Where to go for help?

In many cases help will be given by family members, friends, neighbours, religious organisations and work colleagues, but if concerns persist then there are other agencies that can offer advice and support. After bereavement, most children are able to return to normal living after a month or so but a few find it hard to adjust. These children may require help from organisations that specialise in working with children. If your child continues to experience difficulties in school then it is advisable that you talk to the person who is responsible for special educational needs. The child may then be referred to either the Educational Psychology Service (EPS) or Pupil Referral Service (PRS). All Lancashire schools have a named Educational Psychologist who offers advice to schools on many issues regarding children and their development. If you are concerned because your child continues to experience difficulties with school life then it may be appropriate for the school to seek advice from the Educational Psychologist. If it is felt that the child would benefit from a short period of counselling or being included in a bereavement group then referral to the PRS counselling service may be appropriate.

If the child's behaviour continues to be a cause for concern in the home and not school, then it may be appropriate to take him/her to your Doctor (GP), who may consider it appropriate to refer your child to a Clinical Psychologist or Child Psychiatric Unit attached to a local hospital.

Compiled by Joan Hartley and Bronwyn Gendall, Educational Psychologists, with Lancashire Critical Incident Support Team

IDSS Provision & Performance Service

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Burnley & Pendle Directorate for Children & Young People IDSS 44 Union Street Accrington BB5 1PL Tel: 01254 220553 Preston & Chorley Directorate for Children & Young People IDSS 4th Floor, East Cliff JDO East Cliff Preston PR1 3JT Tel: 01772 531818

South Ribble & West Lancs

Directorate for Children & Young People IDSS 5th Floor, East Cliff JDO East Cliff, Preston PR1 3JT Tel: 01772 531597



HELPING CHILDREN COPE WITH BEREAVEMENT

A Booklet for Parents

A child's understanding of death

All children react to bereavement or trauma in different ways. There is a great variation in individual responses to bereavement and ages given below are approximate, therefore, you should not worry if your child reacts in a way you would expect of a younger or older child.

A child's understanding of death changes with age and maturity.

Up to around 2 or 3 years of age a child will react to the unusual absence of an important caregiver but will not understand what death is or why a separation has occurred.

Samaritans: 08457 909090

Helplines:

Child Death Helpline: A helpline for those affected by the death of a child 0800 282986 Mon-Fri 10.00am-1.00pm 7.00pm-10.00pm Wed 1.00pm-4.00pm

Cruse Bereavement Care: 0844 477 9400

0044 477 9400

EP Helpline 01772 530444 Mon-Fri 1.30pm-4.45pm Term time only From approximately 3 to 5 years, young children may link death with concepts of sleep and separation. There is difficulty in understanding that death is irreversible and the child may show expectation that the dead person will come back. The physical features of the dead may become of particular interest and repetitive questions about death may be asked.

Young children have difficulty in sustaining emotions and the fact that the child appears sad only for short periods of time, may mislead the adult into believing that the child is unaffected.

Children of round 5 to 8 years can ask seemingly insensitive questions about the process of death and some believe that their thoughts, due to "magic thinking" can influence outcome. A child may feel responsible for what has happened. After a traumatic experience such as a funeral or witnessing road traffic accident, children may re-enact the scene in their play. Children's concepts of death may also be influence by their experiences of Halloween and programmes they have watched on television and they may believe the deceased will return as a ghost. By the time a child reaches around 9 years old, s/he may be starting to realise that death is permanent and perceptions of death are likely to be influenced by religious and cultural beliefs.

What changes in behaviour may occur?

All children react to bereavement in different ways. For a while, your child may show some of the following changes in behaviour.

- ⇒ Regression to an earlier developmental stage, eg wanting the breast or bottle, thumb sucking, wetting and soiling when previously toilet trained;
- ⇒ Sleep disturbance, fear of the dark, fear of being alone;
- ⇒ Clinginess, they may become reluctant to be left at nursery or at school, they may develop a wariness of strangers;
- \Rightarrow A reluctance to let the caregiver out of sight;
- ⇒ Failure to settle to tasks and difficulties maintaining concentration;
- ⇒ Aggressive behaviour, screaming outbursts and destructive behaviour such as the breaking of toys;
- \Rightarrow Withdrawal and apathy;
- \Rightarrow Repetitive play, acting out the details of the traumatic event;
- \Rightarrow Increased susceptibility to infections and illness.

In addition to the above, school aged children may:

- ⇒ Experience vivid dreams and flashbacks;
- ⇒ Demonstrate poor concentration and flit from activity to activity;
- ⇒ Play obsessively with, for example, computerised games in order to avoid thinking about the traumatic event.
- ⇒ Experience reduced physical co-ordination;
- \Rightarrow Show a deterioration in school performance;
- ⇒ Demonstrate behavioural problems at school, including a lack of concentration and not taking pride in their schoolwork.

What can you do to help?

When the facts are known, ensure the child is told as soon as is practically possible. The information should be given to the child by a person with a close relationship to him or her. Explain what has happened honestly using words which the child can understand. Be prepared to answer questions repeatedly. Avoid using ambiguous language such as "Granny has gone to sleep" (because the child may then be afraid to go to sleep in case they die); "Granddad slipped away" or "we lost the baby". C5

Allow time and plenty of opportunity for questions to be asked. Be tolerant of repetitive questions, as this is a way the child can try to make sense of what has happened.

Reassure the child if necessary that they are not to blame for what has happened. Make sure that they are aware that they cannot cause death by wishing or thinking and explain carefully that it is quite normal to feel guilty after someone has died.

Make sure the child is told clearly, how they will be cared for in the short term and in the longer term when known.

Provide plenty of physical reassurance, ie cuddles and hugs, sitting together with reading books, talking and listening.

Consider the child's physical comfort; people often feel cold after a shock or bereavement. Provide soft sheets and or a familiar cuddle blanket, some children like to be tucked up tight in bed and appreciate a hot water bottle and a night light. A child may need warmer clothes in the day; soft fluffy fabrics help us to feel comfortable.

Keep to a familiar routine, including diet. Give smaller meals of the child's favourite food. Soft food can be reassuring and easier to eat.

Be tolerant of changes in behaviour and emotions. Allow the child to be sad and express his/her anger, distress and anxiety. Let the child see that you are upset as well. Assure them that it is normal to cry and grieve and that they can cry at the funeral.

Your child may not be able to cope with the demands of school straight away, especially if they had a close relationship with the deceased. Make a decision about whether they are to attend and communicate this to the child. After the funeral it is better that the child returns to normal routine.

Inform and keep in contact with the child's nursery, playgroup or school. If possible talk to the child's headteacher or classteacher. School may be able to arrange some special support for your child in the short term. It is important that teachers who work with your child are aware of traumatic events because it helps them to understand why a child's behaviour has changed.

Let the child keep photographs and mementoes of the deceased. You may like to make a memory book or memory box together.

Take the child to visit the grave/garden of rest occasionally, eg on anniversaries.

Be aware that the anniversaries of a death are often sensitive and emotive times for those involved.