Economic Assessment of the Child and Family Service at St Columba's Hospice

By Donna Hastings, Family Support Team Worker, St Columba's Hospice
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Service Summary:

The Child and Family Support Service began in December 2018. The Family Support Service offers pre- and post-bereavement support for families and offers care, advice and support for adults, children and young people living with the impact of a terminal illness.

The service was established as it was recognised that there was a lack of pre- and post-bereavement support in relation to children and young people within a family and the hospice wanted an innovative way of targeting these children and providing holistic family support. Before the implementation of this service, there was no provision available for patients and families known to the hospice community to support children and young people facing bereavement or when they were bereaved.

There is post-bereavement support available for children and young people available across Edinburgh and limited provision in East Lothian, however, there is no service provision for pre-bereavement support. St Columba's Hospice has an opportunity to have a positive impact on family life and in particular children and young people's ability to cope better with their grief and lessen the potential for negative outcomes in adulthood due to having had bereavement support at a time when they needed it. The opportunity to be included, prepared and provided with choice when a family member is dying/died, one of the main focuses of the service is what can make a difference to a child or young person's grief and their ability to cope better through life. There is a wealth of literature that suggests adverse effects can occur if this support isn't in place. See for example, Penny & Stubbs (2015).

According to The Childhood Bereavement Network in 2014, 41,000 children were bereaved of a parent or primary care giver in the UK, from all types of death (Childhood Bereavement Network, 2020). St Columba's Hospice has 340,000 people living within its catchment, with an estimate of 215 children who are bereaved each year as a result of a terminal illness (St Columba's Hospice, Child and Family Bereavement Service Plan, August 2017).

Longitudinal studies show that children who are bereaved are less likely to thrive, and are less likely to reach their academic potential and do well in exams; they are less likely to have secure attached relationships later in life and they are more likely to offend. The incidence of childhood bereavement in youth offenders can be up to 10 times (41%) higher than the national average (4%) (Winston's Wish, 2020). In Scotland, legislators have included children who are bereaved in the definition of children who have "additional support needs" and require individual planning (Education Act; 2004).

The Scottish Government vision in 2012 was “for all children and young people to be fully supported as they grow and develop into successful learners, confident individuals, effective contributors and responsible citizens.

As children and young people progress on their journey through life, some may have temporary difficulties, some may live with challenges and some may experience more complex issues. Sometimes they - and their families - are going to need help and support. No matter where they live or whatever their needs, children, young people and their families should always know where they can find help, what support might be available and whether it is right for them.

This economic assessment is designed to demonstrate the impact and value of The Child and Family Service. This service involves both the provision of a Child and Family Service in the hospice and also outreach into the community with a specific focus on schools. Having been given the opportunity to participate in this economic assessment programme I have learned about the range of economic approaches. This assessment is based on a Cost Avoidance Approach (CAA), which looks at avoided spend, not necessarily a decreased spend. My role is to create a new service with the aim of contributing to the avoidance of potential negative outcomes. In the next section, I set out a Pathways to Outcomes – an outcomes focused way of setting out the value of the service.

Pathways to Outcomes

The pathways to outcomes model set out below explain the inputs, outputs and outcomes for The Child and Family Service.

Inputs:

Direct
1 Full Time Family Support Team Worker £40,124
1 Family Support Administrative Assistant 7.5 hours per week £5.085
Clinical Supervision 12 hours per annum £550
Volunteer's recruitment and training
Travel
Marketing and Publicity
Room set up –
Resources and furniture
Office Equipment

Indirect
Bereavement Services Manager 7.5 hours per week Band 7 - £11,355
Head of Supportive Care 4 hours per week – Band 8A £6,134
ABSCO (Association Bereavement Service coordinators)
Membership £30. 00
Conference 1 per annum £500

Activities and Outputs:

Referrals – Intervention provided in the first 11 months of service provision:
Families referred: 39
Families who engaged: 35 (this equated to 67 children)
Parent /carer support: 35
Child/Parent sessions: 5
Individual support following death: 8 children/young people
Family Remembrance Day: 5 families, 17 people
Teachers Trained in Understanding Childhood Grief: 42
Assessment
Providing support for parents/carers about how to explain illness/death to children
Family sessions
1-1 pre bereavement support
1-1 post bereavement support
Legacy keepsake work where possible children and parents
Group work
Bereaved parents group
Schools project
Training/advice /information for supporting children in school setting
Family fun days
Leaflets/service information

Groups Targeted:

