

End-of-Life Conversations

SUPPORTING PARENTS TO TALK WITH
CHILDREN WHEN SOMEONE CLOSE IS DYING

A leaflet for healthcare staff



Making conversations easier

End-of-Life Conversations

SUPPORTING PARENTS TO TALK WITH CHILDREN
WHEN SOMEONE CLOSE IS DYING

“

Children need adults to listen to their questions, to hear their stories, and to help them find ways to remember the person who died.

Donna Schuurman



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End-of-Life Conversations

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WHEN SOMEONE CLOSE IS DYING

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WHEN SOMEONE CLOSE IS DYING

Initiating the conversation

Preparation

Communication skills

- Prepare yourself
- Prepare the environment
- Prepare your information

Prepare yourself

- Be aware of your appearance; a professional, calm demeanour is important.
- Take a few moments to ensure you are in the right frame of mind for this conversation with the parent/caregiver and family.
- Remind yourself that, however skilled your communication, the parent/caregiver is likely to experience considerable distress and may show it in different ways. Their distress may also affect how they feel about talking with their child.



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Initiating the conversation

Prepare the environment

- Avoid interruptions – move to a quiet, private area where the child and family can sit comfortably.
- If possible, have age-appropriate materials available (paper, pens, toys) to support play or drawing.

Prepare your information

- Clarify in your own mind the purpose of the conversation: building shared understanding with the parent/caregiver in a sensitive and supportive way, and supporting them to talk with their child, not fixing feelings.
- Familiarise yourself with the clinical situation and family context:
 - Diagnosis, prognosis, and current plan of care for the dying person.
 - Who the key adults are for this child, including who has parental responsibility, and who is likely to have the conversation with the child.



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Initiating the conversation

Prepare your information *(Contd.)*

- Check what the child has already been told, what the support needs are for the child and what parents/caregivers hope will be covered today, and by whom.
- Establish consent/permissions about the level of information that can be shared based on developmental stage of child/young person. Who is best placed to share the information and who plans to be present (both parents/caregiver) Is ill parent able to be present?
- Read information from colleagues, relevant notes, or letters.

TIP

Set aside adequate, protected time for a face-to-face meeting with the parent/caregiver. Parents often need time to process information, ask questions, and think through how they will talk with their child. Children may then need more time to process, play, and return to questions.



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Initiating the conversation

Establishing initial rapport

Communication skills

- Warm greeting
- Introduce yourself
- Check names and pronouns
- Check how people like to be addressed
- Use names when demonstrating empathy
- Clarify who is important to the child (name/relationship)
- Tell the parent/caregiver what you have done to prepare for the conversation

- Explain who you are, your role and the team – even if you have met before, re-introduce yourself in clear, simple language.
- Ask names and relationships to the ill person and to the child.
- Acknowledge that this is a difficult time for everyone, including the child.



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Initiating the conversation

Hello, I'm _____, one of the nurses/ doctors/social workers here. I'm part of the team looking after your partner. I talk with parents and families when someone is very unwell, to help explain what is happening and to support you with talking to your children.

I've read through the notes and seen [your relative] this morning. I'd like us to talk together about what is happening, what you understand, and about how we can support you to talk with [child's name] about this.



If the child is present, you can also briefly acknowledge them in age-appropriate language, while keeping the main focus on supporting the parent/caregiver.



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Initiating the conversation

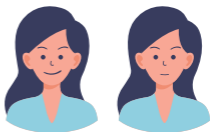
Nonverbal behaviour

Communication skills

- Facial expression
- Eye contact
- Open body language
- Pace, pitch, and tone
- Touch
- Space
- Maintain focus on the child and family

Facial expression

- Be aware of your facial expression. At times in this conversation a warm expression will be appropriate; at others, a serious and clearly engaged one.



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Initiating the conversation

Eye contact



- Make and maintain developmentally and culturally appropriate eye contact. If the child is present, remember that younger children may look away or move around while still listening. Our eyes convey how we feel and what we are thinking to both adults and children.

Open body language

- How we sit, stand or walk can convey strong messages. With parents, sit at their level and slightly open your posture. If the child is present, sit at the child's eye level when addressing them.

TIP

Leaning forward at times can demonstrate interest. At other times, a relaxed posture can show you are listening attentively without rushing the parent or child. Find a way to check your body positioning and adjust if needed.



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Initiating the conversation

Pace, pitch, and tone

- Use a gentle pitch, a slow pace, and a warm tone of voice. Parents and children are very sensitive to changes in tone, especially when talking about dying and death.

Touch

- For some people, a touch on the hand or arm when they are upset can show support, care, and empathy; for others it may feel uncomfortable or intrusive. Take your lead from the parent/caregiver and child and always seek consent. Be aware of any sensory issues/additional needs that could be impacted by sense of touch.



