

Supporting the surviving parent to support their bereaved children: a psycho-educational group for parents

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Abstract: *This paper describes the rationale for developing a psycho-educational group about supporting bereaved children. The group is for surviving parents following the death of their partner. As social workers in a specialist palliative care setting, we noticed a similarity in the concerns and questions raised by the surviving parents the social work team met with. It is broadly recognised that there are distinct difficulties for children losing a parent and caregiver, as this is often the person that previously was central in the provision of love, security and daily care. It is well documented that the adjustment of the surviving caregiver and the quality of care received by the child after the loss, are substantially related to how children cope (The Harvard Child Bereavement Study, 1996). Studies revealed that when parents are supported, they can demonstrate an enhanced capacity to support their children. The group provided guidance on how to support their bereaved children. The importance of creating a support network for families by connecting them with others who have experienced similar events is well documented in the literature and was also a significant rationale for developing the programme.*

Keywords: *parental death; childhood bereavement; surviving parent; psycho-educational group*

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Introduction

As Social Workers in a specialist palliative care setting, we met surviving parents who were concerned about how best to support their children as they grieved the death of their other parent. We noticed a similarity in the questions and concerns they raised. This led us to consider how best to meet this need for information with a view to supporting and enabling parents to be able to support their children. We were aware of the research that has indicated that when parents are supported, they can demonstrate an enhanced capacity to support their children (Sandler et al, 1992; Worden, 1996; Nickerson et al, 2013; Bergman et al, 2017). We subsequently developed a two-session psycho-educational group for surviving parents with a focus on how they supported their bereaved children. In this article, we will present the development, implementation and service evaluation of the group. We will discuss the impact of parental death in childhood and outline some of the research on how to support bereaved children, which provided the rationale for this programme.

Background

We, the authors, are senior social workers who work in a large specialist palliative care service in Ireland. The service cares for approximately 1600 patients and their families per year, using a multi-disciplinary model. We work both as part of a social work team and as part of the multi-disciplinary team, providing psychosocial support to patients and their families during the patient's illness. Care is provided within in-patient units, under community palliative care services, hospice day care services and outpatient services. There is a social worker involved in each multi-disciplinary team. There are nine social workers on the social work team. The social work team are responsible for the co-ordination of bereavement events, as well as providing the bereavement support and counselling to adults, children and family groups. Patients are primarily adults, with a very small number of child patients cared for each year. However, we provide support to family members, which means we meet a large number of children and their families each year.

Approximately 1200 patients die under the care of the service each

year. Patients may die at home, in the in-patient units, in hospital or in another place of care. The family of all patients who die under the care of this hospice's services receive contact from the hospice in bereavement. This includes an invitation to a Service of Remembrance and an invitation to a Bereavement Information Evening. Both events include information about grief and different responses within the family, provided by a member of the social work team. Children are welcome to both events. The hospice also offers a Volunteer Bereavement Support Service (VBSS), which supports adults through a companionship, psycho-educational model of one to one grief support. Social workers supervise the VBSS service. Social Workers also provide support and counselling to family groups, as well as to individuals who have more complex bereavement support needs. Any request to support a child in bereavement would be assessed and responded to by a member of the social work team, taking account of the family context and circumstances. Research conducted on our services supported the range of services provided, as they appear to meet the needs of our client base (Roberts & McGilloway, 2008). However, in more recent years, we have seen an increase in the number of parents and children seeking support and we were keen to develop our range of services further to meet this need.

The death of a parent in childhood

The death of any important person in their lives raises issues of loss for children. Although grief is a normal human experience, to which most people adapt over time, the loss of a parent in childhood can be life altering and of particular significance, given the role a parent may have in the child's life. In terms of the number of children who experience bereavement in childhood, we know that two in every hundred 9 year olds in Ireland have lost a parent and it is estimated that 4-5% of young people lose a parent by the age of 18 (Williams & Morgan, 2012). The actual death of the person is an 'event', yet the consequences are carried from childhood to adulthood. Alan Wolfelt (1996) speaks about how grief does not focus on one's ability to 'understand', but instead upon one's ability to 'feel'; therefore any child mature enough to love is mature enough to grieve.