For intervention
Parents/carers/grandparents/family members
Children/young people 0-18
Hospice staff –
For partnership
Advisory group
Education
Other hospices/community of practice
For delivery
Family support Team
Volunteers
Counselling Team

Outcomes:

Staff outcome
Increased understanding of family support service
Increased confidence to refer families
Reduction in inappropriate referrals
Increase in staff confidence to talk to families about including children in preparation for death
Patient & Families outcomes
Children feel included and have the opportunity to say goodbye
Negative relationship between surviving parents and children mitigated
Improved communication in families, more able to talk about death and dying
Children and Young People
Better support in school and improved school attainment
Able to cope better with grief due to having been included, prepared and given choice
Increased potential of avoidance of negative outcomes in adulthood, e.g. unwanted teenage pregnancy, criminal and disruptive behaviour
Organisational Outcomes
The ability to provide a holistic service to the whole family
Increased reach and impact of the hospice (in schools)
Schools
Increased staff awareness of children's needs when someone has a terminal illness/bereavement
Increase in staff confidence to identify when a child may require additional support with a family member's illness/bereavement
Increase in the normalisation of death and dying and bereavement experiences
Other Outcomes
Medium and longer term impact on Health Services and Criminal Justice through contributing to the avoidance of negative outcomes

St Columba's Hospice Child and Family Service Team consists of a Family Support Team Worker Band 6 - 37.5 hours, a part time administrator -Band 2, 7.5 hours and is line managed by the Counselling and Bereavement Services Manager- Band 7 (one day per week) (see Appendix 1).

In 2016/17 the hospice received 886 referrals of which approximately 40% were for the inpatient unit, 45% were for community nursing and 15% were for day hospice and outpatients. It was taken into consideration that people may have been referred to more than one service, however approximately 10% of referrals for the inpatient unit are for people with school age children and that there are approximately three families with school age children being cared for consistently. It is anticipated that this number will rise as the hospice widens its reach and that the child and family service will incorporate approximately 25% of the hospice population, in the region of 125 families each year (St Columba's Hospice, Child and Family Bereavement Service Plan, August 2017).

This service is directed towards the hospice population with the aim of mitigating a range of potential short, medium and long-term negative outcomes through providing early intervention. I've taken this opportunity to highlight a range of negative outcomes associated with the previous service model.

Set Up Costs

In order to establish the service, there were some initial one-off set up costs required to create and equip a designated Family Support Room. These resources included for example, furniture, table, chairs, sofa, wall stickers, therapeutic resources – memory boxes, memory activities, musical instruments, sand play, dolls house, chalk board, and books. Total expenditure = **£2000**.

Running Costs

Year 1	**£66,278**
Year 2	**£69,876.13**
Year 3	**£72,062.43**
Total	**£208,216.56**

The total set up and running costs for Child and Family Support Service for three years will cost:
£210,216.56 (see detail in Appendices 1, 2 and 3)

The intention of this service is to realise the outcomes set out in the Pathways to Outcomes model. In the next section I use two case studies to illustrate the short-term impacts of the service to date. In the section that follows the case studies I discuss the potential medium and longer-term impacts of bereavement, which this service aims to mitigate. Here the potential for costs to be avoided are discussed.

The short-term impact of support in the Hospice

Case Study – highlighting intervention and the impact on family and grief.

Following a referral from a nurse on the IPU I met with the well parent initially, followed by a joint meeting with both parents. Two young people were told their dad had cancer but was in hospice for treatment to make him better. Both parents were trying to protect the girls as long as possible and shelter them from the painful truth – one had a birthday coming up and the other had exams. We talked about "no right time" to break this news and explored the importance of truth for young people and the difference it can have on their grief after someone dies, if they are given preparation and information and an opportunity to say goodbye. Highlighting that the relationship with the surviving parent can be impacted if a young person has been excluded from the illness as well as grief reactions heightened by regret/guilt which can be avoided/lessened if included.

I spent time rehearsing with the parents how the conversation might go. Supporting them to explore offering the young people choice of being there when their dad dies, of seeing him afterwards/involvement in planning the funeral etc. We also spoke about school and supports in place there and about speaking to the girls about this to give them some control over a situation they otherwise had no control over.

Both parents spent an afternoon with the girls, going to the hospice café and spending time together in the lounge. Mum initiated the conversation and became tearful so dad took over and explained that the medical team had done all that they could but that the treatment hadn't worked and this meant he would soon die.

