



Bereavement Care

Three training sessions to encourage and inspire bereavement care in a parish or benefice



Facilitator's Manual

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Introduction for Leaders

This manual is designed to support you as the course leader or facilitator. It contains handouts and notes for you to make available to those participating in the course, and more detailed outlines of the contents of each session with suggested timings and ideas as to what you might cover under each section. This is not prescriptive and you will bring your own insights to it.

The course is open to anyone who is interested or involved in Christian bereavement ministry. We are all at some point in our lives likely to want to offer support to a bereaved family member or friend, but may also be part of a church bereavement team visiting those we don't know. The course aims to equip anyone who, as a disciple of Christ, wants to know more about caring for people who have been bereaved, whether within the church or in the wider community.

However, it is worth noting that if someone has suffered a fairly recent bereavement, it is not usually wise for them to offer to support other bereaved people for at least a few months, since emotions can be too strong and raw.

Please note that this course does not cover in detail some of the core skills required for pastoral ministry such as listening skills, discussion of praying with people and talking about God and issues of confidentiality and good practice. These more general pastoral issues are covered in the 5-session Pastoral Ministry course which is foundational to this specific course looking at bereavement ministry. Some people might want or need to complete the Pastoral Ministry course before doing this more specialist course.

Please be aware when visiting someone who is recently bereaved, they could be a vulnerable adult. Thus those visiting will have had to have completed the necessary Safeguarding training and to have been recruited as a volunteer or a paid worker in fulfilment of Safer Recruitment guidelines. *This course is not a substitute for Safeguarding training.*

By the end of the course, participants will have:

- i) explored Christian perspectives on death and dying and their own attitudes
- ii) considered different types of bereavement
- iii) discussed the stages of grief and needs of bereaved people
- iv) considered some of the qualities and skills of a bereavement visitor
- v) discussed possible ways of responding to bereaved people
- v) considered issues of safe practice

The Sessions

Each session lasts no more than 2 hours, including time for coffee if desired.

Participants should be encouraged to complete a brief **Reflection** after each session to help consolidate the material which has been covered. Reflection questions are:

Think back over the session and jot down your thoughts to the following questions.

- 1) What was the most important thing you want to remember from this session?
- 2) In what way(s) do you think this might be useful or helpful to you?
- 3) What did you discover about yourself? (e.g. your feelings, your attitudes, your faith?)
- 4) How do you think this might help you in bereavement ministry?
- 5) Is there anything you want to follow up or ask a question about? How and when will you do this?

Each session provides some specific input and some opportunity to practise a skill or to look at a pastoral scenario. Participants are also given handouts and some of these can be filled in during the session.

Course Outline

SESSION 1 – Thinking about dying, death and bereavement

This session explores attitudes to death and dying, discusses Christian understandings of death using the creed and some Bible verses and considers different types of bereavement.

SESSION 2 – Thinking about the bereaved person

This session covers the stages of grief, considers the physical, emotional, spiritual and religious needs of bereaved people and discusses some scenarios to identify the different needs of bereaved people.

SESSION 3 – Thinking about the bereavement visitor

This session discusses the qualities and skills needed by a bereavement visitor, with reference to the bereavement visitors in John 11. There is discussion of the importance of attentive listening, the use of silence, prayer and talking about God. It considers ways of responding to bereaved people and outlines issues of safe practice.

Guidelines for Leading a Session: the leader's role

Fairly detailed outlines of the content of each session are provided. These include suggested ways of covering the material, with some possible answers, and indications of timings. Sessions are often quite full, so a key role for the leader is to ensure that the material is covered if at all possible and to keep the group moving, while still allowing space for discussion.

How the material is covered will depend on the size of the group and on the people in it, but ideally there should be opportunity for pair / group work as well as having the whole group together. People learn in different ways, so a mixture of leader's input and discussion, plus practical exercises and looking at Bible passages will help everyone to engage.

Some people will expect the leader to have 'the answer'. In bereavement ministry there is often no 'right answer' – so the leader does not need to feel they have to have one! More important is that the leader facilitates the group's thinking, helping people to recognise that bereavement ministry is not an exact science, to draw on and to come to appreciate their own experience, to learn from one another and thus to deepen their understanding. This is the purpose not only of the sessions themselves, but also of the preparation and the reflection done before and after each session. The preparation and reflection elements are therefore integral to the course, not an optional extra!

The course is specifically Christian, so each session opens with a simple prayer and closes with the grace or another short prayer. This may be led by the leader or a group member, as seems appropriate.

Remember that those who have been bereaved may well be considered a 'vulnerable adult'. It is also likely that bereavement ministry will involve visiting the homes of those who have been bereaved. These facts mean that it will be necessary to employ 'Safer Recruitment' when it comes to forming your bereavement team. Please seek the advice and training of the Safeguarding department of the Diocese in this regard. *This training is not to be considered at a substitute for Safeguarding training. All those who are regarded as 'office holders' in the church will need to complete diocesan safeguarding training.*

Practicalities

- **Coffee.** There is space for coffee within the two hours if a group wishes. Some groups may prefer coffee at the start or end.
- **Bibles.** These are necessary as part of the course. Participants should bring their own or else they should be made available.
- **Flipchart etc.** Depending on the group, you might find it helpful to use a flipchart, or to have extra pens and paper available for group work. Flipchart stands or blutack may also be required.
- **Handouts.** Mastercopies of the handouts are provided for the leader. They will need to be photocopied in advance and handed out when required.

Session 1: Leader's Notes

Thinking about Dying, Death and Bereavement

AIM: To explore ideas and attitudes about dying, death and bereavement

By the end of the session you will have:

- explored attitudes to death and dying
- examined a Christian understanding of death
- considered different types of bereavement

1. Welcome, prayer and introductions (10 minutes)

- Prayer. You may want to do this right at the start or after people have introduced themselves. You may decide to invite others to open in prayer on future occasions.
- Take time to make sure everyone knows people's names – don't assume everyone does (even if everyone is from the same church!). It might be good to invite everyone to say their name, which church they come from and /or where they live,
- Briefly introduce the whole module – give out material if not already done.
- Establish basic ground rules – especially the need for sensitivity, confidentiality within the group. The group might want other rules too.

2. Exploring bereavement ministry – our hopes and fears (15 minutes)

- Introduce this section with a recognition to the group that people will have a mixture of hopes, expectations and anxieties – and that's OK!
- Ask the group to share in pairs a little bit about their hopes, expectations and any anxieties about the course and about doing bereavement ministry. Explain that each person will then be invited to summarise (briefly!) to the group what the other person has said. (This is practising skills of listening and reporting.)
- Reflect briefly as a group on how it felt to be listened to and to listen to another's feelings, and to hear someone reporting back. How hard was it to talk about their own feelings? What can be learnt for bereavement ministry?

