



A pathway and guide for professionals working with children and young people in Leeds who have been bereaved

Version 4 - March 2025

"It feels like someone has lifted your world upside down and poured it all out in chaos"

"It feels like hitting a brick wall. Suddenly everything just stops"

"You feel like you have the mute button on. You want to talk but you can't talk about it openly as its all too big to handle"



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Produced by Charlotte Hanson, Office of the Director of Public Health, with contributions from colleagues from a wide range of services.

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- Version 4 updated March 2025

Quotes on front cover taken from young people in Leeds using CBUK service.

Section 1: Introduction

<u>Aims</u>

This pathway aims to:

- Set out a citywide approach to addressing the needs of children/young people who have experienced bereavement.
- Describe the integrated pathway in Leeds for a child/young person who has been bereaved.
- Provide staff with clear guidelines about how to support a child/young person

The intended outcomes for Leeds are:

- A more open attitude to discussing death and bereavement.
- Grief responses normalised.
- Practitioners feel more confident to support children/young people and refer appropriately.
- Children/young people who have experienced bereavement feel less alone and different.

Scope

The pathway is aimed at practitioners within universal settings such as schools, Children's Centres, voluntary sector agencies or GP practices. The pathway focusses predominantly on supporting children who have lost a key family member or friend, as opposed to focussing on supporting a parent when a child dies.

Staff within Early Start Teams (working with 0-5 year olds) should also refer to the 0-19 Public Health Integrated Nursing Service Bereavement and Loss Pathway.

Prevalence

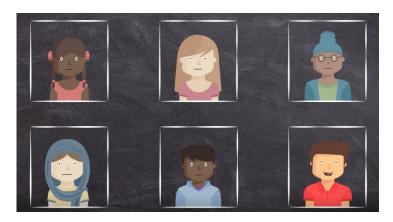
My Health My School (a large pupil perception survey carried out in schools in Leeds) shows that over 12 months:

- Around 3% of children and young people report being bereaved from someone who lives in their house (parent/sibling)
- Around 42% children and young people report that someone close to them has died.

Key Principles

- Grief is a normal process that is difficult but should not be pathologised. It is important not to assume that all bereavement results in ongoing mental health issues for children and young people.
- Bereavement is not an issue to be dealt with once as it will continue to impact on the child / young person over time, especially as they move through different developmental stages. Be aware that historical bereavement may be an underlying factor if child/young person is exhibiting emotional/ behavioural issues.
- Ideally children will access support from within their own family unit, so supporting the parents and the family is important.
- Local services such as schools and Children's Centres are well placed to offer support due to their existing relationships with families. However, referral to a specific bereavement support service is advised if a family is struggling to cope or the bereavement is particularly traumatic (for example, an unexpected death of a parent).

Young people from Leeds who have been bereaved share their experiences and advice in a short animation – watch it <u>here</u>



Section 2: Understanding Childhood Bereavement

The response to a death is an individual process and is affected by a variety of factors. Grief is often seen as primarily emotional, but it is multi-facetted with physical, cognitive, spiritual and behavioural dimensions.

For children and young people, the impact on them can be profound and can run through a life course. Long term, there can be effects on their socialisation, some children report being bullied as a direct result of being bereaved, and it can also impact negatively on concentration and educational attainment.

Bereavement affects children and young people in different ways dependent on a variety of factors:

- How sudden the death was.
- The age of the child/young person.
- The support mechanisms and resilience of the child/young person.
- How it is handled both by the family and by the others around the child/young person.
- The relationship the child/young person had with the person who died.
- The nature of the death.
- Previous experiences of bereavement and the number of bereavements experienced.

It is normal for children and young people who are bereaved to react with physical responses, emotional responses and behaviour responses. Examples include:

- Being anxious.
- Open distress.
- Refusal to cooperate.
- Panic.
- Having vivid memories.
- Trouble sleeping.
- Feeling sadness.
- Feelings of anger against people and things.
- Feelings of guilt.
- Regressing to behaving like a younger child.
- Changing personality.
- School problems e.g. lack of concentration.
- Psychosomatic illness.
- Bed wetting.
- School refusal.
- More susceptible to being bullied.

