**Background**

- NICE guidance and the National Service Framework for Children recommend that healthcare professionals consider the whole family’s needs prior to a parent’s death, including those of their children\(^1\)\(^2\).
- In the terminal phase of a parent’s illness, children experience elevated levels of stress and demonstrate distress at their parent’s impending death. Despite this, there is little work focusing on how their needs are identified by healthcare professionals\(^3\)\(^-\)\(^7\).
- We sought to explore how hospice nurses identify the bereavement needs of children aged 18 years or younger who have a terminally ill parent, and to understand their experiences of supporting these children and their families.

**Methods**

- Individual semi-structured interviews were conducted with 10 registered nurses recruited from a single hospice inpatient unit. Codes were produced by 2 researchers using thematic analysis of the transcribed interviews.
- We explored participants practice in identifying children’s need for additional support prior to their parent’s death and the influences upon this. Their experiences of providing support were also discussed.
- All participants had been qualified for a minimum of five years, with experience ranging from 7 months to 33 years in palliative care.

**Key Themes**

- **Participants identified multiple factors which affect whether they consider a child and their family require additional support, including influences on children’s resilience, but despite this felt their knowledge was poor.**

- **Need for support:** Families perceived as withdrawn or coping poorly, or where the well parent exhibited distress were identified as requiring additional support. Specific concerns arose when behavioural changes occurred, parents requested support, or where Safeguarding concerns arose. Families seen as “quietly coping” are less likely to be offered additional support.

- **Communication:** Answering children’s questions honestly was seen as important, but nurses worried about making children may cause distress. If not initiated by the parent, it was felt that exploring children’s understanding or coping being seen as critical.

- **Barriers to provision of support:** If discussion of children’s needs is difficult to initiate with parents, this blocks exploration of concerns. Time available to spend with patients influenced what participants did, as did whether they felt “child orientated” or not.

- **Personal experiences:** Participants openly discussed their own experiences of illness and bereavement. They reported considering these experiences and their own expectations for what support their children would receive as an influence on their professional practice.

- **Impact on nurses:** Caring for patients with children was associated with predominantly negative emotions such as sadness, hurt, guilt and distress. Many felt unprepared, and some expressed concern about letting children down.

- **Education:** Participants wanted further training and education in children’s bereavement needs and communication skills teaching to better equip them in providing care to children and their families.

**Conclusions**

- Nurses identified multiple influences upon recognising and addressing children’s bereavement needs and their requirements for support to improve their practice.
- Personal experiences, and consideration of “what would I want for my own child?” influences the care provided.
- Further work is needed to develop strategies to overcome these challenges, and address the requirement for additional training.

**References**


**I think in the grand scheme of somebody coming in, dying, lots of symptoms, we assume other people have asked questions. . Participant I**