Child Bereavement Charity

Ordinary Days & Shattered Lives

Sudden Death & the Impact on Children & Families

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I was lost in my dream.
A man would take me away and lock
me In a dark cold place

By Joanna, aged 8 whose father and brother died in a car crash

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CHAPTER ONE

NO CHANCE TO SAY GOODBYE

THE AIM OF THE RESEARCH

Child Bereavement Charity applied to BBC Children in Need in 1999 for funding for a research project into the needs of children bereaved by sudden, traumatic and violent death. In that year, the Metropolitan Police Service statistics showed that there were 463 deaths from murders, manslaughter and road death The total number of sudden death including suicide, illness and other accidental death is not available and, because of this, it is simply not possible to establish the number of children who are affected by these deaths.

Children who are bereaved suddenly and violently are particularly at risk, and often get little support. Rutter (1991) noted that 'Depression, criminality, marital break up and other problems could occur in two thirds of children with severe behavioural problems' and that in working with children 'professional help could make a difference'.

Finding the 'right' words in working with families is difficult and many have expressed their concern that they 'have got it wrong' or that their intervention as parents, carers or professionals may 'make it worse'. In setting out the sequence of events that may arise as a consequence of traumatic death, Child Bereavement Charity (CBC) hopes to give families and professionals alike a better understanding of the issues and in doing so to identify the needs of those suddenly bereaved. Most importantly, the study also identifies from families themselves the needs of children and examines how these needs are met and by whom.

The aim of the research is to formulate a response which will result in a comprehensive, seamless service to support children who are disadvantaged by the sudden and violent death of someone important in their lives.

Where appropriate in the Report, recommendations are made to provide helpful advice to professionals.

Annexe A provides information for parents and professionals to refer to when supporting children and young people who are bereaved by sudden, violent and traumatic death.

BACKGROUND

Child Bereavement Charity ethos is to listen to families and the children and young people themselves and learn from what they tell us. This Report therefore draws on their experiences as well as the experiences of those professionals who are in a position to support them.

The report does not make easy reading, as some of the stories told are harrowing and distressing. All of those who took part in the study told individual stories and stressed their immediate needs and concerns as they saw them at the time. The research sets out, therefore, to establish what makes a difference under these circumstances, and uses evidence from relevant case studies, and rich quotes from the families who took part in the research. We did not determine the nature of 'family'. We purely asked those who responded to decide this for themselves. Also included in the study is one example from the best friend of a child who died, as this depicts a different circumstance of child bereavement. The research is presented to protect the anonymity of those involved and in consideration of the Data Protection Act. The report also examines the resources that are seen to be available from social services, educational psychology, and the voluntary sector, and discusses the reality of shortfall in provision of adequate support.

The research includes feedback from police family liaison officers (FLOs) regarding the needs of bereaved children that they have dealt with, the police concerns regarding resources, lack of training, and the way in which they deal with emotional issues. (These officers were not the same officers who dealt with the research subjects.)

We describe in the words of the families, children and professionals, the circumstances that arise, and the complex issues faced by relatives who have to deal with the immediate aftermath and longer term issues following sudden and unexpected death. From the families themselves we learn of the questions asked by children and young people, and the themes that emerge. From professionals we learn of their concerns and experiences, based on their own liaison with bereaved children. Most importantly, we make clear recommendations based on the research evidence, and set out the information and resources that individuals, relatives, and professionals have found to be useful.

As a result it is hoped that families and those who are there to support them in the aftermath of sudden death will be better informed and have a 'kitbag' of information, clear guidance, and practical tools that we know from families themselves can make a difference to the children in their care.

WHY THIS RESEARCH IS NECESSARY

> *'Getting help was horrendous. I phoned the NHS help line to check that there was nothing to offer. I just wanted someone to take the responsibility away. I felt so guilty about being unable to get help. It's traumatic, horrendous, and it's different'.*
>
> *'After a sudden death you are completely unprepared for what is happening to you'.*

Child Bereavement Charity was one of a group of organisations that responded to give advice, and provided written information to the police and social services working with bereaved families following the Ladbroke Grove railcrash. But it became clear to all involved that there was a dearth of information regarding the impact of sudden and violent death and the different problems faced by those relatives who have to deal with it. Police family liaison officers who dealt with bereaved families were faced with questions that required an immediate response: 'How do I tell my child?' 'What words do I use?'.

Other information from research on families of murder victims (Harris-Hendricks 1993 et al and Harrison 2000) also established that there was little support and advice to these families. Some of those most affected are the children who are effectively orphaned when father kills mother. Their relatives are in shock, grieving for the victim and yet having to deal with the children who are left behind, with the knowledge that one parent is responsible for the death of the other.

Support After Murder and Manslaughter (SAMM) is a well respected national charity working with families following murder, and in doing so have long been concerned for the bereaved children that they meet. The Chairman of SAMM South East spoke of their concerns for families bereaved by murder. 'It is difficult to imagine the terrible sense of loss that occurs, and the knowledge then that a child is bereaved under these circumstances is devastating. They will frequently have to leave their home, move schools, and be placed outside of their area, whilst at the same time be grieving and confused. If they are placed with grandparents there is often a problem as all parties are grieving and shocked, and conflict may arise. Money is in short supply and there is no financial help. There is a stigma attached to murder and a total lack of understanding which affects the family at every level. You have to face the press and media, not only when the murder occurs but also at trial. Children are teased and bullied at school, and there is a lack of understanding of their needs. Sudden death is different, and we need to get this information across to friends, other relatives and professionals. We really welcome this research, as help is not available to most of our families.'

Thames Valley Police support this view. The family liaison co-ordinator agreed that 'there is a lack of awareness generally regarding the impact and nature of sudden and violent death, and how this affects suddenly bereaved children. Further complications arise when, as with murder and disaster, the death is high profile, and the media interest continues long after the immediate impact. But

there are many families that we deal with where the death is not a media concern, yet is a personal tragedy for all involved. This research is relevant, and will assist the police officers who have to deal with families in tragic situations. Any information that we can gain from this report we will use.'

Road death and suicide may or may not attract a similar level of press attention, sometimes depending on circumstances and the age of the victim. For those where the death was sudden and unexpected through sudden illness, sudden infant death, or other tragic circumstances, the trauma and sense of loss is devastating, but those outside of the immediate family circle know little of this.

However, the professionals who are most aware are the police officers that make immediate contact with the family, the emergency services that are first on scene or Accident & Emergency staff at hospitals who are involved in any treatment. Unfortunately, it was not possible because of time constraints to interview other emergency personnel involved in the initial trauma following sudden death.

Additional evidence of the problems faced following sudden death was given by the Sudden Death Support Association who wrote to support this research, saying: 'There is no standard care after a sudden loss, and information varies so greatly, and is dependent on your source i.e. the police or hospital. There is no specific bereavement package given to relatives, and you are totally unprepared for what is happening to you. We MUST update our care of those bereaved suddenly and inexplicably by providing a standard information package which includes information on how they may be feeling, details of organisations that may help, and processes of coroners, inquests etc. This package can then be given by accident and emergency departments or by the police'.

LITERATURE SEARCH

Sudden and unexpected child bereavement has literature limitations. Many such as Parkes (1975), Raphael (1984), Wright (1991), and Worden (1996), have published extensively concerning the impact of bereavement, and their findings are crucial when examining the subject. But the area of sudden death and the impact on children and young people is less well researched.

Dr Dora Black at the Traumatic Stress Clinic in London has also worked with and published extensively regarding children and young people who have experienced sudden death. She believes that the first factor to consider is to assist children in helping them to understand, manage and anticipate the constant reminders that emerge. If intervention is swift, post traumatic stress disorder can be prevented. Dr Black's work contributed to the classic text *'When Father Kills Mother'* which highlights the need for support to those children bereaved when father kills mother. The research conducted by the Clinic found that children who suffer behavioural problems could in later life develop depression, criminal tendencies and emotional disturbance, and that 'professional help could make a difference'. Kaplan et al (1993))

One would anticipate that because of the importance that society places on the needs of children, the needs of suddenly bereaved children would be paramount. The results of research carried out by Worden and Silverman (1993) regarding the death of a parent are interesting and informative in relation to this. They interviewed seventy families where the death of a parent had occurred in order to establish the children's emotional and mental health needs, and to determine the coping methods used in dealing with loss. Sixty percent of the deaths in this study were expected, and forty percent sudden. Those children who experienced the sudden death of a parent reacted differently, crying immediately, were less likely to see the body, attend the funeral, or to keep mementos of the parent.

The question of resilience in children is an aspect of bereavement studied by the Liverpool Children's Project, which followed on from The Hillsborough Project set up after the Hillsborough Disaster in 1989. The Project found that there was little support to bereaved children under the age of twelve, and because of this they specialised in this area. In working with young people, particularly those who were traumatically bereaved, they established key learning points, which were published in the book *'Children, Bereavement, and Trauma, Nurturing Resilience'* (Barnard et al 1999). The factors are useful to all professionals and to bereaved families and are as follows: -

- Uncritical listening
- Storytelling
- Peer group support
- The need for all-inclusive support from family and friends
- A recognition that professionals can only be present for a proportion of the time
- The value of activity or action for channelling feelings elsewhere

These are all useful pointers in communicating with bereaved children and young people of all ages, and stress the basic skills that are needed by those who are in contact with them. As stated above the young people themselves identified the need for support from family and friends.

Professor Bill Yule (1990) gave further insight into the needs of children affected by disaster and found that in his study there was a lack of understanding between children and parents concerning their individual children's needs, which caused frustration. They were also hyper-alert, and more aware of danger. He studied the trauma suffered by teenagers affected by transport disasters, and found that almost all of those affected suffered sleep disturbance, separation difficulties, concentration and memory loss. Intrusive thoughts could be triggered at any time.

In determining the key factors that affect children, it is surprising to note that little is written concerning children, young people and gender, and the different ways that grief becomes evident. One person who has commented on this subject is Dyregrov (1990). He believes that in general terms girls are more able to express their emotions, crying openly, and indicate a willingness to share their emotions with a friend. Girls too, would discuss their feelings at home. Boys, in contrast to this, distracted themselves, and refrained from talking about the death. Dyregrov concludes that: 'Boys and men seem to suppress events more easily, lay them behind themselves, and look towards the future, while girls and women to a larger extent cope by confronting their feelings.'

Others who have studied the issues of gender include Field, Hockey and Small in their study: *'Death, Gender and Ethnicity'* (1997). They conclude that: 'A critical perspective on the gendered nature of grief and mourning stands in need of considerable further development … the specific question of loss and masculinity has tended to be neglected'. Although their study has not commented on the nature of children and gender as a general issue, it is important to consider this when we examine bereavement as a whole.

The Internet was a further source of information in regard to our literature search and we include a list of useful web sites. There are many and we have only named some of the ones found to be particularly helpful. Some of these are interactive, and of particular use to children and young people. Their comments on bereavement are poignant and telling.

Black's paper on traumatic bereavement in children concludes that 'Children who witness the death of someone close, or who are caught up in mass disasters, war and civil conflict are likely to suffer a traumatic bereavement. All children experiencing a traumatic bereavement should receive a preventative crisis intervention followed by regular monitoring for other problems and prompt treatment of any that supervene'. This need for skilled intervention, and the means of accessing it as required, should be the right of any child facing uncertainty, sadness and distress. However, in conducting our study it became evident that despite the research evidence regarding bereaved children, little support was available to those families who asked for help in the immediate

aftermath, when they said they needed it most. The professionals who did offer support were found by families to be ineffective, or to have a lack of understanding. Only two families who asked for help were given it in a way deemed to be appropriate

Several conferences, all of which had a different focus, but of importance to the central issue of bereavement, were attended. These included Children and Bereavement, Victims' Issues, and Post Traumatic Stress Disorder. Attendance proved a valuable addition to enhance the information gained from the literature search.