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Initiating the conversation

Space

- Give people physical space while staying connected. Sitting alongside rather than opposite can feel less intense for both parents and children.

Maintain focus on the child and family

- Demonstrating relaxed, open non-verbal behaviour helps build rapport and trust with the parent/caregiver, and can model a calm, steady approach they may use with their child.
- Remember that non-verbals are 'two-way': observing the parent's and child's non-verbals helps you understand how they are feeling and how much they are taking in.



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SUPPORTING PARENTS TO TALK WITH CHILDREN
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Gathering information

Assess the child's and family's understanding

Communication skills

- Establish the parent's and family's understanding (starting point)
- Explore what the child has been told so far
- Demonstrate empathy
- Explain the purpose of the conversation
- Provide structure

- Finding out what the parent/caregiver and child already know will help you judge whether they understand that the person may die, and what they believe is happening.
- Once you have established what they know and what they want to know more about, you can fit what you say to their starting point and support the parent to talk with the child.



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Gathering information

Establish the parent's and child's understanding

To the adults:

Just so I know where to begin, can you tell me what you understand about why [relative] is in hospital/so unwell?

What have you explained to [child's name] so far?

What words have you been using with them?

If the child is present and the parent agrees, you might ask the child:

Can you tell me what you know about why Mum/Dad/Grandma is in hospital/so unwell?

What have the grown-ups told you so far?

What is your sense of how things are going?



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Gathering information

Demonstrate empathy

I can hear this is really hard to talk about.

It sounds like you've both been very worried.

It makes sense that you're unsure how to talk about this with [child's name]. Many parents feel that way.

Explain the purpose of the conversation

- Signpost your goal(s) for the meeting.
- Restate their concerns and summarise a shared agenda.
- Make it clear that part of your role is to help them talk with their child.

I'll do my best to explain things clearly. If I say something that doesn't make sense, please stop me and I'll say it another way.



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Gathering information

Explain the purpose of the conversation (*Contd.*)

So, you've noticed that Dad is more tired and can't do the things he used to (pause). That's also what we're seeing. I'd like us to talk about what the illness is doing, what we think might happen next, and how we can help you and [child's name] with this.



- Speaking aloud about what is happening, in clear but kind language, can help the parent/caregiver and child recognise, at their own pace, that the person may be dying. Part of your role is to help the parent find words they can use with their child.



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SUPPORTING PARENTS TO TALK WITH CHILDREN
WHEN SOMEONE CLOSE IS DYING

Providing information and planning

Provide the right amount and type of information

Communication skills

- Chunk and check
- Ask what other information would be useful
- Avoid giving advice or reassurance prematurely

Chunk and check

- Provide small chunks of information and allow time for this to sink in. Parents may respond through questions, silence, or strong emotion; children may respond through questions, play, silence, or behaviour, not just words.
- Match your language and detail to the parent's preferences and the child's developmental level.



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Providing information and planning

Chunk and check (Condt.)

I'd like to talk to you about how Mum's illness is going.

Your dad has a very serious illness called... (pause). The doctors have done everything they can to make him better. They have tried different treatments and medicines to help (pause). I am sorry to say that your dad's illness is still getting worse.

- For children, avoid long, complex explanations. When supporting parents, offer short sentences and concrete terms they might use, and check how these feel for them.



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Providing information and planning

Ask what other information would be useful

Some people want to know what might happen next, or what it will be like when someone's body is dying, so they can prepare their children. Would that be helpful for us to talk about?

What are you most worried [child's name] might see or misunderstand?

Avoid giving advice or reassurance prematurely

- Avoid moving too quickly to reassurance or solutions (“You’ll be fine”, “Don’t worry”) as this can shut down questions and feelings.
- Allow time for difficult emotions to be expressed before talking about coping strategies and support, including how to talk with children.



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Providing information and planning

Aid recall and understanding

Communication skills

- Use easy-to-understand language
- Organise the explanation
- Keep a steady, slow pace
- Pause often
- Check understanding
- Demonstrate empathy
- When the time feels right, suggest moving on to the next stage

Language

- Use clear, simple words and avoid euphemisms that can confuse children (e.g., “*gone to sleep*”). Support the parent/caregiver to do the same.
- Avoid vagueness and ambiguity that might prevent the family understanding that the person may die.



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Providing information and planning

Language (Contd.)

Examples you might offer to parents:

Your mum is very, very ill, and the doctors don't have any treatments or medicines that can make her better. It's different to when you go to the doctor with a sore throat and you get medicine (pause). When someone is this ill, their body starts to slow down, they are not able to talk, walk but they can still hear you. This means your mum's body will stop working, her heart will stop beating and she won't be able to breathe anymore. That is called dying.

