

Supporting organisational responses to traumatic bereavement: Guidance for educators and educational settings

We recognise the unique challenges that educators face in the aftermath of a traumatic bereavement involving a member of their community, regardless of the circumstances, or the age of the person/people who have died.

This document is intended to guide your response, both immediately after the incident, and to support you to plan for the longer term.

We understand that every situation is different and may require a different response. However, we hope that the following information will offer a starting point to inform your further discussions and planning.

Key principles for good practice

The first 24 hours following a traumatic bereavement are crucial and can often set the tone for how the organisation intends to respond to what has happened. Acknowledging what has happened is essential as this ensures that the response is underpinned by a commitment to openness from the very beginning. In addition, a trauma informed organisational approach can also offer a useful framework to guide the response using its 6 key principles.

For example:

1. **Creating safety.** This can be accomplished by prioritising a sense of normal routine, being consistent, transparent and establishing clear lines of communication to manage expectations and reduce misunderstanding and confusion.

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2. **Offering choices and restoring control.** Wherever possible, choices should be offered, both to those who have been directly impacted by the death and members of the wider educational community. Choices can be offered in a number of different forms. This may include, the choice about how and when to access support, the choice to engage with and attend memorial activities, and the choice about how they wish to remember the person who has died. For example, the organisation may decide to hold a memorial event but also provide other opportunities to honour and pay tribute for those who wish to memorialise in different ways so that they can make a choice about what feels right for them.
3. **Supporting coping.** This emphasises the myriad of ways in which people of all ages, can and do, cope in the aftermath of a traumatic bereavement. Ultimately, it seeks to normalise responses to trauma and does not assume that those who have been affected will require formal psychological support. Rather it focuses on understanding what someone needs and working to address these needs with flexibility and creativity.
4. **Facilitating connections.** This promotes the importance of seeking out opportunities to mobilise and strengthen access to peer and social support networks. For example, in the aftermath of a traumatic bereavement memorialisation events and activities can be an effective way of bringing together the wider community and demonstrating support of the bereaved family.
5. **Responding to identity and context.** Organisational responses should take account of, and respond to the differing ways in which people may be impacted by a traumatic bereavement. This means challenging assumptions, staying curious, seeking to understand and practicing humility. It also requires that organisational processes remain flexible and responsive to accommodate these differences.

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6. **Building strengths.** This is a reminder of the importance of strengthening the resources which already exist within an educational setting, and the skills of educators, the resilience of children and young people and the significance of family and social networks in supporting coping.

Communicating information to staff, children and young people, and their families about what has happened

It will be extremely challenging to notify staff, children, young people and their families about a death, however, we advise doing this as quickly as possible to reduce the potential for misinformation which can heighten feelings of anxiety and create confusion.

This can be done in a number of ways, for example, you may choose to tell some staff and children/young people individually about what has happened because of their relationship with the person who has died. For the wider community, it may be more beneficial to share this information with them as a larger group. This will ensure that everyone receives the same information, at the same time.

Where possible, we would advise dividing people into groups which are familiar to them. For example, sharing the information in a staff meeting, a year group assembly or via each tutor group/class. Prior to this taking place, consideration should have been given to the needs of any staff or children/young people who may benefit from hearing the information either individually or part of a smaller group. This should be determined by considering:

- Their relationship with the person who has died
- Any communication support needs that they might have which might mean that a group setting is not suitable for conveying information
- Any known individual circumstances which could adversely affect them receiving this information (for example, a recent family loss or illness)

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In some cases, educators may have to take on the responsibility for notifying individuals and groups that the death has occurred. In these circumstances, we suggest that each of the individuals/groups are notified at the same time and with the same information. Depending on the age/developmental level of children/young people, the exact content may need to be adapted to reflect this. Further guidance about how to notify children and young people of different ages can be found in the resources listed at the end of this guidance.

To prepare educators for this task, it is advised that they take some time to write down the information and to practice reading it aloud. Adults often find it challenging to use some of the concrete terms recommended, such as 'dead' and 'died' when notifying children and young people and this can provide useful space and time to consider their own emotions and what support they might need to fulfil this responsibility. When notifying someone that a death has occurred, we advise making this explicit as early as possible in the information which is provided, for example:

'Good morning. I've asked you to come together as I have some incredibly sad news to share. I'm so sorry to tell you that X died on Sunday. They were involved in a road traffic collision and although paramedics did everything they possible could, they died from their injuries.'