Although loss is a highly individualized experience, children's grief

reactions may be influenced by many factors. This can include their age, personality and stage of development. The type of relationship the child had with the deceased parent will have a particular influence. It is recognised that there are distinct difficulties for children losing a parent and caregiver, as this is often the person that previously was central in the provision of love, security and daily care. The pioneer of attachment theory, Bowlby (1982), described the effect of parental loss in terms of both an increased likelihood of and a greater vulnerability to future adversity. Bowlby (1980) defined grief as a type of separation anxiety that results from the disruption of an attachment bond. Bowlby indicated that such grief resulting from childhood parental loss might contribute to subsequent psychopathology. This theory has been supported by research, which clearly points to the circumstances following or preceding the loss as important risk factors for the child (Rutter, 1995). This closer relationship between parent and child means higher impact for the child and heightened feelings of loss and bereavement (Worden, 1996).

The nature of the grieving process for children is similar to, but not the same as, adults (ICBN, 2017). Many children experience intense and disruptive emotions following a death, including disbelief, yearning, anguish, sadness, anger, guilt and confusion (Christ, 2000; Haine et al, 2008; Lampton & Cremeans, 2002). Children understand grief differently than adults because their cognitive ability to grasp and cope with loss is still developing (Schoeman & Kreitzman, 1997). With limited capacity for abstract thinking, children often have difficulty articulating their feelings about grief. Thus, it is through their behaviour that they may express strong feelings, including those of anger, fear of abandonment or death (O'Toole & Cory, 1998). The intense emotional and behavioural expressions of children's grief may differ from the responses typically seen with adults, in that they tend to be more intermittent than the continuous nature of adults responses. This is because children cannot thoroughly explore all their thoughts and feelings rationally as adults can (Corr et al, 1997). The grief of children is like splashing in puddles while adult grief is like wading through a river (Crossley, 2001).

Children's grief reactions may appear more intermittent and brief than adults, yet the grief usually lasts longer than its behavioural expression (Fitzgerald, 1992; O'Toole & Cory, 1998). Rather than

outwardly expressed emotions and withdrawal from daily activities, grief reactions in children may manifest in psychosomatic symptoms, temper tantrums, academic failure, and other seemingly unrelated behaviours. Families often incorrectly interpret this behaviour to mean the child does not really understand the loss or has already gotten over the death. Rando (1991) explains that a child may manifest grief on an intermittent basis for many years in an 'approach–avoidance' cycle in order to manage their painful feelings.

Other factors influencing the child's grief reactions include the child and family's previous experiences with death and the cause of death. Patterns of interaction and communication within the family and availability of opportunities to share and express feelings and memories influence the permission children have to express their grief and develop coping strategies for managing strong emotions and reactions. The stability of family life after the loss and how the child's needs for sustained care are met following the death create an environmental context that can either support children's grief or add challenges to their ability to grieve. This includes the influence of the parental styles of coping with stress, and the availability of consistent relationships with other adults (DeSpelder & Strickland, 1996; Fitzgerald, 1992). In addition, a host of changes, including changes in the behaviour of the surviving parent, the family structure, finances, careers, household moves, and childcare (Saldinger et al, 2004) often accompany the death of a parent.

Children very often experience an increase in anxiety, particularly worries about further losses, the safety of other family members, and fears regarding separation (Akerman & Statham, 2014). Many of the parents we were working with were asking us about how to manage the strong emotions the children were experiencing. They were wondering how to respond to their children and sought guidance from the social work team on the type of support the children might need.

The developmental course of grief needs to be considered because bereavement is a process that continues over time. Children have evolving needs as they move through their developmental stages. A bereaved child's need for information and support changes as they grow and learn to understand the facts around a death differently. Throughout their lifespan, particularly at times of milestones and transitions, children can revisit the loss repeatedly, especially during

significant life events e.g., graduation from school, marriage, and the birth of their own children (Haine et al, 2008).

