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# Risk, Trust and Complexity in Social Work with Bereaved Children

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**Abstract:** *Summary:* Bereaved children are a special group of social work service users. The well-being of bereaved children has received increasing attention from the field of social work. *Finds:* This paper applies a case study on a 6-year-old bereaved child, in order to explore the risks and the nature of complexity in case work. *Conclusions:* Children's grief is often deprived in current social context. Social workers can use skills such as empathy and self-disclosure to recognize the feelings of bereaved children, while building trust and confidence of children.

**Keywords:** Bereaved Children; Case Work; Social Work.

## 1. Introduction

Social work is characterised by uncertainty, ambiguity and complexity[1]. Social workers are required to prepare and engage with complexity, to recognise and take risk, to change and reflect critically on what they are doing and why [2][3]. There has been much research on risk, trust and complexity in social work focusing on risk assessment, trust and confidence and complex system, etc. However, the aspect of complexity in social work with bereaved children is not much. In the UK, the last time of a national survey has done in 2004 that showed that around 3.5% of 5-16-year olds had been bereaved of a parent or sibling[4]. The well-being of bereaved children is not only essential for children, but also for their families, schools, community and society. Thus, the way social workers support and help bereaved children has been more important. The purpose of this essay is to look critically at the role of risk, trust and complexity in social work practice with a bereaved child, locating the significance, effects, and tensions in practice scenarios from my first placement. This essay will first introduce the social and political context of the case. Then, it will discuss the importance of risk assessment in social work intervention along with the methods of minimising risks when working with bereaved children. Thirdly, the significance of trust and the skills to build trust will be presented. Finally, the nature of complexity in social work with bereaved children and the bias in practice will be explored.

## 2. Social and Political Context of the Case

* Pseudo name is used to maintain the confidentiality of the child.

The service user Tony* has a complex family background. Tony is an 11-year-old child studying in P7 and lives with his little sister, baby brother and his mother. His mother is the bread earner of this family. His father suddenly died at home due to the use of substance two years ago. After that Tony had anger issues and peer difficulties, with a poor relationship with teachers, some friends and other people. He is scared about going to high school in September. But he has a good relationship with his mother and siblings.

Bereaved children have their way to understand and respond to the death. Some research has shown that death is a concept that is difficult for children to grasp[5]. And children's understanding of death is related to age, gender, developmental level and cognitive ability[6]. But those findings do not mean that children do not grieve, or children are too young to respond to the death of a parent. Children do indeed grieve and can be very much at risk for detrimental effects if their grief is not acknowledged and expressed[6]. The grief of children may be the same as adults and the difference is the way they deal with their feelings[7]. However, under the social and cultural context, bereaved children could be quite difficult to express their feelings and emotions. There is a term describing situations of how bereaved children respond to death from the sociological perspective: disenfranchised grief[8]. According to Doka (2002), disenfranchised grief refers to the loss that may be viewed as socially invisible or unacceptable while children are typical grievers who may be disenfranchised when there is failure to acknowledge that some persons are capable of grieving. Such misunderstanding and disenfranchisement on children, in turn, would induce and reinforce their feelings of anger, helplessness, powerlessness, shame, and guilt[9].

Bereavement is a personal, social and cultural event [10]. It will enhance the complexity of an interaction of the service provision. When we deliver services for a bereaved child, we are all affected by a series of factors including the early attachment experience of the child, family and social relationship of the child, social worker's capability, fund-raising, financial and human resources management in the organisation etc. [11]. For example, Schultz et al. argued that children's anger, especially those children who experienced negative life events like the death of a parent, can be attributed to both family environment and social relationships in a wider environment[12]. Also, social workers need to expand understanding of ethnic and cultural variations. As a Chinese student, I recognised the cultural difference in bereavement service provision. In Asian countries like China and Japan, only family members and friends play an important role in the intervention of loss and bereavement of children, whereas in the UK, schools, third sectors and charities can involve in[13]. In the UK, although social workers are not usually perceived as therapists, they may help service users understand and cope with the psychological consequences of grief, loss, and trauma[14].