Although extremely upset this afforded the girls an opportunity to spend time with their dad; one lay beside him, crying and talking and having a cuddle and the other sat holding his hand. Over the next couple of days the family talked together about being there at the time their dad died and the girls both decided they didn't want to do this unless it happened naturally, otherwise they thought they would like to spend time with him once he had died.

The girls stayed in the hospice with their mum and dad for a few days spending time together. Dad died with none of the girls present, he died suddenly but peacefully. The girls were supported with choice to see their dad. One decided to, one decided not to, but most importantly both were given the choice.

Both the mum and dad had voiced they were relieved to have told the girls so they could be included and they could all be together and talk/cry and share together and afterwards both the mum and girls voiced how glad they were that the girls had the opportunity to be with their dad and say goodbye.

Without support from the Family Support Worker providing information/advice about how grief impacts young people, the mum said she and her husband wouldn't have told the girls beforehand and would have waited until their dad died before telling them and it would have fell to her alone to do this and bear the brunt of them finding out how long she and their dad had known he would die and couldn't bear thinking about how this might have impacted them. Not having had the opportunity to say goodbye and spend that special time with him, which in turn would potentially impact their grief throughout the rest of their childhood into adulthood.

Case study 2 – Family support Service

I first met with Mr and Mrs A when Mr A was admitted to the IPU. They have two children aged 4 and 3. Conversations had taken place with the children about daddy's illness but nothing more about why he was in the hospice/changes to how daddy was looking/how he wasn't able to walk anymore.

Both children were having a difficult time in nursery with behaviour. Their behaviour had become very challenging and the nursery didn't know how to support them and what words to use as they were unsure what the children had been told.

After speaking to Mr and Mrs A about how children of these ages understand illness, I gave Mrs A a book that she could share with the children to help explain what was happening to their daddy. Mr A couldn't face this conversation with the children and asked their mum to do it. The children were being looked after by their nanny and their grandma was staying in their house too.

After their mum explained what was happening to their daddy's body in an age appropriate way, using factual words they could understand, I was then able to speak to the nursery to explain what the children knew and how nursery staff might be able to continue this support in the nursery setting. Using the same words that their mum, grandma and nanny were using, would help aid the children's understanding. We were also able to explore how children might be reacting to the situation through their behaviours and talked about the importance of preparation, structure, routine where possible and the importance of holding boundaries with them.

When Mr A was reaching end of life, Mrs A and the children's grandma explained to the children that because the medicine wasn't working anymore and there was nothing more the doctors could do, that sadly this meant their daddy's body would stop working and this meant he would soon die. They asked the children if they wanted to visit their daddy or draw him a picture and both children wanted to see their daddy. They were prepared for the visit, letting them know that their daddy would be sleeping and wouldn't be able to talk to them, but that he could still hear them and they could tell him goodbye. Both children were supported to do this and after their daddy died were again given an age appropriate explanation from their mum and asked if they would like to see their daddy. This time for preparation, they were told that although daddy would look like he was sleeping, that he wasn't, as when you are sleeping, your heart is still working and your body is still working, but sadly daddy had died and this meant his body wasn't working anymore and he couldn't feel, hear, talk or eat because he had died. This was repeated a few times so that their mum could check out they were understanding that their daddy had died. And using concrete words like died would help lessen any confusion they may have. All the adults around the children were encouraged to use the same words so that again there was less confusion for the children.

The children were also given a choice about going to the funeral, which they did, and their mum was supported to look ahead to the coming weeks/months with how she could support them at home as she grieved herself.

The mum asked that I contact the nursery to give some advice/information regarding supporting the children in the nursery when they returned, and I went to the nursery to provide a training session for 7 staff regarding supporting bereaved children.

Mrs A is aware of the supports available for herself and the children from the hospice over the coming months/years and she can access these at any time; she has just recently attended the Family Remembrance Day.

Many people feel that children of this age won't be impacted when someone dies, as they are too young to understand or that because they won't remember that it doesn't matter about including them. It's actually the opposite and even very young children can grieve a significant death and it's more about how their grief will present throughout childhood and into adulthood, if they aren't given the opportunity to be included and say goodbye to that person.

In this case the mother clearly stated that without the family support service here, the family wouldn't have included the children as their understanding was just that, that they were too young to understand what was

going on. Instead the children had an opportunity to say goodbye to their dad before he died, see him when he died, which helped them understand that he had died and were allowed to be part of the funeral service to say their goodbyes there too.