Once the initial death message has been shared, additional information may be provided to offer reassurance. For example:

'X's family are now been supported by specially trained police officers and everyone in the community is working hard to take care of them.'

It would be useful for a staff member from the senior leadership team or someone with additional training in notification¹ to oversee the process of preparing the information to be

¹ Additional training in notification can be accessed via the on demand 'trauma informed family liaison practice' training-part of Thrive London's Gift of Reconnection series.

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shared. This will likely offer a level of reassurance for educators and ensure a co-ordinated approach.

Managing initial responses

When notifying someone of a death, you may encounter a range of different responses. These include anger, intense distress and sadness, confusion, fear, disbelief, overwhelm, denial, numbness or dissociation. For younger children in particular, they may struggle to retain the information and instead quickly become preoccupied with other tasks such as playing or drawing. Again, this is a normal response. It can be helpful to ask someone what they need or, if they are struggling to identify what they need, you can offer them choices instead, often people (including children and young people) can tell you what they don't need.

When communicating what has happened it can be helpful to provide opportunities for people to seek more information, check their understanding or ask specific questions. Again, we would advise being guided by the person/people you are speaking to as to what they need in terms of information and the level of detail that they might find helpful. In a group context, you may find that different people need differing levels or types of information and so you could offer additional space and time after the meeting to accommodate these differences. To manage this, before responding to a question or request for information, you could check out with the wider group and ask, 'is this something that everyone would like to know about?'. In the event that it isn't, we would advise bringing the group to a close and then providing time and space for people to stay behind afterwards to find out more information.

Before concluding the group it is useful to provide information about what will happen next so as to manage expectations. This should be done with absolute clarity so as to create a sense of stability and to reduce the potential for confusion or for educators, children, young people and their families to feel let down, neglected or overlooked by the organisation's

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response. More often than not, organisations work really hard to make sure that they provide the 'right' approach but if this is not communicated clearly to members of its community, then it cannot be experienced as the 'right' response. It is also okay at this early stage if the next steps are not yet clear and still under review, however, this should be explained with honesty and transparency and reassurance given that discussions are ongoing. For example, you might say:

'We are working really hard to think about how best we can support you all over the next few weeks and months. This involves talking to mental health professionals and getting some advice and once we have a plan we will share this with you all. In the meantime, if you feel that you need more information or someone to talk to you can speak to your teacher.'

What's most important here is honesty and clarity as this will help to restore a sense of safety and certainty; something which will almost certainly have been shattered for adults, children and young people in the immediate aftermath of a traumatic bereavement.

Communicating with parents and caregivers

Equally as important as sharing information with educators, children and young people, is to involve parents and caregivers in this process and to ensure that they are aware of:

- The information that has been provided to their children
- The availability of additional support and how it can be accessed
- How to seek further information and to share any concerns
- Additional information about how to talk to their children about what has happened

It is suggested that contact with parents and caregivers is established as early as possible, in writing (either via letter or email). This will maximise the potential for being able to create a co-ordinated and consistent approach between the educational setting and the home

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environment. Working jointly in this way will again reduce the potential for confusion, misunderstanding and promote a sense of safety and certainty.

Information on the impact of traumatic bereavement on children and young people is also included in the resources and the content of this can be adapted to provide additional guidance to parents and caregivers.

Identifying and addressing immediate support needs

In the immediate aftermath of a traumatic bereavement, the emphasis should be creating safety and restoring a sense of normality, routine and structure. Often, we hear in the media of 'specialists' or 'counsellors' being deployed to organisations which have been affected by a traumatic event, and whilst this may sometimes be a valuable resource to have available in the months which follow a traumatic bereavement, this is not necessary in the immediate aftermath.

One of the key principles of a trauma informed approach is to support those who have been adversely affected to cope; this involves strengthening the capacity of the provision which already exists within the setting. Rather than assuming that people will need psychological support, this approach assumes that someone can, and will, cope with a traumatic bereavement. Instead, it seeks to emphasise the sources and avenues of support which are already available and familiar within a setting and to encourage those to be accessed in the first instance. This is for a number of reasons:

1. It avoids pathologizing normal responses to a traumatic bereavement and offers the message that someone is, and can, cope, strengthening their resilience
2. It promotes familiarity and builds on relationships which already exist and are beneficial. Rather than introducing someone new into a child or young person's support network, this allows someone to seek support from an adult already known

to them, to select someone they trust which in turn fosters a sense of certainty and safety.

