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.

situation, circumstances surrounding the death, support already available, current emotional state, previous psychiatric illnesses, other significant losses and any concurrent life crises. There is also space for additional comments, where relevant. The answers ('Yes', 'No' or 'Don't Know') are awarded points, the total giving an indication of the bereavement risk for that person.

Immediately after a bereavement, all the significant relatives and carers are offered help from the Bereavement Service. We decided to contact them again three months later, by letter, giving them the choice of a group meeting, individual counselling or both options.

The invitation letter

Each month a letter is sent from one of the senior social workers on behalf of the Hospice to bereaved relatives and friends inviting them to a coffee group, from either 10.30am to 12 noon or 5.30 to 7.00pm, on the fourth Wednesday of each month. The invitation is sent to all those three and six months after a bereavement and usually to a named relative or family. The letter sets out the format of the meeting:

> 'We have been thinking about family and friends who are left after a death and we would like to offer you the opportunity of meeting each other at the Hospice where you will also have a chance to meet some of the staff. From... to ..., there will be coffee and tea and chat and then those who wish will get together to talk about what has helped you to keep going over the last few weeks and months.'

People are requested to return a reply slip and those who are invited at three months have a stamped, addressed envelope enclosed and a map. The reply slip also enquires 'Is there some other way we may be able to help?' and 'Would you prefer an appointment with someone from our social work team trained in bereavement support?'

Bereavement co-ordination statistics (1991-93) show that an average of 31% of relatives and friends who were invited to do so attended the group, and that an average of 12.5% of the total number of relatives, friends and families were already being supported by counselling. Roughly 3% decided to take up the offer of alternative help (counselling) from our bereavement service as a result of the invitation letter.

Format for the group

As the bereaved relatives and friends arrive, they are welcomed by two volunteers, given a name badge, offered a tea or coffee and introduced to a member of the hospice-based staff. Staff mix with relatives, checking which member of staff was particularly involved with the relative's special person. Relatives are introduced to one another as appropriate and care is taken to ensure the relative is not left alone for too long. Occasionally, people will bring other relatives and/or friends to accompany them. After half an hour of socialising, the bereaved meet with at least one experienced social worker, and a volunteer with some bereavement or group work training. If the group numbers 12 or more, then it is divided into two smaller groups.

We deal with a very mixed group of ages and people and therefore we begin by talking about what they have in common and setting some ground rules. For all the group members, someone close to them, a special person, has died and also been cared for by the North London Hospice. For some of them, it may have been very difficult to come back to the hospice but we hope that meeting other people with similar experiences, and having the opportunity to talk, may give them some comfort. We acknowledge that some may talk, some participate by listening, some may feel more emotional and cry, and whatever happens for the participant is all right with us. We explain that it is helpful if only one person speaks at a time as we want to hear everything that each person has to say.

We ask the participants to introduce themselves by name. Then they are invited to mention their special person and their relationship with that person, eg partner, daughter, parent. Discussion generally ranges over the help, or lack of it, that was given by the North London Hospice, the diagnosis, the way bad news was broken, physical care given, the attitudes of others towards the bereaved relatives, practical and emotional aspects that have been faced. Some emphasis is put on acknowledging and accepting different ways of coping and surviving.

As leaders, we are aware that this is a one-off group for people who have never met one another before and who, after an hour of talking about a very emotional issue, are expected to go out again and resume their lives. Therefore we are very careful to have a beginning, a middle and an end to the group. Towards the end of the meeting, participants are reminded of the North London Hospice Bereavement Service and other services, and leaflets are made available. They are encouraged to contact us for individual help if they wish. The meeting ends with the reading of a poem[1] by the late Joyce Grenfell.

Joyce:
by herself and her Friends

If I should go before the rest of you
Break not a flower; nor inscribe a stone
Nor when I'm gone speak in a Sunday Voice
But be the usual selves that I have known.

Weep if you must
Parting is hell
But life goes on
So sing as well

© The Joyce Grenfell Memorial Trust 1980.

Participants are invited to say goodbye to each other by shaking hands with their neighbours.

SPECIAL GROUPS

Our experience of this group led us to think that it might be useful to have 'one-off' groups for specific categories of bereaved relatives, and we have held three such groups.