The children will still very much grieve their dad's death and it is something lifelong they will live with, but hopefully will have benefited long term from being included and this is part of their story about their life with their dad.

The medium to long term impact

There are three main areas where childhood bereavement may impact in the medium to longer term: these are health behaviour, criminal and disruptive behaviour and attainment and achievement. I discuss each in turn**.**

The Child and Family Support Service intervention is based around the GIFREC Principles (Getting it Right for Every Child), the Scottish government strategy for children in Scotland, which is:

- Child-focused - it ensures the child or young person – and their family – is at the centre of decision making and the support available to them
- Understanding of the wellbeing of a child in their current situation - it takes into consideration the wider influences on a child or young person and their developmental needs when thinking about their wellbeing, so that the right support can be offered
- Tackling needs early - it aims to ensure needs are identified as early as possible to avoid bigger concerns or problems developing
- Joined-up working - it is about children, young people, parents, and the services they need working together in a coordinated way to meet the specific needs and improve their wellbeing.

I have highlighted the main areas of negative outcomes that pertain to the impact of childhood bereavement below.

Health Behaviour

Health is an area that can be negatively impacted, with the three most common areas within health and wellbeing being:

- Reported Illnesses
- Teenage Pregnancy
- Psychological Distress

Research undertaken in the USA by Worden (1996) identified that 13% of all bereaved children reported somatic symptoms such as stomach aches, headaches and nausea during the first year after the death compared to 4% of non-bereaved children with 70% reporting mild illness. It may be reasonable to assume that children presenting with these symptoms may require a visit to the GP. In certain circumstances there may be an Accident and Emergency attendance and even a hospital admission.

By the child and family service providing support through early, timely intervention, this may contribute to the avoidance of these potential negative outcomes. It is therefore reasonable to assume that the service is making a contribution towards the avoidance of costs elsewhere in the system. For example;

- Cost for a GP appointment = **£31**(Curtis and Burns, 2018)

- The average cost per patient per visit to Accident and Emergency is **£102**. (Curtis and Burns, 2018)

- An elective Inpatient (paediatrics), average cost per stay can range between £1814 and £3646 with an average of **£2,880** (Curtis and Burns, 2018)

Unintended teenage pregnancy is another potential negative outcome associated in bereavement. Sweeting et al (1998) identified that girls bereaved of a parent are six times more likely to be pregnant by the age of 18. In addition to the cost of care in pregnancy there may be additional costs of £11,000 for some girls in those situations, for benefits such as income support housing benefit child tax credit and child benefit (nice.org.uk 2019).

If service intervention contributes to one young girl avoiding unintended pregnancy and claiming benefits, the total avoided cost would equate to a minimum value of £11,000 per year although it is acknowledged that this could not be directly or wholly attributed to the service.

Psychological Distress is another associated outcome. Parsons (2011, UK) found that children who had experienced a parental bereavement (22%) were the most likely to show symptoms of depression at age 16, with children in intact families the least likely (14%). However, not all bereaved children will go on to have antidepressant therapies, others may engage in alternate therapies, such as talking therapies avoiding medication therapies.

According to ISD Scotland (2018) the cost to the economy in 2018 for prescribed anti- depressants was £1,300,000,000.

In 2017/2018, 902,168 people were prescribed anti-depressants. This equates to an average of £1441 per person per annum. If the Child and Family Service contributes to one child or young person avoiding intervention for medication therapies for psychological distress, it contributes to avoided costs of £1441 per annum.

Criminal and disruptive behaviour

Bereaved children and young people are overrepresented in the criminal justice system with evidence to suggest that around 4% of the current general population of 11-16 year olds have been bereaved of a parent (Harrisons and Harrington, 2001).

Young people in custody are known to have experienced higher rates of loss and bereavement than the general population, and are more likely to have experienced multiple and traumatic bereavements (Finlay & Jones, 2000; Vaswani, 2014).

Although we cannot state that these costs would definitely be avoided, we hope that this short-term intervention at this crucial stage, helping young people to identify coping strategies may be an opportunity for these children and young people to avoid these well evidenced negative outcomes.

The 2018/19 audit of the Scottish Prison Service states that "the average annual cost per prisoner place has increased by 0.9 per cent in 2018/19 to £35,601" (Auditor General, 2019).

If service intervention contributes to one child or young person avoiding the criminal justice system, the average avoided costs would be £35,601 per prisoner, per year.

Attainment and Achievement

Abdelnoor and Hollins (2004,) found that parentally bereaved young people's GCSE scores were lower than those who were non bereaved, demonstrating the difficulties with educational attainment and the need for this service intervention.