3. Attitudes to death and dying (15 minutes)

- *Euphemisms for death* – ask the group to 'buzz' other ways of saying 'she's dead' / 'he's died' or talking about death (e.g. passed away, gone to heaven, popped his clogs, when I'm 6 feet under). Explore why this might be (makes it feel less final? Avoids reality?).
- *Attitudes in society* – reflect on how death /dying is dealt with now compared with say 20, 50 or even 100 years ago and how this might affect our attitudes to it (e.g. now rarely at home – fewer people have seen dead body; medical advances - almost expect to be able to avoid it; anti-ageing products common; church funerals fewer – quick service at crematorium) Compare western society with the developing world – death there might be more common through poorer medicines, diet etc., including child mortality – culture of public mourning, death seen as part of life. Is death more privatised in western society?
- What effect might all this have on bereaved people and those who visit them? (e.g. awkwardness – not really engaged with death before, not used to speaking about it etc)

- *What are participants' feelings about death /dying?* Help the group to listen to each other and to explore their answers – fears of letting go, helplessness, vulnerability etc. NB. Explain that this won't be easy for some people – no-one should be forced to speak. Be aware that it might pick up painful fears. But a bereavement visitor does need to be able to discuss death /dying so it is important that their own feelings are acknowledged. If it's too painful, becoming a bereavement visitor might not be appropriate at this time.

4. A Christian understanding of death (30 minutes)

- Start by making the point that death is part of life – it's natural and normal – Eccles. 3:1-2 (a time to be born, a time to die). Explain that knowing something about what Christians believe is important – not only for them personally, but also to give confidence if someone raises a 'God' question. NB. Material covered in this section can be covered in more depth and some groups might like to do this as further training – see Resources page (p. 40) for more information.
- The creed. What do we mean when we say 'We look for the resurrection of the dead and the life of the world to come'? Invite the group to discuss in pairs and then to share their thoughts briefly with the group. Draw out ideas of Christian hope through Christ's death and resurrection, hope of eternal life with God – death is not the end. Christians are 'Easter people' – what difference does Easter make for them? Lead into Bible study.
- A bit of Bible study. (See **Handout A** for all these texts.) Divide the group and ask the groups to look at the passages and pick out one key aspect about death for each. Then discuss together.
 - Romans 8:38-39 (nothing separates us from God)
 - Revelation 1:17-18 (Jesus is alive, has keys of death)
 - 1 Corinthians 15:17-22 (we are alive in Christ)
 - 1 Corinthians 15:35-40, 42 (we will receive new spiritual bodies)
 - 1 Corinthians 15:53-56 (death defeated in Christ)

5. Exploring bereavements (15 minutes)

- Discuss the following with the group:
 - What is 'bereavement'? (Dictionary definition: to be left desolate or deprived by the death of a relation; state of sorrow over the death or departure of a loved one)
 - What sorts of 'bereavement' are there? (not just death of a family member or friend). Could be e.g. changing / losing job; retirement; moving home or school; loss of good health, eyesight; 'down-sizing' from large to smaller home; divorce; child leaving home etc.
 - Bereavement through dementia – the person is 'lost' to the spouse / family – there is grief though the person is still present. May also apply e.g. to someone who has had a stroke.
 - Explore what 'losses' would be involved in these different bereavements (e.g. loss of friends, income, social life, holidays; status, sense of purpose etc)
 - Point out that bereavement always means change – the circumstances will never be the same again; there will always be some loss, a gap. This may be filled, but never in the same way.
 - This course focuses on bereavement as a result of a death of a person, although awareness of other 'bereavements', some of which might occur as a result of a death, is essential in all pastoral ministry.

6. Issues around the death of a person and bereavement (15 minutes)

- Discuss these basic aspects of bereavements with the group, remembering that there will be further discussion in the next two sessions. You could turn the points into questions. Try to draw on people's experiences where appropriate.

- The first few days after a bereavement are busy with funeral arrangements and people receive lots of support, but after the funeral, people get on with their own lives – and the bereaved person is forgotten. Bereavement visitors are often most needed in the following months, not the first few days.
- The first year is usually the hardest – first anniversaries, birthday, Christmas etc, but second year cannot be assumed to be ‘better’. The ‘down’ days may be fewer, but may be equally intense. Grieving often takes at least two years before a person begins to feel they can operate ‘normally’ in their new life. They need to be encouraged to be patient with themselves. Others also need to be patient.
- The intensity of bereavement is not necessarily linked with how close the family member was – e.g. the loss of a father / mother may not be as traumatic as the loss of a close friend. A sudden or violent death can take longer to come to terms with than an ‘expected’ death.
- ‘Hidden’ bereavements – e.g. after a miscarriage or abortion, where the baby hadn’t existed in the eyes of society or there is some stigma attached. May also be the case with gay / lesbian couples where the family does not accept the remaining partner. A suicide may also be hidden – perhaps within the family – and denied in public. This makes grieving harder and the role of the visitor more challenging.

6. Ending the session (5 minutes)

- Check everyone knows about doing the Reflection after the session
- Check everyone knows about the Preparation for the next session
- Close with the Living God’s Love prayer (included at the front of the manual), the grace or another short prayer.

Session 1: Handout A

Bible Texts

Romans 8:38-39

For I am convinced that neither death, nor life, nor angels, nor rulers, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord.

Revelation 1:17-18

When I saw him, I fell at his feet as though dead. But he placed his right hand on me, saying, 'Do not be afraid; I am the first and the last, and the living one. I was dead, and see, I am alive for ever and ever; and I have the keys of Death and of Hades.

1 Corinthians 15:17-22

If Christ has not been raised, your faith is futile and you are still in your sins. Then those also who have died in Christ have perished. If for this life only we have hoped in Christ, we are of all people most to be pitied.

But in fact Christ has been raised from the dead, the first fruits of those who have died. For since death came through a human being, the resurrection of the dead has also come through a human being; for as all die in Adam, so all will be made alive in Christ.

1 Corinthians 15:35-40, 42

But someone will ask, 'How are the dead raised? With what kind of body do they come?' Fool! What you sow does not come to life unless it dies. And as for what you sow, you do not sow the body that is to be, but a bare seed, perhaps of wheat or of some other grain. But God gives it a body as he has chosen, and to each kind of seed its own body. Not all flesh is alike, but there is one flesh for human beings, another for animals, another for birds, and another for fish. There are both heavenly bodies and earthly bodies, but the glory of the heavenly is one thing, and that of the earthly is another.

So it is with the resurrection of the dead. What is sown is perishable, what is raised is imperishable.

1 Corinthians 15:53-56

For this perishable body must put on imperishability, and this mortal body must put on immortality. When this perishable body puts on imperishability, and this mortal body puts on immortality, then the saying that is written will be fulfilled:

'Death has been swallowed up in victory.'

'Where, O death, is your victory?

Where, O death, is your sting?'

Session 1: Participant's Notes

Thinking about Dying, Death and Bereavement

AIM: To explore ideas and attitudes about dying, death and bereavement

By the end of the session you will have:

- explored attitudes to death and dying
- examined a Christian understanding of death
- considered different types of bereavement

1. Welcome, prayer and introductions

- Who is in the group?

2. Exploring bereavement ministry – our hopes and fears

- Share any hopes, expectations and any anxieties about the course.
- How did it feel to be listened to and to listen to another's feelings? What can be learnt for bereavement ministry?

3. Attitudes to death and dying

- What words do we use to avoid saying 'dead' or died'?
- What attitudes do we see in society to death?
- What effect might all this have on bereaved people and those who visit them?
- What are your own feelings about death /dying?

4. A Christian understanding of death

- Ecclesiastes 3:1-2
- What do we mean when we say 'We look for the resurrection of the dead and the life of the world to come'?
- A bit of Bible study. Pick out one key aspect about death in these passages
 - Romans 8:38-39
 - Revelation 1:17-18
 - 1 Corinthians 15:17-22
 - 1 Corinthians 15:35-40, 42
 - 1 Corinthians 15:53-56

5. Exploring bereavements

- What is 'bereavement'?
- What sorts of 'bereavement' are there?
- What losses are involved in various bereavements?