Single-parent family group

In this group, held on a Sunday afternoon, parents who have lost a partner or spouse in the last year meet together with two social workers. This is an opportunity for the parents to talk about what it is like to bring up children on their own and their struggles to cope. At the same time, their children are sharing how they have been feeling in a separate group led by another social worker and a psychologist. The children do various exercises and games to help them with this. Before they go home, parents and children come together and share their experiences.

Adolescent group

This group, gently led by a social worker, is scheduled for a morning in the school holidays. The young people are provided with goodies to eat and drink. For all of them, one

parent has died within the last six to nine months. They are encouraged think about what they have in common, and to talk about their dead parent, what happened, and how it feels to be different in school.

Card and pens are made available and they are invited to write, on a card, a question a bereaved adolescent might want to ask, so that perhaps together we can work out some answers to the things they have found difficult since their parent died. We emphasise that their answers could be helpful to other young people in the same position, and the cards are then put in a box so that the questions are anonymous.

This engenders a lot of sharing of memories and experiences, such as going to the funeral, seeing friends at school, answering the door or the phone to people asking for the dead parent, wondering if they should laugh when somebody had just died, how to deal with their sadness and, in some cases, with the guilt of often wishing that it was the other parent who had died.

Bereaved parents' group

We ran this small group for two sets of young parents eight months after the death of their children from cancer. Outside, they had to put on a brave face as others could not bear the unhappiness and did not want to talk about the child who had died. The group gave the parents the opportunity to cry and talk about their pain and the struggle to continue their lives. We did, exceptionally, run this group for eight sessions.

Procedure after groups

A short de-briefing is held after the groups, noting those about whom we are particularly concerned and need following up with letters or phone calls. Generally this involves two or three specific offers of help. Observations are noted in the bereaved person's record and these are shared with the member of the multi-disciplinary team who was involved with the family concerned. Relatives and friends who indicated that they would be attending but who did not arrive are automatically sent a brief note expressing our interest and concern.

We recognise that the volume of grief expressed by a group of bereaved relatives may affect the workers and they are encouraged to express their feelings. A supervision meeting is held between the social workers and volunteers every two or three months.

CONCLUSION

This article was written as part of our ritual of ending our many years of working together with bereaved people at the Hospice. As a social work team, we felt that the groups had many advantages. There is economy in seeing quite a lot of people together and the effect of peer group support, especially when similar experiences are shared, often decreases the feeling of isolation. Our sense is that it minimises the dependence some relatives could have on a hospice or palliative care unit.

We are aware that a number of hospices provide longer-term bereavement support on an individual basis and in groups[2]. However, we made a conscious decision to maximise our resources in a way that gave priority to assessment, and brief and short-term intervention. At the moment we are involved in a research project to gain feedback from relatives on their experience of the groups and we hope to report on this later.

References
1. Grenfell J. Joyce: by herself and her Friends. London, UK: Macmillan, 1980.
2. Wilkes E. The characteristics of hospice bereavement services. *Journal of Cancer Care*, 1993; Vol 2: 183-189.

Trailing the cemetery with children

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Several years ago I discovered West Norwood Cemetery as a teaching resource. As part of a local history project, I took a class of 11-year-olds and the visit was so successful, only beaten by Chessington World of Adventure, that I have repeated the Cemetery Trail several times with similar success.

I soon found that a tomb trek with children of this age is very different from one with adults. The Tombstone Trail laid out by the local Council may be an excellent introduction to the cemetery for adults, but children have not heard of most of the notable people; they are much more fascinated by visually interesting headstones and monuments.

Planning for a visit is particularly important. Obviously permission needs to be sought from the superintendent, and the teacher must be familiar with the cemetery (a local group, like the Friends of West Norwood Cemetery, may be able to help here). Equally important, however, is the classroom preparation. A few parents may express some disquiet about the visit and, very occasionally, permission will be withheld, but this has only happened twice in my school. The children can also be apprehensive. Thoughts of ghosts and skeletons may cause a few trem-

EDITOR'S NOTE

I found when my children were young that a walk round a cemetery was a wonderful way of getting them to think about death, and the tombstones with their inscriptions stimulated their fantasies about the dead people buried there. It was a short step then to introduce the idea that death is the end of life, that it happens to us all and to discuss how and why people die. This article might inspire readers to introduce children to these fascinating 'tomb treks'.