

Working with parents of bereaved children and young people

Piloting a residential weekend for families bereaved through murder

By Di Stubbs, Winston's Wish

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 specialist group work for families bereaved through suicide or murder. 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 this project was to pilot a therapeutic residential weekend for children and young people bereaved through murder or manslaughter, and their parents/carers. It was to be similar to the generic and specialised group weekends already provided by Winston's Wish.

The clinical aims and outcomes of the project were in line with those already established by Winston's Wish and adapted to meet the needs of those bereaved through murder or manslaughter. Specifically, the aim was to provide opportunities for families to:

- meet with others also bereaved through murder or manslaughter
- 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

- 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 murder or manslaughter 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 pilot, these included:

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 in relation to supporting 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 murder or manslaughter.

Principles

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

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.

- 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

The residential group for those bereaved through murder or manslaughter was developed as part of our programme of residential groups. Each year since 1992, we have run four or five groups a year for bereaved children and young people and their parents/carers. Since 1997 we have also run a special group for those bereaved through suicide.

Around 1,300 to 1,400 children and young people have attended these groups, which are held at the Wilderness Centre, an outdoor and environmental education centre in Mitcheldean, Gloucestershire.

The pilot model was agreed following initial preparatory work involving a review of relevant literature and conversations and meetings with other relevant organisations and individuals to discuss the need and perceived gaps in service delivery.

Identifying the need

The decision to run a pilot group for those bereaved through murder or manslaughter was based on our perception of unmet need. It is estimated that every day in the UK a child is bereaved of a parent or sibling through murder or manslaughter.

With an upward trend of more than 800 murder and manslaughter cases recorded every year in England and Wales alone (Home Office, 2005) the number of children and young people coping with the violent death 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 murder or manslaughter also have to cope with the trauma, disruption, intrusion, fear and stigma that surrounds violent death. The shock and trauma of murder or manslaughter fractures the everyday existence of those left behind and can divide families and their communities irreversibly. Attempts to accept, make sense of and grieve such deaths are typically hindered by the police investigation, legal process, judicial system and almost inevitable media coverage (Victim Support,

2006). For children the experience is also often compounded by lack of understanding and age-appropriate information and the understandable but unhelpful 'conspiracy of silence' (Harris-Hendricks *et al.*, 2000) that occurs in families desperate to protect each other from the painful reality and consequences of what has happened.

Children bereaved through murder or manslaughter are often referred to as the 'forgotten victims' (SAMB National, 2004; Oldham and Nourse, 2006), due in part to the limited number of support services available to them (Victim Support, 2006). Arguably, however, they are the most needy of all bereaved children.

Prior to the murder or manslaughter occurring, many of the families affected will already be experiencing difficult lifestyles and the children will already be vulnerable. Some will have lived all their lives in chaotic households and witnessed repeated incidents of inter-parental violence before becoming the secondary victims of the 150 domestic violence deaths that take place each year (Home Office, 2005). Many will have lived in families or communities where alcohol and substance abuse and violent behaviour are common occurrences.

Other children, however, will be total strangers to the concept and reality of interpersonal violence and violent deaths other than what they read about or see in the media.

Whatever their home situation, the reality is that professional support will be 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.

Before our pilot programme, there was no other group work programme in the UK specialising in supporting these families. Some families may, however, have received support through generic bereavement support services or through counselling services based in GP practices.

Responding to the evidence-based gap of need therefore, and in line with recent governmental policy initiatives (for example *Every Child Matters*), Winston's Wish secured government funding through the Parenting Fund in 2005 to pilot a national project specifically aimed at supporting and further understanding the needs of children, young people and their families bereaved through murder or manslaughter. For this pilot, we worked in partnership with the Childhood Bereavement Network (CBN) and SAMB National (Support After Murder and Manslaughter).

Getting started

Participants

We approached a variety of services and organisations across the country; in particular other child bereavement services, family liaison officers, SAMM National and other regional bereavement services.

Based on our experience, we set a target of 20 children for the children's group (minimum 15, maximum 22) and 16 parents or carers (minimum six, maximum 20) for the parents' group.

While we recognised the need for some flexibility, we set the following criteria as a starting point for inclusion in the pilot group:

- child to be aged six to sixteen
- child to be the son, daughter or sibling of the person who died
- murder or manslaughter to have been committed by someone outside the immediate or primary family unit (i.e. not 'father kills mother')
- attendance to take place after the court trial, typically within two years of the death, and a minimum of six months after death
- children and young people deemed to be in a stable/permanent home or care setting
- adult attendees to be a parent or carer of a child/young person attending the group
- designed for post-trial families (with conviction or acquittal) or families not expecting or awaiting a trial
- any child or young person attending the group to be represented by an adult at the parents' group.