METHODOLOGY

Contact with Professionals

Because national statistics are not available regarding children who suffer traumatic bereavement, The Child Bereavement Charity set out to establish current provision in Greater London as it was hoped that statistics would be more readily accessible within this region. We began, as a starting point, with the Social Services and Education Psychology Departments of London Boroughs as it was anticipated that where a homicide took place, or where the death was suspicious referrals would be made via the police to Social Services, as per the Metropolitan Police Service (M.P.S.) guidelines for FLOs. The Child Bereavement Charity was also aware, from the multi-agency approach employed following the Ladbroke Grove rail crash, that Social Services have a key role to play when a disaster occurs. We had also anticipated that educational psychology services would be involved via schools. Accordingly, each Social Service Department and Educational Psychology Department within the Greater London area was approached via a questionnaire. Thirty-one questionnaires were sent out and of these, eighteen responses were received from Social Services, of which only three had precise information regarding the number of bereaved children referred to them.

Among the other professionals involved with bereaved families are, of course, the police. In London it was easy to access information regarding police practice from the M.P.S. who have in the last year produced an excellent policy document which states that: 'The loss of a close family member or friend through sudden violent or unexplained death is one of the most traumatic experiences' and goes on to say: 'One of the most important considerations throughout any investigation into a sudden, violent or unexplained death is the relationship between the family and the police'. *Ref Metropolitan Police (2001)*

Initially it was decided to involve the M.P.S alone in examining the police role, but although a positive and supportive response was made to all inquiries, there was reluctance from FLOs to complete any information in written form, therefore creating a problem in evidencing good practice, and the role which officers play in regard to bereaved children.

Police officers have a unique relationship with suddenly bereaved families, and because of this their observations regarding the impact of sudden death and the support available to children in these situations are valid and extremely helpful. We know that the way in which police officers respond to children who have been bereaved can be instrumental in the way in which a child deals with the loss. How do we know this? Because the most important factor in the life of a bereaved child is the way in which they are dealt with in the immediate aftermath. This was emphasised by Worden's colleague Phyllis Silverman in a seminar held at the Dougy Centre, Oregon USA (June 2000).

The role of the police officer dealing with a bereaved family is therefore crucial. In order to encourage interest in this subject area, a meeting took place at New Scotland Yard with a group of FLOs and a Co-ordinator, all of whom had

worked with bereaved families. This group was helpful in setting out their concerns, and these are included in this study. Two other meetings took place with senior officers from the M.P.S. and were also very helpful.

Other police forces were approached to assist, including Thames Valley Police, Hertfordshire and Sussex Constabularies, as each of these forces trains their own FLOs and has an FLO Co-ordinator. Sussex was selected because they have a pro-active approach to multi-agency working. A questionnaire was devised in which the officers were asked a range of questions, which concerned the needs of families and the questions asked of the police in the immediate aftermath. The Co-ordinator of Thames Valley, his deputy, and others from a group of FLOs contributed their own experiences in dealing with bereaved families together with individual officers from the other forces mentioned. Nine police officers completed questionnaires in relation to fifteen bereaved families that they had dealt with.

Their stories illustrate from a police perspective the way in which police officers deal with breaking the news, the questions asked, the information given, and their observations of the impact of sudden death. Some officers also indicated resources that they felt were of assistance not only to themselves as professionals, but also to the families involved.

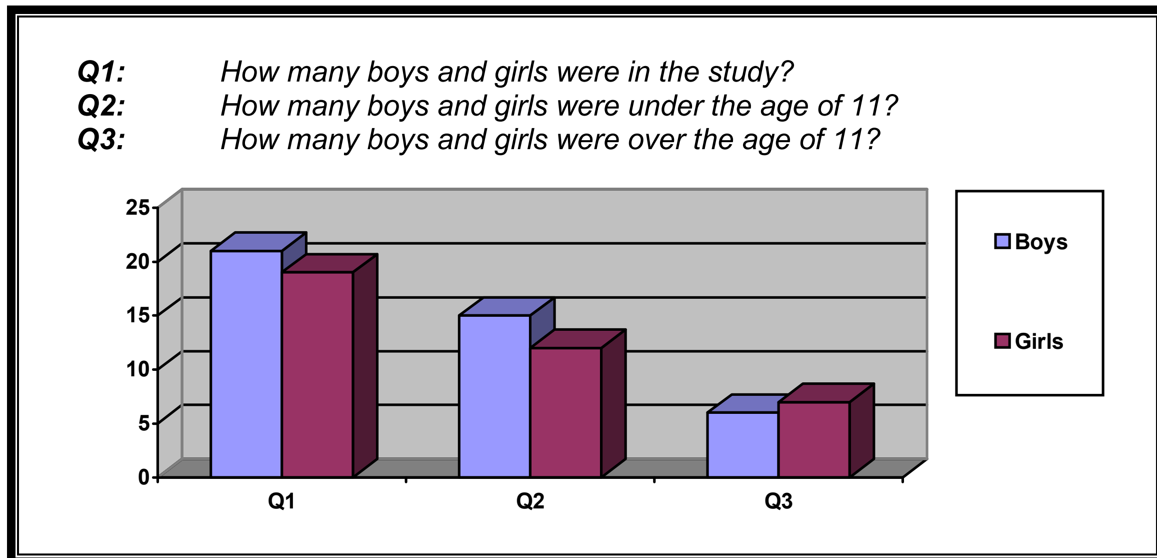
Contact with Bereaved Families

Because of the sensitive nature of the research, and in consideration of ethical guidelines, moral and ethical issues were at the forefront of this research. A questionnaire was devised which comprised seven questions asking for information regarding the way in which the news of the death was broken, and how this information in turn was given to the children involved. Contact was made in a variety of ways with families who wished to take part in the research.

Because of the way in which younger families seek out information we set out to use an up to date method of communication via the internet, and to target young families within the research. When initial discussions took place regarding research, two families suggested that we should contact the WAY (Widows and Young) Foundation to ask for assistance as this charity offers support to those under the age of fifty who are left alone following the death of a partner. Many of those involved communicate with each other by email. The Way Foundation were supportive and published an article about the research in their monthly newsletter, inviting those who would like to participate to complete the questionnaire which was then published on their website and discussed at the Annual General Meeting. Twelve did so, all by email, and another sent his dissertation, the subject of which was childhood bereavement based on personal experience. Other families were also referred via Support After Murder and Manslaughter (SAMM) Southeast, who discussed the questionnaire at their monthly meeting, and also published it on their website. Six families were approached by the police and three responded.

This resulted in a group of twenty-five questionnaires completed from twenty-two families, telephone interviews with ten of those who indicated that they

wished to make further contact, and face-to-face interviews with four of those involved. The number of children included in the study was forty, ages ranging between two and nineteen. Of these fifteen were males aged between two to eleven, six aged over eleven, twelve females under the age of eleven, and a further seven aged eleven and over. All were given a code to ensure confidentiality. The names referred to in the study have been altered.



The majority of the children, some twenty-five, were bereaved of a father and the remainder a mix of siblings and significant others, important in the life of the child.

From this we established an overview of the needs of those families who have to deal with tragedy and gained information from some of those services involved with their care and support. All of their stories are unique and heartrending, emphasising the isolation and loneliness, and all stressing the important and essential pieces of information that they feel must be emphasised within this research.

Chapter One References

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Internet Sites

- Child Bereavement Charity www.childbereavement.org.uk
- London Bereavement Network: www.bereavement.org.uk
- Winston's Wish: www.winstonswish.org.uk
- Kidsaid: http://kidsaid.com
- SAMM South East: www.samm-se.freeserve.co.uk
- Cruse Bereavement Care: www.crusebereavementcare.org.uk
- WAY Foundation: www.wayfoundation.org.uk

CHAPTER TWO

BREAKING THE NEWS

> Maxine wrote, '*I remember the day my brother died, it was very hot. I remember standing outside the door with my other brother and my mother was sobbing. I remember my father climbing into the ambulance with a bundle in his arms. My brother remembers him running up and down the street, holding my dead brother, shouting and crying. My Dad wasn't wearing a shirt, just a vest and trousers. I feel robbed and cheated that I have no memories of him, and no chance to say "goodbye"'.*

So what is different about sudden or unexpected death? We know that bereavement is part of daily life, and the effect of bereavement on individuals and families is well documented and researched. Less well known is the impact of sudden death, particularly where the death affects a child or young person.

Any death is traumatic but the sudden and violent death of someone important in the life of a child is devastating. Children and young people who are suddenly bereaved have to deal with a range of unforeseen and unthinkable processes that are confusing and frequently add to the distress. The child or young person may have witnessed or heard the death, or may be unable to view the body to say 'goodbye' because:

the body is damaged
the body is decomposed
the body is never recovered

If the child or young person is unable to see the person who has died it adds to the disbelief. The most frequently asked question by children in the study was 'Why?'. They wanted to know, 'What happened?'. Viewing the body enables questions to be asked, and answers given. Why is it important to know what happens? If we are able to access information regarding the death, adults and children alike are then able to process this in their own time, and in their own way. It then follows that if there is no body, or if the body cannot be viewed it adds to the complexities of the loss.

In sudden death there are also legal processes that have to be addressed when the death is seen to be out of the ordinary. For example, if homicide is suspected, the body will become the property of the coroner, and the relatives have no rights to touch and hold the person who has died, or to make funeral arrangements as the body is held until the coroner releases it for burial. In any sudden death a post mortem examination takes place to establish the cause of death before the body is released, and because of this there is frequently a delay in planning the funeral. Children may want to go and see the person who has died and cannot understand why they are unable to do so. This adds to the unreality of the death. One police officer said: 'People realise that they have no power when these events happen, and they are left feeling useless and very

scared. Their lives are devastated, and they are angry and confused, looking for someone to blame. I have an overwhelming desire to get help for a four year old whose mother was murdered, because he suffers nightmares, extreme behavioural problems and head bangs.'

To be facing the death of someone important in your life, having to break the news to your children, and struggling to understand the complexities of the criminal justice system at this time is daunting. This was the point at which many of the families said that they needed help most, but found that there was a lack of information regarding support for their children.

Whatever the cause of death the suddenness and traumatic nature of it was shocking. The words of those who took part in the study are used to describe the impact of this:

> 'My husband died in front of me from a sudden unexpected heart attack. My children were in the same room. I went off in the ambulance whilst the paramedics were trying to revive/resuscitate him. The children stayed with a neighbour. My son's last words as we left were "You won't let Daddy die will you?". On my return I told him straight away. He wanted to know why his daddy died, and whether if we could have stopped him smoking he would have lived. I explained that his condition was hereditary, he knows the physical reasons, but I don't have the answer myself to why someone who did so much good for others could die so young.'

For another woman it was the police who broke the news that her husband had 'severe head injuries, following a crash'. He was paralysed and sedated in intensive care, and died later.

> 'My parents had gone to fetch the children as I had been warned that he was dying, and I wanted to be the one to tell the children. My father-in-law decided to do it for me and I could hear them howling as the lift approached. They cried and cried, and asked over and over why? They didn't want to see him for which I am grateful as he was unrecognisable.'

> 'I didn't receive any help. Why not?'

