

# Working with parents of bereaved children and young people

# Running residential weekends for families bereaved through suicide

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**Winston's Wish is a national charity for grieving children and their families. From its start in 1992, it has pioneered innovative, community-based services to bereaved children and their families. It works directly with families in Gloucestershire and West Sussex, including residential weekends for children and their parents/carers. Since 1997 it has run a similar group aimed specifically at those bereaved through suicide. This work has informed the other, national elements of its service provision: a helpline for anyone caring for a bereaved child, an interactive website, resources, consultancy, training and research.**

## Aims

The overall aim of our service to families bereaved through suicide is to provide a therapeutic residential weekend for children and young people and their parents/carers.

The clinical aims and outcomes of the project are in line with those already established by Winston's Wish, adapted to meet the needs of those bereaved through suicide. Specifically, our aim is to provide opportunities for families to:

- meet with others also bereaved through suicide
- talk about the death and what has happened in a safe and accepting environment
- identify, explore and normalise the range of powerful feelings experienced by children and adults
- increase understanding of what has happened and how it affects individuals and families
- enhance and develop positive strategies for coping with the distress and difficulties caused by what has happened

**This leaflet is one of a series showing different models for working with the parents and carers of bereaved children and young people. The series aims to provide practical ideas and inspiration for others thinking about setting up services for bereaved families. Funded by the Parenting Fund, the series is produced by the Childhood Bereavement Network, a national federation of over 300 organisations and individuals and Winston's Wish, a national charity helping children and young people rebuild their lives after a family death.**

- remember the person who has died, acknowledging both the positive and difficult characteristics, relationship issues and events
- have some normal fun with other bereaved young people.

Others thinking about setting up services for those bereaved through suicide may find it helpful to take these into account in their own planning and development.

## Outcomes

We define outcomes as the benefits or positive changes that occur as a result of an intervention. For this project, these include:

### *For children and young people*

- increased awareness and understanding of death, dying and bereavement and the impact it has on oneself and others
- increased self-esteem and decreased sense of isolation
- ability to communicate more easily about what has happened
- ability to share their story with others
- increased coping strategies.

### *For parents and carers*

- increased awareness and understanding of death, dying and bereavement and the impact it has on oneself and the immediate family
- increased self-esteem and enhanced resilience to support themselves and their children
- ability to share their story with others
- increased knowledge and practice of positive coping strategies
- increased understanding and knowledge of how children grieve and what helps them cope with the death of a parent or sibling through suicide.

## Principles

A set of guiding principles underpins our approach to all our work with children and families. In particular, we assume that:

- Grief is a normal and natural response to change, loss and death for children as well as for adults

- Each person has the ability to discover their unique path through the grief process
- Mourning is assisted by respecting and expressing thoughts, feelings and behaviour, without judgement
- A family-focused approach encourages communication, which in turn aids recovery.

## **Background**

Each year since 1992, we have run four or five residential groups a year for bereaved children and young people and their parents/carers. Since 1997 our Gloucestershire service has also run an annual residential group for those bereaved through suicide.

Around 200 children and young people and around 100 of their parents/carers have attended these specialist groups. Occasionally children bereaved through suicide have attended one of our other residential groups. While they have derived benefit from these groups, we believe that most therapeutic benefit is derived from working alongside others bereaved through suicide.

The groups are held at the Wilderness Centre, an outdoor and environmental education centre in Mitcheldean, Gloucestershire.

## **Identifying the need**

The decision to run an annual group for those bereaved through suicide has been based on our perception of unmet need. There are around 5,750 suicides a year in the UK; the majority of these occur to people of an age to be the parent or sibling of a child under 16. The best estimate available until statistics on child bereavement are collected is that around four children a day are bereaved of a parent or sibling through suicide; indeed, the number of young people facing life after the suicide of a parent or sibling should not be underestimated.

As well as having to deal with the loss and change that sudden death brings about, children bereaved through suicide also have to cope with the trauma, disruption, intrusion, fear and stigma that surrounds this cause of death. The shock and trauma of suicide fractures the everyday existence of those left behind and can divide families.

Attempts to accept, make sense of and grieve such deaths are typically hindered by the police investigation, post mortem and other legal process, and, often, local media coverage. For children the experience is also often compounded by a lack of understanding and age-appropriate information and the understandable but unhelpful 'conspiracy of silence' that occurs in families desperate to protect each other from the painful reality and consequences of what has happened

(for further information see for example Harris-Hendricks *et al.*, 2000).