3. It reminds educators that they know how to engage with, and support those children and young people in their care and to draw on the strength of those relationships which already exist (for example, the relationship between a student and their class teacher). The deployment of 'specialists' runs the risk of educators feeling undermined, redundant or are left questioning their own abilities to respond to their needs. It also reduces the potential for support to become compartmentalised and only available from certain people, at certain times and in certain circumstances. Instead, support should be embedded across all activities and relationships within the educational setting, ensuring that is inclusive and safe to access.
4. It is necessary to consider how best resources can be managed. Frequently, in the aftermath of a traumatic bereavement, employers or authorities offer an uplift in provision for mental health and psychological wellbeing within a setting. We would always advise that educators make use of these additional resources when they plan for the longer-term, rather than deploying them straightaway. We often find that when resources are requested further down the line, these are not as forthcoming once the initial 'crisis' has seemingly passed. In the case of traumatic bereavement, these resources will have a more significant impact in the months that follow rather than in the first 4 weeks.

The National Institute for Health and Care Excellence (NICE) guidelines for post-traumatic stress disorder recommend a period of 'active monitoring' in the first month following exposure to a traumatic event. The guidance notes that:

'...many people do not develop PTSD after a traumatic event, even without intervention. Early distress symptoms, often seen within the first days or weeks of trauma, include poor sleep, rumination, and anxiety. Where these are transient and do not substantially impair day-to-day function they should be considered as a 'normal reaction to an abnormal event'.

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However, persistent distress symptoms associated with functional impairment, if still present one month after an incident, should raise the possibility of a PTSD diagnosis. The NICE guideline recommends active monitoring for people with subthreshold symptoms of PTSD within one month of a traumatic event, to judge whether further intervention is required.²

What this means is that those affected by a traumatic bereavement are likely to report some symptoms of distress within the first 4 weeks including:

- Difficulties with falling asleep, staying asleep and the presence of nightmares
- Increased anxiety and hypervigilance (worrying about loved ones and fearing for their safety and their own)
- Sadness, rumination and intrusive thoughts related to the loss and the circumstances of the loss
- Difficulties concentrating, retaining and processing information
- Loss of appetite and other physical complaints
- Loss of interest in things which they may have previously enjoyed

The guidance offers the reassurance that these are normal responses to an abnormal event and within the first month these should be monitored rather than necessarily requiring an intervention beyond ensuring that they have access to support from educators, parents and caregiver, other family members and youth and community groups.

However, we would also recommend being guided by the person themselves; if someone expresses a wish to work with someone outside of their social support network, in a more structured way, or to utilise a specific approach such as play or art therapy, even in the immediate aftermath of a traumatic bereavement, efforts should be made to explore these

² <https://www.nice.org.uk/guidance/ng116>

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requests further, to better understand someone's needs and where possible, to try and meet these needs.

For example, a child or young person may ask for counselling, but what they are really asking for is the permission to talk to an adult about how they are feeling; often children are concerned that sharing their experiences may upset a parent or caregiver. Seeking to understand these requests can create opportunities to offer this reassurance that the adults around them want to support them, opening up a dialogue which would have otherwise remained closed.

The SENSE model which was developed in the aftermath of the Manchester Arena bombing in 2017 to guide the initial response, may be a useful reminder of the different stages of intervention.

Stabilisation. In the immediate aftermath the priority for any organisational response should focus on restoring a sense of safety and certainty and exploring the needs of those who have been affected.

Education and Normalisation. One of the most powerful interventions is to make accessible to those affected, information about the impact of a traumatic bereavement. This in turn normalises responses and offers reassurance that someone is coping.

Social Support. Mobilising access to, and strengthening, those social support networks which already exist is critical. Often what people need more than structured psychological interventions, is support from family, friends and their wider communities.

Engagement. The final stage emphasises the importance of engagement with sources of support, which may include, but should not be limited to, structured psychological support such as psychotherapy. Effective support can come in a variety of forms including sport and arts-based approaches (such as drama or play).

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What is most important in the immediate aftermath of a traumatic bereavement is to communicate both the support which is available, and to offer the reassurance that support will remain available over the longer term. Often this, in and of itself, can be protective, reducing distress symptoms and helping to rebuild a sense of certainty, trust and safety.