 Any other signs of stress/change of mood – these may be expressed in unexpected ways e.g. nervous giggling, stoical bravery, untypical aggression, clowning around, or even total denial. These signs may show at the time or sometime after the death has occurred.

Understanding of death

Children and young people process death differently to adults due to their cognitive development process.

'For adults, it feels like having to wade through rivers of grief, and they may get stuck in the middle of a wide sea of grieving. For children, their grieving can seem more like leaping in and out of puddles. First reactions may range from great distress to seeming not to be interested. One minute, they may be sobbing, the next they are asking: "What's for tea?" It does not mean they care any the less about what has happened.' - Winston's Wish

As children mature, their understanding of death also develops:

Birth to 6 months

Babies do not understand death but they can feel a sense of abandonment, demonstrated by anxious behaviour, inconsolable crying or disrupted feeding. This is particularly difficult if the baby's primary caregiver has died.

6 months to 2 years

Babies at this stage can now picture the primary caregiver internally even when they are not present so, if they die, the baby is aware of their absence and may become withdrawn and lose interest in playing or interacting. Young toddlers may also try to seek out the person.

2 years to 5 years old

Young children cannot understand abstract concepts and therefore struggle to understand that death is permanent and may expect the person to return. They may see death as a kind of sleep and worry about practical issues such as how the dead person will eat.

Children of primary school age

As a child moves through primary school, their understanding of death matures and they begin to realise that death is irreversible and inevitable (usually around age 7). Children may be anxious about their own death or death of a loved one. Children

may imagine that their thoughts or actions caused the death. They may revert to acting like a younger child and struggle emotionally.

Children of secondary school age

Adolescents are already experiencing a period of change and struggles relating to puberty such as creating their own identity away from their parents/carers. Experiencing bereavement can compound these difficulties. Adolescents may inhibit their grief and become withdrawn and apathetic. They may take part in risk-taking behaviours to cope with feelings of anxiety and awareness of their own mortality.

Traumatic death

Death by suicide can result in emotions such as guilt, shame or self-blame. Families must cope with the aftermath of such a traumatic event whilst being under public scrutiny. Some people feel isolated by the stigma attached to suicide and struggle to talk about their feelings.

Encourage families to be open about the cause of death with children or young people, as hiding the truth can result in lack of trust and problems later on. Simple language such as 'daddy felt so sad that he made himself die' could be used. Children/young people are likely to worry that it was their fault or that others will take their own lives so support and reassurance is vital.

More information available here:

https://www.childbereavementuk.org/explaining-to-a-child-that-someone-has-died-by-suicide https://www.childbereavementuk.org/supporting-your-child-when-someone-has-died-by-suicide

This film has been made by young people who have experienced bereavement by suicide and access support from Leeds Suicide Bereavement Service at Leeds Mind to raise awareness about the impact of suicide bereavement - https://youtu.be/2wh4J2hXxlE

Death by violence is also extremely traumatic and can result in fear, anger, vengeance, blame, guilt and confusion. For children/young people there can be the realisation that the world is not a safe place leading to concerns about their own and others' safety. Families also have to deal with the police and media which can be extremely intrusive.

When talking about the death it is important to be honest but avoid emotive language such as 'stabbed' or 'murdered' as simpler words such as killed have less focus on the violent circumstances. If a child/young person witnesses the crime they are more

likely to need professional support in the immediate aftermath and can be at risk of developing post-traumatic stress disorder.

Children with Special Educational Needs or Disabilities (SEND)

Grief is a normal emotional response to loss, including death and applies to all of us regardless of our abilities or disabilities, including children with SEND. Although grief is a universal emotion the experience of grief is individual and unique. It's important to note that the experience of death and the subsequent grief can occur regardless of an individual's ability to understand a death.

There are differences in types of SEND needs, however there are characteristics to bear in mind when thinking of supporting people with SEND who have experienced a loss. A young person with SEND may understand the concept of death at a later stage than other children. Children do not need to have a full understanding of the concept of death to feel the loss and grieve; they will certainly be aware of that person's absence and of the changes in their own life that may result.

Children and young people with SEND may have additional needs in relation to communication which may make it difficult for them to communicate their feelings. Therefore, it is important to be sensitive to changes in their behaviour, as an indicator of grief.