By this stage, you should be able to judge whether direct words like “die” and “death” are helpful or feel too blunt for this parent and child. If the latter, suggest less direct but still unambiguous phrases such as “coming to the end of her life” or “so sick that the doctors don't think she will get better” – and encourage the parent to check what their child understands these to mean.



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Providing information and planning

Organise and keep a slow, steady pace

- Briefly structure the conversation for the parent:

First I want to talk about how [relative] has been in hospital, then we can talk about what we think will happen next, and how we can help you and [child's name].

Pause often

- Leave plenty of space for the parent to process, think and talk. If the child is present, allow time for them to process, talk or play.

Check understanding

- Watch the parent's and child's non-verbals – do they look like they are following, or overwhelmed?
- Ask the parent:

Can you tell me, in your own words, what you're taking away from what I've said?

What might you say to [child's name] about this?



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Providing information and planning

Demonstrate empathy

This is a lot to hear.

*It makes sense that you
feel sad/angry/confused.*

*Many parents find it really hard to imagine saying
this to their child. You're not alone in that.*

TIP

When a parent or child becomes distressed, you may notice longer pauses, less eye contact, changes in voice or crying. Give time. Simple phrases such as *"It's okay to be upset; take your time"* are often helpful. Avoid rushing them on. When the time feels right, you can suggest moving to the next topic:

*Sometimes people want to know what the
next few days might be like, or what they
can do to help their children. Would it be
helpful to talk about that now?*



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SUPPORTING PARENTS TO TALK WITH CHILDREN
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Providing information and planning

Incorporate the child's and family's perspective

Communication skills

- Use I.C.E. (Ideas, Concerns, Expectations)
- G.I.V.E. to connect, understand and support

Ideas, Concerns, Expectations

- Ask what is important to the parent and to the child now.

To help us plan, can we talk about what is most important to you at the moment?

What worries you most about what is happening with Mum/Dad – for you, and for [child's name]?

What do you hope will happen over the next few days or weeks, especially for your children?



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Providing information and planning

Ideas, Concerns, Expectations (Contd.)

- Where appropriate:

What would your [relative] say is most important to them as they come towards the end of life? For example, who they would like to have with them, or where they would like to be?

If talking to the child:

What would be most important to your mum or dad?

What are your biggest worries right now? For example, who will bring you to your soccer match, can you stay here tonight, or who is going to mind you at home when Dad is staying with Mum in the hospice?



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Providing information and planning

G.I.V.E. to connect, understand and support

Get that it's emotion

- Notice when the parent or child is showing feelings through words, silence, behaviour or play.

I – Identify the emotion

You look a bit worried/sad/angry.

I can see that he hearing this news is really upsetting for you.

You seem quieter than before. Would you like to take a break or draw for a bit?

How big a shock is this for you to hear today? It sounds like this is a big shock to you?



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Providing information and planning

V – Validate by acknowledging feelings

- Acknowledge and validate how the parent and child feel; this builds connection and makes emotions more manageable.

This is really hard; lots of parents feel scared or angry when someone they love is very ill and they're trying to protect their children.

Many children feel scared or cross when someone they love is very ill.

E – Explore to better understand the emotion

- Explore emotions to better understand values and concerns.
- Support the parent/family to speak without interruption. Use reflective listening: repeat back key words or themes.

Tell me more about what you're most worried about – for yourself, for [child's name], or for your [relative].

I gave you a lot of information. What questions do you have for me now?



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Providing information and planning

Shared planning and support

Communication skills

- Share your thinking
- Explore options
- Negotiate the plan
- Check with the child and family

Share your thinking and explore options

- Using “we” can remind everyone that this is a team effort and that the family is not alone.

From what you've told me, it sounds like it's really important that [child's name] can still go to school/see friends/say goodbye in their own way. To help with that, we could.

Some children like to visit the person; some prefer to send pictures or letters. Some like a movie night with Pizza and stay over. We can talk about what feels right for [child's name].



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Providing information and planning

Share your thinking and explore options (*Contd.*)

Explore with parents what they feel able to say to their child, and where they would like support (for example, practising words, having you nearby, or you joining part of the conversation).

Negotiate the plan and check with the child and family

- Explain clearly what is and is not possible.
- Involve the child in decisions where appropriate (for example, whether and how to visit), within safe limits, with the parent's lead.

So, what we're going to do now is make sure your mum is as comfortable as possible. That means giving her treatments through a small pump to help with pain and restlessness (pause). We'll also help you think about how you'd like to spend time with her, and how you might explain this to [child's name]. How does that sound to you?



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Providing information and planning

Negotiate the plan and check with the child and family (Contd.)

I wish it were possible for your dad to be at home now because I can hear how important that is. I'm sorry to say that, because of the support he needs, our doctors nurses and team can provide the care during the day and night here and that is a safer plan (pause). Let's talk about what we can do here to make it feel as much like 'home' as possible.