6. Issues around the death of a person and bereavement

- Note any points about bereavement that are new to you.
- What 'hidden' bereavements might there be?

Reflection: Think back over the session and jot down your thoughts to the following questions.

1) What was the most important thing you want to remember from this session?

2) In what way(s) do you think this might be useful or helpful to you?

3) What did you discover about yourself? (e.g. your feelings, your attitudes, your faith?)

4) How do you think this might help you in bereavement ministry?

5) Is there anything you want to follow up or ask a question about? How and when will you do this?

Leader's Notes: Session 2

Thinking about the Bereaved Person

AIM: To understand the needs and concerns of a bereaved person

By the end of the session you will have:

- learnt about the stages of grief
- considered the physical, emotional, spiritual and religious needs of bereaved people
- discussed some scenarios to identify the different needs of bereaved people

1. Welcome, prayer, review (10 minutes)

- Check everyone remembers everyone's names!
- Open in prayer.
- Briefly review the previous session and check if anyone has any questions from their Reflections which they want to raise.
- Remind people that this course might touch people's feelings and memories and for the need for gentleness with each other, but also self-awareness. This is not an opportunity for people to tell their stories in depth!

2. Feelings and emotions (10 minutes)

- What feelings / emotions are particularly strong for people who are bereaved? List (on flipchart if preferred) the whole range. These might include: anger, sadness, loneliness, confusion, anxiety, overwhelmed, depressed, guilty. Don't worry if they don't all emerge at this stage – more can be teased out during the session and the flipchart list added to if appropriate.

3. A bit of theory: stages of grief (20 minutes)

- There are various theories suggesting different stages or phases of grief. Most people agree there are 4 or 5. They may follow each other in order, but often people move from one to the next and then back again, or appear to miss one out, so bereavement visitors need to be aware of their unpredictability. They are a helpful guide – but we need to remember we are dealing with people, not theories. **Handout B** supports some of this material on feelings which is probably best given out at the end of the section or session.
- Five key stages. Go through these so people get a feel and 'connect' with them from their own experience. Draw out any other key feelings / emotions people might have at the various stages, and add to the flipchart if you wish.
 - Shock – feeling numb, can't think straight, confused
 - Denial – unable to accept the situation, can pretend that person is still there (e.g. will keep laying table for two)
 - Anger – wanting to lash out, including those trying to help, blame others (e.g. doctors, hospital or God); touchy, refuse help, "no-one understands me"
 - Depression – sense of hopelessness, giving up, exhaustion, can't make it 'better'
 - Resolution – acceptance, prepared to try new things, make new friends
- A similar list was suggested by Swiss psychiatrist, Elisabeth Kübler-Ross (1970), who is well-known for her work on stages of grief when someone is facing their own death – coping with their own bereavement as they lose their own life. This course is not looking at the process of dying, but bereavement visitors might nevertheless find this useful. They might want further training for looking at the dying process – see Resources page.

- Denial and isolation – ‘this can’t be happening to me’
- Anger – ‘why me?’
- Bargaining – ‘God, if you make me better, I’ll do whatever you want’
- Despair – ‘I can’t go on anymore.’
- Acceptance

4. A closer look at physical needs (10 minutes)

- Discuss the physical needs of a bereaved person. This might include: lack of sleep, restlessness, poor eating / loss of appetite / not bothering to cook, lack of concentration, poor memory / forgetfulness, tiredness / listlessness / lack of energy, hollowness in the stomach, tightness of chest, dry mouth, oversensitivity to noise – ‘jumpy’, breathlessness, on ‘automatic pilot’ – just ‘going through the motions’.

5. A closer look at spiritual and religious needs (20 minutes)

- Spiritual needs. Use **Handout C** to go through some of the indicators of spiritual need. As bereavement visitors we need to be aware of the deeper pain – spiritual needs affect the core of our being (the spirit or soul) and need gentle and sensitive handling, which we think more about in the next session.
- Religious needs. Use **Handout D** to help people to understand the difference between spiritual and religious needs (spiritual applies to all human beings, not everyone has religious needs). There is always overlap, and many spiritual needs are also emotional needs. Some people will want to express their spiritual pain and will be helped through it by using religious practices such as prayer or reading the Bible. Others will use other means – meditation, writing letters / poems etc. Many will use a mixture of means. The bereavement visitor will again need to be sensitive to the person’s preferences.

5. Recognising the needs: Some scenarios (30 minutes)

- Use the Scenarios 1 in **Handout E** (leaders’ version) and **Handout F** (participants’ version) to focus on the needs of bereaved people. Invite the group to look at the scenarios in pairs (ensure all the scenarios are covered by the group – perhaps one or two per pair). Encourage them to discuss what they think are the key issues – emotional, physical, spiritual.
- Then discuss the six scenarios together, hearing first from those who had looked at them. You may want to go further and ask how they would engage with the bereaved person as a visitor, although the next session looks at this in more detail.
- You could also give out **Handout G** on indicators of grief going wrong.

6. Ending the session (5 minutes)

- Check everyone knows about doing the Reflection after the session
- Close with a brief prayer or the grace.

Session 2: Handout B

Feelings Experienced by Bereaved People

Shock

'I can't believe it'; 'I feel nothing.' 'Why did it have to happen?'

It may take you a long time to grasp what has happened. The shock can make you numb, you may feel you're in a different world. Some people carry on as if nothing has happened. It is hard to believe that someone important is not coming back. Many feel disorientated and almost as if they have lost their place in life.

Pain

'I feel such pain.'

Physical and mental pain can feel completely overwhelming and very frightening. The pain of bereavement has been compared to that of losing a limb. It doesn't come back, you will always miss it, but you also learn to adapt to living without it.

Anger

Sometimes bereaved people can feel angry. This anger is a completely normal part of the grieving process. Death can seem cruel and unfair, especially when you feel someone has died before their time or when you had plans for the future together

Guilt

'If only...'

You may feel guilty about things you said or did, or that you didn't say or do. It is important to remember, at the time, that you did not have the power of hindsight you possess now.

Depression

'I feel so depressed, life has no meaning, I can't go on.'

Many people say there are times after a death when they feel there is nothing worth living for and they feel like ending it all.

Longing

'I hear and see her, what is wrong with me?' 'I go over it again and again.'

Thinking you are hearing or seeing someone who has died is a common experience and can happen when you least expect it, and you may find that you can't stop thinking about the events leading up to the death.

Other people's reactions

'I think to understand it you really need to have been through it.'

One of the hardest things to face when we are bereaved is the way other people react to us. They often do not know what to say or how to respond to our loss. This is hard for us because we may well want to talk about the person who has died. It can become especially hard as time goes on and other people's memories of the dead person fade.

