may be true of sleeping tablets and tranquilisers.

Do drive more carefully, it may be helpful to take someone with you. Take care at home and work – accidents are more common after stress.

When to seek more help

- * If you feel you can't handle the intensity of your emotions or the bodily sensations.
- * If your feelings aren't subsiding after six weeks or so, and you continue to feel tense, confused, anxious, exhausted or low.
- * If you continue to have poor sleep or nightmares.
- * If you have no one to share your feelings with and feel the need to do so.
- * If your relationships are suffering.
- * If you smoke, drink or take medication to excess after the event.
- * If your work performance suffers excessively, especially if there are things you feel you cannot do.

ADVICE FOR STAFF AFTER A CRITICAL INCIDENT

At some time or another, everyone goes through a crisis or tragedy. People have accidents at home, at work or on holiday. Young and old can die unexpectedly.

A tragedy is always something we felt could have been avoided. It is something we are very unprepared to meet, something that can leave us with all sorts of difficult and strange feelings.

For many, the worst time is when "all the fuss" has died down, but the strong feelings can remain. Everyone expects us to be all right – and we may not be. The world goes on much the same as before while inside we might feel along and that no one understands.

You may think that you ought to be coping better, that you are not dealing with things as well as others might. This may mean that you don't tell those around you how bad things really are. You may feel ashamed or embarrassed about needing or asking for help.

This leaflet will help you:

- Understand your reactions, to know what to expect, and to know what to do.
- Understand pupils' reactions and to know how to support them.

Thoughts and feelings in the early weeks and months

Shock

Initially, you may feel very little or nothing at all. You may have difficulty taking in what has happened. Everything may seem unreal. Some describe being "in a dream", or feel as if things were happening to someone else.

Thoughts about what happened

You may find that you have painful pictures or intrusive memories of things that happened. You may dream about it. You may find yourself going over things again and again. You may think about things that might have happened.

Anger

Strong feelings or anger are common. You may wonder "Why me?"

You may feel upset by an apparent lack of understanding by those in authority: you may be angry at the media for 'getting it wrong'.

Fear

Tragedy makes us aware how unsafe and vulnerable we really are. When things go badly wrong we can see how easily it can happen. The world around us can now seem much more dangerous. This can make us frightened that the same things could happen again, and fear for the safety of those we love.

Shame and guilt

No matter what actually happened or what we did or didn't do, it is often the case that people feel guilty. You may wonder if you should have done more for others or why you should be alive when others are not.

Remember, it is easy to be critical after the event. You do what you do at the time.

What are the most useful things to do

Don't expect the memories and feelings to go away quickly – they will come and go for a while.

Trying to forget, or avoiding things to do with the events may seem like a good idea at the time. Trying to push things to the back of your mind can be helpful for a short while. But it may be impossible to forget – the thoughts may return, however hard you try. You won't forget things, but you need to reach a point where remembering is not so painful.

Getting better comes from allowing feelings to come out. Showing anger and sadness can be helpful. Keeping feelings in will be a drain on your energy and may lead to problems later.

Try to share what has happened to you with people who are prepared to listen. This may be embarrassing at first, but **talking does help**. However, don't get involved with too many people – find one person to talk to over a period of time.

Take good care not to drink or smoke too much. It will only help for a short while and then become a problem itself. The same may be true of sleeping tablets and tranquillisers.

Do drive more carefully. It may be helpful to take someone with you. Take care at home and work – accidents are more common after stress.

Understanding pupils' reactions

Pupils' reactions at the time

Pupils' ages, development and experiences will affect their understanding and feelings, but in some respects they will be similar to your own.

Some children will experience transient distress and others will be more severely affected.

The school/college is the child/student's most natural support system beyond the family; it has an important role to play in mitigating some of the 'vulnerabilities' and 'risk factors'.

However, one must always be mindful of the range of different coping strategies within the human condition and that some children/students will choose family members outside school/college to talk to or choose not to talk at all.