All children and young people, regardless of their circumstances, have a right to have their grief recognised, to hear the truth and to be given opportunities to express their feelings and emotions.

A resource aimed at people working with children with SEND who are bereaved can be accessed here - CBUK SEND Resource

Section 3: Leeds Bereavement Pathway for Children and Young People

The Leeds Pathway was developed in line with the model set out in the National Bereavement Alliance document 'A Guide to Commissioning Bereavement Services in England' (Penny and Relf, 2017). This builds on the Three Component Model (NICE, 2004)

It states that grief is a normal reaction to bereavement and many people find that their inner resources, combined with support from family and friends, are sufficient to help them manage their distress and the life changes triggered by loss. However, some people experience traumatic stress reactions and need more targeted, or specialist, support.

There are 3 levels of need:

- 1. Universal Family friends and existing networks will continue to provide much of component 1 support, with information being supplied by health and social care professionals providing day-to-day care to families
- 2. Selective or targeted Some bereaved people who are seeking support at risk of developing complex needs may access social support (peer support groups, befriending etc or support from trained bereavement workers)
- 3. Indicated A minority of bereaved people with complex needs or prolonged/complicated grief and a high level of need may need support from specialist bereavement counsellors/practitioners. Others may require specialist mental health support with mental health problems which pre-date or are triggered by their bereavement.

The diagram overleaf sets out pathway and shows the different components of the model in different coloured boxes.

The following chapter gives detailed information about each section of the pathway. Each box in the pathway has a hyperlink to the relevant supporting section.

⇒ Refer to MindMate SPA if emotional health difficulties are emerging

⇒ Refer to bereavement support service if unresolved issues related to grief

Key: Universal = light blue

Targeted = dark blue

Offer ongoing support:

⇒ Provide ongoing assessment

Support YP to remember person

Indicated= grey

CYP exhibiting emotional or behavioural difficulties **CYP** recently bereaved Create plan if death is expected **Support CYP: Support family:** ⇒ Support adults to help CYP manage grief ⇒ Encourage open, honest communication Support CYP to cope with emotions ⇒ Provide details of adult support services **Explore underlying factors:** Provide details of online/ telephone support ⇒ Signpost to Children's Centre if child under 5 ⇒ Explore if a historic bereavement is a factor. ⇒ CYP may not make link with bereavement **Consider referral to bereavement support service:** ⇒ Assess if CYP struggling to cope Consider complexity/ significance of bereavement Consider vulnerability of CYP/ family **Targeted bereavement services in Leeds:** • Child Bereavement UK (Leeds) provides support for CYP up to age 25, and their families, who are facing, or have experienced, the death of someone close to them. • The Market Place offers bereavement counselling for 11-25 year olds. • St Gemma's Hospice support CYP up to 18 years old when a significant adult has a palliative diagnosis or has died from a terminal illness. • Martin House Children's Hospice support CYP when a sibling has died. • Leeds Suicide Bereavement Service support families following a death believed to be by suicide. Consider longer term impact on mental health:

There are two entry points to the pathway;

Firstly when a child/ young person is bereaved and professionals are aware of this, the pathway sets out how to support them.

Secondly a child/ young person who has *not* recently experienced a bereavement, but may be struggling with their emotions or behaviour; in this case the pathway explores how a historic bereavement may be underlying this.

Create an individual plan if a death is expected:

For those where the death is expected, such as after a period of illness, preparative work can be helpful. In these situations, the child/young person may be accessing support from an organisation supporting the person who is dying (such as a hospice) so find out what (if any) support they are getting to ensure work is linked up. Improved communication between health and education sectors can support the child/young person throughout this time.

The Public Health Resource Centre stock a booklet called 'Preparing a child for loss', produced by Winston's Wish and MacMillan Cancer Support. It is for parents or guardians who are near the end of life to help them prepare and talk to a child or children about their death.

Support child/young person following bereavement:

Grief is a normal reaction to be reavement that is difficult but should not be pathologised (i.e. treated as psychologically abnormal and indicating a mental health problem). An assumption that all be reavement results in mental health difficulties can lead to a fear of working with the child/young person and an instinct to refer immediately for specialist support.