> 'I had no help at this awful time apart from my in-laws … I felt everything was down to me. I felt that I was totally unprepared for the aftermath and that still everything was down to me.'

> 'When we arrived a nurse said we couldn't go in, and a few minutes later she asked to see me on my own. She told me, "He has taken a turn for the worse, and the result was fatal". I thought I had misheard her, and then said that I didn't believe it, and then I screamed. The children heard me and said, "Daddy isn't dead is he?" and I said "Yes". We cuddled together crying and I said "It's just the three of us now"'.

For these families, and the four others where the death had happened in hospital, it was difficult to obtain any assistance or support. The hospital staff found it difficult to find the words to use, and none used the word ‘dead’. On one occasion a young woman was told that her brother’s heart had stopped, when in fact he had died on arrival at the hospital. Another was told that ‘We have lost him’ which added to the confusion in his wife’s mind. Another example of insensitivity, adding to the fear already present, was when a

psychiatrist was asked to see one young woman who had witnessed a fatal attack on her brother. The young woman was in a distressed and hysterical state refusing to believe that her brother was dead, until she witnessed her father collapse when the news was broken to him. She was then told that she would be sedated, and in fear ran away from the hospital, adding to her family’s distress.

Sudden death is difficult to deal with for all of those involved, particularly when police officers or hospital staff see children and young people in distress. Some information is given in inappropriate ways in the mistaken belief that it is less painful, and will soften the impact. Professionals can identify with others, particularity if they have children of a similar age. Where individuals were insensitive, it was unintentional but nevertheless added to the distress. It is important to be clear in the information given, and to use appropriate words such as ‘died’ and ‘dead’.

RECOMMENDATIONS FOR PROFESSIONALS

- Establish as much information as possible before breaking the news. For example, relatives will want to know ‘Where is she?’, ‘When can I see him?’.
- Ask the person that you are breaking the news to, to sit down.
- Sit down near them and introduce yourself.
- Check the name of the person you are talking to.
- Say simply, I’m sorry to tell you that your wife/partner/husband died today’
- Always use the dead person’s name.
- Only 30% of information given will be retained, because of shock, so check what has been understood.
- If children are present, sit on the floor, or kneel, and again simply repeat what has been said.
- Ask what information is needed, ‘why?’, ‘how?’ and ‘where?’ are the questions most often asked
- Establish what is required, be honest, say what you can do, do what you say.
- Find others to assist.
- Give written information regarding post mortem examination, and the role of the coroner.
- Give written information regarding child bereavement and common reactions.
- Where, in terrible circumstances, two or more members of the same family die and need to be identified, ensure that the bodies are placed close together.

RECOMMENDED INFORMATION TO BE GIVEN TO RELATIVES

All of these are excellent and contain information pertinent to the post mortem, and the role of the Coroner. They should be given routinely to families.

<u>Leaflets</u>:-

- The Work of the Coroner – Published by the Home Office. Ref: 100M/3/96
- Coping with Personal Crisis – British Red Cross. Tel: 020 7235 5454
- Examination of the body after death: Information about post-mortem examination for relatives – The Royal College of Pathologists.
  Tel: 020 7451 6700
- Coping when someone close has been killed – Published by The Home Office (*Citizens Charter)*

CHAPTER THREE

TELLING THE CHILDREN

The pain of breaking the news and in doing so hurting your children was a common theme. 'Nobody wants to hurt children and you know that what you are going to say will hurt.' When a parent broke the news children mostly accepted that the person was dead. But younger children, almost always boys, asked very poignant questions, the nature of which will be discussed later. All of the parents believed that telling their children was their responsibility, and that they knew their children best.

What became evident was the parents' strength of feeling regarding this. They all stressed the importance of telling the truth, and the need to be clear in the information given.

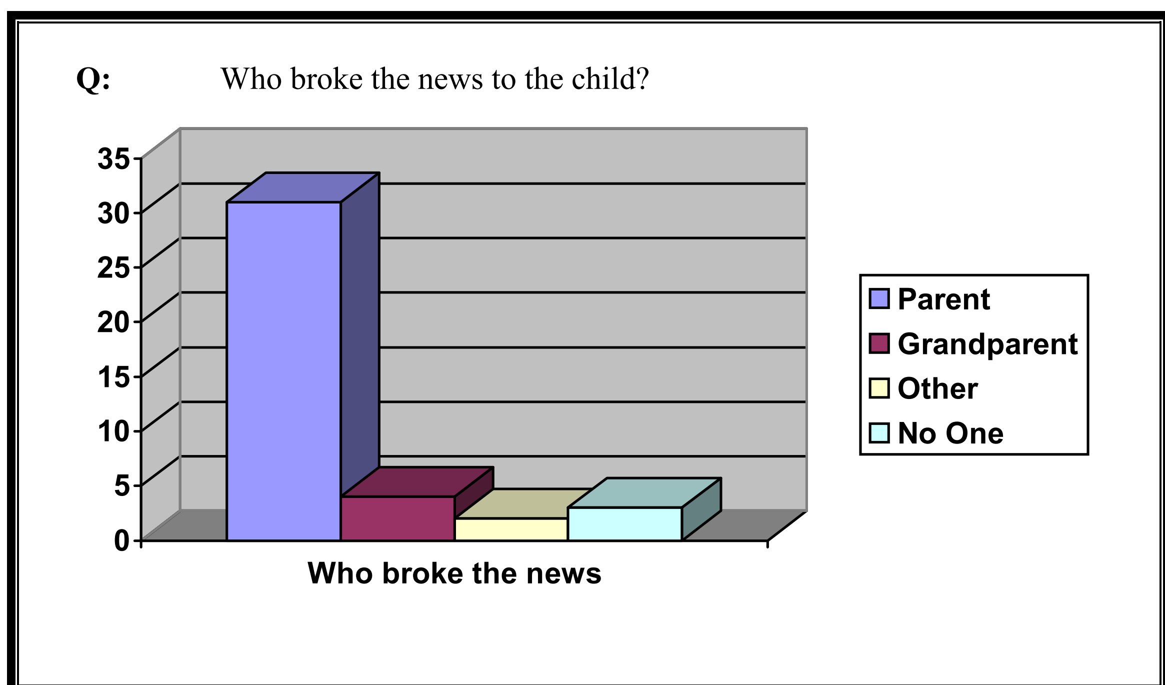
> 'I sat the children one on either side and explained that dad had had an accident coming home and that he was dead. There was no way that I was going to give them false hope, and hard as it was it was going to be me who told them. That was when it hit me that I was now totally responsible for them and that I could not ease their pain. As a parent one of your tasks is to prevent your children from being hurt, and here I was hurting them and knowing that it had to be done.'

All of the mothers in the study used the word 'dead', but grandparents in two cases were unable to do so, one choosing to say: 'Mummy has gone for a long sleep'. Another wanted to say that there had been an accident, when in fact her daughter had been murdered. These two grandparents were dealing not only with their own grief, but also having the responsibility of dealing with children, tragically bereaved of their mother. It may be that in attempting to protect the child they were also maintaining their own sense of disbelief at the horror of the situation, and perhaps adding to feelings of confusion for the child.

The way in which the news is given, and who breaks the news, is particularly relevant as some of the children were present when the death occurred. Wright (1991) stresses the need for the news to be given by a parent or close family member. It is important also to consider that they too are grieving and, as Wright says, 'the task may overwhelm them'. However it is not always possible for a relative or friend to do this, and the research evidences the problems professionals and family members other than parents have in giving honest information to children and young people.

Police officers, too, were extremely reluctant to use the words 'died' or 'dead' and in a similar way to the grandparents, preferred to use euphemisms. None of the police officers who responded to the police questionnaire, regarding the way in which news was broken to children, was able to tell the child without using or suggesting a euphemism of some sort. They were particularly sensitive to the needs of younger children and very concerned not to make a tragic situation worse.

But it is not possible to shield children and those involved in death and if we do not tell children the truth we may easily lose their trust. The information must be clear and concise, given in a safe environment, allowing time for the information to be taken in and for children to respond. Brown (1999) also stresses the need to give clear, unambiguous information to children and young people. She agrees that the words' dead' and 'died' must be used. To use euphemisms may cause further confusion where none was intended. Buckman (1992) also raises an important point regarding children's understanding. He says, 'You cannot be certain that a child of five will not understand………or that a child of nine will. More than in any other setting you must check frequently and make sure that you are providing information that the child understands'. He goes on to stress the importance of checking that the information is understood and the necessity of repeating this.



Some children, like Maxine, were never given direct information regarding the death, and this adds to the growing sense of disbelief. For another family in the study there was no one to break the news, rather a dawning realisation that their 'traveller' was missing following a national disaster and therefore presumed dead.

Said one family member, 'First you think the worst and then you find a reason not to think the worst. At no time during the two days that followed the disaster were we given any personal contact (which we were waiting for and expecting)'.

The children were, in the words of their mother, 'obviously affected by this, and the older one clearly made the connection between the news and our tensions. The way in which we learnt of his involvement was incredibly insensitive and painful'. The children's father explained to the three children three days later, as other family members travelled to the mortuary. 'The oldest child was very affectionate to everyone, and had a morbid interest in the crash, wanting to know how it happened'. Waiting for news and the uncertainty is terrible for all involved.

Other families were told by the police in a variety of ways, the manner of death adding to the disbelief. The wife of one man who felt that the police had 'got it wrong' illustrates this:

> 'Two police officers knocked on the door … I let them in and they just blurted it out: "There's no easy way, there's been an accident, your husband is dead". I didn't believe it could be him and said: "Are you sure it's him?" Then I was very sick and just threw up. The police asked my sister-in–law to come and she arrived and fell on the floor. The police stayed for about fifteen minutes and then I went to see him, I wanted to see him, I wanted to know that it was him. I needed to check that they hadn't got it wrong. My husband was very close to his parents, and I had to go and tell his Mum, she screamed this awful noise'.

Her story also illustrates the way in which shock manifests itself because a quarter of the research subjects vomited or felt nauseous, and ten percent collapsed.

Others stressed the need to protect children from the initial news, and the following illustrates this:

> 'At 12.30 I saw a maroon car drive slowly up the cul-de-sac, and I saw the epaulets on the police uniform of the men's shirts, that will always stick in my mind. I was aware that two of my children were in, I told them to stay there as the police were here and it looks as though Dad has had an accident. So I answered the door as the two policemen were getting out of the car..…and as I shut the door they asked me if my husband had a motorbike, and the smaller of the two said straight out: "There's no easy way to tell you this but Andrew is dead". I walked in the living room and had not cried at all, in fact I was so calm I couldn't believe it.'

So, the way in which the news was broken to relatives varied. But the sense of disbelief, the physical symptoms of shock and the pain of telling the children were felt by all. Parents believe, as we have said, that it was their responsibility to break the news. But how and what should be said? We have, as a result of the research, written guidelines for those who have to deal with the consequences of sudden death.

Chapter Three References

- Abrams, R. (1992) When Parents Die (London: Letts)
- Buckman, R. (1992) How to Break Bad News.(Pan Books)
- Brown, E. (1999) Loss, Change and Grief: *An educational perspective.* (London: David Fulton Publishers)
- Worden, W.J. (1991) Grief Counselling and Grief Therapy. (Routledge)
- Wright, B. (1991) Sudden Death. (Churchill Livingstone)

CHAPTER FOUR

THE SEQUENCE OF EVENTS

What follows in cases of sudden death is a process which is unfamiliar, confusing and where the medico-legal terminology adds to the sense of disbelief.