Adults who were parentally bereaved as children may present with issues that are not directly linked to, but have been influenced by, their loss. The Harvard Child Bereavement Study (Worden & Silverman, 1996) documented how parental death can have a continuing impact on adult survivors. Reviews of studies from various countries on childhood bereavement following parental death (Dowdney, 2000; Haine et al, 2008) report that children in this situation may experience a wide range of emotional and behavioural symptoms often classified as 'nonspecific disturbances' (Dowdney, 2000: 827). The child often experiences an increase in anxiety with a focus on concerns about further loss, the safety of other family members, and fears around separation. While most children who experience parental death return to normal levels of functioning by a year after the loss (Worden, 1996), a notable percentage experience negative outcomes, including mental health problems. International population studies have begun to show long-term mental health and physical health deficits for a significant minority of bereaved children (ICBN, 2017; Dowdney, 2000; Cerel et al, 2006). Only one in five bereaved children are likely to manifest such disturbance at a level sufficient to justify referral to specialist services (Dowdney, 2000; Cerel et al, 2006).

The research literature highlights the variability in outcomes for parentally bereaved children. This is not completely surprising considering the multitude of factors that may contribute to positive or negative adjustment. Outcomes, either positive or negative, are not predicted by any single factor but rather by the accumulation of risk and protective factors (Sandler et al, 2007). Childhood bereavement may have both a short-term and longer-term impact on children's wellbeing, including their psychological health and educational achievement, yet there is little clarity about the forms of individual support that bereaved children might need, nor the extent to which it is provided. The Childhood Bereavement Network in the UK undertook a survey of all local authorities and primary care trusts in England at the end of 2009, but was unable to obtain a clear picture of the support on offer (Penny, 2010). The low response rate to this survey, suggested that bereaved children's needs may not be recognised as the particular responsibility of any department in government. More

recently in Ireland, the Irish Childhood Bereavement Network (ICBN) has developed the Irish Childhood Bereavement Care Pyramid (ICBN, 2014) to help guide parents and professionals about the type of support a grieving child might need. The ICBN went on to develop a supporting standards document to be used with the pyramid (ICBN, 2017). This places the focus on the child, but in the context of the family and also their community.

There are mixed research results regarding the individual support bereaved children need. Some studies have found that there is actually a risk of negative effects if services are offered which are not appropriate to the child's level of need. One review of psychotherapy and counselling services in schools (Nicholson et al, 2009) concluded that although grief counselling may be effective in some instances, in other cases it can be ineffective, and may even be harmful for certain students. Individuals experiencing a 'normal' reaction to bereavement tended to fare worse as a result of grief counselling compared to those experiencing traumatic grief.

Rationale for the development of the group intervention

A repeated message in the research literature suggests that effective approaches to supporting bereaved children need to be appropriate to their circumstances, taking into account their age and stage of development, as well as the degree of distress and the presence of protective factors in their environment (Sandler et al, 2007; Nicholson et al, 2009; ICBN, 2014; ICBN, 2017). A key conclusion from the evidence reviewed is the importance of a differentiated response, and hence a strategy to support bereaved children that incorporates both proactive and reactive elements (Finucane et al, 2019). This suggests the need for a tiered approach when responding to the needs of bereaved children (Childhood Bereavement Network, UK 2017) as outlined in figure 1 (ICBN, 2014).