However, across the UK there is currently no timeliness in service provision to bereaved children and it is a bit difficult for bereaved children to access services[15]. Although more and more primary schools and secondary schools have their bereavement policy and try to play a role in helping children deal with the grief, Tony did not get school's special support for his bereavement timely until his class teacher found that he has anger issues and emotional difficulties. In addition, policy and legislation concerning bereaved children and young people are relatively few in Scotland. I cannot find targeted government policies or legislation involving explicit procedures or methods as a guideline in practice except a Guidance on children and bereavement for parents launched by the NHS in 2017[16]. What underpinned my practice are GIRFEC assessment, Children and Young People (Scotland) 2014 and The National Guidance for Child Protection in Scotland. On the other hand, some third sectors and charities have involved in the service provision to bereaved children and their families such as Childhood Bereavement Network, Child Bereavement UK, Winston's Wish and Richmond's Hope in Edinburgh. I contacted Richmond's Hope and got some useful communication tools and materials on how to engage with bereaved children because they are more professional and experienced in this area.

# 3. Discussion About Risk, Trust and Complexity in Social Work Practice

The death of a parent can be seen as a primary risk factor for a child, which could contribute to mental health issues, physical health issues and other significant harm[17]. Researchers have found that childhood bereavement is associated with an increase of psychological grief reactions including fear, anger, low self-esteem and helplessness, as the death of a parent is likely to be one of the most distressing situations of a child[13]. Black claimed that bereaved children have a considerable increase in the risk of developing psychiatric disorders and may suffer significant psychological and social difficulties throughout childhood and even later in adult life[18]. However, a survey illustrated that only 10%-21% of children who lost a parent, or a sibling will have a long-term problem psychologically at a high level of risk, most bereaved children just have short-term grief reaction that does not require professional help[19]. But Kaplow et al. opposed this view and he insisted that the influence of the parental death of a child must be regarded as a pre-existing risk factor in the context of our consideration[20]. If the child cannot cope with loss and bereavement, he will be likely to have difficulties in psychological development and social relationship. Furthermore, risks would increase if the death of a parent is a result of suicide, unexpected death or accident[19]. For example, Tony's father died of substance use, which brought higher risks for Tony.

How do social workers reduce risk in risk management? Adams et al. argued that rather than reducing risks, it is better to maximise welfare[21]. In other words, welfare maximisation may be risk minimisation[22]. Traditional perspectives on risk minimising become far too cautious. For example, avoiding facts is a common method used by some families with bereaved children. As indicated previously, Tony's anger issue was probably caused by his father's death, which can be seen as a pre-existing risk factor that harms children's psychological development. But his mother never talks about his father's death with Tony and she did not want staff in my organisation to talk about that with her son. Tony does not know the reason why his father died so far. This might be regarded as a method of risk avoidance but was not appropriate for bereaved children. Instead, talking about the person who has died can be helpful to a child[23]. If adults do not tell the basic information of the death to the child, the child will be more vulnerable to risks, even blaming themselves for the death. To help Tony deal with bereavement appropriately, I met with my link worker first to explain the necessity and the benefit of expressing the emotions for a bereaved child. Then I met Tony's mother to help her understand that risk would be reduced if we face it with a positive attitude rather than avoiding. Finally, I gained her consent to talk about death with Tony. We took a person-centred approach based on one-to-one meeting at his school. In this scenario, risk could be managed by social workers and service users working in a partnership that has a sharing understanding of risk.

Furthermore, risk can be seen as an important feature for the development of children and adolescents, and the responsibility of social workers is to help children face risks to develop resilience in their lives[24]. Positive risk-taking, for example, is an effective way to embraces risk as a valuable learning opportunity not only for service users but also for professionals[25]. Tony was very scared of going to high school after graduation. In our meeting. I firstly encouraged Tony to speak out his worries, and then responded to his sharing, helping him outline what we can do to help him overcome his fear. I encouraged Tony to visit the high school with his friends. During the placement, Tony became more willing to communicate with me and often showed me his "little" achievements in class, and even made a new friend who is studying in that high school. Those changes also made me feel more confident about my capability since I can help my service user arise his potential. Through the positive risk-taking process, we built a collaborative working pattern in terms of a trust relationship, whereby we can both learn from this process, to increase the confidence and resilience[26].