Professional support is also limited. If someone dies through cancer or other expected death, there are many services in both the statutory and voluntary sectors to support them and their families. However if someone dies through violence (suicide, murder or manslaughter), the only professional they are likely to meet is the police family liaison officer assigned to their case. While these officers offer emotional support wherever possible, their role is to investigate the circumstances.

There are very few groupwork programmes in the UK that specialise in supporting families bereaved through suicide. Some families may, however, receive support through generic bereavement support services or through counselling services based in GP practices. The Winston's Wish weekend is the only residential group in the UK. We are committed to extending provision across the UK for families bereaved in this way.

## **How we run the groups**

### **Participants**

Based on our experience, we aim for around 20 children in the children's group (minimum 15, maximum 22); and around 15 parents or carers (minimum six, maximum 20) for the parents' group. Participants attend from across the UK, with a majority coming from outside Gloucestershire.

Children and young people are normally between the ages of six and 17 although we can take five-year-olds if they have a sibling also 'on camp' and if they are aware of the nature of the death. We actively encourage parent(s) or carers to attend the adult group that takes place at a different venue; families come together at the end of the second day.

The death needs to have occurred at least six months before the group and to have involved a parent (or step-parent) or sibling (or step-sibling). Occasionally we have included someone who has experienced the death of another relative who had been particularly close to the child concerned.

### **Assessment**

All families attending the weekends have previously been assessed for suitability for attending. All assessments are based on the Winston's Wish assessment model (Stokes, 2004; see chapter 3) and additional project guidelines. They are conducted by two Winston's Wish practitioners.

Families living locally are assessed in the family home, while families from outside Gloucestershire come to our centre for the assessment. Following assessment, we may undertake some individual work with children and/or adults to ensure that their attendance at a residential group is

appropriate. We may also undertake some individual work following the weekend. The practitioners make contact with the schools attended by the children and young people to talk with teachers.

### **Issues addressed**

Children's responses and adjustment to death and grief vary considerably. Typical reactions include shock and disbelief, denial, anger, despair, sadness, anxiety and guilt. Changes in behaviour, intrusive imagery, sleep and school-related problems and the manifestation of physical complaints are common (Dyregov, 1990; Moore and Carr, 2000; Oltjenbruns 2001).

The way in which children cope with death is influenced by a range of factors including:-

- age and gender
- developmental stage and language capacity
- level of understanding in relation to concept of death
- previous and concurrent psychological/developmental issues and problems
- previous experience of loss and trauma
- nature and circumstances of death
- relationship with the person who died
- involvement in death related rituals
- parental/family functioning and adjustment
- individual and family support and coping strategies
- social, cultural and environmental responses and support.

These are all key factors in this assessment process, not least the nature and circumstances of death. When death is sudden and traumatic the risk of complicated grief is increased significantly. An understanding of the way in which trauma and grief intertwine is a central component of the assessment process.

The themes emerging from the assessment process are therefore not surprising. These include (in no order):

- guilt
- blame
- anger at the person who died and at others
- feeling abandoned
- fear and lost sense of safety including fear of future
- family conflict
- taboo over talking about what has happened – family secrets

- difficulty in talking about this death with friends
- not able to say goodbye and therefore difficulty accepting reality
- family being (over) protective
- the potentially shocking language associated with this type of death
- shattered world view
- secondary losses – moving home, changing school, altering relationships
- parental coping strategies under pressure; parents being emotionally 'unavailable'
- difficulty in telling story - chaos, confusion, emotional detachment
- trauma-related intrusive visual imagery, nightmares
- heightened arousal and anxiety
- concern over whether 'suicide runs in families'.

In addition, we recognise that these are ordinary children dealing with extraordinary events.

### **Staffing and training**

The children's and parents' groups are each coordinated by two members of staff, and supported by a team of staff members and experienced Winston's Wish volunteers. These volunteers receive additional training about the issues facing families bereaved through suicide. We aim for a ratio of adult team members to children and young people of approximately 1:2. The ratio of team members to parents/carers is approximately 1:3.

The children and young people's groups also benefit from support from practical helpers, volunteer drivers, outward bound staff from the Wilderness Centre and trained 'waking night' staff (other professionals, such as trainee social workers, who are available throughout the night for any child experiencing trouble sleeping).