Universal settings, such as schools, Children's Centres or voluntary sector agencies are well placed to support the child/young person following the death as they should already have a trusted relationship.

Children and young people who are part of the **Childhood Bereavement Network** have said that the following things can help:

- having the death acknowledged
- being given age-appropriate information about what has happened and what is going to happen
- having the chance to express their feelings and thoughts about the death
- being helped to remember
- taking part in opportunities to say goodbye and commemorate the person who has died
- knowing they are not to blame for what has happened
- meeting other children and young people who have been bereaved.

Encourage open and honest communication and avoid euphemisms:

Children learn how to talk about and react to death from adults. It can be hard to know what to say but talking openly and raising the subject can reassure them that it is ok for them to talk about it.

Use honest words such as death and dying but also recognise the terminology that the child uses for death. Phrases such as 'gone to sleep' or 'passed away' or words such as 'lost' may feel kinder but are misleading and will lead to confusion and complication, especially for younger children. If death has been referred to as 'falling asleep' it is logical for children to become fearful of sleeping or of going to bed or if it is referred to as 'losing someone', this implies that something is lost and could be found again.

When children ask difficult questions, there is no automatic need to give a long explanation. It is often best to start by asking: 'What do you think?', and then build on their answer. Give concrete information, for example, if they ask about the body it can be helpful to explain that when someone dies their body is like an empty shell they used to live in. If they ask about what happens when someone dies, then acknowledge that people have different beliefs and discuss what their family belief is.

Support child/young person to cope with emotions:

The child/young person may feel overwhelmed by emotions but reassure them that this feeling is normal and will pass. Sometimes the child/young person feels pressure to respond in a certain way so it is helpful to reassure them that everyone reacts differently and it is ok to cry or not to cry.

Suggest alternative ways for child/young person to express emotion such as via sport, punching cushions, drawing or keeping a journal. A normal routine can help children and young people to feel more secure and provide a sense of normality. Encourage the bereaved child/young person to be themselves without feeling guilty (being with friends, time to play in a safe space outside of the home environment).

Some children may feel that the death was their fault (for example, if they misbehaved) so reassure them that something else caused the death and it's not their fault.

Encourage child/young person to access support online or by phone:

MindMate is a Leeds website developed by the NHS. It has a page entitled 'Has someone close to you died?' within the 'Common Issues' section that you can suggest young people look at:

https://mindmate.org.uk/coping-common-issues/has-someone-close-to-you-died/

Child Bereavement UK run a national helpline - Helpline 0800 02 888 40 (Monday - Friday, 9am - 5pm) or Live Chat via their website -

https://www.childbereavementuk.org/pages/category/child-bereavement-uk-support-services

See section on page 18 for full details of support services.

Supporting Children with SEND:

The main difference between supporting children/ young people with SEND and those without is the ability to verbalise their feelings and emotions surrounding the bereavement. Children/ young people with SEND may exhibit more stark behavioural changes than those without, due to a possible inability to verbalise their feelings. Being aware of changes in their behaviour is important, as this would be the primary medium of expressing grief. It is vital that support is tailored to their level of functioning and allow them to process their grief with assistance when required, without minimising their grief due to ideas surrounding diminished mental capacity.

How individuals grieve is unique and the support they need for those around them will need to be personalised however, here are some general guidelines for supporting children with SEND:

- Keeping to normal daily routines as much as possible, as many children/ young people with learning difficulties find any change difficult to manage.
- Using clear, concrete language, avoiding euphemisms and abstract ideas.

• Explain any predicted changes in routine in advance, giving details about who will be doing what and when.

The charity Child Bereavement UK (CBUK) has useful guidance including: Guidance on supporting children with additional needs -

<u>www.childbereavementuk.org/Handlers/Download.ashx?IDMF=7ea38390-75f9-4fb1-8917-2bd8fc5f3b2b</u>

Guidance on supporting children with Autism -

<u>www.childbereavementuk.org/Handlers/Download.ashx?IDMF=3b9e7799-f7f6-451b-b931-faca4ce76336</u>

Support the family:

Encourage adults to be honest to help children/ young people manage grief:

The response of those around them, particularly within their family, is important in helping the child/young person through the grief. If the family is not coping well with the loss, then this means that the child/young person may also struggle. Reassure the parents/carers that it is ok for child/young person to see them cry as it gives them permission to show their feelings. Siblings may react very differently to death and need different support

Families who have been bereaved usually want people to talk about the person who has died. It is ok to tell them you are sorry and even that you don't know what to say. You can't make it better for them and they would rather you said something than nothing.

