

**Wakefield and District Safeguarding  
Children Board**

**Multi-agency guidance on the provision  
of bereavement support in cases where a  
child has died**

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## Bereavement - Key Principles

The principles that underpin this guidance are:

- The death of a child is always a tragedy regardless of circumstances
- Parents *and* siblings may both have a need for support and the needs of the surviving children must not be forgotten
- Grief can manifest itself in different ways. Therefore when working with a family who have experienced the death of a child, professionals should be aware of the possibility that behaviour they are witnessing may be a result of the bereavement
- Grief can manifest itself at different times, and the need for bereavement support is not just present immediately after the death. In many cases, families can be resistant to bereavement support in the months after the death, but can be more receptive later on. Professionals need to be aware that families who experienced the death of a child some time ago and did not want support may need bereavement support further down the line, or further episodes of support.
- Concerns about the cause of death do not remove the need for professionals to offer bereavement support. In cases where the death may have arisen as a result of abuse or neglect, the need for support by family members should still be recognised and support offered. An ongoing criminal investigation does not mean that a family cannot receive support from a bereavement organisation.
- Professionals should not assume that a family's need for bereavement support has already been met by a different agency. If in doubt, professionals should ask the family if they have discussed bereavement support with anyone.

## Key Actions for All Professionals

- When working with a family who have experienced the death of a child, to recognise where there is a need for bereavement support, even if the death was not recent
- To ensure that the needs of surviving siblings are not forgotten
- To refer the family to an appropriate provider of bereavement support, or to provide sufficient information to enable them to self-refer if they are able to do this
- To record in their case file (or equivalent records) when the need for bereavement support has been discussed, the family's response to this, and any actions taken/not taken and the reasons for this.

## 1. Introduction – the context of bereavement and child deaths

<b>1.1</b>	The death of a child is a tragedy for his or her family. The impact on parents, carers, siblings and other family members and friends can be immense, and in addition, the impact on professionals who knew the child can also be significant.
<b>1.2</b>	However for professionals who work with children or parents/carers, the reality is that at some stage, regardless of the setting you work in, you are likely to work either with a child who dies, or with parents and surviving siblings who have experienced the death of a child in the past.
<b>1.3</b>	Each year in the UK almost 3,000 children and young people die between the ages of 1 and 19, as a result of illness or accident and every year one baby in a hundred dies before, at, or soon after birth - that is 17 babies each day.
<b>1.4</b>	A further 1,200 babies die before reaching their first birthday.
<b>1.5</b>	While very different, these experiences involve strong feelings of loss in parents, carers, surviving siblings and extended family members, as well as professionals who knew the family.
<b>1.6</b>	Whilst in some cases the need for support may be immediate or very soon after the loss, in others, the need may manifest itself at varying times afterwards, sometimes a long time after the death. This should be considered in all contacts with bereaved relatives.
<b>1.7</b>	Grief that is ignored can harm people in many ways. To support families at such difficult times and to limit the potential for psychological problems in the longer term, it is crucial that all professionals are able to recognise and respond appropriately to bereaved families' varied emotional needs after the death of a child.