The body will have to be formally identified and a statement made to the police. For some, it will not be possible to touch the body because it is the property of the State and contact could contaminate the evidence. For others, there may be injury and disfigurement which could cause additional distress. In other cases it is not possible to see the body, either because it is unidentifiable or has not been found. Worden (1983) identifies the first task of mourning as the need to accept the reality of the loss. This poses a particular problem for those who experience traumatic loss, as the nature of the death is unreal. Krupp (1986) observed: 'At times mourners seem to be under the influence of reality and behave as though they fully accept that the deceased is gone, at other times they behave irrationally'.

> Jane said: 'When I had to go and identify my husband there was a void as I wasn't with the kids, and I felt that I had abandoned them with their pain, especially as there was no family close by. They went to a neighbour's and it would have been good if there had been an expert in child bereavement to help guide my friends as they said they didn't know what they were doing right or wrong'.

Another wife told of her sense of disbelief when she was taken to identify her husband's body, which still had resuscitation equipment attached to it. The paramedics had left the equipment in place, and she was told that it could not be removed.

> 'My brother-in-law was very good and drove us to the mortuary, where I was asked to formally identify him. I was too frightened to go in, he looked asleep. I couldn't touch him as he was behind a glass screen. He had medical stuff attached to him which they said couldn't be taken off until the post mortem. I had to explain to his mum what a post mortem was, and what an inquest was. I wanted answers but had no rights. I asked for a police family liaison officer but was told that because the HSE (Health & Safety Executive) were involved I couldn't have one'.

The need to touch and hold the body of the person who has died and to say 'goodbye' is well documented. It is part of the grieving process, and to be denied that right adds to the sense of disbelief. Whilst relatives are in shock they are expected to make a formal identification, if a visual identification is possible. In some cases it is not, and the victim has to be identified by fingerprints, dental records or DNA. In these situations the family is asked to give formal permission for dental records to be obtained. One in five of the population has a criminal record, and identification can be obtained from fingerprints already held by the police. Complex issues may also arise when

DNA is requested, regarding lineage, as ten percent of the population is not fathered by the person who they believe to be their parent. Although this situation did not arise in the study, it is important that professionals working with families are aware off the complexities of identification, and some of the problems that the process may lead to. It is important that relatives are aware of the complex issues which they are expected to understand and take in, when shocked and grieving.

The delays that arise are misunderstood and incomprehensible to families. They are lost, unsure of how to proceed, unsure whether children should view the body, and unaware of what will happen next. It is vital therefore that those who work with suddenly bereaved families have an understanding of the procedures that follow sudden death. No information of any kind was given to any of the families regarding the post mortem examination or role of the coroner, although there are leaflets available explaining the procedures. This type of information would have been welcomed by those involved in the study, as the only relative to receive information was given it two months later. Her comments illustrate this well.

> ‘Having the post-mortem and inquest explained in child speak, and telling me when it would happen was not easy for the staff, especially as I didn’t understand it either. I would have welcomed some advice then about seeing the body. I received information later and it would have been useful to have it at the time. The role of the Coroner and the Coroner’s Assistant was very difficult for me to understand and you have to try and learn and understand a lot of information at the worst possible time’.

However, all of the police officers who responded to the police questionnaire gave written information to the families they dealt with. This information ranged from the Home Office Homicide Pack to information from Compassionate Friends (a national charity which offers support to parents when a child of any age dies) or, in some cases, local resources. It may be that hospitals that deal with sudden death are not prepared or resourced, or perhaps those involved with bereaved relatives are not aware of the need for information to be given. It could be suggested that because we know that memory and concentration are affected, and relatives are in shock, they might forget that information has been offered. But within the study we were faced with clear evidence to the contrary and no written information was offered to families. The leaflets and information suggested in this Report should be given as a matter of course as they are helpful and informative.

FOLLOWING IDENTIFICATION

The death is usually reported to the Coroner by the police at the scene or by a doctor who is called to attend. The Coroner will determine whether a post-mortem examination must take place, and if so, the coroner will ask a pathologist to examine the body, and conduct a post mortem. A forensic post mortem is conducted in cases of suspicious death. The body is held by the

Coroner and cannot be released for burial or cremation until he or she determines it. In homicide deaths this can mean a delay of two months or more. The delay in funeral arrangements and the powerlessness experienced by families at this point is difficult to imagine, even more so when cultural factors determine that the victim is laid to rest within certain time constraints. But in other cases a doctor will also report a patient's death if unexpected or alternatively, the local registrar of deaths may make the report. The death cannot be registered until the coroner has finished his or her enquiries. These enquiries may take time, and until these are complete, funeral arrangements cannot be made. The coroner may, however, decide that death was quite natural and that there is a doctor who can sign a form saying so. In this case the coroner will advise the registrar.

THE POST MORTEM EXAMINATION

The coroner may also ask a pathologist to examine the body and, if so, the examination must be done as soon as possible. The coroner or his staff will give notice of the arrangements to, amongst others, the usual doctor of the deceased and any relative who may have notified the coroner of his or her wish to be medically represented at the examination. If the examination shows the death to have been a natural one, there may be no need for an inquest and the coroner will send a form to the registrar of deaths so that the death can be registered and a certificate of burial issued by the registrar. If the person is to be cremated, the coroner may issue the certificate. Where a person has been charged with causing someone's death, eg. by murder or manslaughter, the inquest is adjourned until the person's trial is over. Before adjourning, the coroner finds out who the deceased was and how he or she died. The coroner then sends a form to the registrar of deaths to allow the death to be registered. When the trial is over the coroner will not normally resume the inquest.

The post mortem examination and the Coroner's role are foreign to anyone in these situations. The powerlessness and lack of control felt by grief stricken relatives is commented on by Abrams (1992): 'Perhaps the hardest aspect of a parent's death for young people, and the one most consistently overlooked and misunderstood, is that death and mourning and grief involve feelings of helplessness and a lack of control that are exceptionally difficult to cope with when you are precisely at the stage in your own life when you need to feel powerful and in control'.

THE INQUEST

An inquest is an inquiry to find out who has died, and how, when and where they died, together with information needed by the registrar of deaths, so that the death can be registered.

One FLO observed that the process was: 'Devastating. It left the family hurting at a level that confuses others, angry confused people who look for someone to blame. People realise that they have no power and events happen that leave them useless and very scared'.

Another police officer observed: 'I saw how much of the decision making ability is taken away from the family. The family has suffered the loss of a loved one, and do not have any say over the release of the body or how the investigation is progressed. It was only at the time of the funeral that they did have some say in the matter'. Other factors complicate the grief still further; 'No consideration was given to the family by the media, and because our situation as police was complicated we wanted a senior officer to see the family… .but our request was dismissed straight away. It seemed to me that the organisation's needs outweighed the needs of the family'.

Frequently forgotten by those dealing with families is the fact that before the death occurred it had been an ordinary day. But tragedy strikes on 'ordinary', sunny and wet days alike, and the consequences are devastating, relatives and children alike facing the unthinkable without those who would under normal circumstances be there to help and comfort them.

CHAPTER FIVE

SAYING 'GOODBYE'

CHILDRENS' REACTIONS

None of the children in the study visited the person who had died in the mortuary but five did so later at the chapel of rest. For those where the body was visually injured it was particularly hard.

> 'I asked the children if they would like to see their Dad, and they said "no" for which I'm grateful as he was unrecognisable.'
>
> Others were angry 'My daughter and son went to see their Dad, and when they got home my son went out to play as normal, but my daughter was very angry because she had lost her daddy. Her daddy who looked after her while mummy was at work and she was the apple of his eye. It was very difficult.'
>
> 'The news about my husband was hard to bear but it was nothing compared to the devastation on their faces.'

None of those who did go to the chapel of rest regretted doing so. The children's reactions varied from no reaction at all, as with the young man above, and anger as expressed by his sister was also present in others. Some were visibly upset but needing to say 'goodbye'. Police officers also commented on the immediate impact on children, and the difficulty they had in escorting children to see the body. 'The family were devastated and have a hard time coming to terms with their own grief, but having to deal with a child's grief as well, and to have patience with him is so hard. I just wanted to take him home and give him the love he deserves'.

Another family liaison officer said, 'When I heard that there was an eight-year-old girl involved I felt physically sick, and panicked. Her grandmother wanted to tell her that her mother had died in an accident, but I suggested that she shouldn't lie to her, as she would probably resent it later. Apart from that there was intense interest from the media in the murder, and she would have found out anyway. But she didn't show any immediate reaction, and went out to play. We took her to the chapel of rest with her father so that she could see her mother, if she wanted to. She wrote a letter to her Mum and placed it in her hand, and said in the letter that she loved her, and that she was having a great time and that everyone was being really nice to her. The mortuary technician was very helpful and suggested that her father should pick her up, and then she could look if she wanted to. The mother was dressed in her own clothes, and a veil placed over her face because she had extensive head injuries. We described the room that her mother was in, told her that it would be cold, and that her Mum would look different. Her father wanted her to visit to say 'goodbye', but the choice was always hers, and she seemed to cope well.'

Another mother, who had also been bereaved as a child herself, stressed the point raised above concerning choice. She felt very strongly that her two sons

should be given the opportunity to view their father’s body. Both wanted to do so, to help them believe what had happened. She wrote to say that ‘following his death, both boys kept mentioning his smell, i.e. his aftershave. The younger one didn’t want me to wash the bed linen initially, because he could still smell his Dad. When I discussed taking the boys to see their father with the police family liaison officer, he suggested spraying some aftershave in the room before they saw his body. He did this, and I believe it helped the boys. Because of the circumstances there were police present, and it was dark, cold, silent and remote. I wondered if it would have been appropriate to have some quiet music in the background to reduce the peculiarity of the situation. I strongly believe that children should be given the opportunity to see the body, but that they must not be put under pressure to do so’

CHAPTER SIX

THE NEED FOR INFORMATION

It is important for families and professionals working with bereaved children to be prepared for the difficult and probing questions that some children will need to have answers to. It was also interesting to note that it was boys who had a need for detailed information about practicalities and the problems around the state of the body.

QUESTIONS CHILDREN ASKED

The nature of the questions asked by the children would depend on their age. What became evident as the research progressed was that younger children initially accepted immediately that the death had occurred, and only one teenager asked 'Are you sure?'. Another mother said 'They asked so many questions, stuff you wouldn't believe. It's so hard because no-one wants to hurt children and you know that what you say is going to hurt them.'

Several themes emerged from the questions asked by the children. These are the themes that became evident as the research progressed. Boys from the age group 2-11 asked the most questions, including those that follow:

On fear and anxiety:
- Daddy's not going to die is he?
- You won't let Daddy die will you?
- Who will look after us if you die?
- You're not going to burn Daddy are you?

These were difficult questions to answer as in the first two cases the victim was critically injured and then died, and the news then had to be broken later to the children. Two boys asked the same question regarding cremation, and this was the most difficult question to answer. Neither of the two mothers involved felt able to explain what happened at a cremation, and decided that they would explain at a later date, despite both believing that this may cause problems.

On the need for practical information:
- How did he die?
- Why did daddy die?
- Is there enough money?
- Where is she?
- Why did the car go on the grass?

On information regarding the state of the body, and what happened to it:

Why are people cold when they die?
Is daddy a skeleton yet?
What does decay mean?
What's happened to his brain?
He needs his heart, where does a heart go?