Further information on the SENSE model and its application in practice can be accessed via the on demand gold level training, 'Committed to trauma informed practice' as part of Thrive London's Gift of Reconnection series.

Planning for the longer term: commissioning psychological services

Whilst acknowledging that most people who have been exposed to a traumatic event do not go on to develop PTSD, it remains important to consider what access to support might be needed over the longer-term. This can include structured psychological support such as different forms of psychotherapy (including counselling, art and play therapy) as well as other interventions like sports-based or creative activities.

Given that financial resources are likely to be limited, we would encourage educators to consider and strengthen the provision which already exists within the setting in the first instance. For example, there may be educators with additional training who could be identified as designated points of contact, or there may be opportunities to train all staff to increase their knowledge and understanding of the impact of trauma. Likewise, educators with specific skills such as art, drama, or sport, may wish to establish specific activities within the setting to promote opportunities for strengthen peer support and to provide opportunities for children and young people to explore and make sense of their experiences through more creative means.

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Specific ideas and resources for therapeutic activities can be found in the silver level on demand training in, 'developing trauma informed practice' which is available via Thrive London as part of the Gift of Reconnection, trauma informed practice series.

Engaging with bereaved families

Depending on the circumstances of the loss, the relationship between the educational setting and the bereaved family, and, most importantly, the preferences of the bereaved family, it may be beneficial to appoint a family liaison officer to engage with and maintain contact with the bereaved family. This should be offered both in the immediate aftermath and it should continue to be made available over the longer-term, until at least the first anniversary after the death, or as directed by the bereaved family. This will enable a clear channel of communication between the bereaved family and the educational setting and ensure that they can be involved in, and advised of any decisions which are made in relation to communicating information about what has happened and any plans or activities around memorialisation or remembrance which may take place in the educational setting.

The frequency and nature of contact should depend on the preferences of the bereaved family and the commitment that the family liaison officer/education setting is able to make. Further information and training for the family liaison role, including how to manage ongoing liaison and concluding the relationship can be found in the 'trauma informed family liaison' on demand module which is also included in Thrive London's Gift of Reconnection series.

Remembering and paying tribute to the person who has died

It is highly likely that the educational community will wish to engage in some form of memorialisation and remembrance to honour the person who has died and to demonstrate their support of the bereaved family. This can often be a useful way of bringing people

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together, providing a focus and enabling them to do something constructive to make sense of their experiences of loss. However, it is also important to consider the following aspects when planning a memorial:

Timing. There is often an urge in the immediate aftermath to take action and do something in response to a traumatic loss. We would always encourage organisations to take their time to plan a memorial activity. Often this planning process in and of itself can be beneficial to those affected by a traumatic bereavement and so it is time well-spent.

What we find is that in the immediate aftermath of a loss there is a lot of support for the bereaved family and those closest to the person who has died, however, over time, this reduces and can sometimes leave them feeling as though their loved one has been forgotten or that everyone else has moved on with their lives. Planning for a memorial event or activity can be a useful way of continuing to demonstrate support and providing a focus within the wider community. It is also important to note that the urge to do something in the immediate aftermath of a death will change in the weeks that follow as more time is dedicated to thinking about the resources which are available, the commitment that can be made and the needs of the bereaved family and the educational community.

However, we also recognise the significance of doing something in the immediate aftermath to acknowledge what has happened. Initiatives such as organising a memorial vigil or holding a minute's silence in honour of the person who has died can offer good opportunities to demonstrate support and bring together the wider community within the few days following a traumatic bereavement.

Commitment. It is absolutely critical to consider the commitment that the organisation can make to both establishing and sustaining a memorialisation. If this is not considered fully, there is a risk that memorial activities will not be able to be maintained and this could cause the bereaved family and the educational community to feel let down and betrayed. For example, careful thought should be given to the feasibility of annual memorial events

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and whether this can be sustained in the years that follow. It can be more harmful to offer this and then to have to retract it or change it at a later date, and this will outweigh any therapeutic benefit which otherwise would have been derived from the memorial activity. Permanent memorials can be a good compromise, such as plaque, bench or planting a tree in memory of the person who has died, but again, consideration should be given to physical maintenance, ownership and responsibility. Commitment is particularly important to consider in relation to financial planning and resources.