1 in 29 children aged 5-16 have been bereaved of a parent or sibling, which is an average of one child in every class. Schools have an opportunity to support children and young people in their grief, however many teachers say they lack confidence in how to do this.

In 2018 92% of teachers surveyed by Child Bereavement UK said that schools should prepare ahead in case there is a bereavement in the school. However, only a third (34%) of those teachers felt their school was equipped to manage a death when it occurred (Child Bereavement UK, 2018).

As well as the hospice-based service, the Family Support Team Worker also works in the community delivering a tailored education intervention to schools in the hospice catchment area. The aim of this intervention is to increase awareness and understanding of the issues bereaved children and young people and their families face, building alliances and fostering collaborative working.

In the first session 42 school staff were surveyed before and after the educational intervention to assess its effectiveness. The results of this survey are detailed in Appendix 4. They illustrate over 50% of the staff expressed greater confidence when talking with children and their families when talking about loss and bereavement, a better understanding of how children grieve and the importance of providing children with choice. There was only a small shift in bereavement care being a central part of the role of staff working in schools.

Summary

The Child and Family Service at St Columba's Hospice began in 2018 and supports parents, carers, children and young people with the opportunity to be included, prepared and given choice when someone is dying/died. It also reaches out into the community building knowledge and confidence around death, dying and bereavement in schools in the catchment area. The Pathways to Outcomes at the heart of this report sets out the costs and benefits of this service. The first three years of the service delivery are estimated to be £210,216.56. The benefits from this relatively modest investment are identified in the short, medium and long term across a range of beneficiary groups.

As well as the immediate benefits to service users illustrated through case studies, the report identifies the potential to contribute to the avoidance of significant costs elsewhere in the system in the medium to longer term.

Next steps

By taking part in this economic assessment it has helped me clarify that this intervention is not only needed but that it is making an essential contribution towards healthier outcomes for young people who are bereaved in childhood. By delivering this service, in the first year alone, 35 families, which equates to 67 children and young people, have been provided with an opportunity to be included when someone has a diagnosis of terminal illness and are being prepared and given information in a timely, age appropriate way, ensuring they are given choice in a situation they otherwise have no control over and are being included as a central part of their family. Furthermore, delivering training sessions to school staff has increased the confidence and knowledge of school staff in supporting children living with the impact of terminal illness or bereavement. This will help them recognise grief needs and have the confidence to have conversations with children, to put

support in place in school and refer on for appropriate support when identified. The economic assessment illustrates the potential for the service to contribute to the avoidance of negative outcomes in approximately 125 children and young people year on year. As the service develops there is potential for further work to quantify the impact of the service in the medium to long term and monetise the potential costs avoided as a result.

Ongoing

- Develop increased awareness of service maximising the amount of children and young people able to access family support +/or 1-1 support.

- Continue hospice staff education to reiterate the importance of inclusion of children when caring for a dying patient, providing holistic care for the whole family.

- Increase the reach of the schools' projects in the hospice catchment area. This in turn will increase the support available to children and young people and increase our referrals.

- To extend the reach of service provision into the community, enabling families to access support in their local community rather than having to travel into the Hospice.

- Increase staff /volunteer capacity to enable service to grow to maximise service capacity and impact.

- Follow up the outcome of service provision to evidence impact by carrying out a longitudinal study.

This case study was completed by Donna Hastings, Family Support Team Worker, St Columba's Hospice, in 2020. Donna successfully completed an RCN leadership development programme commissioned by a consortia of four hospices in Scotland. The programme was designed to empower professionals to understand the principles of economic assessment and apply them in their practice in order to demonstrate the value of, and continuously transform, their services.

The programme is endorsed by the Institute of Leadership and Management.

You can contact Donna by email DHastings@stcolumbashospice.org.uk.