Reactions you may see from secondary and FE students

Cognitive

Inappropriate attributions
Poor concentration
Behaviour
Memory lapses
Health worries
Recurring thoughts and dreams
Hyper-alertness

Emotional

Feelings of detachment
Health worries
Depression
Feelings of hopelessness
Anxiety
Survival guilt
Suicidal thoughts

Physical

Headaches
Inexplicable aches/pains
Psychomatic problems e.g.
poor sleep patterns
Appetite extremes

Behavioural

Social withdrawal
Anti-social behaviour
Drug/alcohol abuse
Drop off in attainments
Dropping out

How staff can support pupils/students

- There are some common needs to be acknowledged and considered. Staff will all need some guidance on how to support and talk to children/students. Everyone is always worried that they will say 'the wrong thing' and think there is a perfect script, when in reality a perfect script does not exist.
- This is a difficult time and it is helpful to bear in mind that we need to say something that confronts the truth and acknowledges the pain, whilst recognising that families may have different belief systems so we cannot assume it will be the same as our own.
- We need to take great care with our choice of words in announcements and written information.
- Uncertainty and feelings of loss of control are common after trauma. Try and deal with questions as they arise. Pass on information to all pupils as soon as possible. Lack of knowledge may lead to rumour and distress.
- Continuing or quickly re-establishing normal routines is considered to be the most helpful way to support staff and pupils/students at this time, even if it is not possible for much learning to occur.
- Obviously as a mark of respect, there are some things that need to be cancelled and rearranged as well as special assemblies that may need to be organised.
- Some children/students may not be attending school/college following an incident and they may need support to return to school.
- Have back-up arrangements available to teachers who have to deal with a particularly upset child/student.
- You may wish to consider the provision of a 'quiet place' to which a child/student could retreat.

CHILD DEATH HELPLINE

A Helpline for all those affected by the death of a child

www.childdeathhelpline.org.uk
contact@childdeathhelpline.org

To lose a child is the most devastating experience any parent has to face. In the UK alone, thousands of children under 19 die each year. Thousands more young adults in their twenties and thirties also die, and grief is no less intense for the surviving parent(s) of an "adult child". (For up to date figures see www.Statistics.gov.uk)

The effect of the death of a child upon all members of the family may be far reaching and life long, with many others not of the immediate family also badly affected e.g.:- friends, teachers, support professionals, medical and emergency services staff.

Organisations offering support to those bereaved of a child frequently hear from people where such a death occurred twenty, thirty or even more years previously. It has long been recognised and acknowledged by professional and volunteer counsellors, that bereaved parents and relatives find that the most valuable support is provided from others who have suffered a similar experience.

A telephone helpline for those affected by the death of a child (The Alder Centre Helpline) was established at the Alder Centre, Royal Liverpool Children's NHS Trust, Alder Hey Hospital in Liverpool in June 1989. A similar helpline, the Child Death Helpline, was established at Great Ormond Street Hospital for Children NHS Trust in 1992. In October 1995, the experience and tradition of both centres were brought together in the setting up of the national freephone Child Death Helpline, staffed by the same experienced and trained bereaved parent volunteers.

Callers to the Child Death Helpline may be anyone affected by a child's death in whatever circumstances, from pre-birth to the death of an adult child, however long ago, and whatever the circumstances (stillbirth, illness, accident, murder, suicide...). For parents, their son or daughter will always be their child, irrespective of age. We receive calls, and support, parents whose child was 30, 40, 50 years old when he or she died.

The Child Death Helpline is staffed 7 nights a week from 7.00 p.m. to 10.00 p.m., Monday to Friday mornings 10.00 a.m. to 1.00 p.m., and Tuesday and Wednesday afternoons 1.00 p.m. to 4.00 p.m. The number is:

The Freephone number is 0800 282986

Our website address is www.childdeathhelpline.org.uk

If you would like more information about the Child Death Helpline or further supplies of leaflets, information packs and cards please contact us via the website or by calling the office numbers below:



Run from Great Ormond Street Hospital for Children NHS Trust
 and Alder Hey Children's NHS Foundation Trust
 A Member of the Telephone Helplines Association

Registered Charity Numbers GOSH 235825 Alder Hey 1049275

- London on 020 7813 8416
- Liverpool on 0151 252 5391

Fax: 020 7813 8516
 Fax: 0151 252 5513

Child Death Helpline Administration Centre
 York House
 37 – 39 Queen Square
 London WC1N 3BH
 Tel: 020 7813 8416 / 020 7813 8551

A Volunteer's View

What does a Child Death Helpline volunteer do? First and foremost we listen. Often, in the first weeks and months following a child's or young adult's death, many bereaved parents feel they cannot continue to burden others. They find it very beneficial to talk to someone who is impartial, has some understanding of their day to day struggle, and recognises their need to re-tell the story of their child's death even though others may appear to want them to "get over it" and return to normal.

