EDITORIAL

Your editors have just returned from foreign parts. Colin Murray Parkes has been advising about bereaved children in Rwanda and I have been in Montenegro for UNICEF with a colleague, Dr Young, who describes our visit on p19. Dr Parkes will report on his trip in a future issue.

The project we visited provides a home for 15 Bosnian-Muslim orphans and offers a short-respite stay away from the war zone for 28 Bosnian children every month, but these children then return to danger and loss anew.

I came back with many emotions: anger that a once civilised European country had destroyed its heritage and its economy through petty nationalistic fervour, sadness at the plight of the bereaved children and those injured in mind and body, innocent victims of their elders' strife, but also pride in the UK's system of volunteers. The altruism which motivates volunteers in many fields, but particularly in bereavement counselling, to give up their time, to undertake training and to go out to help someone less fortunate than themselves, also impels the professionals from the UK (and elsewhere) whom I met in former Yugoslavia working for Save the Children, WHO, UNICEF, and other relief organisations. Shining like Portia's 'good deed in a naughty world' is our army of volunteers – long may they flourish!

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Bereavement groups with a difference



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During our time as a social workers at the North London Hospice, we set up a number of 'one off' groups as part of the bereavement follow-up service. Our thinking was that it would be useful for bereaved relatives to meet to share common experiences and it enabled us to extend the scope of the bereavement service by keeping in contact with relatives.

SETTING UP THE GROUPS

We started in February 1990 with a morning meeting, and later that year added an evening group, both of which have continued to the present time. The aims of the groups are:

- to normalise grief, ie educate participants about common grieving patterns;
- to allow a degree of mutual support to develop between participants as they share information about how they are coping;
- to identify those who are having problems with their grief which may require extra help from the North London Hospice or from another service;
- to allow families and friends who had not had much contact with the North London Hospice before the death to meet us and seek help.

A few weeks after a death, a member of the multi-disciplinary team who was involved with the care of the dying patient fills in a Bereavement Risk Assessment form, giving details of all the significant relatives and carers. There are 21 specific questions to be answered about the key bereaved person, his or her family and relationships within it, financial

EDITOR'S NOTE

Three social workers from the North London Hospice, which has recently opened a splendid hospice building after years working to great effect as a 'hospice-at-home' service, describe their 'one-off' groups. They use these, amongst other purposes, as a form of triage, to identify bereaved relatives who are having difficulty in coping, so that they can focus their attentions on those who need them. It is likely to be an effective way of using limited counselling resources and I would predict that their research will show that the groups are therapeutic in themselves, particularly for the adolescents who may be relieved to find others in the same boat as themselves.