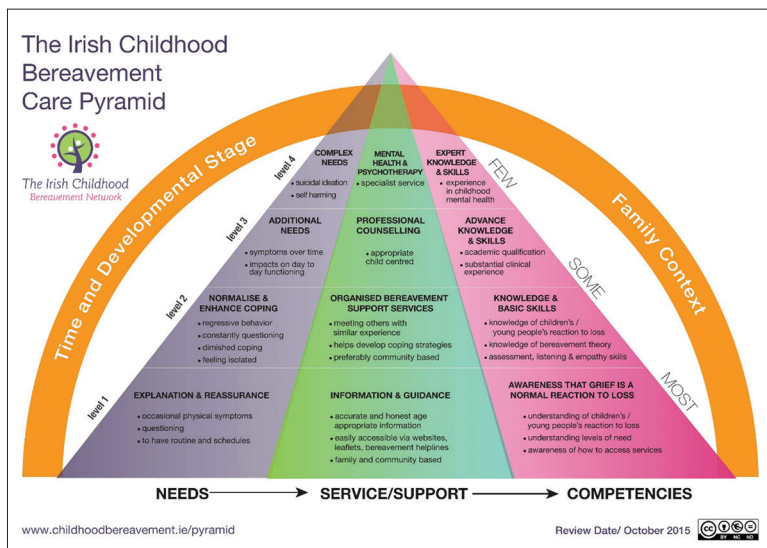
The family is often the primary source of support for children and young people who are grieving. Most children and young people manage their bereavement with the support of their friends and family, although some will require information to help them understand and

normalise their grief as well as support to promote the development of normal coping strategies. However, this is based on the premise that adults surrounding the child have accurate and up-to-date information on the impact of childhood bereavement (ICBN, 2017). Parents know their own children well and will want to help them but they can feel overwhelmed by the loss and may welcome suggestions about talking to their children about grief (Monroe & Kraus, 2005). Children and parents can be concerned about each other and may hide their grief from each other as a misguided form of protecting the other person. This can be compounded by individual grief responses, meaning there can be a loss of open communication within bereaved families (Draper, 2012).

The social work team in the hospice discussed here offers support to children and their parents along a 'continuum of care' (Walsh et al, 2008). In line with the national model of care for palliative care (HSE & RCPI, 2019) and the national standards for supporting bereaved children (ICBN, 2017), this continuum begins during the ill parent's illness (Finucane et al, 2019). Staff consider the bereavement needs of children in all families referred to the service. This can include helping parents consider the information and support needs of their children in relation to the illness and death; working with parents to open communication and prepare the child for the impending death; providing information about normal responses to grief and loss; and facilitating a child to say goodbye to the dying parent. Our approach to working with children and their families is to explore ways of supporting and enhancing existing family functioning and strengths where possible. We are aware of the strong evidence that aspects of the family environment, such as quality of parental care and relationship with the surviving parent, are important in affecting long-term psychological reactions following parental loss (Haine et al, 2008). After the death, social workers are available to parents as a resource and support in relation to children's responses to grief and loss.

We identified patterns in the work that social workers in the hospice were undertaking in their work with bereaved parents. Bereaved parents were asking about how they could best support their children as they grieved the death of the other parent. Many parents were uncertain about what was considered a 'normal' response to grief and what was developmentally appropriate for their children. They asked questions about the potential impact of grief on their children into the future,

Figure 1: Irish Childhood Bereavement Care Pyramid



Reproduced by permission of the ICBN. For a larger scale, full colour version of the Pyramid Visit www.childhoodbereavement.ie/pyramid

wondering if their child should attend grief counselling. Many parents had lost confidence in their own abilities and were unsure how best to support their children. Several studies suggest a need for support for the parents of bereaved children, particularly for the surviving parent after one parent has died (Haime et al, 2008). As a team, we were undertaking this work at an individual level. We wanted to explore other possible ways to meet the identified needs. International population studies have begun to show long-term mental health and physical health deficits for cohorts of bereaved children (Høeg et al, 2016). While this line of research is relatively new, it makes the compelling case for a focus on bereavement support for families of bereaved children (Høeg et al, 2016). The group intervention we developed aimed to influence the family context through equipping parents with a better understanding of childhood grief reactions, as well as information regarding indicators of both vulnerability or concern and indicators of coping, as well as influencing more open communication within the family in relation to grief.

The following literature provided a rationale for the programme which the social work team developed in the hospice in Ireland.