This material is taken from the Cruse Bereavement Care website – www.crusebereavementcare.org

Session 2: Handout C

Some Possible Indicators of Spiritual Need, Pain or Dis-ease

- Sense of hopelessness, meaninglessness, powerlessness
 - e.g. cynicism about treatment and people offering care
 - 'I'd be better off dead than living like this'
 - Suicidal, apathetic, withdrawn (face turned to the wall)
- Intense suffering
 - e.g. challenges the care being given
 - 'If this is the best you can do, I'd rather be dead', 'I can't endure this anymore', 'What is the point of going on like this?'
 - Loneliness, isolation, vulnerability
- Remoteness of God, inability to trust
 - E.g. break with religious and cultural ties
 - 'I don't believe in God anymore', 'I can't ask him for help', 'How can I trust people if even God has let me down?'
- Anger towards God, religion, clergy
 - 'Why me?', 'What have I done to deserve this?'
- Undue stoicism and desire to 'show' others how to do it
 - 'I must not let God, my church, my family down'
- Sense of shame or guilt
 - E.g. illness = punishment, bitter and unforgiving of self / others
 - 'I don't deserve to get better'
- Unresolved feelings about death
 - E.g. fear of sleep, darkness
 - 'What is beyond death?', 'Letting go into what?'
- Unable to 'achieve' faith
 - Want to believe but 'can't'
 - Clinging to anyone who has faith
- Unfinished business
- Fear
 - E.g. of change, of the unknown, of being alone
 - 'How will I die?'

Session 2: Handout D

Spiritual and Religious Needs

Spiritual Needs

Acceptance

Unselfish love

Giving and receiving

Forgiveness

Self knowledge

Growth

Assurance of love

Assurance of peace

Faith

Purpose

Peace of mind

Space to explore

Self worth

Open mindedness

Meaning of life

Someone to explore and share with

Hope

Ability to be vulnerable

Honesty

Truth

Companionship

Religious Needs

Sacramental

Expressing deep feelings

Reconciliation

Formal forgiveness

Need to worship

Prayer

God's presence

Reading Holy Book

Having symbols

Collective worship

Fellow believers

Session 2: Handout E – Leaders’ version with answers

The Context of Bereavement: Scenarios 1

(Material is drawn and adapted from Ainsworth-Smith and Speck, *Letting Go: Caring for the Dying and Bereaved*, SPCK, 1982)

1. Graham, a young man paralysed after a road accident, was in hospital and a rehabilitation centre for ten months and his wife had visited him faithfully during that time. It was only on the day that he was discharged that she said very quietly as if she was not sure whether she could be heard or not, ‘And will someone tell me what sort of a man they are giving me back’. (p42)

A situation of fear for the future – in many ways, Graham has ‘died’ – and his wife is mourning the loss of their life together. Her friends and family might think she ‘should’ be rejoicing at his homecoming.

2. Janet, a four-year old, whose brother had died suddenly aged 18 months, said quite simply, ‘John is dead and we’ve buried him in the ground, but next spring we’re going to find him.’ (p52)

Janet has made up a story which fits her age – she’s seen bulbs buried and come up in the spring, so that is what will happen to her brother. Young children take things very literally. For example, ‘Daddy’s gone to sleep’ instead of ‘Daddy’s died’ could lead to the child fearing sleep.

3. It’s very odd, said Dawn to her friend. One minute I’m a wife – and a couple – the next I’m a ‘single’ – like people who’ve never been married, like people who are divorced - and people call me a ‘widow’. I don’t like it. People treat me differently. They avoid me. I don’t fit anymore.’ (p85)

This raises issues for the bereaved person in society. Their status has changed and adjusting to that takes time. It also takes time for others. There is also the issue that many bereaved people face – of being avoided because people don’t know what to say or how to engage with them.

4. Ted was a long-time church-goer. He’d known his wife was dying, so when it happened, he wasn’t surprised. Life had to go on. So whenever he was in church, he was always cheery. He told the vicar he knew his wife was now at peace with God. People commented on it – on his faith, the trust he had in Jesus. It was the same round the village – he was always smiling. It wasn’t right to grieve, he told himself. That would be lack of faith in God. (p96)

This is a real issue for some Christians who feel guilty if they are not always ‘happy’ – it feels as if they are failing God and betraying their faith. They need to be given permission to grieve and to be angry as part of their faith and to bring that to God. Honesty and integrity in a relationship with God are just as much part of Christian faith as rejoicing in God’s love.

5. Gill’s husband had been killed in a car crash, leaving her with two young children. For their sakes she kept going, and buried her grief. Ten months after his death, she broke a glass which had been given to them as a wedding present. She suddenly started to smash all the other glasses and screaming with rage at the husband who had ‘left her’. (p106/7)

This is a good example of delayed grief. Grief that is ‘bottled up’ for whatever reason often then explodes when a relatively minor event triggers it which ‘hooks’ the death – as in the case of the broken glass. Such delayed grief can be very frightening and may need medical assistance.

6. Steve was struggling with sleep. His long-term partner had died of cancer and he couldn't stop thinking about his death. In the evenings, especially now it was winter, time dragged. They'd always shared a drink together – a whisky usually. For Steve that was now a comfort, a way of remembering the good times. And another one would just help him to get to sleep. And did it matter if it blotted out the pain? He didn't think so – he'd stop when it got better. (p108)

This highlights the danger of addiction – drugs, alcohol or gambling or excessive activity / workaholism to 'blot out' the pain. A sedative/pills to help sleep initially may be helpful, but not if it becomes a means of failing to grieve.

Session 2: Handout F – Participants’ version

The Context of Bereavement: Scenarios 1

(Material is drawn and adapted from Ainsworth-Smith and Speck, *Letting Go: Caring for the Dying and Bereaved*, SPCK, 1982)

1. Graham, a young man paralysed after a road accident, was in hospital and a rehabilitation centre for ten months and his wife had visited him faithfully during that time. It was only on the day that he was discharged that she said very quietly as if she was not sure whether she could be heard or not, ‘And will someone tell me what sort of a man they are giving me back’. (p42)
2. Janet, a four-year old, whose brother had died suddenly aged 18 months, said quite simply, ‘John is dead and we’ve buried him in the ground, but next spring we’re going to find him.’ (p52)
3. It’s very odd, said Dawn to her friend. One minute I’m a wife – and a couple – the next I’m a ‘single’ – like people who’ve never been married, like people who are divorced - and people call me a ‘widow’. I don’t like it. People treat me differently. They avoid me. I don’t fit anymore.’ (p85)
4. Ted was a long-time church-goer. He’d known his wife was dying, so when it happened, he wasn’t surprised. Life had to go on. So whenever he was in church, he was always cheery. He told the vicar he knew his wife was now at peace with God. People commented on it – on his faith, the trust he had in Jesus. It was the same round the village – he was always smiling. It wasn’t right to grieve, he told himself. That would be lack of faith in God. (p96)
5. Gill’s husband had been killed in a car crash, leaving her with two young children. For their sakes she kept going, and buried her grief. Ten months after his death, she broke a glass which had been given to them as a wedding present. She suddenly started to smash all the other glasses and screaming with rage at the husband who had ‘left her’. (p106/7)
6. Steve was struggling with sleep. His long-term partner had died of cancer and he couldn’t stop thinking about his death. In the evenings, especially now it was winter, time dragged. They’d always shared a drink together – a whiskey usually. For Steve that was now a comfort, a way of remembering the good times. And another one would just help him to get to sleep. And did it matter if it blotted out the pain? He didn’t think so – he’d stop when it got better. (p108)

Session 2: Handout G

Indicators of Grief Going Wrong

(From Ainsworth-Smith and Speck, *Letting Go: Caring for the Dying and Bereaved*, SPCK, 1982)

1. Excessive activity with no sense of loss.
2. Development of symptoms similar to those of the deceased, often with related psychosomatic illness.
3. Alteration in relationships with friends and relatives. All social contacts may be shunned and the person become a recluse, or may need supervision because of giving away large sums of money.
4. Furious hostility against people associated with the death event, leading to letters of complaint and wishing to sue the hospital.
5. Behaviours resembling a schizophrenic pattern with lack of emotional expression, living in a daze, and acting in a 'wooden manner'.
6. Severe depression, with insomnia, guilt and bitter self-reproaches. Because the bereaved may feel the need to punish themselves for what has happened there is always an increased risk of suicide. 'I just want to die and be with him'.

