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# How social workers can support people facing inconceivable grief in the pandemic

Practitioners need the skills and training to work with bereaved service users experiencing the sudden death of loved ones because of Covid-19

May 1, 2020 in **Adults, Coronavirus**



Photo: castenoid/Adobe Stock

## by Denise Turner and Marie Price

The minute's silence held this week commemorated the many NHS and care staff who have died from Covid-19. Last week also saw [tributes to Muhammad Islam](#), the social worker who recently died from the virus. On the news and social media, similar reports are now a grim daily reality.

Much of the professional response to bereavement and death, both before and during the pandemic has focussed on end of life care and the importance of advance care planning. While this is undoubtedly valuable and useful guidance, it is important to note that many of the deaths occurring within the current pandemic are sudden and unexpected – often of relatively young people who expected to live for decades. Despite a recent downwards trend, life expectancy has generally increased within the last few decades, with many expecting to live into old age. Covid-19 has altered this beyond recognition and the impact on the national psyche cannot be underestimated.

**“** *Planning for our own sudden and unexpected death, or that of a loved one means preparing for the unthinkable.”*

Yet at this time of global pandemic this is what may be required from all of us.

Prior to the pandemic, a prescient study between social work departments at London Metropolitan University and the University of Chichester explored the impacts of bereavement among social work students. The research unearthed a need for greater training on the complexity of death,

dying and bereavement, both within pre-qualifying training and continuing professional development. In this unparalleled time, findings from this research can help social workers with supporting people facing previously inconceivable grief and loss.

## Culture and ethnicity

While Covid-19 is often referred to as 'indiscriminate,' recent research has shown that it is having a [more devastating effect on the BAME population](#). Data from our research study also highlighted cultural factors as highly significant within death, dying and bereavement, where western models still largely dominate. Many participants described struggling to support bereaved people from different ethnicities on their placements, while BAME students faced setbacks with accommodating their own cultural rituals and practices:

*"So, I had to take some time out to go back to Jamaica and that meant I was away from placement, my first placement...I felt like I was on quicksand...and that gave me a lot of anxiety, which I still have. A lot of it."*

During the current pandemic the requirement to socially distance has created similar issues. Many mourners are unable to attend funerals, or join in with their customary rituals and traditions, thereby limiting their capacity to make meaning from the death. This is highly significant, as students in our study also described how bereavements became both enduring and interconnected. Grief from earlier bereavements may be reawakened by a subsequent death and where, as now, there are limited opportunities to observe cultural rituals and to mourn with others there may be a greater risk of complicated grief and accompanying factors. One student in our study described finding herself completely unable to take advantage of the support offered until she would reach out to:

*"A few of the security guards that talked me down a few times, and sat with me at 3 o'clock in the morning....."*

## Practical support

While talking therapies were offered, students did not always access these. Many students mentioned the importance of practical help, in addition to, and sometimes instead of, talking therapies:

*"There are obviously things now where you have grief counsellors and stuff....but I don't know if I would have taken it up if it was offered to be honest...close friends and family were doing a good job in terms of making sure I was clothed, that I was eating, that I was taking care of myself."*

Within the pandemic, these findings show that practical assistance, like sorting out finances or helping to buy food can be invaluable during bereavement, and may also be therapeutic for those feeling overwhelmed and otherwise powerless to assist.

## All bereavements are unique

Perhaps most crucially, at a time when expert advice on grief and loss abounds, data from the study demonstrates that all bereavements are unique. In the ensuing months and years, as we

begin to emerge from the ongoing threat posed by coronavirus, this will be important to remember. There will be no return to 'normal' life, when thousands of people have been bereaved by the sudden, unexpected deaths of friends, family and colleagues. The 'new normal' will necessitate coming to terms and making meaning from this unparalleled grief. Achieving this will require the assistance of social workers, who, in turn, will need the necessary skills, training and support to work effectively with a multiplicity of bereaved service users.

**Denise Turner is a senior lecturer at London Metropolitan University. Marie Price is a senior lecturer at the University of Chichester.**

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## 7 Responses to *How social workers can support people facing inconceivable grief in the pandemic*

**Anonymous** May 2, 2020 at 8:48 pm #

I like this article. It is very relevant in this time and age. Even us as SW are facing difficult and testing times and as such we need the support of appropriate training and supervision to equip us in supporting our families and ourselves...

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**Denise Turner** May 15, 2020 at 9:09 am #

Thank you so much! It is always important but so much more so at present

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**Jo Jury** May 4, 2020 at 9:29 am #

Where can we get this training and supervision from please?

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**Denise Turner** May 15, 2020 at 9:13 am #

I think it is something that we can develop with each other through our networks – either facilitated or just by allowing space within practice and SWed to name this as a fundamental area

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**James Appledore** May 4, 2020 at 4:30 pm #

It would be helpful to have a primer on what is supposed here to be a difference between western bereavement responses and non- western grief. Death has different meanings culturally and undoubtedly religion codifies grief rituals but these also exclude and de-legitimise grief of those seen as other. Atheists and LBTQI\ people are not

exactly embraced universally. Practical support and non-judgemental love should be the basis of social work interventions.

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**Jackie Fender** May 10, 2020 at 9:35 pm #

Unlike many other things, death, dying and bereavement are naturally experienced by everyone, with culture, belief systems and context influencing the approaches taken. The unprecedented concentration of death, dying and bereavement caused by Covid19 has understandably brought these experiences to the forefront of our professional and personal thinking. It has disrupted rituals and, because of its all-encompassing effect, it is destabilising our 'normal worlds'.

The call '... for greater training on the complexity of death, dying and bereavement, both within pre-qualifying training and continuing professional development' is an understandable demand. However, it has the immediate potential to undermine both student and qualified social workers confidence in their abilities to support and work alongside people experiencing these situations now. This is because they may fail to recognise and minimise the essential, fundamental skill sets they are developing, and/or already possess, and practise daily, e.g. active listening, taking a collaborative, asset based approach and as stated, the all important practical assistance.

A call for such training also has the potential to further drive what was mainly the 'common property' of the community into the hands of experts who were already overwhelmed by demand before Covid19. This situation will be exacerbated if, as Social Workers and citizens, we fail to harness, value and support the capacity, connectivity and resilience of individuals, families and communities. Given each of us will experience death, dying and bereavement, we will serve ourselves and others well by talking about these aspects of being human and through advanced care planning minimise later potential regrets. Tomorrow is the beginning of Dying Matters Awareness Week, the theme of which is 'Dying to be heard' i.e. how we respond when someone wants to discuss death, dying and bereavement, their will or funeral plans with us? We owe it to them to be the other half of that conversation. If they want to talk, we need to listen and for that, humanity is all we need.

I have worked in health and social care for 45 years, the last 35 as a qualified SW in many aspects and levels of the profession across the UK. Throughout, I have encountered death, dying and bereavement and now, as a partner in a recently established funeral business, it is a daily occurrence. I have come to recognise the phenomenal, positive impact simple, basic actions have on people's immediate and longer-term psychological, social and spiritual wellbeing. As a confident first step lets be there for one another.

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**Denise Turner** May 15, 2020 at 9:16 am #

Hi – thanks for this contribution. What came out of the research was people felt de-skilled; silenced and often marginalised. They wanted to feel contained and supported which clearly isn't happening everywhere.

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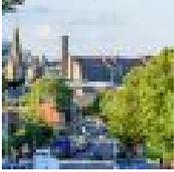


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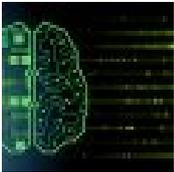
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