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Appendix 1 Set Up Costs Year One and Running Costs Year One

Set Up Costs – Room Set up and Office Equipment =£2000

Service	Additionality	Apportion	Full costs	Real terms
Family Support Service Children and Young People	Is this 'over and above' for the purpose of your EA?	Should 100% of this cost type/category be included?	Do you need to adjust figure to reflect full costs (e.g. on-costs	Do you need to adjust figure to express it 'in today's money'?
Direct costs				
Family Support Worker Band 6 - 37.5 hours			Band 6 37.5 hours inclusive of pension and employer NI = £40,124 per annum	
Administrative Support Band 2 – 7.5 hours			Band 2 7.5 hours inclusive of pension and employer NI =£5085 per annum	
Clinical Supervisor 12 hours			£45 per session, £550 per annum	
Volunteers			*£1000 recruitment and training per annum	
Travel			*£500 per annum	
Marketing and publicity			*£1000 per annum	
Indirect costs				
Bereavement Services Manager 7.5 hours			7.5 per week. Band 7 £11,355 Per annum	
Head of supportive care 4 hours			4 hours per week Band 8A £6,134 per annum	
ABSCO (Association Bereavement Service Coordinators) membership annual			£30 per annum	
Conference			£500 per annum	
Total annual running costs				**£66,278**

*Estimated costs

All cost provided by The Director of Finance from St Columba's Hospice

Appendix 2 Running Costs Year 2

Service	Additionality	Apportion	Full costs	Real terms
Family Support Service Children and Young People	Is this 'over and above' for the purpose of your EA?	Should 100% of this cost type/category be included?	All costings received from St Columba's Finance Team	Do you need to adjust figure to express it 'in today's money'?
Direct costs				
Family Support Worker Band 6 - 37.5 hours			Band 6 37.5 hours inclusive of pension and employer NI = £41,874 per annum	
Administrative Support Band 2 – 7.5 hours			Band 2 7.5 hours inclusive of pension and employer NI = £5,085	2.5% cost of inflation = £5,212.13
Clinical Supervisor 12 hours per annum			£45 per session, £550 per annum	
Volunteers			*£1000 recruitment and training per annum	
Travel			*£500 per annum	
Marketing and publicity			*£1000 per annum	
Resources			*£1000 per annum	

Indirect costs			
Bereavement Services Manager 7.5 hours		7.5 per week. Band 7 £11,812 per annum	
Head of supportive care 4 hours		4 hours per week Band 8A £6,398 per annum	
ABSCO (Association Bereavement Service Coordinators) membership annual		£30 per annum	
Conference		£500 per annum	
			£69,876.13

*Estimated costs

All cost provided by The Director of Finance from St Columba's Hospice

Appendix 3 Running Costs Year 3

Service	Additionality	Apportion	Full costs	Real terms
Family Support Service Children and Young People	Is this 'over and above' for the purpose of your EA?	Should 100% of this cost type/category be included?	Do you need to adjust figure to reflect full costs (e.g. on-costs)?	Do you need to adjust figure to express it 'in today's money'?
Direct costs				
Family Support Worker Band 6 - 37.5 hours			Band 6 37.5 hours inclusive of pension and employer NI = £43,279 per annum	
Administrative Support Band 2 – 7.5 hours			Band 2 7.5 hours inclusive of pension and employer NI = £5,212.13	+2.5% cost of Inflation +£5,342.43
Clinical Supervisor 12 hours			£45 per session, £550 per annum	
Volunteers			*£1000 recruitment and training per annum	
Travel			*£500 per annum	
Marketing and publicity			*£1000 per annum	
Resources			*£1000 per annum	
Indirect costs				
Bereavement Services Manager 7.5 hours			7.5 per week. Band 7 £12,269 per annum	
Head of supportive care 4 hours			4 hours per week Band 8A £6,592 per annum	
ABSCO (Association Bereavement Service Coordinators) membership annual			£30 per annum	
Conference			£500 per annum	
				£72,062.43

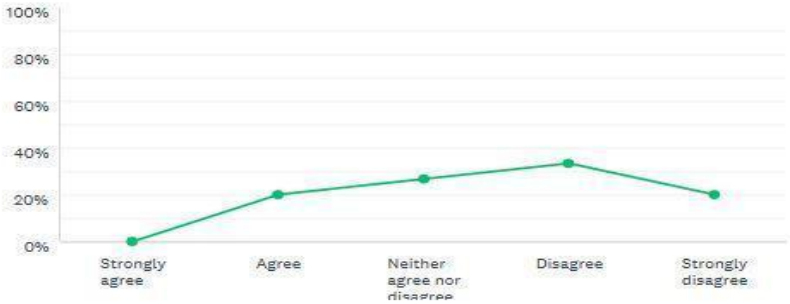
*Estimated costs

All cost provided by The Director of Finance from St Columba's Hospice

Appendix 4

Pre Education Session: I feel confident talking with patients (parents/grandparents/caregivers about childhood loss and bereavement