During my meetings with Tony, trust plays an essential role that gives a basis for contributing to a good relationship. There are two reasons why trust is much important in social work practice. First, trust can facilitate risk assessment [27]. Deering et al. argued that from the perspective of service users, beneficial risk assessment is based on the gradual cultivation of trust[28]. However, it is difficult for bereaved children to trust other people, especially trust social work professionals[29]. For instance, it was a challenge for me to gain Tony's trust at the early stage of my placement. Tony showed a sense of distrust when communicating with me, along with distrust body language such as avoiding eye contact and looking all around. As a result, I cannot identify his concerns and needs confidently and respond to them. Secondly, if we do not have a trust relationship, service users cannot feel very self-esteemed by us. Erikson has indicated that there is a link between trust and self-esteem[30]. Hartz and Thick went further on the relationship between trust and self-esteem[31]. He found that self-esteem is given by significant others, which can be seen as a confidence and satisfaction in oneself, thus, therapy intervention should raise self-esteem by increasing trust and closeness in more personal connections. For Tony who has low self-esteem, building a trust relationship in practice is crucial.

To build trust and close relationships with bereaved children, first of all, social workers should have empathy and

acknowledge the feelings of the service user[32]. For example, I understood that each child's grieving experience is unique and there is no right or wrong way to grieve[33]. Tony as an eleven-year-old child, has his way to express his negative feelings and emotions, which needs to be respected and valued. Therefore, I used active listening skills to improve my empathy. I kept eye contact with Tony, always smiled and responded to his feelings no matter positive or negative, in which way I encouraged Tony to communicate with me. Besides, I used self-disclosure as a communication skill, which provides a more authentic relationship for the service user and enables the service user to feel both understood and validated[34]. Because Tony was fear of going to a new school and often argued with classmates. I shared my experience in primary school that I was very worried about my future as he was and did not have many friends. But I overcame my fear, went to the new school, made new friends and I like my high school life finally. However, social workers should be very cautious about self-disclosure. It may lead to boundary violations in clinical social work between practitioners and clients[35].

It is not enough to build trust between the practitioner and the service user. Social workers need to develop the capability of bereaved children to trust others. Social worker has the responsibility to help children develop trust in their wider network of relationships, which is essential for social capital to grow[36]. The wider support network would be beneficial to children who used to lose relationships or had instable experience and would let children feel that they can trust[37]. To help Tony trust other people, I kept contact with Tony's mother, class teacher, family liaison worker and head teacher. Meanwhile, Tony's friends can help and support him to increase confidence. I helped him arrange basketball games with his friend at school every Wednesday. He was also encouraged to take part in a science club in his school held by three of my colleagues and I, in which children who are disengaged from family or school can take science experiment together, co-operating within a four-people group and building confidence with a sense of belonging.

# 4. Complexity in Social Work Practice

Complexity in social work practice is characterised by unknown, unpredictable, uncontrollable, adaptive, interrelated and non-linear relationships[38]. According to Byrne, complexity refers to a system that is far from equilibrium and can be defined as the domain between linearly determined order and indeterminate chaos[39]. Similarly, Pycroft and Wolf-Branigin argued that complexity means relationships between individuals, other people and places are connected in a more systemic way, which affects each other and the outcomes in the surrounding environment[40].

To make sense of the complexity of this case, we need to analyse it in terms of wholes and relationships rather than splitting it down into its parts and looking at each in isolation[41]. For example, Tony is irritable at school and even fights with classmates sometimes. The direct reason is that he often quarrels with his classmates, which made his class teacher feel angry as well. But the quarrel is not the only reason, in other words, there are other factors contribute to his anger issues together. First, the death of his father is a traumatic event for Tony, which resulted in a mix of feelings including anger, fear, guilt, anxiety and worry. Anger is a common emotional response to the death of his loved one. From the perspective of neurology, early trauma can bring along critical changes in the limbic system of the brain which is responsible for the regulation of emotions[42]. Zald and Rauch proposed that the change in neuropsychological function and emotional development mediated by the right orbitofrontal cortex may be permanent for a child[43]. The emotional developmental process may cease if the child is unsupported and has no significant carer to aid the grieving process[10]. Secondly, Tony's mother adopted an avoidance strategy on this traumatic death, which in turn reinforced his worry and reduced his sense of security. Thirdly, before he was referred to my organisation, his school did not have an effective and timely connection with his family and community in terms of the bereavement and loss for a young person. Fourthly, as discussed previously, the social and cultural context inhibited him from expressing his grief to some extent. A sudden death caused by drug use has been stigmatised by the public and social environment, which seems more difficult for a child to respond to. Last, it was a vicious circle for Tony who was excluded by most of his classmates as a consequence of his anger issues.