Anger, guilt, anxiety, hopelessness, and having no idea how to cope are commonly experienced emotions. Many bereaved parents temporarily feel they are going mad. "Heavy with grief" is a telling phrase, as it is experienced physically as well as emotionally.

Family life can feel shattered – in different ways for each member. Often, relationships within the family become strained, and misunderstandings can develop.

The circumstances surrounding the death of a child are many and varied, and the child may be of any age, including adult children. Every story is unique. Whatever the particular situation, the common link between volunteer and caller is the feelings that surround the separation of parent and child. We know we cannot take away their pain. We do not try to tell people what to do or to offer solutions.

What we are able to do is be alongside our callers, lessening their sense of isolation and encouraging them to give expression to whatever their thoughts may be. People can contact our Helpline whenever they need to talk, over the course of a lifetime.

Although a good and enjoyable, though different, life emerges again, there are still times, even many years on from a child's death, when memories, sadness, and the different ways in which the loss is experienced as life goes on, need a listening ear.

For a period of time we enter someone else's world. What we have learnt, and what we continue to learn, enables us to offer worthwhile support to all those affected by the death of a child.

The following comment was made by a bereaved parent who wished to express her thanks to the organisation for the befriending and support she had received:

“The Child Death Helpline offered a pocket of time and a climate of safety that was entirely for me. It was my opportunity to talk openly about my son’s life and death. I needed to continue to talk about my son’s life and death and to express the raw powerful emotions that would overwhelm me unexpectedly. I felt weighted down. How was I going to cope? During Child Death Helpline conversations I did not feel that I had to edit my conversation or worry what the person listening may be thinking. Being able to identify with someone who recognised, accepted and reassured me that what I was going through was normal, gave me hope that I would myself one day gradually move away from the raw emotions and feelings of despair that I was experiencing. I cannot imagine sharing my experience or feeling so accepted by a non bereaved parent.”



Stories from the Child Death Helpline

Peter's Story

If someone had told me 5 years ago that I'd be writing a piece about my son's death and the impact it had on my family I'd have thought they were mad, but here I am doing it. My baby son Joshua was born with a heart defect and underwent surgery hours after his birth. At first things seemed to be going well but after a two week battle my son died in his mum's arms. I have three daughters who were 10, 8 and 2 years old at the time...how do you tell them their brother has died? Believe me there is no easy way of doing it...for me it was one of the worst things I have had to do.

I remember so many people saying that if any family could get through this, we could, and for the first year my wife and I believed them. We just seemed to put it to the back of our minds and carry on as best we could, not realizing that every minute of every day we were growing further apart. It was on the second anniversary of Joshua's death that things became unbearable; if I had to describe how I felt, multiply grief by a thousand and you haven't even scratched the surface. My daughters gave me strength but there were times I wished I was on my own and could lock myself away from it all.

One night I picked up the phone book and came across the Child Death Helpline. I dialled twice and put the phone down before it had the chance to ring, then thought "third time lucky" and stayed on the line. I spoke to a lady who didn't know me from Adam yet she could identify with all my feelings and fears, gave me empathy not sympathy and above all told me the truth, which is what I needed to hear.

That phone call was the start of a long hard road learning how to cope with my loss. I continued to call the helpline, and I don't exaggerate when I say it's been a lifeline to myself and my daughters. The people there have stood in my shoes and had the same nightmares, yet find the time and the courage to help others who desperately need it. Without their help, guidance and support I wouldn't be where I am today. I still mourn my son and always will. There is no magic cure, no medicine, sometimes no words, but there is always support and an ear when I need it.