Familial support when grieving for children/ young people SEND is especially important. The child/ young person can see who those around them deal with loss and can adapt by modelling their behaviour on those around them. This helps them to understand that emotional expressions of grief and loss are okay and perfectly normal.

Provide details of adult support services:

Professionals should consider how they can support the whole family. Ask the parents/carers what support they are getting and what their needs are. Often families require practical help as well as emotional support in order to navigate the processes following a death in the family.

If the adults also require support with their own grief there are a variety of local services. Details of support for adults in Leeds are available on Mindwell - https://www.mindwell-leeds.org.uk/services-directory/?service_type=bereavement

Signpost to local Children's Centre if family has child under 5 years old:

When a younger child is bereaved the most beneficial thing is to ensure that parents/carers are receiving the support and encouragement to manage their own grief and support their child.

All practitioners can refer children under 5 to Early Start Teams by contacting the local 0-19 Public Health Integrated Nursing Service or Children's Centre.

Children's Centres (as part of Early Start Teams) have a key role in supporting all families who have children under 5 (not just those who have a child attending the Children's Centre). This support is available at any stage of the bereavement process.

Second pathway entry point: Child/ young person is exhibiting emotional and behavioural difficulties

> Explore underlying factors:

If a child/ young person is exhibiting emotional or behavioural difficulties, professionals may not immediately link this with a previous bereavement, but this should always be considered.

Historic bereavement refers to a loss that may have occurred several years ago. However, grief reactions in the child/ young person may be delayed or continue to affect them long after their loved one has died. The effects of a historic bereavement, especially a highly significant and or traumatic loss can persist for years and have severely detrimental effects on the child/ young person in some cases. This may happen when they received little to no support in the past whilst dealing with the death of a loved one.

Unexpected or traumatic deaths might be further complicated by the existence of conditions such as undiagnosed Post Traumatic Stress Disorder (PTSD). These effects can be seen in displays of concerning behaviour and difficulties with mood regulation. This could possibly include displays of emotion such as intense anger, withdrawal from activities, struggles attending school and/or misbehaviour at school or college. Adolescents may use drugs, alcohol and risky sexual behaviour to cope with feelings of loss surrounding a historic bereavement.

Intense feelings of grief may persist for longer periods of time for some people, especially if they are in what is considered to be a vulnerable group, including someone with a history of mental health problems. Bereavement may worsen the symptoms of these conditions.

Sensitively explore if a historic bereavement is a factor:

If a child/young person is exhibiting difficulty managing their emotions, and/or is exhibiting concerning behaviour, explore as to whether a historic bereavement may be a factor.

Grief may endure for many years for some people, be delayed, or resume intensely due to other triggering life events, especially further deaths. Just because a bereavement happened many years ago, it doesn't make it any less painful, especially if they received little or no support at the time.

Child/ young person may not make link with bereavement:

Child/ young person may not realise or feel that a historic bereavement is a contributing factor to their emotional and behavioural difficulties, so exploring as to whether this is a factor should be done delicately and compassionately, taking any specific vulnerabilities into account. If a historic bereavement is identified as a factor, then appropriate support can be put in place for that child/ young person as per the pathway.

Consider referral to bereavement support service

Assess if child/young person is struggling to cope:

With support from family and the settings around them, most children/young people will be able to cope with their grief, especially if they are encouraged to talk about how they feel and about the person who has died.

There are no clear criteria to identify if a child/young person would benefit from accessing a targeted bereavement support, however if they are struggling to cope as a family in the weeks following a bereavement, or the grief seems to be enduring for a longer period and is having a lasting impact, discuss with the family about accessing a further support.

Consider complexity/ significance of bereavement:

An unexpected sudden loss of a parent or another significant person within a child or young person's life, is undoubtedly going to have a huge impact on the child, so additional support from a targeted bereavement service is likely to be beneficial.