- *The Harvard Child Bereavement Study* (Worden & Silverman, 1996) found that a child's coping depends on the family context and especially on the functioning of the surviving parent. More recent research concurs with this finding, identifying the strain that can exist on surviving parents. This includes their need for information on 'normal' grieving in children, different grieving styles, developing the continuing bond with the deceased parent while also adjusting to the changes the death has brought to their lives (Dyregrov & Yule, 2008; Akerman & Statham, 2011; Aynsley-Green et al., 2012; Morris, 2012).
- 'Positive parenting', a measure constructed by Haine et al (2006) was found to be protective against mental health problems among parentally bereaved children. Interventions include education about the grief process to both bereaved children and their parents. In order to foster the surviving parent's ability to parent effectively, the parent's own stress is addressed, acknowledging that it must be a difficult task to parent effectively when one is grieving the death of a partner. It is at this time that parents may be least equipped to parent effectively, when children are most in need of their support. This intervention programme also includes a focus on decreasing parental stress. (Haine et al, 2008). For example, Haine et al (2008) describe a range of support for parents including reducing parental distress by helping parents to seek support and care for themselves.
- *A systematic review of 1, 766 abstracts dealing with support programs for parentally bereaved children and their caregiver* by Bergman et al (2017) identified a set of effective support interventions. This review revealed that when parents are supported, they can demonstrate an enhanced capacity to support their children the results also indicated that relatively brief interventions can prevent children from developing more severe problems after the loss of a parent, such as traumatic grief and mental health problems and showed positive effects for both the children's and surviving parent's health.
- *Nickerson et al (2013)* examined the impact of parental loss relative to the age of the child and the quality of parenting that the child received after the loss. Data collected from 2,823 adults who had

experienced the death of a parent during childhood was analysed. The WHO (Kessler and Üstün, 2004) Composite International Diagnostic Interview was used to assess psychological impairment, parental care, and other factors that could contribute to difficulties later in life. They found that the younger a child was at the time of the loss, the more likely they were to develop mental health problems. Again they found strong evidence that aspects of the family environment, such as quality of parental care and relationship with the surviving parent, are important in affecting long-term psychological reactions following parental loss.

- *The Family Bereavement Program for childhood bereavement in the USA* (Sandler et al, 1992) has been subjected to rigorous evaluation. The programme is designed to prevent potential mental health complications that may result from the death of a parent. It is based on a theoretical model, which identifies and targets the 'mediating factors' through which any negative impact is thought to operate, such as parental demoralisation, negative life events, parental warmth, and stable positive events in the family. The programme targets the entire family and is designed to educate members about the grief process. It also creates a support network for families by connecting them with others who have experienced similar events, and facilitates adaptive coping through the use of a trained family advisor. A randomised controlled trial in the United States has provided evidence for the effectiveness of the programme for children and young people suffering problematic grief. The improvements were still evident for this group at follow up, six years later (Sandler et al, 2010).
- *Goldstein et al* (1996) highlight the value that a group experience can have for participants, especially if participants are meeting others who have had a similar loss. The value of peer support with those who have shared experiences can help to reduce the sense of isolation (McGuinness et al, 2015) experienced by bereaved parents. Such experiences can provide 'inexhaustible, attentive witness and support' to participants (Buell & Bevis, 1989: 109).

In summary the literature highlighted the importance of children's relationships after the death of a parent (Worden & Silverman, 1996). Much of the research highlighted the importance of educating family

members about the grief process, including their need for information on 'normal' grieving in children, different grieving styles, and developing the continuing bond with the deceased parent (Haine et al 2006; Worden & Silverman, 1996). The research also highlights that the parent's own stress must be addressed and that programmes must also include a focus on decreasing parental stress (Bergman et al 2017). The importance of creating a support network for families by connecting them with others who have experienced similar events is also identified in the literature. (Sandler et al, 2010). The evidence suggested that specialist interventions and programmes can be helpful, especially those which also strengthen the protective factors within a child's life by providing support to parents as well. There is evidence that even relatively brief interventions can prevent children from developing more severe problems after the loss of a parent (Bergman et al, 2017).

Intervention developed by the hospice team

Arising from the indicated need for a group intervention and with reference to the literature review discussed earlier, the hospice social work team developed a group programme centred on providing information to bereaved parents about self-care as a bereaved parent and also about how children grieve. The aim of the group was to enhance parent's understanding of the impact of grief in a family and build their confidence in their parenting role. The group programme was developed to run as a two-session psycho-educational support group for parents of a child bereaved within the past 2-18 months. Each session was designed to run for two and a half hours.