In the last two years, representatives of other established child bereavement services have also been invited to attend in the hope that this intervention can be repeated in other geographic locations.

### **Preparation and planning**

Detailed planning of the programme for each group involves careful consideration of the overall aims of the project and the needs of those attending.

The two groups run concurrently but separately in venues close to each other. Due to the distances involved in getting to the group, many families travel down the day before the residential weekend begins and are accommodated locally on the evening prior to the weekend. The majority of families rely on public transport and are subsequently met by volunteer drivers who provide

local transport throughout the weekend. Both groups are residential, with adults staying locally in one large guest house and children and young people staying overnight at the Wilderness Centre.

## **Structure of the weekend**

The weekend's activities are described briefly below. The programme follows the standard pattern for our residential groups, with some variations to reflect the different nature of the bereavement. The full programme and the theory behind the activities are described in more detail in Stokes, 2004 (see References).

- The children's group starts with introductions and opportunities to build rapport with their small group through some outward-bound style activities.
- The children then share their stories of what has happened and listen to each other.
- The language around suicide is explored and a 'Jenga' game used to demonstrate how people may become suicidal.
- The person who died is remembered in a candlelight ceremony and through other activities to support memory.
- The children have opportunities to express difficult feelings and to explore ways of handling these.
- Final sessions look to the future and prepare the group to say goodbye to each other.
- Throughout the weekend there are opportunities to have fun and be helped to relax alongside the grief-focused activities.

The group for parents and carers concentrates first on their own experiences and emotions connected to the death. On the second day it focuses on ways to support their children through their grieving. The evening is spent together in the guest house where good food and a range of pampering or relaxation sessions are offered.

## **Follow-up with families**

Following the residential weekend each family is contacted by telephone within 14 days to check how they have been since the weekend, to find out about any difficulties or challenges they may have encountered and to offer further guidance and support where appropriate.

Parents/carers are sent copies of reports that are written about their children's (and their own) responses during the weekend. A copy of this report is also sent to children's schools.

Families are invited and encouraged to attend a follow-up day about six to eight weeks after the residential weekend. The programme for the day includes opportunities to reflect on what had

happened, to discuss any issues arising from the residential weekend, and the opportunity for children and adults to meet up again with those they met at the weekend.

## **Evaluation**

We evaluate our residential groups at different stages and in different ways, using both quantitative and qualitative measures against the desired outcomes. Staff are involved in peer-to-peer evaluation against the outcomes at all stages, including during the planning of the programme, after each day of the intervention, in the week after the intervention and after the follow-up session. Volunteers also contribute their evaluation at different stages.

Before the first assessment with families, parents and the children's teachers are asked for their participation in the evaluation of the intervention. All who agree are given an assessment questionnaire to complete at that stage. Parents/carers also complete a post-intervention questionnaire at the follow-up day. Teachers are asked to complete the same questionnaire at around the same time (i.e. six to eight weeks after the group).

At the first assessment and supported by practitioners, children and young people are asked to complete an assessment. This is then repeated at the follow-up day.

Participant observers from other child bereavement services provide a valuable external perspective.

Research on the effectiveness of the residential group process has been undertaken and two pieces of research are in progress on groups for those bereaved through suicide.

It is recognised that evaluation of any intervention comes within the wider context of the challenge of evaluating the efficacy of any/all services for bereaved families. Direct and immediate outcomes are often anecdotal, for example parents might report that their child started sleeping through the night after the residential weekend. There is a need for more research into the outcomes of interventions with bereaved children over a significant time period (for example five or ten years).

Within that context, however, residential groups for those bereaved through suicide regularly meet the desired outcomes and have a significant positive and lasting impact on the response to bereavement of these participants.

## **Discussion**

It is estimated that in the UK 50,000 family members are 'profoundly' affected by suicide each year (Royal College of Psychiatrists, 2003). For every suicide, on average, six people suffer intense grief (Clark and Goldney, 2000). Indeed, 20% of

calls to the Winston's Wish helpline are related to bereavement through suicide. It is, therefore, obvious that one service will not be able to meet the complex needs of all bereaved families. While some families may appreciate the greater anonymity of being outside their own geographic area; others may find the travel complications a challenge too far. Regional groups may need to be considered in the future.