Children/young people who experience a parent dying from suicide have an increased risk of depression¹. Leeds has a specific service to support families following a death believed to be by suicide.

Consider vulnerability of child/young person:

Be aware that not all children/young people have strong family units offering support, or there may be existing mental health problems within the family or other complexities that impact on the child/young person's vulnerability and capacity to manage their grief. Furthermore, some children/ young people experience multiple loss/ bereavement which again increases their vulnerability and level of support required.

> Offer ongoing support

Provide ongoing assessment:

Universal services have an ongoing role to offer support, either if they child/young person is not accessing targeted bereavement support, or after this has finished. Regular contact offers a chance to assess how the child/ young person is coping on an ongoing basis, as it may take months or years for them to reach the stage of acceptance in which they feel able to enjoy their usual activities and not be overwhelmed by distressing emotions.

Traumatic deaths, such as murder, manslaughter, suicide or substance misuse, often result in police investigations, a post mortem, trials and court attendance. The processes surrounding these types of death can be complex and lengthy and may cause the child/young person to re-visit the circumstances and their grief time and time again, thus prolonging the grieving process.

Support child/ young person to remember person who has died:

Many children/young people worry that they will forget the person who has died. The information sheet (from the charity Winston's Wish) suggests activities to do with the child, such as creating a memory box. This could include cards from the person, photographs, perfume or aftershave, jewellery or any other item that reminds the child/ young person of the person who has died.

Free bereavement activities for children & young people | Winston's Wish

¹ Pitman et al, (2014) Effects of suicide bereavement on mental health and suicide risk. The Lancet Psychiatry, 1 (1) 86-94

The Public Health Resource Centre (www.leeds.gov.uk/phrc) stock some interactive resources from Winston's Wish that provide more detailed information about activities to help the child/young person remember the person as well as other resources to help you support a bereaved child or young person.

As children/young people move through the different developmental stages they may re-experience grief as they understand that the person will never be returning. Be aware of potentially difficult dates relating to person who died (for example birthdays, inquest dates), and challenging transition times for the child/young person. Be aware of activities that may be upsetting such as making a 'Mother's Day' or 'Father's Day' card. Talk to the child/young person rather than automatically excluding them to find out what they would like to do. Ideas at WW-Calendar-of-Memories.pdf

> Consider longer term impact on mental health

Refer to bereavement support service if unresolved issues related to grief:

Over time and with support from family and wider networks, many children/young people deal with their grief and can function well. However, if there are additional complexities or if the child/young person did not get support at the time, they may benefit from a referral to a targeted bereavement support service, even if time has passed (most services are available at any stage but check the criteria of each service as a few have restrictions about when someone can be referred)

Refer to MindMate SPA if emotional health difficulties are emerging:

If the child/ young person is displaying difficulties with their Social, Emotional or mental health alongside or triggered by their bereavement, it is possible to refer to the MindMate Single Point of Access. This is for all children/young people up to age of 18 who have a Leeds GP. The MindMate SPA provides access to the full range of services available in Leeds, dependant on the needs of the child/young person. SPA Contact details: **0113 376 0324** (9am – 5pm)

This would be appropriate if you feel that there are more complex issues and that a direct referral to a specific bereavement support service may not be the most appropriate option.

The following section has information about how to refer to the targeted bereavement services, set out firstly as a table with detail about each service, then a printable diagram that shows which services are available by age.

Details of targeted bereavement services in Leeds:

Service:	Child Bereavement UK
Age range:	Families including children and young people up to the age of 25
Bereavement type:	 Bereaved children and young people - when someone important to them has died or is dying. Bereaved parents and the wider family - when a baby or child of any age dies or is dying. Specialist support for parents, siblings and the wider family following a SUDIC death
Timing	 No time limit in terms of when the death happened. Also offers pre-bereavement support.
Services offered:	Face-to-face support: in Bramley and Boston Spa. Online support: by telephone, video and instant messenger Groups for families: Facilitated groups for bereaved families to meet others and explore their feelings through creative activities. Groups for young people: Facilitated groups for ages 7-10, 11-17 and 18-25 to meet online for social activities and to work on creative projects. Group for Bereaved Parents: Facilitated online group for bereaved parents and carers to meet in a supportive environment. Group for Parenting Support: Facilitated online group for adults caring for bereaved children to meet in a supportive environment.
How to contact:	Self-referrals are welcomed through Child Bereavement UK's Helpline 0800 02 888 40 Tel: 0800 02 888 40 Email: northsupport@childbereavementuk.org Website: https://www.childbereavementuk.org/