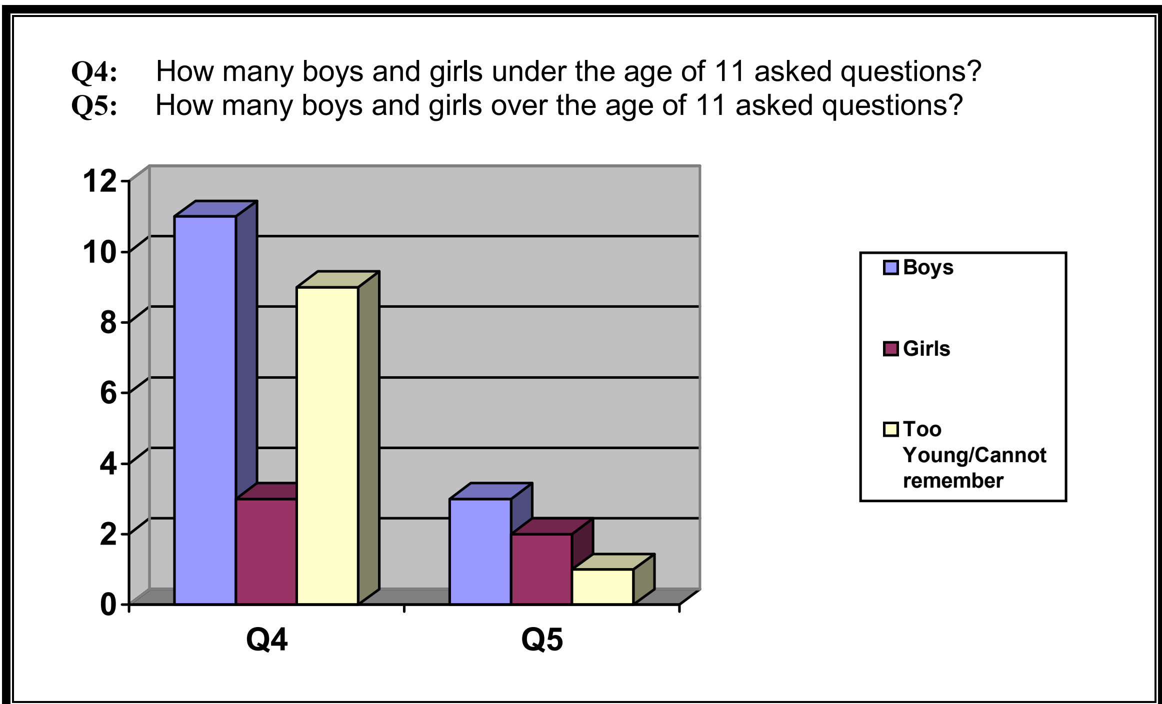
On things you may not think of:

When you die can I have your mobile phone?
Is it true that we're going to live in a flat? Someone at school hasn't got a Dad and she had to move?
What does cremation mean?
How can we go on holiday on our own?
Who will go to cubs with me?
Will he see Noah, Moses, and others who died a long time ago?

OLDER CHILDREN AND YOUNG PEOPLE

The older children and young people asked for more specific information around the manner and cause of death. The need for information was equally balanced between the sexes.

How could this have happened?
Are you sure it's him?
What are we going to do?
Where is he?
How did he die?



The families, including children, wanted information. Some could not believe that the person was dead. Others too, told professionals involved 'I don't believe you'. The children asked a range of questions, 'They cried and cried and asked over and over "Why?"'. 'Two older siblings said: "How could this happen?" and I tried to tell them what I had been told, I did not hide anything. They wanted honest information'. But as stated previously it was the younger boys who asked most questions, sometimes repeating this in trying to understand and make sense of the nonsensical.

The difference between the reactions of younger children and young people was noticeable, both in the initial response and the number of questions asked. We know that adult responses to sudden death include total disbelief and this shows itself by a refusal to accept the information given, or by numbness that cushions shock. It may be that young people, who are given terrible information by a parent who is themselves grieving, will then mirror their response. Alternatively, they may also be more aware than younger children, of their own responses and how these, in turn, may cause further distress to those close to them who are grieving.

WHAT HELPED CHILDREN

- Honest information
- Talking openly.
- Support from friends and neighbours who gave them space
- Having someone to cuddle
- Sleeping in Mum and Dad's bed
- Establishing ground rules early

WHAT HELPED ADULTS

- Friends
- Neighbours
- Relatives
- Companionship
- Writing
- Support groups

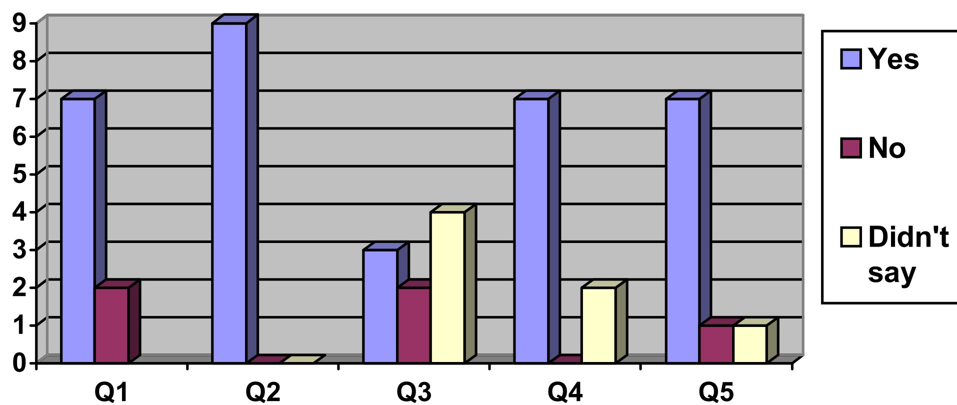
Information from Professionals

No one person identified any professional who provided the information that was needed by the family at the time or in the immediate aftermath. One mother received information that would have been valuable immediately after the death, some months later. This mother did not know whether her children should be encouraged to attend the funeral or not, and it was evident from the information that if they wanted to attend, they should have done.

All of the police officers in the study were asked whether children should attend the funeral. The families that they dealt with were uncertain as to the appropriateness of this, and needed reassurance that they were doing the best for the children. The responses given by police officers regarding the needs and information required by families is set out below, and contrast strongly with the families who completed questionnaires. The police officers who attended the seminar were concerned that social services are understaffed. They were also concerned that in cases where father kills mother, the fear of remaining family members is that social workers will remove the children from their care. Families also perceive a stigma in a referral to social services, but clearly the main concern is the fear, frequently groundless, that children will be removed.

Statistics based on 9 responses from police officers.

Q1: Was written information given to families?
Q2: Was multi-agency support available?
Q3: In the cases mentioned by police officers, did the children go to view the body?
Q4: Were officers approached regarding the funeral?
Q5: Were officers asked to give advice on breaking the news or asked to break the news directly.



CHAPTER SEVEN

PERSONAL EXPERIENCES

So how do children deal with their feelings if their needs are not met in a way which is understandable to them? We make no apology for including the stories of bereaved children and families in this report, and do not regard this as anecdotal evidence. Much more than that, they offer an opportunity for those who work with families to learn of the complex issues faced by adults and children, and offer a unique insight into children's fears.

The following story is told in the words of Clarice who survived the road crash that killed her husband and son. She decided to write her story in her own words. It does not make easy reading, but it should be read, not only as a tribute to Clarice and her family, but for the learning points that she so clearly evidences.

Clarice and Joanna's Story – An 'Ordinary' Day

'It was such an ordinary day. The first Saturday of the summer holidays. It was a lovely sunny day. We spent the morning at Tamar Lakes where Tim had a first lesson in windsurfing with a friend. There was no wind, but he learnt to balance beautifully!! The children and I watched and they played in the playground or throwing stones in the water. We went into Bude for lunch, and then went rowing on the canal, a favourite family pursuit in the summer. Both children had a go at rowing and did well. We then had a cuppa and Tim took a couple of photos of me and Joanna – the last ones. Then we started for home as we were going to a barbeque with friends that evening. Tim drove, I daydreamed, Chris was reading, (Enid Blyton of course) and Joanna was playing with a few toys. I remember sharing a smile with Tim when we got stuck behind a tractor, and vaguely remember the cars in front turning off the main road until there was just one more between us and the tractor. The next thing I remember is hearing Joanna crying and reaching out my hand to her, and being aware that I was in a helicopter because of the noise.

'When the emergency services managed to get Chris out of the car he was airlifted to hospital but pronounced dead on arrival. Joanna and I were also airlifted to Plymouth and that's where my hazy memories return.

'I was told by a Doctor in A&E after I asked in a dazed state "Where are Tim and Chris?". He first responded by saying that he would tell me later, OK? To which I replied, 'Oh, OK' or some such. Perhaps if I hadn't been so dazed I would have insisted then. A while after this, (I don't know how long that was) he "woke" me up and said something like "You have been in a car accident with your family, you husband Tim was killed instantly, and your son Christopher was declared dead on arrival at hospital, OK?"

'After I had been admitted to the children's ward in a side room with Joanna, (arranged by the police, I believe) she asked me at some stage

where Tim and Chris were. I didn't tell her then. I either couldn't face it, couldn't think what words to use, didn't feel I was compos mentis enough to do so or we got distracted and she didn't ask again. That time is really quite a daze for me, and I think I've locked some of it away.

'The next morning I told Joanna whilst we were sitting on the bed together and I had my arm around her. Again I can't remember exact words but I think I started by asking her what she remembered and what happened to her. I told her that they were both dead, (she had heard about someone's pet dying recently so had a limited understanding of it). I tried to make it clear that they would not come back, we would not see them again. I told her it was not Daddy's fault, he was a very good driver. I told her it was just she and I from then on, and that it would be hard but we would be OK, that they would want us to be as happy as we could be. I can't remember if she asked anything.

'I did not ask or receive any help in breaking the news. It never occurred to me to ask for help. Joanna is **my** daughter, I suppose I assumed that I was the best person to tell her, it was my responsibility, I knew the language that she understood and it was about our family. I told her when it was just us together, I would not have wanted anyone else there to witness our private pain at that stage.

'The following day I was accompanied by one of the policemen (who was patient and kind) and a nurse to the chapel and mortuary viewing room. Part of me could "step outside" a little and compare this experience to me as a nurse taking relatives for the same purpose in the hospital where I worked. I even wondered how I would react. I had seen numerous dead bodies over the years, but no-one closer to me than a grandparent. I remember a largish room with some sort of door/ screen across the middle. I couldn't see Tim and Chris at first, but once I was taken through, I was aware that I could be seen by the nurse and policeman who waited for me in the first area. I stood at the entrance to the second area and didn't know what to do. One of them was to my right and the other to my left, with about 2-3 metres in between. I didn't know who to go to first. It was awful. If I went to one first, did it mean I loved the other less? Was there some sort of unwritten hierarchy or code of practice that I should know about? I had dissolved into tears anyway, and stood frozen for a few seconds, but I didn't want anyone to come up to me or try to take me away because I was upset. So I made myself move on. I know I reasoned things out in some way, but I honestly can't remember who I went to first. I think I have blocked it out so that I couldn't torment myself later with wondering if I'd make the right choice.