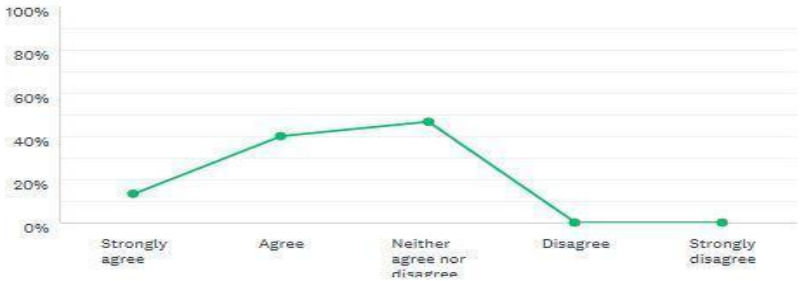
Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	0.00%	0
Agree	20.00%	3
Neither agree nor disagree	26.67%	4
Disagree	33.33%	5
Strongly disagree	20.00%	3
TOTAL		15

Post Education Session: I feel confident talking with patients (parents/grandparents) about childhood loss and bereavement

Answered: 15 Skipped: 0

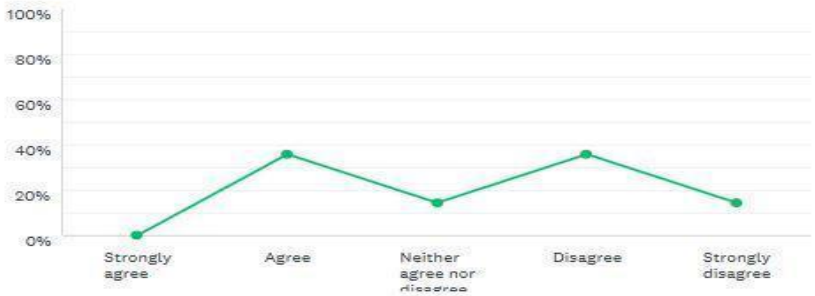


ANSWER CHOICES	RESPONSES	
Strongly agree	13.33%	2
Agree	40.00%	6
Neither agree nor disagree	46.67%	7
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		15

The above graph highlights that a bigger number felt more confident to talk to parents/carers following the education session. However, still almost 47% still neither agreed nor disagreed and so further information/training would be beneficial to increase this number.

Pre Education Session: I have a good understanding of how children grieve

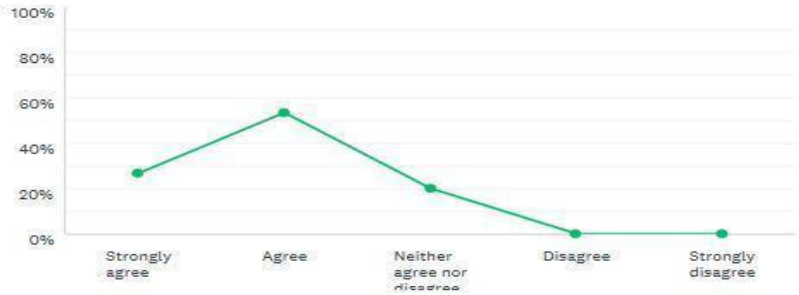
Answered: 14 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly agree	0.00%	0
Agree	35.71%	5
Neither agree nor disagree	14.29%	2
Disagree	35.71%	5
Strongly disagree	14.29%	2
TOTAL		14

Post Education Session: I have a good understanding of how children grieve

Answered: 15 Skipped: 0

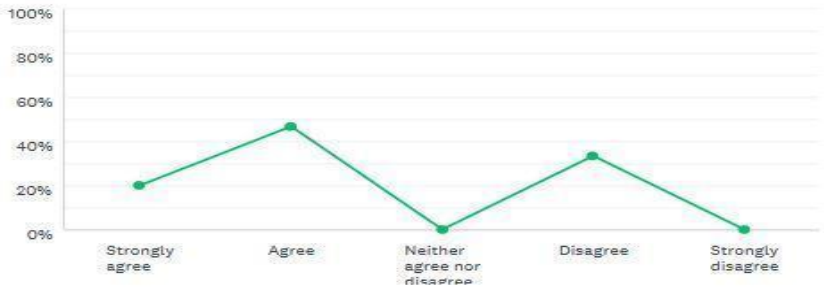


ANSWER CHOICES	RESPONSES	
Strongly agree	26.67%	4
Agree	53.33%	8
Neither agree nor disagree	20.00%	3
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		15

The above graph shows that following the education session participants felt they had a better understanding of how children grieve.