Social Workers screened parents for suitability to attend this intervention prior to attendance, taking into account previous knowledge of the parent and their style of coping, and a psychosocial assessment of current functioning of both the parent and their children. We excluded people who were parenting bereaved children following other types of losses, such as the death of a grandparent, as it was felt that the death of a partner or spouse brings additional loss and changes in roles, that can be absent for other types of deaths. Although there are often assumptions about the benefits of bereavement groups, there can be some ambiguity in the literature. However, homogenous groups

have received favourable evaluations (Thuen, 1995). It was important to ensure that we created and encouraged conditions within the group that would support participants to share experiences and losses. The theme of the changed parenting role had emerged as a significant issue for surviving parents and this was a key aspect which this group intervention aimed to address.

Societal developments in recent years have arguably medicalised the experience of death, with a current society that is 'death avoiding' and 'death denying' (Paul, 2013). Barbara Monroe, social worker and previous CEO at St. Christopher's Hospice in London, which is often considered the birthplace of the modern hospice movement, has argued that this has led to a society that is increasingly reluctant to acknowledge death and loss. The resulting impact of this is that people facing serious illness and bereavement feeling more isolated and fearful (Paul, 2013). The aim of the intervention was to support a process whereby parents could support their children to normalise their responses to grief and not pathologise normal responses, while at the same time equipping parents with indicators of when to seek further support for themselves or their children.

Parents often focus on the needs of their children and neglect to consider their own support needs. This is particularly true in the first few months following the death of a partner or spouse. We wanted to introduce parents to the idea of self-care and considering their own bereavement support needs as a way of supporting their children. The surviving parent may be ill prepared for managing his or her own reactions as well as the reactions of the child. If parents are supported, they can demonstrate an enhanced capacity to support their children (Hope & Hodge, 2006). Caregiver warmth includes displaying a positive regard toward the bereaved child, conveying acceptance, expressing affection, fostering open communication, and providing emotional support have been identified as significant mediating factors that influence how a child copes with a parent's death (Haine et al, 2008). Many of the parents who attended the group spoke of focusing on the children's needs since the death and to date had not really focused on their own support needs. The adjustment of the surviving caregiver and the quality of care received by the child after the loss, are substantially related to how children cope (Kalter et al, 2002). The group aimed to highlight the value to both themselves and to the care

of their children, of focusing on their own support needs also. Although addressing these needs was beyond the scope of the group, participants were provided with information about types of support available to them both within the hospice and within their community. Part of the intervention involved providing parents with a resource pack we developed, which provided written information with more details on all the topics covered, as well as a list of resources available. This was considered important, both in terms of allowing parents to get a deeper understanding than would be possible only within the group, but also as a resource for parents to return to over time as issues arose at different stages for their children.

Overview of group content

The content of the group was based on our clinical experience and on the literature reviewed on the impact of childhood parental bereavement. The themes covered included:

- Strengthening the protective factors within a child's life by providing support to the surviving parents as well.
- educating members about the grief process, including their need for information on 'normal' grieving in children, different grieving styles
- developing the continuing bond with the deceased parent (Haine et al, 2006; Worden & Silverman, 1996)
- addressing the parent's own stress and a focus on decreasing parental stress
- creating a support network for families by connecting them with others who have experienced similar events (Sandler et al, 2010).