We also set the following criteria for exclusion from this first group:-

- severe clinical depression and/or other serious mental health disorders or significant physical disabilities (child or adult)
- witness to the murder/manslaughter (unless the child had been assessed and treated by professionals experienced in post-traumatic stress disorder prior to referral and who were able to offer continuing support following the group intervention).

A total of 17 families (31 children) were initially referred to the programme by a variety of services.

All of the referred families were contacted by the project co-ordinator to discuss the project further and to make an initial assessment of need and suitability. Following these conversations 13 of the 17 families (20 children and 16

parents/carers) were offered an assessment appointment. Of the four families not offered an appointment, three had children too young to benefit from the project and/or were not able or emotionally ready to attend the planned residential weekend but were keen to be considered for further events. One family chose not to respond to contact from the project co-ordinator.

Assessment

Twelve assessments (19 children) took place at the Winston's Wish family rooms in Cheltenham. One assessment took place at the family home in Scotland. All assessments were based on the Winston's Wish assessment model (see Stokes, 2004, chapter 3) and additional project guidelines. They were conducted by the project co-ordinator and Winston's Wish practitioners. All assessments took place within nine weeks of the planned residential weekend.

The children ranged from five to 16 years of age and had experienced the death of either their father/step-father (ten children), their mother (five children), their brother (four children) or maternal grandfather (one child). All deaths had occurred within the previous 12 to 36 months.

The most prevalent cause of death was stabbing (six families), followed by strangulation (two families), shooting (two families), beating (one family) and strangulation/dismemberment (one family). Eleven of these deaths were legally defined as murder, and one defined as manslaughter. In all but one of these deaths the perpetrators had been arrested and charged. Court trials had been completed in ten of the cases. The remaining two trials were due to take place prior to the residential weekend.

The practitioners also made 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 were 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 was a central component of the assessment process.

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

- fear and lost sense of safety including fear of future - difficult to reassure some children due to frequency of murder in their area
- not able to say goodbye and therefore difficulty accepting reality
- family being (over) protective
- the potentially shocking language associated with traumatic death
- shattered world view
- secondary losses – moving home, changing school, altering relationships
- parental coping strategies under pressure; parents being emotionally 'unavailable'
- taboo over talking about what has happened
- family conflict, guilt and blame
- difficulty in telling story - chaos, confusion, emotional detachment
- trauma-related intrusive visual imagery, nightmares
- heightened arousal and anxiety
- increased anger and desire for revenge.

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

As a result of the assessment process, 12 families attended the weekend, comprising 19 children and young people and 15 adults in total.

Staffing and training

The children's and parents' groups were each co-ordinated by two members of staff, and supported by a team of staff members and

experienced Winston's Wish volunteers. These volunteers received additional training about the issues facing families bereaved through murder or manslaughter. The ratio of adult team members to children and young people was approximately 1:2. The ratio of team members to parents/carers was approximately 1:3.

The children and young people's groups also benefited 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 were available throughout the night for any child experiencing trouble sleeping).

A representative of another established child bereavement service was also invited to attend in the hope that this intervention could be repeated in another geographic location.

Preparation and planning

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

The two groups ran concurrently but separately in venues close to each other. Due to the distances involved in getting to the group, many families travelled down the day before the residential weekend began and were accommodated locally on the evening prior to the weekend. The majority of families relied on public transport and were subsequently met by volunteer drivers who provided local transport throughout the weekend. Both groups were residential, with adults staying locally in guest houses 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 followed the standard pattern for our residential groups, with some variations to reflect the different nature of the bereavement,. The full programme for these and the theory behind the activities are described in more detail in Stokes, 2004 (see References).

- The children's group started with introductions and opportunities to build rapport with their small group through some outward-bound style activities.
- The children then shared their stories of what had happened and listened to each other.
- The person who died was remembered in a candlelight ceremony and with other activities to support memory.
- The children had opportunities to express difficult feelings and to explore ways of handling these.
- Final sessions looked to the future and prepared the group to say goodbye to each other.

- Throughout the weekend there were opportunities to have fun and be helped to relax alongside the grief-focused activities.

The group for parents and carers concentrated first on their own experiences and emotions connected to the death. On the second day it focused on ways to support their children through their grieving.

Follow-up with families

Following the residential weekend each family was contacted by telephone within 14 days to check how they had 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 were also sent copies of reports that were written about the children's (and their own) responses during the weekend. A copy of this report was also sent to the children's schools.

Families were also invited and encouraged to attend a follow-up day nine weeks after the residential weekend. This was attended by seven of the 12 families. The programme for the day included opportunities to reflect on what had happened, to discuss any issues arising from the weekend, and the opportunity for children and adults to meet up again with those they had met at the weekend. A session involving a therapeutic approach called 'playback theatre' gave us a chance to consider whether there is a role for this type of interaction within bereavement work.