Alexandra's Story

Alexandra had no reason to be concerned when her 3 year old daughter Stacey was admitted to hospital for a minor operation in 1991.

She had had the same operation the year before and in Alexandra's words "sailed through it". About half an hour after the operation Alexandra was told that Stacey had reacted to the anaesthetic and was on a life support machine, but not to worry as she was going to be fine. Understandably, Alexandra panicked: "By the time I got to see her they were talking about heart problems. At 8.30 that evening they asked my husband Patrick and me to leave Stacey's room... by 9.30 they told us she was dying".

Alexandra remembers going into shock: "I had to be with her. We went back into the room and picked her up, telling her we loved her. We desperately wanted her to hear us, but the nurse said she couldn't. It was like someone had stabbed me". After Stacey's funeral, Alexandra felt she needed to speak to someone who had gone through the same experience. She was given the number of the Child Death Helpline by a social worker and first called five weeks after Stacey's death. "A woman answered. I could hardly speak, I just cried and cried. The call seemed to last a long time. I called about six or seven times after that. They told me about counselling sessions and group meetings in my area, so I gave them a try. There were a lot of people at the group - I thought they must all be counsellors, but no, they were bereaved parents. As we left the first meeting I sobbed with relief because I knew I wasn't going insane".

A year after Stacey's death Alexandra and Patrick celebrated the birth of their second daughter, Chloe. She was premature and they noticed she was breathless every time she was fed. The midwife reassured them she would be fine: it was only when a second midwife visited that concerns were raised, and Chloe was taken to the Cardiac department of the local hospital. "We couldn't believe it was happening again. We saw the same doctor who had treated Stacey; he told us they had to operate within 24 hours. I remember thinking if Stacey didn't survive this, how could Chloe? But she did survive, despite having three open heart operations over the next few months." Alexandra and Patrick asked the doctor to be totally honest with them. "He told us Chloe's condition was incurable, but could be controlled with medication. It was called DiGeorge's syndrome...Stacey had had it too." Chloe lived for another two years; Alexandra continued to use the helpline throughout this time, and after Chloe's death. She appreciated the fact that she was talking to bereaved parents, and feels on a par with them: "My loss isn't greater because I've lost two...it's the same if it's one or twenty-one."

Stuart's Story

In his twelve years as a police officer Stuart had dealt with many distressing situations, but none had affected him as much as the death of a young child playing in the street. As the first on the scene of the accident, it had fallen to Stuart to break the news to the boy's family. The next day he phoned the Child Death Helpline to get some information about services in the local area that he could refer the family on to, but found himself using the call to offload his own feelings.

The volunteer who took the call remembers it clearly: "He started off very businesslike—introducing himself, explaining what had happened. The boy had been run over just around the corner from home; the police were called by another driver. Stuart arrived on the scene very quickly, before the ambulance, and had to take charge of the situation. He'd managed to keep his feelings well hidden at the time and hadn't talked about it to anyone since, but as the call went on it became clear he was upset by what he'd seen and what he'd had to do. I listened and encouraged him to talk. I think he was worried about burdening me, or that he was being unprofessional, but I explained that the helpline is here for *anyone* affected by the death of a child, and that I was happy to listen to him. Once we'd worked through his reactions to the incident I was able to give him the information he'd originally called for. I'm glad he felt he could share his feelings with me, even though he might not have intended to at the start of the call. We spoke for about 45 minutes and I told him to call again if he needed to".

Maureen's Story

Maureen's daughter Kate first moved away from home at the age of 20, to study at university. After completing her course she moved back in with her mother for a while, but they both found it difficult to adapt. "She had got used to the freedom of living on her own, and we would often argue over silly things" says Maureen. She noticed how much Kate had changed: "She would have terrible mood swings—sometimes she wouldn't speak to me for days on end. Eventually it got too much for both of us, and I asked her to move out. I thought if we got some distance between us things might improve"

Kate got her own flat across town from the family home, but the hoped-for improvement didn't come. "It was obvious something was troubling her, but she couldn't—or wouldn't—tell me what it was. We grew further apart; weeks would go by without contact. She wouldn't answer her phone. Sometimes I'd go over and ring her doorbell, but she rarely came to the door. I didn't know if she was out or just ignoring me. It was

very hard. I didn't know what to do...I suppose I hoped she'd come round eventually and we'd get back to normal".