Participant's Notes: Session 2

Thinking about the Bereaved Person

AIM: To understand the needs and concerns of a bereaved person

By the end of the session you will have:

- learnt about the stages of grief
- considered the physical, emotional, spiritual and religious needs of bereaved people
- discussed some scenarios to identify the different needs of bereaved people

1. Welcome, prayer, review

- Any questions from the last session?

2. Feelings and emotions

- What feelings are particularly strong for people who are bereaved?

3. A bit of theory: stages of grief

- Five key stages of grief
 - Shock
 - Denial
 - Anger
 - Depression
 - Resolution
- Stages of grief as someone faces death suggested by Swiss psychiatrist, Elisabeth Kübler-Ross (1970)
 - Denial and isolation
 - Anger
 - Bargaining
 - Despair
 - Acceptance

4. A closer look at physical needs

- Note some of the physical needs of a bereaved person.

5. A closer look at spiritual and religious needs

- Spiritual needs

- Religious needs: what is the difference between spiritual and religious needs?

6. Recognising the needs: Some scenarios

- Look at the scenarios and discuss what you think are the key issues in each – emotional, physical, spiritual.

Reflection: Think back over the session and jot down your thoughts to the following questions.

1) What was the most important thing you want to remember from this session?

2) In what way(s) do you think this might be useful or helpful to you?

3) What did you discover about yourself? (e.g. your feelings, your attitudes, your faith?)

4) How do you think this might help you in bereavement ministry?

5) Is there anything you want to follow up or ask a question about? How and when will you do this?

Leader's Notes: Session 3

Thinking about the Bereavement Visitor

AIM: To explore how the bereavement visitor can best offer support for bereaved people

By the end of this session you will have:

- discussed the qualities and skills needed by a bereavement visitor
- considered the bereavement visitors in John 11
- discussed the importance of attentive listening, the use of silence, prayer and talking about God
- considered ways of responding to bereaved people
- discussed issues of safe practice

1. Welcome, prayer, brief review of previous session and introduction to this session (5 minutes)

2. The qualities and skills of bereavement visitors: The story of Lazarus (25 minutes)

- This Bible study is based on comments in Helen Thorp's *'Establishing a Bereavement Ministry Team'* – see Resources section.
- Invite the group in pairs to read the passage in **Handout H** (John 11:17-19, 30-45) and to note how the bereavement visitors behaved (they can underline or highlight particular verses), and what qualities or skills they demonstrated.
- Discuss together. Discussion might include: They came to console (v19, 31), follow Mary (v31), weep with Mary (v33), take Jesus to tomb (v34), comment of Jesus' love for Lazarus (v36), some question Jesus' actions (v37), respond to Jesus and are practical (v41, 44), have faith in Jesus (v45).
- Qualities and skills demonstrated include: They are available, they accompany, they facilitate the work of Jesus (though they may not have been aware of it at the time). They sometimes maintain their distance – respect privacy. They don't mind just 'being there' – staying with someone in their loss. They say very little. They respect Mary and Martha's different reactions to bereavement. They listen, they question. Yes – maybe they shouldn't have questioned Jesus (v37) in the presence of the sisters, but we all make mistakes!
- Other qualities needed not mentioned might include: patience, sensitivity, compassion, gentleness, wisdom, being comfortable about talking about death and dying. Skills might include: ability to listen attentively, to empathise.

4. To speak or not to speak? (20 minutes)

- This is an opportunity to *remind* people of some of the basic listening skills they will need and to consider what is helpful (and not helpful) in conversation. (This is not a listening skills session – see Pastoral Ministry module if this is needed).
- Listening skills. Ask the group what they think are key aspects of listening: open questions, reflecting back / echoing what someone has said to encourage person to elaborate, not interrupting, posture – eye contact, affirming nods etc.
- Silence. Bereaved people are often silent. How comfortable are people with silence? How can they deal with it? (e.g. Pray quietly, then after a few minutes ask if the person wants to talk or to be left i.e. check out what the person is feeling / wanting).
- Talking about God / praying. Discuss how comfortable people feel about praying with people or talking about God. (Again, this is dealt with in more detail in the Pastoral Ministry module in session 3). Look at prayers in **Handout I**. Discuss if / how they might use them. They might want to add to them later.

5. Bereavement scenarios 2 (35 minutes)

- These are on a **Handout J** (leaders' version) and **Handout K** (participants' version). Give the group time to read and discuss the scenarios in pairs / smaller groups - perhaps each pair taking one or two - then come back together to discuss. The focus is on the bereavement visitor - what issues do the scenarios raise for them? How would they respond to the bereaved person?
- **Handout L** outlines some do's and don'ts which you could use to draw this together.

6. Safe practice (10 minutes)

- There are guidelines for good, safe practice in pastoral ministry in **Handout M** (Discussed in more detail in the Pastoral Ministry module, session 5). Remind people of some key aspects:
 - Their own boundaries – not to get emotionally 'sucked in'
 - Their own sources of support. To whom will they turn if they are unsure what to do or something concerns them?
 - Confidentiality and data protection: note-taking and record keeping

7. Looking back – and moving on: drawing the course to a close

(10 minutes)

- Think back with the group over the 3 sessions and depending on the nature of the group / team, consider the following questions as appropriate.
 - How has the course helped them?
 - Are there particular questions or anxieties they have?
 - Is there any further training they would like?
 - How will they support each other?
- Remind them of the Reflection
- Spend a few moments in prayer (may be silent or open – whatever the group is comfortable with)
- Close with prayer or the grace.

Session 3: Handout H

Bible Text

John 11:17-19

17 When Jesus arrived, he found that Lazarus had already been in the tomb for four days.¹⁸ Now Bethany was near Jerusalem, some two miles away,¹⁹ and many of the Jews had come to Martha and Mary to console them about their brother.

John 11:30-45

³⁰ Now Jesus had not yet come to the village, but was still at the place where Martha had met him.³¹ The Jews who were with her in the house, consoling her, saw Mary get up quickly and go out. They followed her because they thought that she was going to the tomb to weep there.³² When Mary came where Jesus was and saw him, she knelt at his feet and said to him, 'Lord, if you had been here, my brother would not have died.'³³ When Jesus saw her weeping, and the Jews who came with her also weeping, he was greatly disturbed in spirit and deeply moved.³⁴ He said, 'Where have you laid him?' They said to him, 'Lord, come and see.'³⁵ Jesus began to weep.³⁶ So the Jews said, 'See how he loved him!'³⁷ But some of them said, 'Could not he who opened the eyes of the blind man have kept this man from dying?'