## 2. The purpose of this guidance document

<b>2.1</b>	<p>This guidance document has been produced by the Wakefield and District Safeguarding Children Board and agreed by all its constituent agencies. The document represents good practice for all professional groups when encountering families who have experienced the death of a child, and should be followed by professionals and volunteers in all agencies. The main aims of the guidance are:</p> <ul style="list-style-type: none"><li>➤ To make professionals aware of the need to recognise where a family member has a need for bereavement support following a death and to be able to respond to this need</li><li>➤ To make professionals aware of the requirement to recognise and respond to bereavement needs when assessing the needs of surviving siblings and delivering services to families</li><li>➤ To provide guidance to professionals in relation to how to access appropriate specialist help for the child or adult.</li></ul>
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<b>2.2</b>	This document is <b>not</b> intended to provide professionals with guidance on how to work with adults or children who have experienced bereavement or how to deliver bereavement support. Providing appropriate bereavement support is a specialist task that requires specific skills, knowledge and training.
<b>2.3</b>	This document has been circulated to all agencies of the Wakefield and District Safeguarding Children Board.
<b>2.4</b>	<p>The guidance in this document relates to <i>all</i> cases in which a child or young person has died, including:</p> <ul style="list-style-type: none"> <li>➤ Cases where the death was expected, due to life-limiting medical conditions</li> <li>➤ Cases where the death was sudden or unexpected</li> <li>➤ Cases where the death may have arisen as a result of abuse or neglect</li> <li>➤ Cases where the death was a result of suicide</li> </ul>
<b>2.5</b>	In all cases, after the death, the surviving family members will inevitably have contact with a variety of professionals, either immediately following the death, or at a later stage. Any such professional must be aware of the possible impact of the death on the adults <b>and</b> surviving siblings, and must discuss with the family their need for bereavement support and provide advice, guidance and signposting where required.
<b>3. Who should read this guidance document?</b>	
<b>3.1</b>	As indicated earlier, staff in a variety of professions and settings may come into contact with a family after the death of a child, for different reasons and with different roles. Regardless of circumstances, these staff must all be sensitive to the possible needs of family members (including any surviving children) for support in relation to the bereavement. These needs may manifest some time after the bereavement has occurred.
<b>3.2</b>	The following section provides information relating to some professional groups that will commonly be in contact with a family after the death of a child. It is not an exhaustive list, and any professional who works with children or their parents and carers must be aware of the possibility that they will, at some stage, be working with a family who have experienced the death of a child and able to respond appropriately.
<b>3.3</b>	<p><b>Hospital Staff</b></p> <p>In most cases, following the death of a child, family members will have immediate contact with a variety of medical professionals based within a hospital setting, including staff within A&amp;E Departments (where most children will be taken when they have died), paediatricians and other hospital staff. It is expected that hospital staff who deal with a child who has died will discuss bereavement support with the family, and will provide them with a pack of information about how such support can be accessed. However, as families may not be receptive to this in the early</p>

	<p>stages following the death, it is important for professionals who are involved at a later stage to re-visit this issue during their work with the family.</p>
<b>3.4</b>	<p><b>Community-based Health Practitioners</b></p> <p>After the death of a child, the family may still be in contact with services such as Health Visiting, School Nursing, GP etc. Such professionals need to be receptive to the possibility that family members may need bereavement support at any stage following a death.</p> <p>In addition, within the health community, there are numerous support services that work directly with families where there are disability or health issues for a child, and these services will also, at times, be involved with a family at the time of the death. Services within NHS Wakefield District that work specifically with children with life-limiting conditions such as the Palliative Care Team will also remain involved after the death of a child, and can provide support.</p>
<b>3.5</b>	<p><b>CAMHS</b></p> <p>The CAMHS service may be working with a family at the time that a child dies, or may receive a referral to work with the family after the death. CAMHS do not provide a specific bereavement service but their work may identify a need for specific support related to bereavement, or may be linked to the effects of bereavement on a surviving sibling.</p> <p>CAMHS has designed an information leaflet 'Helping your child through bereavement' to support parents and carers in the case of a 'normal' bereavement, most often that of a grandparent or older relative. In most cases, parents are the best people to support their families in adjusting to such life events. It is acknowledged that where parents are experiencing an acute grief reaction or suffering from another mental health problem, they may require professional support to help themselves and their children. Where bereavements occur which are multiple, traumatic or complex, the service will provide an appropriate clinical response. CAMHS can also offer Consultation and support to professionals working with complex cases.</p>
<b>3.6</b>	<p><b>Schools &amp; Education</b></p> <p>The Education Psychology Service provides valuable support to schools when there is a child death. This work is prioritised in the service so that the response is, in most cases, immediately following the request for support. In most cases the Educational Psychologist (EP) for the school will visit, with another EP colleague, to support the senior leadership team in planning appropriate actions in response to the circumstances of the death. For many children in schools, the death of a peer may be their first experience of a death and the EP support aims to support school staff to ensure that this first experience enables the children to develop the strategies they may need to cope with this and other possible deaths in the future. The EP will also advise the school staff about appropriate ways to work with parents, respond to the press, recognise and accept the grieving processes and to identify those adults and children in school who may be more vulnerable as a result of the death and who may need more support as a result. The EPs are not trained</p>