Service:	The Market Place Bereavement Counselling
Age range:	Young people aged 11-25 can self-refer to The Market Place bereavement counselling.
Bereavement type:	Any bereavement type.
Timing	No time limit in terms of when the death happened.
Services offered:	The Market Place offers 6 sessions with a counsellor, who is trained and experienced in supporting young people who have experienced a bereavement or death of any kind.
	Young people can use their sessions to talk about what has happened, their feelings and how this is affecting them, and/or do activities with the counsellor. These include things like memory jars, memory boxes, memory books and using drawing and painting to share your feelings.
How to contact:	Contact 0113 2461659 to make a Bereavement Intro Session appointment. This is a one off appointment to come and find out more (11 or 12 year olds will need consent from an adult).
	Website: https://www.themarketplaceleeds.org.uk/services/counselling

Service:	Martin House Bereavement Support
Age range:	Children aged between seven and 18 years (plus adults). If the child is younger than seven years old, we can support parent/carers, with how to best support their child at home or in school.
Bereavement type:	Children and young people who are the brother or sister of a child who has died
Timing	The service offers individual support for people who have been bereaved for three months or more.
Services offered:	 Offers: Free confidential bereavement support by online chat, by phone, over video (Zoom/Microsoft Teams) or inperson. Individual and group support where we can help you to create the space you need and support you to build on your own strengths to help you to cope. Connection with other families who are grieving. Remembering practices and memorial events.
How to contact:	The referral line number is: 07876807635 (open Monday-Friday 11am until 3pm (except bank holidays). For immediate bereavement support, you can chat online with a specially trained bereavement counsellor by clicking on the GriefChat box here . GriefChat is a free service, Monday - Friday, 9am-9pm (except Bank Holidays).
Website:	https://www.martinhouse.org.uk/family-zone/bereavement-support/

0 - 18 and up to 21 if they have a learning disability Pre and post bereavement support for children and their families when a significant adult has a palliative diagnosis or has died from a terminal illness. Child must live in Leeds and no connection to St Gemma's needed. Offers pre-bereavement work and no time limit regarding support after a death. Bereavement support is usually
diagnosis or has died from a terminal illness. Child must live in Leeds and no connection to St Gemma's needed.
Offers pre-hereavement work and no time limit regarding support after a death. Bereavement support is usually
only offered at least 6 weeks following someone dying.
The Young People's Service has bereavement support workers who are trained and experienced in working with bereaved children and young people.
Support can be offered in groups either for peer or therapeutic support, memory days and fun events or on an individual basis and for family groups. They can also signpost to other agencies, provide leaflets, advice and information.
The St Gemma's Young People's Service arranges fun activities such as artwork for children and families of all ages, to help them cope with their feelings and worries, including meeting with families, doing activities, talking about the person who has died
The workers will talk about the person who is ill or has died, and are used to talking about difficult things so they don't mind if you get upset.
Self referral via 0113 218 5500 or e-mailing youngpeople@st-gemma.co.uk for a referral form.
https://www.st-gemma.co.uk

Service:	Leeds Suicide Bereavement Service
Age range:	Any age – supported as part of the family.
Bereavement	You can use the service if you believe someone you care about has ended their own life, even if this has not been
type:	officially recognised or you haven't had an inquest.
Timing	No time limit in terms of when the death took place.
Services	We provide 1:1 peer support sessions, family support sessions and peer support groups. We know it can be
offered:	difficult for family members to find ways to support each other after a suicide and that individuals can sometimes grief very differently. One to one support is available for young people who understand the nature of the death, therefore there is no set age limit, as it is taken on a case-by-case basis.
	Family support is flexible, and we work in a number of ways with a mixture of family members. Our definition of family is not restricted to blood relatives and can include people you see as part of key support systems in your life. We also support young children through working with the family and have a range of playful and creative ways to talk about death and loss.
How to	Referral form - https://www.surveymonkey.com/r/F52P5SP
contact:	0113 305 5800
	sbs@leedsmind.org.uk
	Website: https://www.leedsmind.org.uk/suicide-bereavement-services-west-yorkshire/

Targeted bereavement support for children/young people (CYP) in Leeds



Child Bereavement UK (Leeds) offer support for CYP who have lost a close family member. Tel: 0800 02 888 40

Face-to-face and online support for children and young people up to the age of 25 and their families. Online groups for families and young people for peer support and social/creative activities.