38 Then Jesus, again greatly disturbed, came to the tomb. It was a cave, and a stone was lying against it.³⁹ Jesus said, 'Take away the stone.' Martha, the sister of the dead man, said to him, 'Lord, already there is a stench because he has been dead for four days.'⁴⁰ Jesus said to her, 'Did I not tell you that if you believed, you would see the glory of God?'⁴¹ So they took away the stone. And Jesus looked upwards and said, 'Father, I thank you for having heard me.⁴² I knew that you always hear me, but I have said this for the sake of the crowd standing here, so that they may believe that you sent me.'⁴³ When he had said this, he cried with a loud voice, 'Lazarus, come out!'⁴⁴ The dead man came out, his hands and feet bound with strips of cloth, and his face wrapped in a cloth. Jesus said to them, 'Unbind him, and let him go.'

45 Many of the Jews therefore, who had come with Mary and had seen what Jesus did, believed in him.

Session 3: Handout I

Prayers you may find helpful

Praying with people can be difficult in times of grief. It sometimes helps to say one or two simple set prayers rather than trying to use free, extempore prayers. Some of the prayers below can be adapted according to the needs of the person. Some suggestions are illustrated. If someone has agreed that you can pray with them, it is always good to try to express their feelings e.g. if they have been saying how lonely or sad they feel, bring that to God. Remember, too, that a short time of silence is often helpful and can be introduced simply, e.g.:

Let's be still for a minute or two as we thank God for ...

Let's be quiet for a few moments as we bring to God our sadness

In a few moments of quiet, let's ask God for his comfort and healing

Before a visit

God of love, as we meet today,
Grant me grace and wisdom in all I say and do
And use me as a channel of your healing love.
Bless *(name)* and grant *him / her* your comfort and peace.
Through Jesus Christ,
Amen.

During a visit

O God, who brought us to birth,
And in whose arms we die,
In our grief and *shock**
Contain and comfort *us / (name)*:
Embrace *us / him / her* with your love,
Give *us / him / her* hope in *our / his / her confusion***
And grace to let go into new life,
Through Jesus Christ,
Amen.

**Other words can be substituted – e.g. 'In our grief and sadness/pain/loneliness*

***Other words can be substituted – e.g. 'Give us peace in our anxiety' or 'Give us strength in our weakness'*

God of compassion,
You know our hearts and share our sorrows.
We are hurt by our parting from X, whom we loved.
We feel *broken and bewildered.**
Give us confidence that *he / she* is safe
And *his / her* life is complete with you.
And bring us at the last to the wholeness and fullness of your presence in heaven,
Where your saints and angels enjoy you for ever and ever.
Amen.

** Other words can be substituted – e.g. angry and sad*

God of all grace and comfort,

We thank you for X
And for the place *he /she* holds in *(name)*'s heart.
Draw near to *(name)* in *his / her* sadness
And in *his / her* grief help *him / her* to know you standing alongside.
We pray for other members of X's family *(names)* and ask you to comfort them.
Give them all the assurance that, though X has passed from our sight, *he /she* has not passed from your care,
We make our prayer in Jesus' name.
Amen.

After the death of a child / baby

O God, whose ways are hidden from our sight, help us to believe that you make nothing in vain, and that you love all that you have made.
Comfort with your love *(name)* whose heart is broken by the loss of X.
May *he / she / they* know that *his / her/ their child / baby* is safe in your keeping
And in your mercy bring *him / her/ them* through this time of grief and pain.
Through Jesus Christ our Lord,
Amen.

A simple form of blessing

May the God of love and the peace of our Lord Jesus Christ bless and console you
And all who have known and loved X,
This day and for evermore.
Amen.

After a visit

God of compassion and mercy,
Grant your comfort and peace to *(name)* in *his / her* grief,
And grant me grace to leave *him / her* in your hands.
In the name of Jesus,
Amen.

Prayers taken and adapted from Common Worship Pastoral Services and New Parish Prayers by Frank Colquhoun.

Session 3: Handout J – Leaders’ version with answers

The Context of Bereavement: Scenarios 2

(Material is drawn and adapted from Ainsworth-Smith and Speck, *Letting Go: Caring for the Dying and Bereaved*, SPCK, 1982)

1. A woman in her late fifties, whose husband died suddenly, was visited by a friend who kept mentioning how much she must have lost and how much she would miss her ‘dear husband’. The newly widowed woman became much distressed and later confided, to the minister, that the marriage had been a difficult one and that, although she missed her husband terribly in many ways, she wondered whether God would ever forgive her, for her immediate feelings on hearing of his death were ones of relief. (p38)

Issues of torn emotions, of giving permission to have ‘negative’ feelings, of guilt and reassurance of God’s love and forgiveness. For the bereavement visitor, there is the need to allow people to say how they feel rather than telling them what they must be feeling. Allowing people to acknowledge the good and bad honestly enables a wholeness in remembering which is otherwise distorted.

2. Ian’s family knew amongst themselves that Ian hadn’t always been an easy person to live with – as husband and father. He’d often been moody and would spend a lot of time alone working in the shed. As they prepared for his funeral, they felt they couldn’t tell the vicar the ‘bad’ things. So they spoke only well of him – his generosity, his kindness to animals, his love for nature. After the funeral, one of the sons said: ‘But that wasn’t Dad that we buried. The description wasn’t true.’ (p50)

The need for acknowledging the whole person, rather than being bound by ‘you shouldn’t speak ill of the dead’. It is important to have something good to remember the deceased person, but grieving also involves putting together a set of memories of the person which bears some resemblance to the way that person was in life.

3. A mother of two young children whose husband had died on the way to work refused to discuss the father’s death with the children and told them simply that he had ‘gone away’. The children subsequently in their play with other children in their neighbourhood mentioned that their Mummy had cut their Daddy up and put him in little pieces in the ground. People were shocked. (p52)

Children will make up stories if there is no other explanation. Parents and grandparents need to be aware of this. The children are not ‘lying’, but simply need to find a way of understanding what has happened in a way that satisfies them.

4. Emma was hurt. She’d been visiting her friend Carol after Carol’s husband’s death. In the early days, once Carol’s family had gone, Carol had talked a lot about her worries over money – would she have enough, how should she deal with the bank? Carol had talked about the conflicts in the family over what to do with her husband’s collection of model cars and his golf clubs. But now Carol had withdrawn. It was as if she was shutting Emma out. And Emma didn’t know what she’d done wrong. (p94)

People can be very open in the early days, needing to talk to anyone who will listen about things which are normally kept within close family circles. As time goes on and the shock and confusion of the early days are resolved, the person ceases to need to do this – and may even feel embarrassed that they had said things which were really family matters. They may swing to the other extreme, leaving the visitor feeling ‘shut out’.

5. Mrs K's husband died after a long illness. Her relatives, who were also having to cope with their loss, tried to encourage her to plan for the future, but even two hours ahead was too much for Mrs K. to imagine. Mrs K wanted to look back – to 'take out the events of our shared life and then to put them back on the shelf'. Her relatives thought she needed to move on and not wallow in the past. (p58/9)

People cannot and should not be rushed into making decisions about the future. Looking back is not bad, but is a necessary part of the grieving process, of letting go. Once this work has been done and the past has been rehearsed, then the bereaved person can begin to look ahead.

6. Gerald's wife had died some weeks before, but he constantly spoke of his sense of her presence. He found it a bit disturbing, confusing even, but also comforting: 'I saw her sitting in the chair,' 'I heard her coughing,' he would say to his family when they visited. His family was anxious: Was he going mad, and was it right anyway to be in touch with the dead? Wasn't that spiritualism – contacting the dead? (p80)

It is normal for the bereaved person to have a sense of presence – to see or hear – the deceased person in the house or near them at times, even if it is a bit disturbing for them and any visitors. This is quite different from deliberately setting out to contact the dead, which is an attempt to hold on instead of letting them go. Jesus said to Mary in the garden 'Do not cling to me...'