It is important that this specialist service is offered more widely across the UK. While we will continue to invite other services to send representatives to attend the training for and delivery of the service, this needs to be matched by funding for other services to be able to offer specialist services; this within the context of child bereavement services in general struggling for funds.

Ideally, services for all children and young people bereaved through suicide would be routinely available when required. This may be months or even years after the event.

## **Cost**

As a regular part of our services, it is difficult to separate out costs and thereby estimate how much it would cost to set up such an intervention within an existing service. Variables include the use (or not) of paid staff, the payment of travel expenses for participants at all stages of the process and the cost of venue hire. Our decision has been to offer the service free to families in our geographic area and to charge for those coming from outside the county. Statutory funding through, for example, primary care trusts, for all places would seem appropriate in the future.

The following are a list of items to consider if budgeting:-

- staffing costs
  - time spent in planning, assessment, delivery, follow-up; toil accrued
- staff expenses
  - assessment, delivery, follow-up
- training of staff and volunteers
  - venue, catering, resources, expenses
- volunteer expenses
  - delivery, follow-up
- participant observer expenses (if appropriate)
- costs for hire of three venues
  - for the parents'/carers' group; children's group and the follow-up day
- catering
  - good quality food is important
- participants' costs
  - including travel to assessment, weekend, follow-up; overnight accommodation

- cost of equipment, resources and stationery
- dissemination costs
- evaluation costs
- office overheads
  - we estimate 16% of overall project costs.

## **References**

- Clark, S.E. and Goldney, R.D. (2000) 'The impact of suicide on relatives and friends' in Hawton, K. and van Heeringen, K. (Eds) *The International Handbook of Suicide and Attempted Suicide*. Chichester: Wiley and Sons.
- Dyregrov, A. (1990) *Grief in Children - A handbook for professionals*. London: Jessica Kingsley.
- Harris-Hendricks, J., Black, D. and Kaplan, T. (2000) *When Father Kills Mother* (2<sup>nd</sup> Edition). London: Routledge.
- Moore, M. and Carr, A. (2000) 'Depression and grief' in Carr, A. (Ed) *What Works with Children and Adolescents? A critical review of psychological interventions with children, adolescents and their families*. London: Routledge.
- Oltjenbruns, K.A. (2001) 'Developmental context of childhood grief: grief and regrief phenomena' in Stroebe, S., Hansson, R., Stroebe, W. and Shut, H. (Eds) *Handbook of Bereavement Research: Consequences, Coping and Care*. Washington: American Psychological Association.
- Royal College of Psychiatrists. 2003. As quoted in *Young Minds Magazine*, 65:7.
- Stokes, J.A. (2004) *Then Now and Always. Supporting Children as They Journey Through Grief. A guidebook for professionals*. Cheltenham: Winston's Wish.

## Reflections on the residential group

We reflected on what it means to run a residential group for those bereaved through suicide, focusing on the strengths, weaknesses, opportunities and threats for those involved (a 'SWOT' analysis). The question we attempted to answer was: 'Should a group for those bereaved through suicide become part of the core services we offer.....'. The answer, and therefore the analysis below, may differ for child bereavement services in other circumstances.

### Strengths

- existing strong, resourced service
- transferable skills among staff team
- funded/fundable project
- extends staff and volunteers' skill base
- helpline in place as constant back-up for families involved
- working with partner organisations adds strength
- evaluation process
- feedback from families very positive

### Weaknesses

- geographical and logistical challenge for families from outside Gloucestershire
- very resource-intensive for organisation
- too much demand nationally for too little resource to meet; risk of creating additional demand that cannot be met
- creating pressure on other resources, for example the helpline
- requires certain level of experience, expertise and confidence in staff team and volunteers
- demand for core group work needs to be balanced with demand for 'specialist' group work

### Opportunities

- huge unmet need – no one else is providing exactly this service to families
- can make big difference to people's lives
- can challenge taboos around discussing suicide
- chance to build and consolidate cross sector links and inter sector links
- chance to learn and consolidate new skills
- using these evaluation tools across all services
- possibility of developing a sector-wide group to offer specialist services

### Threats

- risk of creating complications for families
- risk that the 'glamour' of participating may impact on those staff and volunteers who are not involved
- so much still to do for **all** bereaved families, why concentrate on this relatively small group ?
- loss of time/resource available for core services (for example residential groups for those bereaved in other ways)
- risk of negative publicity

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