'Whether it was because Joanna was with me and I wanted to control myself for her sake, I don't know, or whether it was because it didn't seem as if Tim and Chris as people were there anymore. The funeral director had warned me that the bruising had come out, and indeed, Tim and Chris did not look pretty, but they weren't as bad as I thought they might be. Joanna was so brave. She had chosen little things to give them, with my help as I was

concerned not to put anything in the coffins that we may later regret not keeping. She had made cards saying how she loved and missed them, but I think they also had little poems on that she associated with them. And we had chosen a few photos of happy occasions, and a small toy of Chris'. It was a hot day, and Tim and Chris beaded in condensation. I think Joanna asked why they were sweaty, and I tried to explain it simply. She did not want to touch them at first, I think because of the wetness, but I helped her to stroke their hair, and I think she then kissed their hair. I noticed that there was a faint but definite aroma of decay/rotting meat. I had been worrying myself about how I would think of putting their bodies into the ground, (I couldn't have Chris burnt, so had chosen burial) but seeing them that day helped me a lot to realise that what I was having buried was just slowly rotting flesh, empty shells, of no earthly use. Whatever had made Tim and Chris into real people was gone from those bodies.'

Every child is different, and will ask and question in their own way, depending on age, gender and circumstances. Three stories follow to illustrate this point The first was written by Maxine some thirty years after the death of her brother, and the second is written by James. James is now twelve years old and describes the help he received from his family in accepting the death of his best friend in a car crash. The third is in the words of another young person, Catherine, who wanted others to learn from her of the horror of murder.

A little of Maxine's story was included in the introduction, and the rest of what she told us of her family's tragedy follows. It illustrates the confusion felt by young children when an unexpected death occurs. John was found dead in bed at the age of eighteen months. Maxine had been playing football with him the day before he died, and a photograph taken on the actual day shows them playing together on a see saw. Maxine calls her story 'Robbed and Cheated' because that's how she feels.

Maxine's story – Robbed and Cheated

'I was asked to write an essay at school about my earliest childhood memory, and I wrote about the day my brother John, died, and how I remember standing outside my front door, with my older brother, and mother, and she was sobbing uncontrollably. We were watching my father getting into the back of the ambulance holding a white bundle. I remember my fathers black rimmed glasses, and he wasn't wearing a shirt, just vest and trousers. I could see the ambulance man closing the door, and remember his chiselled face and grey white hair under his cap. He had a grey blue uniform on. I remember watching the ambulance drive off, and having this sense of confusion and what I now know to be grief. My mother told me that it didn't happen that way, and denied my memories, saying only that it didn't happen that way, but she never offered anything to replace it. She says that she only cried six months later when someone left the budgie's cage open, and it flew out and our dog put her paw on it and it died. I have asked my older brother to tell me something about John because there is a gap in my memory that I need to fill. He can't talk to me directly but his wife has told me that he too remembers our

> mother crying that day, and all the time afterwards. We were sent to our rooms, and there was a feeling of being shut away, and a sense of guilt as if we had done something wrong for being there. I feel very robbed of so many memories about him. I know John existed because there were pictures of him around the house, in pride of place on the mantelpiece, and another in a gold locket of mine. My brother and I used to visit his grave. I knew that I should feel a sense of sadness because he was my younger brother, but really it was like visiting a stranger's grave. Even under hypnosis I couldn't recall anything tangible before that day. I always thought that it was normal not to have any earlier memories until I spoke with other people. I then felt that I was weird and that there was something wrong. I will be forty-two this year, and my brother John died in July 1963. I want our story to be used in the research because talking openly, and confronting John's death has made a difference not only to me but also to my older brother and particularly to my Mum who is now beginning to show us affection openly. It is only recently that my mother has confirmed some of my memories of that day. She told me that she was afraid to love us because she was afraid of losing us. If we weren't attached to her and she lost us then she wouldn't get hurt. I hope that people would learn from our story the importance of talking to a child honestly about death. It may give them opportunity to have access to memories that belong to them, and not blot out a person's existence as if they never were part of their lives. I really hope that some day a door will be opened in my mind, and let out even a flash or a glimpse of a memory of John, that is mine'.

Maxine believes that it is never too late to get help, and to start, as she has, to talk to other family members about the pain felt by all who were bereaved that day. She has a better understanding of her mother's pain and hopes, as she says, to remember more about John.

James's Story

James's best friend and best friend's father died in a road crash. The sense of loss is evident in the way in which James writes. This is his story, in his own words, and illustrates the depth of pain felt by an eight year old whose 'world collapsed'

> 'Phil and I had been best friends since we started at school together. We were always top of the class and had a good time together laughing and mucking about. If it wasn't Phil who was top, it was me. We had a bit of rivalry, which was good, because it made me try harder to beat him, and him the same with me.
>
> 'We had broken up from school on the Friday, and by the Sunday I felt as if my whole world had collapsed. I was in Sunday school, and dad called me into a little side room, where Mum and my baby sister were. Mum looked as if she had been crying. They sat me down and said that they had just had some really bad news. I didn't know what to expect, and just

couldn't take it in when they told me. My best friend had died, and his dad who I really liked.

'Mum put her arms around me and we sat and cried. I don't know how long for, it seemed like ages. Then I remembered Ben, Phil's other friend. Did he know, did we ought to tell him? Mum and Dad took me home, and when we got there, Ben's Dad turned up. Ben wanted me to go and play even though I really didn't feel like playing; I went, just to see if he was all right. I found it really hard to take in that my best friend had died. My Mum had said that any time I wanted to talk about Phil, then that was O.K. I was numb from shock, it didn't sink in for a while, and then I didn't know what to do. I cried non-stop, it became weird. I slept with mum and dad. I got dressed up to go to the funeral and then didn't go. I went to the grave. Phil's Mum, Connie had let me have Phil's tennis racket to keep as a memory of Phil. I had borrowed it once to have some tennis lessons, and Connie hadn't forgotten. I really wanted to do my own tribute to Phil, so I found all the photo's that I have of him, (ones his Dad had taken when we went out on his birthday) and kept them in a special drawer. I remember when I went back to school, and we all had to write down what our special memories of Phil were. He was my best friend and I don't think I will ever have another friend like him. It was funny, because I remember thinking a little while after he died, that I couldn't remember what his voice sounded like. Every so often I see someone who looked a bit like Phil or how he used to be, and sometimes I try to imagine what he would look like now, or even if we still would be friends. I suppose if I am honest I have been a bit wary of having a best friend again, it has been easier to have a bunch of friends, and then at least that way I won't get hurt again. I lost my Gran when I was 4, a friend in reception when I was 5, and then my best friend. I just hope I don't lose anymore.

'If you ask me what helped, it was Mum who got me through it all - she comforted me, and it was having a drawer full of stuff, like photos of the two of us, which I would go through it. So having my Mum and Dad, and having the information I wanted. The school didn't help'.

James was given as much information as he needed, and was supported by loving parents. He grieved alone when he wanted to, remembering his friend, and being comforted by the use of some of his belongings, and again, when he wanted to, slept with his parents. He is aware now, some five years on, that he feels vulnerable, and has a reluctance to allow others to become too close. James wanted to tell his story, because the impact of losing a best friend under any circumstances is hard to bear, and compounds other losses that may have been experienced earlier.

Catherine's Story

Catherine gave another example of the impact of sudden death. Her sister was murdered five years ago when Catherine was eight years old. She

asked specifically if she could tell her own story about her experiences following her sister's death. This too, is told in her own words:

> 'I was in bed asleep and my stepfather came in and said, "your sister is dead". I didn't believe him but got out of bed to find the police at the bottom of the stairs, mum was crying and then people were running in and hugging mum. My stepbrother Shaun cuddled me and I went and sat in the front room. I asked mum why and who did it and where did she die, it was like being in a film. People say that you can get over it, but you can't. The next day I went to the place where she had been killed with my mum and it didn't help. I used to have nightmares. My biggest fear is that it may happen to me and I am always watching myself. My life has gone down, I am coping better now but at first I couldn't face anyone but then found it easier than I thought. For four years we have had the cameras and media on our backs. What affected me most was the fact that I couldn't go to court, I wanted to go and see what 'he' looked like it took two years to hit me and for me to believe that she wasn't coming back. I had wanted to see her body but wasn't allowed to because her body was mutilated. Eighteen months ago I cut my wrists, but I cut them the wrong way and it really hurt. My friends mum, talked to me because I really thought I couldn't handle it. Now looking back, I think I was stupid. What has helped me most has been having a counsellor from the youth group and she has been brilliant. I also went to America with Child Victims of Crime and this was amazing, it helped to meet others in similar circumstances. My fear is of men because I am frightened when I see men coming towards me when I am on my own. I get flashbacks of what happened to my sister. As I get older it's worse and I miss talking about girly things. Other things that help are my sister's mates and my mum. Overall 'he' has ripped my heart apart. I haven't got a sister anymore; I don't know who to tell and have no one to look up to. I am scared of death, I want to live forever and yet I want it to come so I can see my sister again.

Catherine has only recently begun to feel safer. The loss of a sibling is difficult, and the terrible circumstances of her sister's death compound the grief and loss. She has found the 'right' counsellor for her and this has helped. When asked what was different about this particular person, Catherine said that she was 'there' for her, and that she would see her when she needed, rather than at a set time and place. This works well, and for her was much better than formal sessions.

CHAPTER EIGHT

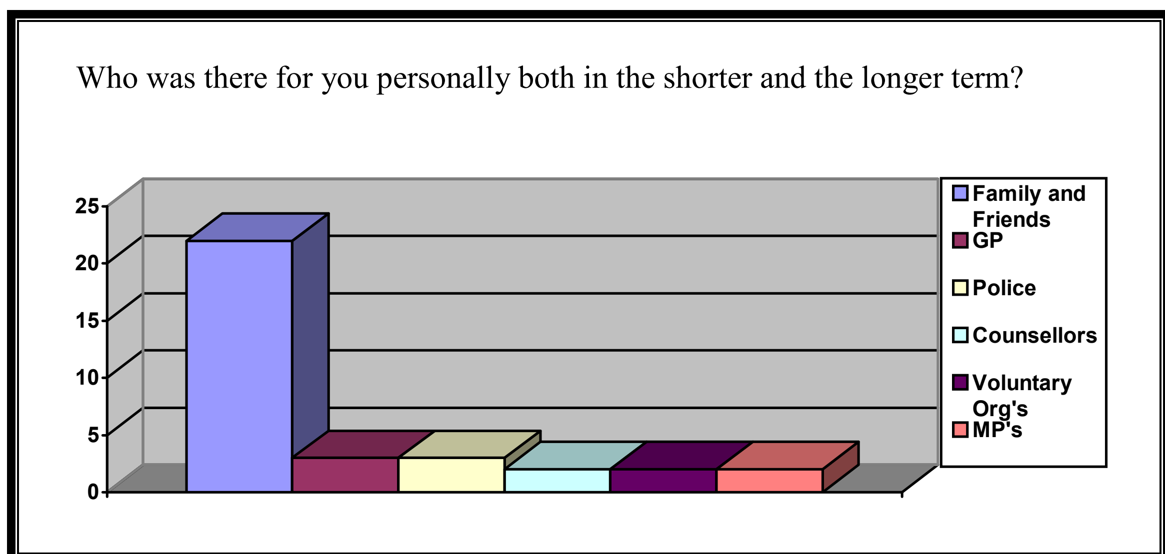
KEY FINDINGS

The most significant factor was the lack of support to families in the immediate aftermath of the death. Eighty percent of those who responded to the questionnaire had wanted practical or financial help, or had sought information concerning the ‘right‘ way to approach their children. Nothing was available to them, and this angered families who were already shocked and grieving. Those who had least support were those where the death occurred in hospital. The staff were unable to use appropriate words, and there was a reluctance to use the words ‘died’ and ‘dead’, leading to confusion and adding to the disbelief.

