POSTBAG

Please write to us. We welcome the views of all CRUSE workers and also our other readers

From Margaret H. Nuttall, teacher at Claybourne ESN School. Addlestone. Surrey.

Following the reference in Bereavement Care (Vol. 1. No. 2) discussing increasing interest of schools in death and bereavement. readers might be interested to know some of the results of my long study. done in connection with a recent diploma course in Special Education. I was looking at the death of a child and the schools response. I visited both special and mainstream schools and used a questionnaire as a basis for discussion. Several important points emerged.

My survey showed that it is wise for a school to discuss the issue of the possibility of a child's death and have a clear policy as to how they would respond. Many special schools. particularly those caring for the physically handicapped and severely subnormal have to face the possibility of the death of a pupil. and some schools had given the subject much thought and had clear policies.* However. child death. though rare. could strike at any time in any type of school and the schools who had no policy could handle a sensitive situation clumsily and give rise to problems which could have been avoided by preparation.

The head is the person best placed to initiate discussion and should accept this responsibility. However. if he is reluctant or does not show an awareness of the need to face the topic. any member of staff. educational psychologist. welfare worker. school nurse. who feels the area to be neglected should have the confidence to raise it with the head and ask for discussion.

Several of the questions dealt with coping with the dying child and showed that a teacher can have unique opportunities to help. She has close contact with the children and her detachment from physical care make it possible to support emotional needs. Opportunities to think and talk about death and loss may save hours of worry and allay fears. A teacher should not be afraid to let children voice their questions and answer as honestly as the situation allows. and to be sensitive to what lies behind the question. The terminally ill child avoids asking questions of their parents. as it is too emotional for both parties. If the teacher does not help. who will?

Teachers thought that dying children should be treated as far as possible as though they were healthy, making allowances for physical restrictions and impaired performance that can accompany the closing stages of some conditions. Some consider this inhuman and that the child should have a special curriculum or be taken out of school altogether. Schools may be the only degree of normality in his life and if he feels singled out in a negative way this may make him more anxious about the seriousness of his condition. The way death is dealt with in school provides models of behaviour that can help or hinder children in the future and in other losses they will experience. Death in childhood, children's understanding of death and the bereaved child should all be included in teacher training. No teacher should be left to cope with a bereavement on her own. Support from the head and colleagues is essential.

*** Out of seventeen questionnaires returned only six had a planned policy. Eleven said they had discussed the issue and five said that they would wait until a death occurred before deciding upon what to do. One head replied that death would never be discussed in her school.**

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SUPERVISION: Similarly I believe that at first in a Branch's life it is vital to have experienced professionals supervising the counsellors. Supervision in this context does not mean overseeing. but the process through which support. guidance and increasing knowledge are gained by all workers. Supervision is skilled work and the volunteers (professional and non-professional) must have confidence that the supervisor has the skill to assess not only the needs of the bereaved but also the volunteer's abilities so that he is not left unsupported in a situation he feels he does not understand and cannot cope with.

CONCLUSION: One of our non-professional counsellors told us at a counsellors/supervisors meeting once that the widow she was visiting had tried to keep her at the end of her interview by making her a cup of tea. A useful discussion by the group on manipulation followed. after which the counsellor told us how she had solved the problem at the next interview. When she arrived she had flung herself into a chair saying she had had a very exhausting day; she was immediately offered a cup of tea. As a result the widow felt useful and caring. the counsellor kept to a reasonable time limit. our discussion on manipulation had been valuable to professionals and non-professionals alike. and many of us wished we had thought of this delightfully simple way of solving the problem.

So. although I am certain of the need for professionals in a Branch. I also see a great need for non-professional for in the very act of learning to listen to one another. sharing our knowledge and experience. strengths and weaknesses. so we all develop humility. become more self-aware. adaptable and flexible and produce a more exciting mix of appropriate help for the bereaved.

SUE JOSLIN