Although we have considered all factors from a holistic perspective, it is tricky for a social worker to predict what will happen either with or without a given intervention and to predict the degree of risk of a decision or judgement[44]. Complexity indicates that the parts of the system which interact in ways will heavily influence the probabilities of later events[45]. Social workers are not able to control the situation because you are not sure what will happen next. For example, I prepared to use a communication tool called Blob Cards in our meeting, which is designed in particular for children who experienced negative life events and can help them express their feelings. According to my prediction, Tony would be open to express and benefit from this. However, when he looked at those cards, he told me that they were so boring and meaningless. He suddenly proposed that he wanted to play basketball right now rather than staying at the talking room. I know that he was moody sometimes but his refusion on communication tool disrupted my plan. Consequently, we finished our meeting by playing basketball together and Tony left earlier than usual time. It was an unpredictable result for me which changed our following activities. Since then, I reflected on my plan that playing basketball can be a means of communicating as well and it is common to have an unpredictable, even a not good outcome in practice although you have prepared well.

Critics argued that social workers need to be wary of bias in the complex situation because we are always a part of the system which we are observing – there is no neutral observer position[46][40]. Research consistently demonstrated that professional decision-making in child protection is subject to bias and even varies between experts [47]. Practitioners are not completely neutral, on the contrary, they have bias when engaging with service users. For example, at the beginning of my placement, I had an initial hypothesis of Tony's mother in terms of the situation of Tony. I assumed that she was not close to her son and they may not have a good attachment. But through one-to-one meetings with Tony and her mother, I found that Tony has a very good relationship with his mother who is kind, patient and supportive to her son. Tony showed me his new shoes and snacks bought by his mother and they like to watch TV together after dinner with other children in the family. We worked in a collaborative relationship and she supported her son from beginning to end. It was a lesson for

me that incomplete information would incline social workers to form a bias as we are part of the complex system and social worker may confirm the bias if they tend to seek and overweight evidence that supports their beliefs, where they could go another way of risk [48].

# 5. Conclusion and Implications for Policy and Practice

The aim of this study was to analyse critically how risk, trust and complexity influence social work practice with a bereaved child. First, social workers should be aware that children can comprehend the death of their loved one while they have their way to respond to death emotionally and psychologically. However, in the current social and cultural context, the grief of children is disenfranchised, which increased complexity in practice. The lack of timeliness in service provision is another difficult and we need improvements in policy and legislation to offer more professional, standardised service for bereaved children.

The death of a parent can be considered as a pre-existing risk factor, which may have a negative impact throughout childhood and adulthood. In contrast to avoiding facts to bereaved children, maximising welfare is a good way to reduce risks when we work with bereaved children, which would be achieved by encouraging service users to take risk with the help of professionals[22]. A successful process of dealing with risk will increase the resilience and confidence of both the bereaved child and the practitioner. In addition, building a trust and close relationship is rather important for a bereaved child. A social service worker must create and maintain the trust and confidence of people who use services and carers[49]. But it is difficult for bereaved children, especially those who experienced a traumatic death to communicate with professionals with trust. There are two skills to improve communication and develop trust among the social worker and the service user: empathy and recognise the feelings of bereaved children, and self-disclosure.

Finally, a social worker should recognize the complex nature of the bereavement experience of children and young people. The meaning of any loss is unique to children and their circumstances at a particular time and in a given social and cultural context[14]. Therefore, social workers and policymakers must depart from the linear models of risk analysis, as they cannot predict or control the consequence and the risks that come with interventions. The non-linear relationships among the service user, family, school, community and wider social context should be considered, while social workers need to recognise the bias in complex systems and try to make decisions or judgements based on complete information as well as more cautious analysis. The limitation is that this essay was based on one service user who is an eleven-year-old boy. I did not consider the impact of gender and age on bereavement experience while some researchers noted that boys intend to take more externalised ways to respond to death and risks than girls[6].

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