	<p>bereavement counsellors, but they will undertake some individual or group support to enable the children or adults to express their feelings about the events surrounding the death and will be able to offer further advice about longer term bereavement counselling and how to access this support.</p>
<b>3.7</b>	<p><b>West Yorkshire Police</b></p> <p>The Police will be involved in all cases where the death of a child was sudden or unexpected. The purpose of this involvement is to identify whether a crime may have been committed. In all such cases, Police Officers will work alongside medical professionals to provide what is known as a Rapid Response to the death. Their involvement may include visiting the scene of the death, interviewing adults and surviving siblings etc. In most cases the Senior Investigating Officer will consider deploying a dedicated Family Liaison Officer who will be a part of the investigation team and will assist in the two way flow of information between the investigation and the family. If necessary the FLO will also refer the family to other organisations who are able to offer appropriate practical and emotional support.</p> <p>For more information on Rapid Response in cases of sudden or unexpected child death, please refer to Chapter 7 of Working Together to Safeguard Children.</p>
<b>3.8</b>	<p><b>Hospice</b></p> <p>In some cases, children with a life-limiting condition will spend time at a hospice before their death. For children in Wakefield, this would usually be Martin House in Boston Spa near Wetherby. Due to the nature of the support they provide, staff within the Hospice setting will frequently be involved with families at the time of the death of a child. Hospice staff are specially trained to work with bereavement, and all Hospices in our region offer bereavement support to adults and siblings both before and after the death of a child. However this will only be with families who were in contact with the hospice prior to the death.</p>
<b>3.9</b>	<p><b>Voluntary Sector Organisations</b></p> <p>Within Wakefield there are a large number of voluntary organisations working with children and families. Of these, STAR is the only local organisation to provide a specific service to children in relation to bereavement. STAR is commissioned by the Primary Care Trust to provide bereavement support to children on their behalf, but will also accept referrals from other sources. However agencies whose work does not centre on bereavement will still at times come into contact with adults and children who have a need for specialist support following the death of a child and these staff need to know how to access such support when needed.</p>
<b>3.10</b>	<p><b>Children’s Social Care</b></p> <p>In some cases, a family who have experienced the death of a child may already be known to, and receiving a service from children’s social care. In some cases, this may have been due to concerns about the welfare of the child, and in a minority of cases, the death of the child may be linked to such concerns.</p> <p>In some cases, although the family may not have been previously known to</p>

	<p>children’s social care, the circumstances of the death may lead to a referral to children’s social care being made, either due to a need for support or for protection of surviving siblings.</p> <p>However children’s social care will also be involved in providing support to families due to illness or disability of the child, and inevitable, some of these children will die as a result of their illness.</p>
<b>3.11</b>	<p><b>Child Death Overview Panel</b></p> <p>Every Safeguarding Children Board is required under Chapter 7 of Working Together to Safeguard Children to conduct formal, multi-agency reviews of <b>all</b> child deaths, regardless of circumstances, cause etc. When a child has died, those professionals who had contact with family members will be required to provide information to the Child Death Overview Panel (CDOP) to enable the death to be reviewed by a group of professionals. The purpose of this review is to learn lessons and identify any themes arising from the death, in order to try to prevent or reduce future deaths from similar causes.</p> <p>The CDOP is different to a Serious Case Review (which is undertaken when a child dies as a result of abuse or neglect) but information gathered during the CDOP process may lead to a Serious Case Review being undertaken at a later stage.</p> <p>Family members are not invited to participate in discussion of their child at CDOP, and will not be provided with direct feedback about the outcomes of the review of the death. However, when a child has died, the parents/carers will be notified in writing of the CDOP process, and this letter will provide advice around the availability of bereavement support.</p> <p>The CDOP is also able to monitor whether bereavement support has been offered to a family, and to take action where it is found that support has not been offered.</p>
<b>4. Specific Guidance for Professionals</b>	
<b>4.1</b>	<p>The following sections provide information on what forms of bereavement support are available within the main statutory agencies within the Wakefield district and specific guidance to staff in those agencies.</p>
<b>4.2</b>	<p><b>WMDC Family Services</b></p> <p>Family Services do not have a specific bereavement support service and although social work staff are skilled in interventions with families, few social workers have specific skills in bereavement support. Therefore, when staff within Family Services encounter a parent or child who requires this type of intervention, the normal course of action would be to refer them to an appropriate provider, either from an agency that may already be known to the family (e.g. via health or the Police) or by referring to an agency within the voluntary sector (see appendix).</p> <p>Social Care Direct occasionally receive referrals specifically for bereavement support for either adults or children and in most cases, the referrer will be “signposted” to one of the providers listed in the appendix to this document.</p>

