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BEST PRACTICE FOR SUPPORTING BEREAVED CHILDREN IN CARE

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Executive Summary

My Fellowship sought to research current innovations and interventions in the USA, Australia, Canada and Finland which directly or indirectly offer support for vulnerable children who are suffering from grief and loss experiences. I had a particular focus on ascertaining how these interventions could be applied to help grieving children living in foster care or those placed for adoption.

The report both highlights best practice in the USA, Australia, Canada and Finland and examines how these findings could be relevant to, and applied within, a UK context. The report also explores what exactly is meant by the concepts of “grief and loss.” It therefore sets out to examine the ways in which children in care are impacted by the separation and/ or the experience of the death of a loved one, and whether parallels can be drawn between separation and loss experiences so that the professionals around the child can more effectively provide relevant support.

The report concludes by bringing together key recommendations for policy and practice to enhance the grief support available to children in care within the United Kingdom.

These are namely;

- **Grief and Loss training to be offered to all social workers, foster carers and adopters; to enable them to better understand the symptoms of grief and loss in children who are in/are coming from care and to feel well equipped to offer effective support**
- **Seasons for Growth to be more widely used as a resource in Fostering and Adoption settings**
- **Ensure Child and Adolescent Mental Health Services and other therapeutic services working with children in care, recognize the role and responses to grief and loss in children.**
- **Resilient Parenting for Bereaved Families to be adopted by universal bereavement services as an effective evidence based intervention that improves outcomes for grieving children**

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Introduction

When I first was given the amazing opportunity of a Winston Churchill Fellowship to research support for vulnerable bereaved children, with a focus on children in care, I started to realize what a vast and complex area this is. As the Fellowship developed, I started to appreciate more acutely than ever before the multi-layered experiences for this group of children. Their often adverse early experiences coupled with loss combines to form a complex set of circumstances when the child very first enters the state care system. Over the course of my research, I understood that children in care can be affected by different kinds of loss. This can include loss through death, but also loss stemming from separation from a multitude of connections including; birth family, community and culture. The child's resulting feelings can be ones of both alienation and mourning.

During the course of my Fellowship I started to reach the conclusion that it is possible to categorize the circumstances surrounding the grief and loss experiences of children in care into broadly three main areas;

1. The experience of a death of a family member which could potentially have led the child to have been taken into foster care if there was no one else available to care for them.
2. The child could have experienced a familial death, but a death which succeeded the child entering the care system. This could be a death unrelated to the reasons the child was not able to live with their birth family, or it could have been directly linked to the concerns which led to their removal from the family home; such as drug abuse, or violence.
3. A far broader interpretation of loss, in which symptoms of grief arguably affect each and every child who is placed in a foster or adoptive family. These losses could stem from the separation from an attachment figure, the loss of siblings, a biological or constructed identity, community and/or culture.

A further complicating factor, as briefly discussed above, is that children in care are often affected by other layers of complexity; such as the potential impact of early childhood trauma, neglect and abuse. This makes it difficult to "unravel" and isolate the effects of grief and loss in academic research studies, and therefore to inform interventions in a robust and evidence based manner. Due to the focus in the child welfare system on the circumstances which led to the child being taken into foster care, interventions often focus on the psychological effects of maltreatment rather than on the disruption of family ties (Eagle, 1994). Added to which, children who are fostered or adopted may have experienced *"a specific type of grief that is often overlooked in clinical settings"* (Fineran, 2012).

Grief and loss from children in care which results in a separation can be better understood within the framework of Bruce and Schulz's (2001) research on non-finite losses. This is the premise that loss exists in the past, present and future simultaneously, because the loss is present throughout the child's life. For example, it has been highlighted that inherent in the process of adoption is loss; loss of birth family, status, ethnic identity, heritage, and added to this could be a multitude of other losses including school, friends and community (Brodzinsky, 1990 cited in Eagle 1994). For children with care plans for long

term foster care or adoption added to this is the grief of future losses; such as the loss of hope of going home, and as such is a form of anticipatory grief. There is, in effect, a loss of a version of the future self, had the separation not occurred.

However grief and loss, when considering the bereavement experience for children in the population as a whole, has been an area of extensive interest and research. During my Fellowship I found it possible to draw on these principles to help provide a basis for understanding the unique experience of children in care.