Evaluation

We sought to evaluate the project at different stages and in different ways, using both quantitative and qualitative measures against the desired outcomes. Staff were involved in peer-to-peer evaluation against the outcomes at all stages, including the planning phase, the design phase, after each day of the intervention, one week after the intervention and after the follow-up session. Volunteers also contributed their evaluation at different stages.

Before the first assessment with families, the parents and the children's teachers were asked for their participation in the evaluation process. All agreed and were given an assessment questionnaire to complete at that stage. Parents/carers then completed a post-intervention questionnaire at the follow-up day. However, this meant that since only seven out of the 12 families attended the follow-up, it was a challenge to complete the evaluation with the other five families.

Teachers were asked to complete the post-intervention questionnaire seven weeks after the intervention.

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

Participant observers from SAMM national and the Candle Project (a child bereavement service based in South East London) participated in the evaluation, providing a valuable external perspective.

Importantly, we were also fortunate in securing the services of Dr David Trickey, an independent consultant clinical psychologist, to provide an independent evaluation of the intervention. He suggested the use of several tools of measurement and is in process of writing up his evaluation report.

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, the pilot met its desired outcomes and had a significant positive impact on the response to bereavement of these participants.

"Children bereaved when someone in their family is murdered can feel incredibly isolated. They need help to begin to try to make sense of what has happened, to find a way to hold on to positive memories and the opportunity to meet other children who've been bereaved in a similar way. We need to give them the opportunity to look forward to the future with more confidence."

Brendan McIntyre, family services manager

"It made such a difference to my family. It's been so painful to talk about what happened that we'd all rather lost sight of each other, we were grieving so much. The weekend has helped us start talking about the death – but most importantly, to start talking about their dad's life.... we'd begun to forget what he was like – he was a very special dad."

Parent

Discussion

The pilot focused on those murders or manslaughters where the perpetrator was either unknown or unrelated to the victim's family. Future services will need to address the additional challenges of supporting those whose relative was killed by a close family member (e.g. when father kills mother).

With around 400 children and young people being bereaved by murder or manslaughter every year in the UK, it is 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 be a possibility for the future.

It is important that this specialist service is available 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. Our own bid for government support to extend the pilot was unsuccessful.

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

Cost

As a pilot project, the costs exceeded expectations, so it is difficult to give an estimate of how much a similar residential group would actually cost. 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. The decision was made to make the service free to all participants. Statutory funding through, for example, primary care trusts, 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/volunteers
 - venue, catering, resources, expenses
- volunteer expenses
 - delivery, follow-up
- participant observer expenses
 - if appropriate
- venue hire x 3 (parents/carers group; children's group; follow-up)
- 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

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.

Harris-Hendricks, J., Black, D. and Kaplan, T. (2000) *When Father Kills Mother* (2nd Edition). London: Routledge.

Home Office (2005) *Crime in England and Wales 2004-05*. London: Home Office.

Oldham and Nourse, 2006, 'Forgotten victims? Adults look back on their childhood bereavement by homicide'. *Bereavement Care* 25(1).

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*. Washinton: American Psychological Association.

SAMM National, 2004; Annual report

Stokes, J.A. (2004) *Then Now and Always. Supporting Children as They Journey Through Grief. A guidebook for professionals*. Cheltenham: Winstons Wish.

Victim Support (2006) *In the Aftermath: The support needs of people bereaved through homicide*. London: Victim Support.

Reflections on the residential group

We reflected on what it means to run a residential group for those bereaved through murder or manslaughter, 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 murder or manslaughter become part of the core services we offer...'

Strengths

- existing strong resourced service
- funded/fundable project
- extends staff and volunteers' skill base
- helpline in place as constant back-up for families involved
- named project co-ordinator
- initial telephone contact to families by project co-ordinator crucial in engaging their participation and 'marketing' the service in a consistent way
- all assessments undertaken at our offices (demonstrated families' likely commitment to the travel involved)
- working with partner organisations added strength
- evaluation process

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 demand that cannot be met
- creating pressure on other resources, for example the helpline
- reliance on the project co-ordinator
- requires certain level of experience, expertise and confidence in staff team
- requires knowledge of facets beyond bereavement, e.g. the experience of domestic violence, drugs and drink on family relationships; complications when one partner kills the other and the child effectively 'loses' both parents

Opportunities

- huge unmet need – no one else is providing this service to families
- this intervention can have big difference to people's lives
- 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

- rumour of another service outside the child bereavement network developing a service
- responding to a negative outcome of the evaluation process
- risk of negative publicity
- 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

For further information email:
DStubbs@winstonswish.org.uk

October 2006