	<p>Staff within the Safeguarding and Family Support Directorate of WMDC Family Services should ensure that when working with a family who have experienced the death of a child, the family's need for bereavement support is considered and discussed with the family, and that this information informs any assessment that is undertaken and any support that is implemented.</p>
<b>4.3</b>	<p><b>West Yorkshire Police</b></p> <p>The Police have access to a number of resources including Family Liaison Officers and Victim Support. Both can provide bereavement support in some circumstances. If a need is identified that cannot be met by one of these resources, police officers should either refer the family to a suitable provider in the voluntary sector (see appendix) or provide the family with details thereby enabling them to refer themselves.</p>
<b>4.4</b>	<p><b>NHS Wakefield District</b></p> <p>When staff in the community health sector such as Health Visitors or School Nurses identify that a family have a need for bereavement support, the action that should be taken will vary dependant on the case. In some cases, the parent should be advised to contact their GP who can refer for counseling. However health professionals can also refer a family directly to a provider in the voluntary sector. STAR bereavement is commissioned by NHS Wakefield District to provide services for children and young people, and is partly funded by the PCT.</p> <p>Health professionals can also make referrals for children and young people directly to CAMHS if the child appears to have a mental health problem and meets the CAMHS referral criteria. If the referral does not meet the criteria for CAMHS, they will advise the referrer to seek support elsewhere.</p> <p>Where NHS Wakefield District is working with a family with a child with a life-limiting condition, services such as the Palliative Care Team will usually be involved and will provide support before and after the death of the child. If any other professional within the organisation identifies a need for support, these specialist services should be contacted in the first instance, to determine what is already being provided.</p>
<b>4.5</b>	<p><b>CAMHS</b></p> <p>Where bereavements occur which are multiple, traumatic or complex, the CAMHS service should provide an appropriate clinical response. CAMHS can also offer consultation and support to professionals working with complex cases. In other cases, CAMHS professionals will signpost the family to a service such as STAR (see appendix)</p>
<b>4.6</b>	<p><b>Mid Yorkshire Hospitals NHS Trust</b></p> <p>Hospital staff encountering bereaved families should provide them with information on how to access bereavement support. The Trust does not have a dedicated bereavement support service.</p>