Consider timeframes explicitly

- When appropriate, be clear with parents if you are thinking in terms of “*days rather than weeks*” and explore what this means for how they and their children might want to spend time and say goodbye.



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Providing information and planning

TIP

Children often worry about:

- Who will look after them (and any brothers, sisters, or pets).
- School, friends, and routines.
- Whether they will have to move house.

Where appropriate, and with caregivers present: *“For now, you’ll keep living with... and going to... school. The adults are working hard to make sure you’ll always have someone to look after you.”*

Support parents to give similar, honest reassurances in their own words.



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Common questions about time

Children and young people often ask questions like *“When is Mum going to die?”* or *“Will Mum be here for my birthday/ Communion?”*

Younger child

“That’s a really important question. We talked about your mum being so ill that the doctors can’t make her better. I wish I could tell you for sure, but we can’t predict the exact timing (pause). About your birthday, we hope she will still be here, but we can’t promise that. What we can do is make sure you have special time with her now (pause). If it feels right, we could ask Mum if celebrating something together early – like having a cake or doing something you both enjoy – would be nice.”



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Common questions about time

Young person/young adult

“I’m really glad you asked that question. Some people in your mum’s situation live for a few days, some for a few weeks, and sometimes longer. It depends on how their body responds, and that can change quickly (pause).

So when it comes to your birthday, I wish I could give you a definite answer, but I can’t promise whether she’ll still be here or not. Together with your mum we can think about what would be important to you both (pause). Some families choose to celebrate early or do something meaningful together while they can – that might be a small celebration, having a cake, watching a movie here, or something else you choose. You can have a think about what might feel right for you, and I’ll be happy to help you plan.”



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Common questions about time

When the parent's condition seems to change

Sometimes, after you have talked with a child about a parent dying, the parent may stabilise or seem a bit better for a time, even though the overall prognosis remains poor. Children can feel confused or misled.

Younger child

“Your mum is still very sick and you know we can't make the illness go away. Today she seems a little better than she did yesterday. When someone is very sick, they can have days when they feel a bit stronger and days when they seem weaker (pause). We don't always know when those changes will happen. What we do know is that the time you have with your mum is very special, so what might you like to do today with your mum?”



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Common questions about time

Young person/young adult

“You may have noticed that today she seems a bit better than she did yesterday. When someone is this unwell, it’s common for their condition to change from day to day or even hour to hour (pause). They can have times when they seem more alert, comfortable and able to talk to you, and other times when they become weaker again (pause). We can’t always predict when and how those changes will happen. I want to be honest with you, as you are so important to your mum. What this means is that, while we know she is going to die from this illness, we don’t know exactly when. Because of that, the time you have with her now is really important.”



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Closing the conversation

Ensuring appropriate point of closure

Communication skills

- Summarise the conversation (briefly)
- Check with the child and family
- Outline next steps

Summarise the conversation (briefly)

- Briefly summarise what was discussed in clear, simple language.

So today we talked about how Mum's illness is getting worse (pause), and that the doctors have done everything they can to make her better (pause). We don't have any treatments or medicines to make her better. We talked about how we'll take good care for her, help keep her comfortable, and about ways you can be close to her and things you'd like to do.



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Closing the conversation

Check with the child and family

- Allow them to correct or add information.
- Use simple 'screening' questions.

Is there anything you were wondering that I haven't talked about yet?

Was there anything I said that didn't make sense, or that you're not sure how to explain to [child's name]?



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Closing the conversation

Forward planning

Outline next steps

- Explain what will happen next and who will keep in touch.
- With consent, encourage use of available resources (school, community, faith and voluntary services). (Identify support network and consent/liasing by phone if required more imminently)
- Emphasise that the family is not alone, including in talking with children.
- How do we best support the family.

I'm going to talk to the rest of the team and I'll write down what we discussed in the notes, so that everyone knows what we talked about. We will make sure we update you if anything changes (pause). We'll check in with you again tomorrow/next week, and you can ask to speak with us sooner if you need to or have any questions.

- If the child is worried at any time- identify who the person is that they can seek out and share worries with.



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Closing the conversation

Self-care for families and staff

To the adults:

This is very hard on you. You may not feel like thinking about yourself, but looking after yourself – even in small ways, like eating, resting or getting some fresh air – will also help you support [child's name]. It's okay to ask for help.

For staff:

Supporting parents and caregivers to talk with their children about dying and death can be emotionally demanding. Seek supervision, debriefing, and team support after these conversations. It is appropriate to say something like, *“I’m going to step out for a few minutes, get some air, and then I’ll come back. These conversations are a lot for everyone.”* Modelling healthy self-care can also help families feel permission to look after themselves.

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This Skills Card is the work of the National
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