The families whose situation was worst were those who were dealing with a death that was both sudden and unexpected, but did not fall into a category which the police had to investigate as suspicious. They were left to their own devices, and were not given any information regarding the post mortem examination or any supportive voluntary organisations.

The families of murder victims were able to meet with others, however tragic their situation, through SAMM, and were given information from the police. Three identified police family liaison officers as being ‘a lifeline’. However these officers are not trained to deal with children’s needs, and none of the police officers who took part in this study had received any training in children’s needs.

All of those who took part in the research identified friends and family as providing the immediate and longer term support. They were there in the early stages, and also as needs changed, providing practical and emotional support when they too were shocked and grief stricken. Said one woman, ‘friends were ‘there’ for us short and long term, but not so much long, and that’s how it should be.’



The families who actively sought assistance for their children were let down by local authorities and voluntary organisations alike. One woman described how she had been two miles outside the catchment area of two organisations who others advised could help her. In fact no local authority or mental health resource was found to be helpful. The situation in London was particularly stretched. Voluntary organisations that dealt with parents were not qualified to deal with children's needs.

This adds up to a frightening picture of inadequate services, overstretched and unable to meet the needs of families who were seeking help at a time when they needed it most. No single agency was pro-active in offering support, and there was a surprising lack of sensitivity in those who were supposed to do so. There is clear evidence from the research of the lack of service provision to suddenly bereaved families. Said one woman who is now bringing up her grandchildren following the sudden death of her daughter, 'I've begged, pleaded and cried, but have not received anything. Financially we are broke, where do we get help? The waiting list for a psychologist is almost a year.'

The second biggest factor which emerged was the gender differences in the needs of boys and girls under the age of eleven. The boys had a clear need to question the events around the death, almost as one grandmother described, having 'a morbid fascination' with the circumstances of the death. As discussed earlier, they wanted to know detailed information regarding the body, and what happened to it after death. None seemed distressed by this, on the contrary were rational, and able to process the information. This was not the case with girls of the same age. Girls asked fewer questions, but as one mother emphasised 'this did not mean that she did not want to know, rather that she didn't ask.' This is an interesting finding. It is of importance to all of those who are bereaved, and to professionals who are advising families.

Other issues arose when children changed class at school. Information regarding bereavement was not passed on from teacher to teacher. The importance that school plays in the life of any bereaved child cannot be underestimated, but is particularly so with a suddenly bereaved child, as it is sometimes the only source of stability in his or her life. Five of the younger children, all boys, were bullied at school following bereavement. When a child is effectively orphaned, the issues around schooling become critical, and we learnt from the police that problems could arise when children have to move from their home to a new school. The information in regard to these rare cases is important and needs to be handled sensitively.

Another issue was the difficulty faced by child witnesses, and the issues concerning disclosure. The problems increased in one case where the case went to retrial, adding to the fear, uncertainty and terror of facing the offenders. Children who had suffered the death of a sibling or parent too felt vulnerable, and frightened that their surviving parent or someone close would also die. One was also concerned regarding the eventual release of the offender, asking the question 'What if he comes for me?'.

The need for information has been addressed in the report regarding the viewing of the body, with clear recommendations made concerning this, and the standard information that should given. Other resources, organisations, books and leaflets found to be helpful for families and professionals, are listed in the Report. Support from organisations such as the WAY Foundation and SAMM was found to be very helpful. Meeting others who have similar experiences helped. Although one could anticipate that the families concerned showed a bias, the feedback was excellent. Support groups are not right for everyone, but information on how to access such support should be given to bereaved families.

CHAPTER NINE

SUMMARY & RECOMMENDATIONS

In summary, hospital staff, police and all who deal with the aftermath of traumatic loss need to carefully reconsider the way in which the news is broken to families, especially children. The words used and the information given has a lasting impact. Professionals who cope with death as part of their every day life need to be aware that the nature of sudden death is different and means that the families are deeply shocked, needing sensitivity with information and reassurance. The identification procedures which follow sudden death must be accurately explained, and the process that needs to be followed understood in child friendly language. Adults and children alike must be prepared for viewing the body, see recommendations set out in Annexe A.

Specific information concerning post-mortem examination, the role of the Coroner, and general information regarding sudden death and the needs of children should be offered as a matter of course. This information is available and should be accessible through the professionals the families turn to in a tragedy.

The findings do not support the widely held view that formal counselling should be offered in the early stages following the death. Families stated time and time again that they wanted information immediately, and this was reiterated by the police officers. No one asked for counselling, but all wanted clear information and specific guidance regarding the support available, the funeral and whether the children should view the body.

This mother sums up the concerns of many:

> *'Just to be left to get on with it is not acceptable, or that where you live will depend on the support available. I have had to fight for any support to my family and this has angered me. To me the children are our future. Why isn't there the support to those individuals who have suffered one of the worst shocks possible?'*

Sadly most of the relatives in the study and their children had to seek out support, asked for little, and received even less. Making written information available in hospital and social services department and encouraging the police to also be proactive in doing so, will begin the process of change. Understanding the need for this liaison will hopefully lead to better care and information of grieving families' needs when they are most vulnerable.

Recommendations

Bereaved children and families should not have to search for help and support, while they are trying to manage a tragedy in their lives. Appropriate, easy to obtain support should be available from those who already work in crisis situations – the Police, GPs and the Primary Care Teams, A&E staff, Social Services and schools. There is additionally a wealth of experience within the

voluntary sector on the support needs of bereaved children, young people and families which is currently seldom accessed by the statutory sector services and agencies because of a lack of knowledge as to their existence or what they can offer.

The aim of this research was to provide information resulting in recommendation for a comprehensive, seamless service to support children who are disadvantaged by the sudden and violent death of someone important in their lives.

The Child Bereavement Charity therefore recommends the following action:

1. **Networks specifically addressing bereavement issues need to be established between agencies.** This would ensure that all those dealing with bereaved children and their families work together to provide a seamless and cohesive service which at the same time maintains confidentiality. Each agency should nominate a person/division with responsibility for creating and maintaining such networks. This would ensure that, with families' permission, whichever agency was first on the scene was in a position to pass on helpful information to others who provide support which is appropriate both at the time of crisis and in the longer term. This communication is vital. For example,
   - A&E professionals could liaise better with Primary Healthcare Teams;
   - Social Services Departments could liaise with and access support for families through voluntary organisations;
   - Police Family Liaison Officers could work with schools, particularly where media is involved.

2. **Training in understanding the needs of grieving children should be mandatory for all those whose work brings them into contact with bereaved young people and their families.** All statutory agencies should commit to providing such training. The Child Bereavement Charity offers, if funding is available, to lead a multi-agency approach to the development of a uniform bereavement skills training package, which would be available nationally. This training would incorporate information provided by families themselves.

3. **A 'kitbag' of practical information should be produced by all agencies.** Staff in Police, Social Services, Educational Psychologists, NHS Trusts etc will use this 'kitbag' when caring for bereaved children, young people and families. This Report and the information contained in it forms a valuable basis of such a 'kitbag'. Other local and national support organisations and strategies can be added to enhance the help available to children. The 'kitbag' would contain information which could also be given direct to bereaved families.

ANNEXE A

INFORMATION FOR PARENTS and PROFESSIONALS

The sudden and unexpected death of someone important in a child's life is devastating. For parents, it is unlikely that you have ever been in such a difficult situation before, and you may question what information should be given to your family and what, in a practical sense, you should be prepared for. There is never a right or wrong way. The person who knows your family best is you.

The Child Bereavement Charity has put together information for those who are the parents, carers, or professionals involved with a bereaved child or young person. We hope that this is practical and useful, as it is based on what others in similar situations have found to be helpful.

HOW AND WHAT TO TELL A CHILD

This will depend on the age of the child, gender, and other factors, such as whether they saw the person die. It is important that a parent, if possible, gives the information. But if this is not possible, then someone that the child trusts should tell the child. This is going to be the most difficult thing that you have ever done, so make sure that someone is close at hand for you.

The child or children should be sat down somewhere quiet.

Always give children information that is factual and known to be correct. Check that they have heard what has been said, and repeat the information.

Children's reactions will vary and can include disbelief, sobbing, anger, and in some cases no reaction at all.

Younger boys are more likely to ask detailed questions, and then ask for more information later. This isn't morbid curiosity, it helps them have some understanding and to process the information.

Girls are more likely to be emotional and to seek out friends and others that they trust to confide in. They seek to make sense of things by talking and grieving more openly.

Assure children of whatever ages that you will be 'there' for them. If you have to leave them to identify the person who has died, or for any other reason, ask them who they would like to stay with, and tell them that you don't know how long you are likely to be. Offer continuous reassurance, as life will seem unsafe. Arrange to phone them, as children feel very vulnerable, and may be frightened that if this can happen to one person, then it can happen to you too.

Don't attempt to stop the children crying, it's healthy, and part of their own particular way of grieving.

If the child asks ‘Why?’ and you don’t know, say simply, ‘We don’t know all the details yet’.

Always answer questions honestly.

Ask the child what they need to know.

If you don’t know the answer, say so, and say that you will find out.

The next step is to decide whether the children should see the body. We believe that it is helpful for children to say ‘goodbye’ to someone they love, and that it helps the grieving process. It is more complex if the body is injured, but children can be given information and helped to make informed choices. Here are the guidelines that we believe to be helpful: -

VIEWING THE BODY

- Always ask the child/young person if they want to see the person who has died.
- Ensure that, if possible, the visit takes place in the hospital Chapel of Rest, and before the post mortem examination.
- If they do want to visit, arrange this as soon as possible via the police or mortuary staff.
- Encourage children to write, or to draw their own ‘goodbye’.
- Remember that each child is different, and what is right for one, is not for the other. If one of the children does not want to go to the chapel of rest, offer to take a drawing or keepsake for them.
- Make sure that what is taken will not be regretted later.
- If the child does want to go, prepare them for the visit by giving information to them.
- Ask if the person who has died can be dressed in clothes that you and the children can choose.

The following details are important, and will help you deal with a very difficult situation: -

- Take others with you, who know both you and the children well.
- Take tissues.
- Describe the route to the Chapel of Rest.
- Go in first so that you are as prepared as much as **you** can be for seeing the person who has died.
- If you want some music to be played, ask if this is possible.
- The body will have been held in a cool place, and there may be condensation on the face.
- Tell the children that the room will be quiet, cold, and that the body will be cold, and look different.
- Describe colour, cuts, bruises, or injuries.

- Answer any questions before you go in; check that they still want to say 'goodbye' and give the opportunity to change their mind.
- Little children should be picked up.
- Encourage everyone to talk, to touch, and to kiss the person who has died, if they want to.
- Leaving the Chapel of Rest can be very difficult. Children should never be rushed, and should have as little or as much time as they need.

Afterwards

- Encourage the children to express themselves in whatever way is appropriate, but it is not helpful to pressurise them to talk.
- If they want to return, always check to see if the body has changed, as it will look different following post mortem.
- Ask the children what they would like to do next.

BEFORE THE FUNERAL

- Keep the children informed as to what happens next.
- Tell them what a coffin is, what it looks like, and that the body will be placed in it.
- Involve them in the planning of the funeral.
- Be aware that younger boys may ask about cremation, and what it means.
- Ensure that there is someone who can take the children out from the funeral if they find it too difficult.
- Take crayons and paper with you for younger children who may be bored.

Afterwards

Talk to the children after the funeral, and continue to offer reassurance. Be pro-active and continue to ask them what information they need. Talk to schools about the sudden nature of your loss. Access any other form of support via your GP, who is the gatekeeper to services.