The focus of each group session is summarised below. The information was presented verbally and explained by one of the social workers facilitating the group, with time for discussion and questions following each presentation. Participants were also provided with a resource pack that included written information on each theme:

Session 1

- How children grieve, what is normal at different ages/ stages of development. Children's' understanding of death and its various components, universality, irreversibility, non-functionality, and causality.
- Introducing the concept of 'puddle jumping' (Crossley, 2001) as a way of children expressing and processing grief. The idea that children can be immersed in grief at times and at other times, be able to play, be happy etc. We normalised this response and raised the idea of the concept as a safety mechanism of coping for children.
- Exploring strategies for coping with complex feelings and challenging behaviour, how children may 'act out' with behaviours rather than express themselves verbally.
- Discussing the role and value of continuity and routine for children. Exploring the importance of maintaining normal activities at home school and socially as much as possible as a way of providing some security and normality to children.
- Exploring ways to promote resilience in children. Ways to help children feel good about themselves, how building esteem and resilience is especially important for bereaved children.
- Charter for the Needs of Bereaved Children. We read this out to the group and discussed the contents. Parents also have a copy in their resource pack
- Indicators of coping with grief in children and families. Child Bereavement Service Questionnaire (CBSQ) (Penny, 2010). Looking at the different domains of the child's life (Penny, 2014). We presented the CBSQ to parents explaining when it might be used. We asked parents to review this between the two sessions and to consider the questions within it for one child at a time. In session two, we returned to review this experience and any insights gained
- We discussed with parents when to be concerned about how their child is coping and when to seek additional support. This included discussing how intensity and duration of emotions, thoughts and behaviours are usually used to differentiate the normal grief from complicated responses. The presentation on this provided some guiding points. We teased out questions and concerns the parents may have had as part of further guidance. We also provided written details in the resource packs

Session 2

- We continued the discussion on behaviours and activities parents can undertake as part of how to support their child when they themselves are grieving. This included acknowledging and exploring the challenges of now having to parent alone. We also discussed the impact of parental expression of grief and how for some parents, through trying to shield their children from their grief, they hide it or minimise it. This can be considered a protective cycle by parents but can have the challenge of children getting the message not to talk about or express grief.
- We explore creating opportunities to remember together as a family in order to create a continuing link with the deceased. This may include activities such as developing memory boxes, family records, calendar of memories etc.
- We discuss different ways to approach and manage key family dates, such as anniversaries, birthdays etc.
- We talk to parents about the importance of considering their own needs, given they are their children's best resource. This includes the ideas of ways to sustain themselves in their role of caring for their children on their own and supporting their children's grief. In this part of the session we introduce Mindfulness Based Stress Reduction techniques as a potential resource for the parents.
- We provide parents with an information pack of resources and supports available. This includes written material on childhood grief, sources of further information, such as the Irish Childhood Bereavement Network website, Winston's Wish, Childhood Bereavement UK, Grief Encounters
- We do a closing exercise to finish the group. The purpose of this exercise is to acknowledge the loss for participants of their partner. Acknowledging their own grief and that of their children. Affirming their love, care and concern for their children.

Findings and discussion:

We have run four groups to date and qualitatively evaluated each group, using a service evaluation questionnaire. Forty-six parents have attended across the four groups. Between them, they were parenting

ninety eight children. Parents have given us permission to use the evaluation information for service development and for education and publication in relation to the group. Many expressed the view that giving permission was their way of being able to help other bereaved parents.

Table 1

	2016	2017	2018	2019
No. attending	11	16	9	19
No. of children within the families	20	33	20	25

Participants all reported positively on the experience of participating in the group, with 100% rating the group as ‘helpful’ or ‘very helpful’. When asked what the ‘most helpful aspect of attending the group’ was, most participants (62%) rated being able to share openly with, or just being with, people in similar circumstances. One participant commented, ‘It was good to meet and chat with people who are in the same place, as regards their loss of a partner. It totally met and surpassed my expectations’. Another said ‘Yes the group was helpful in that I met people who know what I am living through. It was good to know that we are doing ok and managing in a similar way to other families’.

The other 38% of participants highlighted the information provided as the most helpful aspect of the group: ‘I came looking for answers on how to deal with the children and their questions. I left feeling better able to do this. I found it helpful sharing the stories with other parents’. Another participant said ‘*It was great to hear that it’s ok for children to act & cope differently and there is no one right way*’

When asked about what they found the least helpful or difficult, 76% of participants said ‘nothing’ or left this answer blank. The other 24% of participants acknowledged how hard it had been to talk in the group, but also recognising the value of talking. ‘I thought the whole group was helpful, sometimes it’s difficult to talk openly but it helps a great deal’, while another participant said ‘It was difficult to have to talk about emotions but at the same time it did help’. For four participant, they highlighted how the group process drew their attention to their own grief and feelings ‘The difficult part was also the talking and listening. It made the feelings more real’ and ‘I suppose you realise how raw your wounds still are’.