Planning process. Planning for memorialisation events or activities can have a significant therapeutic benefit to bereaved families and the wider community. Creating a memorialisation committee can be an effective way of engaging with and involving educators, children, young people and the bereaved family. This will ensure that everyone has a voice in the planning process and increase collective ownership as well as offering an opportunity to engage with the bereaved family and demonstrate support for them. Wherever possible, the preferences of the bereaved family should be centralised in the process and you should aim to consult with them throughout the planning process. We would also encourage educational settings to take their time and not to rush making decisions; it is worth remembering that needs will change over the weeks and months which follow a traumatic bereavement and so it can be helpful to engage in an ongoing process of discussion and exploration of ideas before deciding what is the right memorialisation activity or event. Normally we would advise that a memorialisation take place within the first 12-months or to mark the first anniversary. If more planning time is needed then regular updates should be provided to the bereaved family and the wider education community so as to offer the assurances that the loss has not been forgotten or ignored.

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Developing organisational processes: roles, responsibilities and training

Most educational settings do not have a clear process in place to guide their response to a traumatic bereavement. Whilst we would recommend that consideration is given to developing this, we also recognise that many educators will be accessing this guidance because they have experienced a traumatic bereavement and will not have considered their organisational response before this time.

To aid the implementation of this guidance in the immediate aftermath, we advise assigning educators to specific roles:

Response lead. We recommend that this be assigned to a member of the senior leadership team who will be responsible for leading on the overall response with support from colleagues. They should maintain an oversight of the various activities undertaken by the other roles, seek regular feedback from staff, children and young people and their families, and maintain contact with the bereaved family.

Response co-ordinators. Response co-ordinators are intended to support the role of the Response Lead and take on the responsibility for sharing information and developing specific support initiatives across year groups or subject areas, under the supervision of the Response Lead. Response co-ordinators may act as designated points of contact for children, young people and their families to provide information and signpost to support. They will also be able to provide a link to other professionals within the setting, for example, welfare, wellbeing and mental health teams. Response co-ordinators are not necessarily responsible for the delivery of support, however, it will be their role to ensure that it is available, inclusive and responsive to the needs of those who have been impacted by the loss.

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Family liaison officer. This is a specific role dedicated to liaising and engaging with the bereaved family. Where possible frequency of contact and the scope of this role should be determined in conjunction with the bereaved family and will likely also depend on the circumstances of the loss and the commitment that the educational setting is able to make to the bereaved family. Whilst other members of staff, including the Response Lead, may also have contact with the bereaved family, the family liaison officer will be the formal channel for communicating information back and forth. We advise, where possible, that the family liaison officer is not already known to the family, nor should they have had a close relationship with the person who has died. It is important, as far as possible that the family liaison officer focus on the needs of the family and this can be compromised when the person assigned to this role is also navigating their own grief.

Careful consideration should be given to who is best placed to undertake this duty and it may be helpful to consider appointing two members of staff to enable them to work as a team. We would also recommend that they complete the 'trauma informed family liaison practice' on demand training available via Thrive London's Gift of Reconnection series.

Memorial lead/committee. It can be useful to separate out memorial events and activities from the wider organisational response. In addition to appointing a memorial lead to oversee the planning, inviting people (including children and young people from across the establishment) to join a memorial planning committee can help to ensure collective ownership and that the voices of those who have been impacted are reflected in the decisions which are made in relation to memorialisation. Wherever possible, the bereaved family should be invited to participate in this process, and their views and preferences prioritised.

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Resources and further support

Additional resources referenced in this guidance include:

- The impact of traumatic bereavement on children and young people
- Guidance for notifying children and young people

On-demand training referenced in this guidance includes:

- Silver level 'developing trauma informed practice'
- Gold level 'committed to trauma informed practice'
- Trauma informed family liaison practice

These are available via Thrive London and the Gift of Reconnection Series

<https://thrivedn.co.uk/communications/toolkits-and-resources/toolkit/trauma-informed-practice-training/>

Further support can also be accessed via Winston's Wish which provides a help and support line for families and professionals:

<https://winstonswish.org/helpline/>

For deaths related to a road traffic collision, Brake, the road safety charity can offer guidance and additional resources for families:

<https://www.brake.org.uk/>

If you have any questions about the guidance or its implementation in practice, please contact Nicola directly.

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