Just over a year after Kate had moved out, Maureen was visited by two police officers who informed her that Kate had been found dead in her flat, apparently from an overdose of prescription drugs. Amongst other things the police gave Maureen the number of the Child Death Helpline. "I didn't want to call at first" she remembers. "I felt so guilty—that I should have known how depressed she was; I should have seen the signs and done more to help her. I imagined everyone else would think that too, including the people on the helpline. I thought they would judge me and think it was my fault"

Maureen felt so ashamed about Kate's death she spoke to no-one about it for several years. Eventually she couldn't keep it to herself any longer. "I had to talk to someone. I was worried it was making me depressed...that I might end up harming myself too. I thought about it often. I remembered about the helpline but I was worried they wouldn't let me use it because Kate was an adult...but she was still my child. When I eventually called I didn't know what to say. The person who answered was so patient and understanding, like they knew how hard it was for me. I only stayed on a few minutes, but I'd made a start. I called again the next night and was able to say a bit more."

Maureen continued to call the line regularly. "I never thought I could talk so openly to a stranger, but not knowing them actually helped. I needed to go over it again and again—I don't think I could have done that with a friend or relative. Besides, they all thought I was OK because I'd never spoken about Kate. I put on such a good show of getting on with my life...they'd have been surprised if I'd started talking after all that time". Although she calls less often now, Maureen still uses the helpline occasionally: "I call on special days, like Kate's birthday or on the anniversary of her death. It's just good to talk to someone who understands, and not have to apologise if I get upset. I'm so glad I plucked up the courage to call that first time".

The Child Death Helpline offers support to anyone affected by the death of a child, of any age, however long ago. It is staffed by volunteers who are all bereaved parents.

Freephone: 0800 282986

When your child dies

When the unthinkable happens, bereaved parents need to talk about it, but friends don't always understand says Laurie Didham

In 1987, my eight-month-old baby, Rebecca, died from meningitis.

We felt terribly isolated. At the time, most of my elder daughter's Elisabeth's friends had younger siblings, which only seemed to reinforce our isolation on a daily basis.

Although we were surrounded by very kind friends, they could not understand how we felt and they had been very frightened by our experience.

I have since learnt that a great deal of discomfort the bereaved experience relates to society's reluctance to accept death as part of life.

I would often find myself putting other people's feelings before my own to avoid embarrassing them. As a result, it almost seemed as though Rebecca had never existed.

I had the additional grief of knowing that I could not have any more children.

My daughter, Elisabeth was at primary school where so much work is done around the family, and she still gets angry when she hears other child complaining about their siblings.

My husband, Roger, could talk to me, yet he couldn't talk about Becky outside the home. But you have to accept how others handle their grief.

"I would put other people's feelings before my own"

Child Death Helpline – Pack Inserts 2009



The death of a child is the most devastating experience any parent has to bear.

Parents have an overwhelming need to continue to talk about their child, the circumstances surrounding their death and the loss of expectations for their child's future.

A wide range of powerful emotional and physical symptoms - panic attacks, lethargy, aches and pains - are all common. I felt anger, guilt (had I called the GP early enough when Becky was ill?), and an almost total loss of confidence. I was also perpetually worried about Elisabeth: any sign of illness and I'd be on the phone to the doctor. But I can now reassure other parents that all this is normal.

Unfortunately death is a great taboo within society. The time it takes for families to readjust to life without the missing child or teenager is vastly underestimated. Every bereaved parent knows that their life will never be the same gain, although it is possible to achieve - in time - a new normality, while never forgetting the child who has died.

The Child Death Helpline offers a confidential, safe and empathetic environment, within which a very intimate sharing of an experience takes place.

The common link between volunteer and caller is the feelings that surround the separation of parent and child. Callers experience a great sense of relief when given the opportunity to talk openly to someone who will not wince or change the subject.

It is a great tribute to service that volunteers have given so much of their time to help other parents in distress.