Session 3: Handout K – Participants’ version

The Context of Bereavement: Scenarios 2

(Material is drawn and adapted from Ainsworth-Smith and Speck, *Letting Go: Caring for the Dying and Bereaved*, SPCK, 1982)

1. A woman in her late fifties, whose husband died suddenly, was visited by a friend who kept mentioning how much she must have lost and how much she would miss her ‘dear husband’. The newly widowed woman became much distressed and later confided, to the minister, that the marriage had been a difficult one and that, although she missed her husband terribly in many ways, she wondered whether God would ever forgive her, for her immediate feelings on hearing of his death were ones of relief. (p38)
2. Ian’s family knew amongst themselves that Ian hadn’t always been an easy person to live with – as husband and father. He’d often been moody and would spend a lot of time alone working in the shed. As they prepared for his funeral, they felt they couldn’t tell the vicar the ‘bad’ things. So they spoke only well of him – his generosity, his kindness to animals, his love for nature. After the funeral, one of the sons said: ‘But that wasn’t Dad that we buried. The description wasn’t true.’ (p50)
3. A mother of two young children whose husband had died on the way to work refused to discuss the father’s death with the children and told them simply that he had ‘gone away’. The children subsequently in their play with other children in their neighbourhood mentioned that their Mummy had cut their Daddy up and put him in little pieces in the ground. People were shocked. (p52)
4. Emma was hurt. She’d been visiting her friend Carol after Carol’s husband’s death. In the early days, once Carol’s family had gone, Carol had talked a lot about her worries over money – would she have enough, how should she deal with the bank? Carol had talked about the conflicts in the family over what to do with her husband’s collection of model cars and his golf clubs. But now Carol had withdrawn. It was as if she was shutting Emma out. And Emma didn’t know what she’d done wrong. (p94)
5. Mrs K’s husband died after a long illness. Her relatives, who were also having to cope with their loss, tried to encourage her to plan for the future, but even two hours ahead was too much for Mrs K. to imagine. Mrs K wanted to look back – to ‘take out the events of our shared life and then to put them back on the shelf’. Her relatives thought she needed to move on and not wallow in the past. (p58/9)
6. Gerald’s wife had died some weeks before, but he constantly spoke of his sense of her presence. He found it a bit disturbing, confusing even, but also comforting: ‘I saw her sitting in the chair,’ ‘I heard her coughing,’ he would say to his family when they visited. His family was anxious: Was he going mad, and was it right anyway to be in touch with the dead? Wasn’t that spiritualism – contacting the dead? (p80)

Session 3: Handout L

What can you say or do to help someone who is suffering bereavement?

People who have been bereaved may want to talk about the person who has died. One of the most helpful things you can do is simply listen, and give them time and space to grieve. Offering specific practical help, not vague general offers, can also be very helpful.

Do:

- Be there for the person who is grieving; pick up the phone, write a letter or an email, call by or arrange to visit
- Accept that everyone grieves in their own way, there is no 'normal' way
- Encourage the person to talk
- Listen to the person
- Create an environment in which the bereaved person can be themselves and show their feelings, rather than having to put on a front
- Be aware that grief can take a long time
- Contact the person at difficult times such as special anniversaries and birthdays for example
- Offer useful practical help.

Don't:

- Avoid someone who has been bereaved
- Use clichés such as 'I understand how you feel'; 'You'll get over it; 'Time heals'
- Tell them it's time to move on, they should be over it; how long a person needs to grieve is entirely individual.

It is the human touch, the listening ear, that can be important for bereaved people.

Helping people look to the future

Life will never be the same again after a bereavement, but the grief and pain should lessen and there will come a time when the bereaved person is able to adapt and adjust, and cope with life without the person who has died.

Many people worry that they will forget the person who has died; how they looked, their voice, the good times they had together. There are many ways they can keep their memory alive. These are just a few ideas which could be suggested to the bereaved person:

- talk about them and your special memories
- write down your memories
- keep an album of photos
- keep a collection of some of their special possessions
- do something that commemorates them, such as planting a tree, paying for a park bench or making a donation to a charity

This material is taken and slightly adapted from the Cruse Bereavement Care website –

www.crusebereavementcare.org

Session 3: Handout M

Pastoral Visiting: Guidelines for Good Practice

Introduction: The Pastoral role of the Church

Pastoral care has always been part of the Church's ministry. Jesus is the Good Shepherd, and Christians are called to love and serve one another: to heal the sick, comfort the broken-hearted, care for the orphan, the widow and the stranger. Matthew 25:31-46 similarly expresses our vocation to care.

Individual Christians carry out this ministry as part of their everyday lives. Being a 'good neighbour', a friend to those we know or who live in the locality and popping round for a chat or doing a bit of shopping for a housebound person is part of Christian discipleship.

However, alongside this many churches also express their pastoral care more formally, e.g. through pastoral or bereavement visiting teams or by having pastoral visitors or church pastoral volunteers or people authorised to take Home Communions. Such people exercise their ministry on behalf of and clearly representing the local church, and will usually have had their calling to a particular ministry discerned or recognised by the local church in some way. It is particularly for such teams and volunteers that these guidelines are drawn up.

The Guidelines

Purpose

The guidelines are advisory, and offer suggestions for best practice in pastoral visiting. Individual churches will, however, probably want to decide in the light of their local situation how they will be implemented. The intention is to provide guidelines which are a framework for safe practice, protecting both the visitor and the person visited from potential exploitation, providing a clear structure which supports the visitors, and ensuring that pastoral ministry exercised in the name of the Church respects the dignity and integrity of all concerned and is honouring to God.

Churches are therefore urged to ensure that those involved in pastoral visiting are aware of them and are clear about how they will be implemented in their local context. Good practice encourages parishes to discuss each guideline and to create a local policy which is agreed by those involved and the PCC.

1. Safer Recruitment including a DBS – Disclosure and Barring Service

All of those who are officers of the church (which is anyone who a member of the public may regard as representing the church in some capacity) should be recruited using 'Safer Recruitment' – including volunteers. This means obtaining references, asking for a self-disclosure and, where appropriate, applying for a DBS check.

If you have any queries regarding eligibility please contact our diocesan DBS umbrella body: ThirtyOne: Eight. Part of the service offered to the diocese is help with DBS enquiries if they are made from a Lead Recruiter or Recruiter and they can be contacted at: disclosure@thirtyoneeight.org | Tel: 0303 003 11 11

Our Thirtyone:eight contact for the Diocese is Matthew Coady

2. Accountability

There needs to be a clear referral system in place which ensures that individuals do not act entirely independently, but are accountable to someone. This may be the parish priest, the Team leader or someone appointed by the PCC. This person should be aware of all visits made, and ensure that all those needing a visit receive an appropriate visitor.

3. Record Keeping

Visits should be recorded. Details such as date, time, names of visitor and the person visited, and the reason for the visit should be noted. Other details, such as who else was there should also be included. A brief note of the outcome of the visit should be made (e.g. Mr X was cheerful. No concerns.) If there were concerns, these should be noted, along with what further action was taken. (e.g. Mrs Y's heating system not working. Phoned her son with her agreement.)