The Market Place bereavement counselling for 11—25 year olds. Tel: 0113 246 1659. Up to 6 sessions with a counsellor who is trained and experienced in supporting young people who have experienced a bereavement or death of any kind. Includes activities such as creating memory boxes.

St Gemma's Hospice support **CYP up to 18 years old** when a significant adult has a palliative diagnosis or has died from a terminal illness. Tel: 0113 218 5500. Offers individual or group support, such as memory days or fun events.

Martin House Children's Hospice support CYP who have lost a sibling (under 25 years old) from life limiting condition or unexpected death. Tel: 01937 845045. Offers therapeutic activities including family workshops and residential weekends. Referrals can be made up to two years after a child or young adult's death.

Leeds Suicide Bereavement Service offer peer support sessions for families following a death believed to be by suicide. Tel: 0113 3055803. Family support is flexible using a range of playful and creative ways to talk about death.

Children's Centres are able to help families to support a bereaved child under 5 years old. Contact 0-19 PHiNS team or Children's Centre.

Section 4: Service development

This section gives suggestions about how services within Leeds can improve their practice around supporting bereaved children/young people.

Normalise conversations about loss and death – Practitioners can support children / young people to build an age appropriate understanding of loss, separation and death by including it as a topic within everyday conversations. This helps to create a culture where death is not seen as a taboo topic. Sharing books about death and loss as part of normal story telling is important even when there hasn't been a death so that the child learns to talk about the range of feelings we all experience.

Promote children/young people's emotional literacy - Universal settings have a role in promoting emotional literacy so that children/young people are able to recognise, express and manage their feelings. This should build resilience for children/young people to draw on when they do experience bereavement or other losses. This sort of intervention can be from general discussions about loss and change or in more formal curriculum interventions focussing on building emotional literacy.

Review service capacity to support bereaved children - Use this pathway to review if your service is able to deliver appropriate support and is aware of how and where to refer. Consider running a themed team meeting or training session to raise awareness of the pathway. Approach the targeted bereavement support services will be able to

Review if a bereavement policy for your specific service is required. The pathway can be adapted to be service specific.

MindEd offer a free 25 minute e-learning on Loss and Grief. This session addresses parental loss, grief in children and how to work with grieving children. It also covers loss of others by death or separation/divorce and the range of bereavement or mourning reactions - www.minded.org.uk/course/view.php?id=90

Resources and support specifically for schools

Access crisis support following significant bereavement

Schools can contact the crisis line to gain support from a Senior Educational Psychologist following a bereavement in the school community. Tel: **0113 378 3645**. This is usually if a child attending the school or staff member has died, or there has been an incident that has a significant impact on the school, such as a traumatic

death like a suicide or murder. Schools are offered support including advice about communications that go out to press and parents and support to liaise with other professionals working with the family.

Guidance for schools in Leeds following a suspected suicide is available here -Response following a suspected suicide: guidance for Leeds schools | Leeds for Learning

Find out more about bereavement within your school

Carry out the 'My Health My School' survey which includes questions related to bereavement – this will allow you to find out pupil need. To register or to login if your school has already registered, visit www.myhealthmyschoolsurvey.org.uk. If you have any questions contact schoolwellbeing@leeds.gov.uk

Develop a bereavement policy

Schools have access to a prototypical bereavement policy that can be adapted to meet the needs of each school. This can also be accessed by schools with a service level agreement with the Health and Wellbeing Service, and is also provided as part of bereavement training for schools provided by the service.

Child Bereavement UK - A free online training resource for schools. This comprehensive, free-to-access resource 'Supporting a bereaved pupil' has been developed by Child Bereavement UK in collaboration with the London Grid for Learning - https://www.childbereavementuk.org/online-learning-for-schools