<p><b>4.7</b></p>	<p><b>Schools</b></p> <p>When staff in a school identify a need for bereavement support for a child, there are a number of ways in which this support can be accessed. The school can, with parental consent, make a direct referral to STAR Bereavement, or to any other voluntary sector provider. However, if the problem is a severe one, or is linked with other significant emotional problems, the school can liaise with the School Nurse, who is able to make a referral to CAMHS if required.</p> <p>As indicated earlier, the Education Psychology services also provides specific bereavement support. In situations where the death has a significant impact on the school community, the Education Psychology service should be contacted as they can assist by providing support to the school on a wider basis.</p>
<p><b>4.8</b></p>	<p><b>Staff in Voluntary and Community Sector Organisations</b></p> <p>People who work in the voluntary sector who encounter a family who have experienced the death of a child should try to discuss the family's support needs with them. If the family (including children) does express a need or desire for support in relation to their bereavement, the first step is to establish if the family is in contact with an agency that can provide this type of support, and the information in this document should assist workers in determining this. However if this is not the case, or it is not acceptable to the family, they should be signposted to one of the providers listed in the appendix or advised to see their GP.</p>
<p><b>5. Mapping Bereavement Services in Wakefield</b></p>	
<p><b>5.1</b></p>	<p>Bereavement support is provided by a wide range of organisations, including those within public organisations such as Primary Care Trusts, those within the voluntary sector and those within the voluntary sector who are commissioned by public bodies to deliver services on their behalf. All of these services have different remits, referral processes etc.</p>
<p><b>5.2</b></p>	<p>As a result of this diversity, mapping the services that are available to children and adults in the Wakefield District is very difficult.</p>
<p><b>5.3</b></p>	<p>Currently, various organisations employ staff in positions in which they are able to offer bereavement support to families in particular situations. For example, the NHS Wakefield District Family Nursing Service and Palliative Care Team offer support to bereaved families during the course of their work.</p>
<p><b>5.4</b></p>	<p>However locally and nationally there are a number of organisations particularly within the voluntary and community sector that do provide a specific service in relation to bereavement, and some of these are listed in the appendix.</p>
<p><b>5.5</b></p>	<p>In addition, most counselling services (of which there is a multitude) will also offer bereavement support amongst a range of other services they provide.</p>
<p><b>5.6</b></p>	<p>Therefore, the information within the appendices is not exhaustive. Professionals in any agency who encounter a family who have a need for bereavement support are advised to:</p>

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|  | <ul style="list-style-type: none"><li>➤ first consider what they themselves can provide using their own skills</li><li>➤ consider who else in their organisation may be able to assist the family</li><li>➤ Consider other agencies that may be able to help. This may be an agency that is already working with the family, or may require a referral to one of the organisations included as in the appendix to this document.</li></ul> |
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## Appendix 1

### Bereavement Services for Children – Voluntary Sector Organisations

Name	Contact Details	Referral Process	Details
STAR	STAR Bereavement Wakefield Hospice Aberford Road Wakefield WF1 4TS  01924 214025	Referrals can be made by professionals from any agency, or by bereaved family members	STAR provides a 1:1 counseling service to children who have experienced bereavement or loss. They are aiming to develop support for the whole family in the future. Commissioned by the PCT to deliver bereavement services.
National Child Death Helpline	Freefone 0800 282 986	Helpline only	Provided by Great Ormond Street Hospital for anybody affected by the death of a child. All volunteers are bereaved parents.
CRUSE Bereavement Care	Helpline - 0844 477 9400 crusebereavementcare.org.uk helpline@cruse.org.uk	Self referrals from bereaved people. Various methods of accessing the service including helpline, website for young people etc.	Provide 1:1 counseling for children and adults, as well as a variety of resources for children and young people as well as adults.
Child Bereavement Trust	Helpline – 01494 446648 childbereavement.org.uk	Direct access by bereaved adults and children only	Provides a confidential helpline and resources for adults and children.  Does not provide direct counseling.
Winston's Wish	Enquiries - 01242 515157 Helpline – 08452 03 04 05 winstonswish.org.uk	Direct access by bereaved adults and children	Individual work and group work with bereaved children.  Telephone helpline for bereaved children.

## Appendix 2

### Bereavement Services for Adults

Name	Contact Details	Referral Process	Details
CRUSE Bereavement Care	Helpline - 0844 477 9400 crusebereavementcare.org.uk helpline@cruse.org.uk	Self referrals from bereaved people. Various methods of accessing the service including helpline, website for young people etc.	Provide 1:1 counseling for children and adults, as well as a variety of resources for children and young people as well as adults.
Child Bereavement Trust	Helpline – 01494 446648 childbereavement.org.uk	Direct access by bereaved adults and children only	Provides a confidential helpline and resources for adults and children.  Does not provide direct counseling.
Winston's Wish	Enquiries - 01242 515157 Helpline – 08452 03 04 05 winstonswish.org.uk	Direct access by bereaved adults and children	Individual work and group work with bereaved children.  Telephone helpline for bereaved children.
National Child Death Helpline	Freefone 0800 282 986	Helpline only, staffed by volunteers	Provided by Great Ormond Street Hospital for anybody affected by the death of a child. All volunteers are bereaved parents.