Parishes need to be mindful of the requirements of the Data Protection Act when it comes to record keeping. This includes e.g. ensuring that records are kept locked in a safe place, that any records kept on computer are not accessible to other computer users, and being aware that people have a right under the Act to access personal information.

For more serious concerns (e.g. if the visitor suspects the person may be a victim of financial abuse), the Diocesan Safeguarding Adviser should be contacted.

4. Risk assessment

Visits should ideally be made in pairs. Although this will not always be possible or necessary, it is important that each visit is 'risk assessed'. This need not be complicated or take much time: it largely relies on common sense. In most cases there is no or a very low risk of anything untoward happening, but clearly if there is a history e.g. of violence, mental illness or alcohol abuse, visiting in pairs is wise. When actually visiting in such circumstances, other precautions may also be sensible e.g. being aware of exits and ensuring that the visitor places themselves in such a way that their exit is not blocked by the person they are visiting should the need to leave quickly arise. Visiting in pairs can also be helpful if there is a risk of false allegations being made, such as theft from the person or verbal, physical or even sexual abuse.

It may also be wise for the visitor to let someone know that they are visiting someone, so that if the visitor does not return, someone can raise the alarm.

5. Confidentiality

In most cases, visitors have a duty to maintain confidentiality: the conversations between the visitor and the person visited should not normally be disclosed. However, it may be that a pastoral team agrees that it will share significant details with each other (i.e. items which are relevant for further pastoral care, not simply information about a person's life or history). It may also be relevant to share information with the vicar. If this is the case, it will be important that the person visited is aware of this. There may be times when a visitor will need explicitly to ask 'Do you mind if I tell X what you've just said?' The person's response will then need to be respected.

However, in certain circumstances there is a legal obligation to inform the police or social services, in particular where child abuse is suspected. If such an instance arises, the Diocesan Safeguarding Adviser should be contacted.

6. Training

It is strongly advised that everyone offering a pastoral ministry on behalf of the church should undertake a basic training course in pastoral care before taking up their role. It is good practice to ensure that on-going

training is also encouraged. This might be in response to specific identified needs (e.g. a focus on caring for people with dementia, or understanding hearing loss, or learning about local CAB services.) Training on safeguarding issues is also not optional but a requirement.

Additional training will be required for those authorised by the bishop to take Home Communion to people.

7. Support

Team members and pastoral volunteers should know to whom they can turn for advice if they have concerns about a person visited. It is important that, with the person's permission, they contact or refer people to the appropriate statutory agency or a person's relative (e.g. if they discover someone facing serious financial hardship). It is vital that visitors do not go beyond the limits of their role and take on inappropriate responsibilities.

Visitors also need to know to whom they can turn if the visit has been difficult for them personally (e.g. a visit to a bereaved person has raised personal feelings of loss related to a bereavement the visitor has suffered.) People should be encouraged not to try to cope on their own in such circumstances.

8. PCC involvement

The PCC needs to be advised of the names of team members or pastoral volunteers acting on behalf of the church. This should be recorded in the minutes.

9. Insurance

Accidents do occasionally happen, so it is worth clarifying with the church's insurance company what cover is provided. The usual position is that if a visitor has an accident (e.g. trips up a torn carpet or uneven step), the parish could not be held responsible – the claim would be against the homeowner who may or may not have cover, and the individual may or may not feel they could pursue a claim. The parish's Parishguard policy should include personal accident cover in the event of a no fault claim but this could not be called upon if there was negligence on the part of someone such as the homeowner.

10. Resource

The following is a useful publication which parishes might like to purchase (£5.99) relating specifically to vulnerable adults: *Promoting a safe church: Policy for safeguarding adults in the Church of England, 2009.*

Participant's Notes: Session 3

Thinking about the Bereavement Visitor

AIM: To explore how the bereavement visitor can best offer support for bereaved people

By the end of this session you will have:

- Discussed the qualities and skills needed by a bereavement visitor
- Considered the bereavement visitors in John 11
- Discussed the importance of attentive listening, the use of silence, prayer and talking about God
- Considered ways of responding to bereaved people
- Discussed issues of safe practice

1. Welcome, prayer, review

2. The qualities and skills of bereavement visitors: The story of Lazarus

(This Bible study is based on comments in Helen Thorp's *'Establishing a Bereavement Ministry Team'* – see Resources section.)

- Read John 11:17-19, 30-45 and note
 - a) what the bereavement visitors did.

 - b) What qualities and skills the bereavement visitors demonstrated.

- What other qualities and skills do you think are important for bereavement visitors?

4. To speak or not to speak?

- What key listening skills are useful in bereavement ministry?

- Note any comments about silence

- How do you feel about praying with people or talking about God?

5. Bereavement scenarios 2

- Read the scenarios. If you were the bereavement visitor, what might be key issues you would need to consider? What might you say or do to support the bereaved person?

6. Safe practice

- Jot down any notes that you want to remember especially about
 - boundaries
 - your own sources of support
 - confidentiality and data protection

7. Looking back – and moving on

- Think about the following
 - How has the course helped you?
 - Are there particular questions or anxieties you have?
 - Is there any further training you would like?
 - How will you support each other?

Reflection: Think back over the session and jot down your thoughts to the following questions.

- 1) What was the most important thing you want to remember from this session?

2) In what way(s) do you think this might be useful or helpful to you?

3) What did you discover about yourself? (e.g. your feelings, your attitudes, your faith?)

4) How do you think this might help you in bereavement ministry?

5) Is there anything you want to follow up or ask a question about? How and when will you do this?

Resources and Further Training Opportunities

Books

Aspects of Bereavement Ministry

Ainsworth-Smith, Ian and Peter Speck *Letting Go: Caring for the Dying and Bereaved* (SPCK, London, 1982)

Jackson, Edgar N. *Understanding Grief* (SCM, London, 1957)

Knox, Ian *Bereaved: Coping with Loss* (Kingsway Publications, Eastbourne, 1994) (Looks at a range of different bereavements.)

Knox, Ian *Older People and the Church* (T & T Clark, London, 2002)

Kübler-Ross, Elisabeth *On Death and Dying* (Routledge, London, 1995) (The 'classic' on stages of grief and facing death – first published 1969)

Riem, Roland *Stronger than Death: Study of Love for the Dying* (DLT, London, 1993)

Thorp, Helen *Establishing a Bereavement Ministry Team* (Grove Pastoral no. 113, Cambridge, 2008)

Walton, Ali *Life on the Dark Side of the Cross: Supporting Depressed People* (Grove Pastoral no. 81, Cambridge, 2000)

Listening Skills

Jacobs, Michael *Swift to Hear: Facilitating Listening Skills in Listening and Responding* (SPCK, London, 1985)

Mitton, Michael *The Wisdom to Listen* (Grove Pastoral no. 5, Cambridge, 1981)

Other books in the Grove Pastoral Series (see www.grovebooks.co.uk) may be worth looking at. Books are short and concise (about 9,500 words) – and not too expensive (circa £4).

Other Resources

Local hospital and hospice chaplains may be willing to lead a session thinking specifically about supporting relatives and patients as they face death.

Cruse offer various courses on bereavement. Their local contact details can be found on the web – www.crusebereavementcare.org, or tel. 01707 269497 (Herts) or 01525 841415 (Beds). Their website also contains a wealth of material on bereavement, including excerpts from radio and TV programmes which could usefully be used for further training.