Sudden death is different, and a sense of disbelief is there for all who have to deal with it. If this is true for adults, it is even more so for children and young people. There is no right or wrong way, just your way and their way. But if you are able to give children and young people the information they need, to provide them with love and support, and an opportunity to say 'goodbye,' it won't make your situation better, but may help to make it less bad.

ANNEXE B

CONTACT INFORMATION OF HELPFUL ORGANISATIONS FOR FAMILIES AND PROFESSIONALS

- Child Bereavement Charity. Tel: 014 9444 6648
- The CBC Information & Support Line. Tel: 01494 446648
- Cruse Bereavement Care Tel: 0870 167 1677
- Tavistock Clinic. Tel 020 4735 7111
- SAMM (Support After Murder and Manslaughter). Tel: 0208657 9197
- Sudden Death Support Association. Tel: 011 8979 0790
- Child Death Helpline. Tel: 0800 282 986
- Inquest. Tel: 020 8802 7430
- Disaster Action. Tel: 014 8379 9066
- The Way Foundation. Tel: 029 2071 1209.
- The Lone Twin Network. Tel: 012 7087 2976
- The Brandon Centre. Tel: 020 7267 4792
- The Tavistock Clinic. Tel: 020 7431 8978
- SAMM. Tel: 013 0578 7869 / 020 8657 9197
- The Traumatic Stress Clinic. Tel: 020 7530 3666
- St Christopher's Candle Project. Tel: 020 8778 9252
- Victim Support. Tel: 020 7735 9166
- Death in the family – Help for children and their families – Daisy's Dream. Tel: (0118) 934 2604
- Centre for Corporate Accountability – Promoting worker and public safety. Tel. 020 7490 4494
- NHS Direct Tel: 0845 4647

ANNEXE C

Helpful Books

- Coroners' Courts – a guide to law and practice. By Christopher Dorries. *(John Wiley & Sons: ISBN 0-471-96721-1)*
- Death and Bereavement Across Cultures. Edited by Colin Murray Parkes, Pittu Laungani and Bill Young. *(Routledge: ISBN 0-415-13137-5)*
- Grief Counselling and Grief Therapy – A handbook for the Mental Health Practitioner. By J. William Worden *(Springer Publishing Company ISBN 0-415-07179-8)*
- Procedures following a death on the road in England and Wales – Advice for bereaved families and friends. *(A Trauma Advisory Services publication. Tel: 013 0674 1113.)* .
- American Red Cross, Pamphlet: Helping Children Cope with Disaster. FEMA L-196. ARC-4499
- Grief in Children – A handbook for adults. By Atle Dyregrov *(Jessica Kingsley Publishers: ISBN 1-85302)*
- Shadows in the Sun – The Experiences of Sibling Bereavement in Childhood. By Betty Davies. *(Taylor & Francis : ISBN 0-87630-911-2)*
- Children and Grief – When a Parent Dies. By J. William Worden *(Guilford Press: ISBN 1-57230-148-1).*
- The Forgotten Mourners – Guidelines for Working with Bereaved Children. By Susan C Smith *(Jessica Kingsley Publishers: ISBN 1-85302-758-8 pb)*
- Supporting Children with Post-traumatic Stress Disorder. A practical guide for teachers and professionals. By David Kinchin and Erica Brown (*David Fulton Publishers Ltd: ISBN 1-85346-727-8)*
- Guidelines for the retention of tissues and organs at post-mortem examination by The Royal College of Pathologists,
- Deaths in Major Disasters – The Pathologists Role by Professor A. Busuttil, Professor J.S.P. Jones and Professor M.A. Green – The Royal College of Pathologists.
- Sudden Death – A Research Base for Practice by Bob Wright (*Churchill Livingstone: ISBN 0 443 0549 2)*
- Death, Gender and Ethnicity edited by David Field, Jenny Hockey and Neil Small (*Routledge: ISBN 0-415-14678-X (hbk), 0-415 14679-8 (pbk))*
- Children, Bereavement and Trauma – Nurturing Resilience by Paul Barnard, Ian Morland and Julie Nagy (*Jessica Kingsley Publishers: ISBN 1 85302 701 4)*
- How to Break Bad News – A Guide for Health-Care Professionals by Dr. Robert Buckman (*Pan Books: ISBN 0-330-3404090)*
- Shadows in the Sun: The Experiences of Sibling Bereavement in Childhood by Betty Davies (*Brunner/Mazel: ISBN 0-87630-912-0 (case), 0-87630-911-2 (paper))*

<u>Videos & Other Material – available through The Child Bereavement Charity</u>

- When a Child Grieves (training video)
- Someone Died – "It happened to me" (video)
- The CBC Activity Pack on Loss, Death and Grief
- A Teenage Guide to Coping with Bereavement

ANNEXE D

SURVEY OF THE LONDON BOROUGHS

Method

A questionnaire was sent out to all Social Services Departments and Educational Psychology Services in Greater London. A disappointing response was received and, because of this, follow up telephone calls were made and extra copies of the questionnaire sent. If this was not completed within a month, further telephone calls were made and questionnaire interviews were conducted with duty social workers, Children's and Family Services Managers, Principal or main grade educational psychologists.

Where either the Social Services Department or the Educational Psychology Service referred cases on to other statutory or voluntary agencies, these were noted and calls made to them in order to conduct telephone interviews. Understandably in the case of hard-pressed services it was not always possible to contact the relevant staff to obtain the information. This has contributed to the formation of an incomplete picture of needs and services available.

Referring Agencies

The most common referring agencies identified were those which would be expected: Schools; GP; Police; Self (parent); Hospitals. Less frequently mentioned were: NSPCC; 'The Community' (including neighbours); Health Visitors; Mental Health Teams; Education Departments and Local Authorities.

Waiting Time for Service

Of the 18 responding Social Services Departments, 15 gave the waiting time that a suddenly bereaved child /family might have to wait to receive a service. One third (5) said there would be no waiting list; in two cases this was because a referral would be made straight away to another agency. In 3 Social Services Departments the length of wait would depend on the severity of need, following an assessment process. So in 8 of the 15 Boroughs there would be no substantial wait for such clients. In the 4 Boroughs where 3-6 weeks waiting lists exist, there is a danger that intervention may be too late to prevent a child from making a dysfunctional response to a sudden death, as is indicated by the Traumatic Stress Clinic.

Suddenly Bereaved Children /Families seen by Social Services Departments

Only 3 of the 8 respondents to this question gave a nil return. The other 5 gave unspecific answers indicating low numbers of children but one estimated that several had been seen by Social Services staff.

Referrals to Other Agencies

12 of the 18 respondents identified agencies to which they would refer suddenly bereaved children and families, some mentioning more than one. 7 Health units were identified; 5 Child and Family Consultation Services; 1 Mental health Team and a Hospice. 6 Voluntary and Community Services were identified, including Cruse by 2. One Social Services Department would not refer cases on.

THE FINDINGS

The survey reflects primarily the Social Services' perspective on the services for suddenly bereaved children. The incompleteness of the response may indicate the level of priority that this area is given in the overload of work for which Social Services Departments are responsible. The inability in those who did respond to give numbers of children or families in this category who were referred, seen, or referred on, indicates that this is not an identifiable client category in the consciousness of social work practitioners and managers. The range of different responses to the needs of these children reveals the lack of any general social service strategy or provision for dealing with this small but needy client group.

So the difficulty in gaining responses from Social Services Departments reflects the disjointed, incomplete picture of services. The experience of the researcher attempting to gain information about these services might well reflect the experience of a parent seeking help for a child suffering from the loss of a close family member: there is no one easily identifiable source of help and they might get directed to a number of agencies who may or may not be able to assist.

One of the most important aspects of the survey has been the identification of other statutory and voluntary services which do make a significant contribution to the needs of suddenly bereaved children. This includes the role of Hospital Social Work Teams in assessing, working with and referring on such children and the role of NHS Primary Mental Health Care, Child and Family Consultation Services, and other specialist services like the Traumatic Stress Clinic's Children and Families Team at the Maudsley Hospital.

With only a quarter of the services responding, it is difficult to generalise from this data, and it is clear that more comprehensive knowledge about the role which Educational Psychology Services play in meeting the needs of suddenly bereaved children and their families needs to be gained.

The responses of the London Boroughs' Educational Psychology (EP) Services show a very similar picture to that of their Social Service counterparts, in that there appears to be little consciousness of suddenly bereaved children as a specific category of their clients as cases, either referred or seen. Referrals come from very similar sources except that Social Services Departments also take referrals from the Police and Hospitals. EP Services are far less likely to have a waiting list (1 out of 8 compared with Social Services' 7 out of 15) and are more likely to have bereavement literature available (5 out of 8, compared

with 5 out of 18). Referrals on are a rarity with EP Services but standard practice with many of the Social Services Departments.

This difference as well as the others between the two services can be explained by their difference in function. Social Services' Departments offer a complex range of services to a wide variety of members of the community. EP Services offer a more uniform service to a more heterogeneous client group.

The Child and Family Consultation Service have in common with their Social Services Departments and EP Services counterparts the lack of specificity in numbers of referrals and clients seen. Referral sources are similar to those of Social Services Departments but waiting lists are far longer. Given current professional knowledge about the immediate traumatic effects which sudden death of someone important in their lives has on a child, it is difficult to see how such services can respond to these needs if a 2-3 month waiting list is an inherent feature of the services' functioning. But, as acknowledged previously, more systematic comprehensive knowledge needs to be gained about the services offered by Consultation Services and specialist Hospital Units.

The Numbers of Suddenly Bereaved Children

According to Metropolitan Police statistics for April 1999 to March 2000 there were 463 sudden deaths in Greater London from road traffic accidents and murders. This is an incomplete figure. The total numbers of sudden deaths would clearly have been higher than this and would include unexpected heart attacks and strokes, other fatal illnesses, suicides, deaths including Sudden Infant Death Syndrome and accidents. The Traumatic Stress Clinic identifies only 38% of their referrals due to the RTA and murder categories; among other causes they identify, which are likely to be associated with sudden death, are asylum seekers, Kosovan refugees, suicide of carer, other bereavements and highly complex cases. It is not possible yet to identify the number of children who were affected by these sudden deaths.

ANNEXE E

Questionnaire to Families

Please could you consider the questions and respond:

1. How was the news of the tragedy broken to you?
2. How did you tell the children?
3. What questions did they ask, what information did they need?
4. Did you ask for or receive any help in breaking the news?
5. What could have helped you do this, eg written information, someone there with you, anything else?
6. Who was ‘there’ for you personally, both short and longer term?
7. How has this experience of death affected their lives in the immediate aftermath and longer term?

ANNEXE F

Questionnaire to Police Family Liaison Officers

As police officers, could you consider the questions and respond to the following:

1. How did you feel when you knew that you would be dealing with a child who had been affected by the death?
2. Were you approached by relatives for any advice on words to use when breaking the news to the child?
3. Were you approached for any advice in regard to the funeral?
4. Were you asked whether the child should return to school?
5. Were you able to pass on information regarding local resources?
6. Were other professionals or organisations involved?
7. If so, were they equipped to deal with children's needs?
8. Was any written information available to the family and to you?
9. How would you describe your experience of dealing with these situations?
10. Is there one death which has touched you personally and, if so, could you describe this in your own words (taking into consideration confidentiality)?
11. How would you sum up the impact of sudden death on families?
12. Do you believe that dealing with bereaved children affects you personally?
13. Have you received any training regarding bereaved children?
14. Who supports you?