We also asked participants about their need for future support.

While 38% did not feel the need for further support, 56% said they would like the opportunity to meet other bereaved parents again. There were variations in the responses regarding what form of future support they would desire, ranging from informal peer support opportunities organised by the hospice to facilitated workshops on aspects of grief. Each of the three groups circulated their contact details amongst the participants. Anecdotal feedback from group members is that this led to ongoing communication and peer support amongst group members, through forums such as email groups or WhatsApp groups. The first group we ran also organised for participants to meet thirty minutes before the second session of the group for a more relaxed opportunity to share stories and experiences. We built this informal peer support element into the subsequent groups based on the strength of the positive feedback and recommendation from parents in the first group.

Although the data collected to date has been very positive, there are limitations to the data. The evaluation was completed by participants anonymously at the end of the group. We would recommend research into the group which would consider other forms of outcome measures including following up with participants at a later time point following the group to see whether or not the benefits of the group sustained. This would also help to identify any gaps in the programme or further service development options.

Several themes emerged during the session of the groups. Parents commented on the changes in their relationship with their child – both since the death of the other parent, but also since attending the group. Parents spoke of gaining new understanding or insight into the changes in how the family was communicating and how they understood the needs and responses of their children. This included parents having conversations with their children about aspects of the death and the loss which had not happened prior to the parent's participation in the group. Parents noted the role that their desire to shield their children from their grief as a form of protection may have had in closing communication and expression of grief and loss prior to the group. Many parents felt reassured by the idea of 'good enough parenting' as they went through the process of re-negotiating their parenting role with their child.

Some parents acknowledged their need to focus further on their own grief and look at ways to both support and resource themselves as a lone parent. Parents noted how attendance at the group enhanced their

understanding of grief as a process and how it can change over time depending on the stage of development both of their child and of the family. The group compliments social work support to bereaved parents and as a result of the positive and as a result of the positive feedback has become a core part of the social work department bereavement service provision.

Conclusion

This article has highlighted how the role of the family is key in providing support to bereaved children and how services can offer valuable support to empower parents to support their children (ICBN, 2017). Research reported in the wider literature suggests that specialist interventions and programmes for bereaved children and their families can be helpful, especially those which also aim to strengthen the protective factors within a child's life. The experience of the hospice team in delivering the brief group program discussed in this article supports the wider evidence base on the value of group work services to this population. Several studies suggest a need for support for parents of bereaved children, particularly for the surviving parent when one parent has died (Haine et al, 2006; Raveis, Siegel, & Karus, 1999; Saler & Skolnick, 1992; West et al, 1991). The feedback from participants who took part in the hospice group work program suggests that participation in the psycho-educational group for surviving parents, increased their understanding and knowledge of the expression and impact of childhood bereavement.

As a result of attending the group, parents reported feeling reassured about their coping strategies and their responses to their children, as well as developing an enhanced understanding of the impact of childhood bereavement. Information about the lifespan impact of grief and how grief may present in children was valued by participants. The importance of considering their own needs and to enhance their longer term functioning was a key message that parents also took away from the group. However, more research is needed to understand better the positive feedback received from the participating parents.

Based on the evaluations, the parents reported a reduced sense of isolation, which they attributed to the normalising of experiences that

occurred throughout the group and to the peer support which the group facilitated. It also allowed the social work team target a broader group of bereaved parents thus influencing positively the outcomes for a larger number of parentally bereaved children than would be possible with one to one client support only interventions. The development of this intervention led to an extension of the core range of bereavement services offered within the hospice, as the programme is now an integral part of the bereavement service provision in the hospice. It is currently provided on an annual basis. More detailed research is indicated to better understand the benefits of this group program and to inform further development of this intervention.

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