Pre Educaiton Session: I understand the importance of children having choice and being included when someone has a palliative illness.

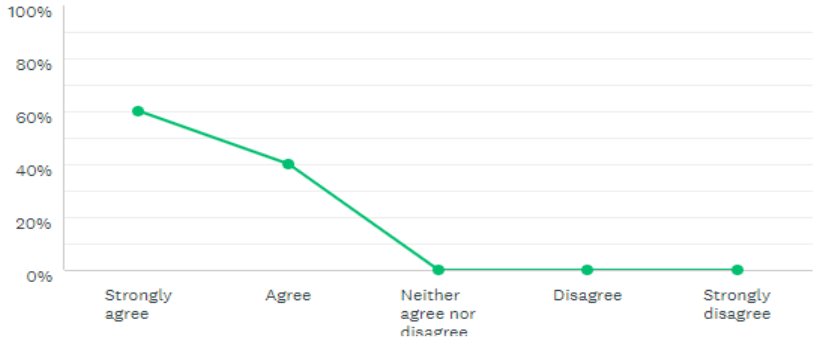
Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	20.00%	3
Agree	46.67%	7
Neither agree nor disagree	0.00%	0
Disagree	33.33%	5
Strongly disagree	0.00%	0
TOTAL		15

Post Education Session: I understand the importance of children having choice and being included when someone has a palliative illness.

Answered: 15 Skipped: 0

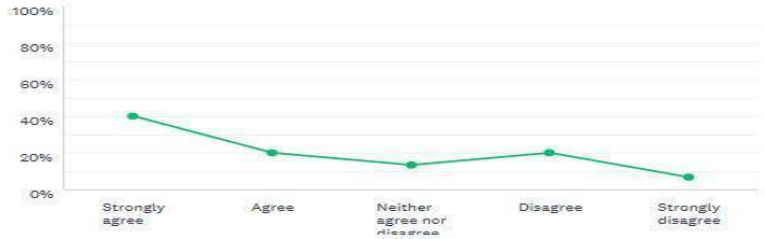


ANSWER CHOICES	RESPONSES	
Strongly agree	60.00%	9
Agree	40.00%	6
Neither agree nor disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		15

The above graph highlights that all staff strongly agreed/agreed the importance of children having choice and being included when someone has a palliative illness, this increased as a result of the education session.

Pre Education Session: I see children and young people as a central part of my work with patients /parents and their families

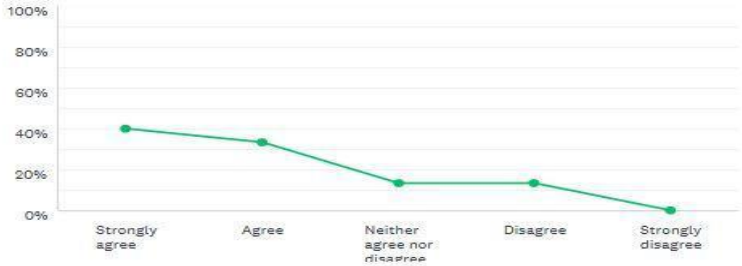
Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	40.00%	6
Agree	20.00%	3
Neither agree nor disagree	13.33%	2
Disagree	20.00%	3
Strongly disagree	6.67%	1
TOTAL		15

Post Education Session: I see children/young people as a central part of my work with patients/parents and their families

Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	40.00%	6
Agree	33.33%	5
Neither agree nor disagree	13.33%	2
Disagree	13.33%	2
Strongly disagree	0.00%	0
TOTAL		15

The above graph identifies that although there was an increased number who felt that children were a central part of their work with parents/carers that there was still a proportion that disagreed. It is important here to recognise that more work needs to be done to ensure that all staff identify children and young people as being a central part of their work with parents/carers and that means recognising the importance of the inclusion of children when someone has a terminal illness.

Parsons (2011) found that higher percentages of women (18%) from bereaved families continued to hold no qualifications at age 30 compared to 13% in intact families. Bereavement by the age of 16 is strongly associated with both men and women being unemployed by the age of 30 (Parsons, 2011).

Benefit spending (including spending on tax credits and the state pension) in Scotland amounted to £17.2 billion in 2011–12, the last year for which full figures are available. Benefit spending per person in Scotland in 2011–12 was £3,238 per year. If service intervention contributed to one young person having a positive educational outcome, the potential avoided costs to the government in lost revenue would be £3,238 per year (Institute for Fiscal Studies, 2013).