Over the past decade research and academic thought in the field of grief and loss has moved from the original (Western) concept that resolved grief equates to a “letting go” of the loved one. Instead this has evolved to an encouragement to find meaning in a world where there are “continuing bonds” with the deceased (Worden, 2009). This continued sense of connectedness is thought to both assist the person to maintain a relational sense with the lost one, whilst enabling them to simultaneously lead a meaningful and happy life.

It was important, for my Fellowship, to consider how this concept could operate to foster a better understanding of loss within the care system, and what the shift to the idea of “continuing bonds” could mean in practice. It is likely that the Children’s Act 1989 was drafted when the concept of “letting go” of past relationships was far more prevalent. I wondered whether in situations where there has been a separation as opposed to a death loss, it is beneficial to consider the feasibility, relevance and safety of higher levels of meaningful continued birth family contact within the context of supporting grief and loss. Linked to this is the debate on whether continued parental/sibling contact in foster care/adoption or mourning the lost birth parent as representing a more finite end to the relationship either aids or hinders the child from developing new and meaningful caregiver relationships (Eagle, 1990).

Through my research I also developed a greater understanding that how children cope with grief varies dramatically depending on their age and developmental understanding and at times professionals who are not familiar with grief and loss may have a limited understanding of its’ manifestations. Silverman (2000) drew on research from Baker and Sedney (1996) who reflect that children have different ways of coping compared to adults. She wrote, “*young children will distract themselves, cling, deny loss and use fantasies,*” as means of coping (Silverman, 2000, p.30). Interestingly gender also plays a part, with boys being more likely to turn to distracting techniques and girls to interpersonal relationships to help them cope with their grief (Silverman, 2000). Clearly these would be key factors for all professionals who are involved in supporting children in care to consider when trying to understand and support their behavior.

In structuring my report, I decided to present my findings thematically, drawing together the international parallels between the interventions and support I observed with key recommendations for practice within the United Kingdom in each area. The academic theories that underpin work within this area and their evidence base are also referred to.

Context

United Kingdom

Childhood grief and loss is an important consideration for both policymakers and professionals to ensure that relevant support for vulnerable children is widely available. The Child Bereavement Network 2016 estimated that in 2015 approximately 41,000 children born in the UK lost a parent before the age of 18, which equates to a child losing a parent approximately every 22 minutes (McLaughlin, C., Lytje, M., Holliday, C., 2019). Research has shown that within the United Kingdom, *“although many bereaved children do not suffer adverse consequences from the loss of a parent, bereaved children in general may have increased vulnerability when facing the developing psychological, physical and social challenges in life”* (McLaughlin, C., Lytje, M., Holliday, C., 2019, p.).

It is important to consider the potential causes of death and how these might relate to ensuring the relevant services, responses and interventions are in place for grieving children. In the UK in 2018 there were 6,507 suicides, a figure which represented a 10.9% rise on previous statistics (Samaritans, 2018).

As explored above in the introductory section, the picture for children in care is even more complex. Few statistics are available which record the percentage of children in care who have lost a parent through death, and the grief they are experiencing could be from a death loss or loss through the experience of being separated from birth family or subsequent foster families.

These grief experiences are potentially affecting a large group of children, on 31st March 2019 there were 54,870 children were living with foster families. This represents 73% of the 75,420 children in care looked after away from home. Statistics show that around 30,000 children come into care annually, with similar numbers leaving the care system to return home, move in with another family member, live with new adoptive families, become subject to a special guardianship or residence order or move on to adult life (Fostering Network, 2019). Using the population figures from the 2011 census, this equates to approximately 0.57% of the child population.

When considering how grief can increase the vulnerabilities of children throughout their lives, it is crucial that professionals can hear, work with and support children in care’s experiences of loss and bereavement.

USA

Statistics in the USA show that one out of every 14 children aged eighteen and younger will suffer the loss of a parent or sibling and approximately 4.9 million youth are bereaved (Judi’s House, 2018). These statistics don’t account for the number of children who lose a “parental figure,” such as a grandparent or other relative that provides care (Owens, 2008). It is also estimated that sadly 73,000 children pass

away every year in the United States. Of those children, 83 percent have surviving siblings (Torbic, 2011).

The suicide rate in the USA is comparatively high; suicide accounted for nearly 45,000 deaths in 2016. A comparative study found that US homicide rates were 7.0 times higher than in other high-income countries, driven by a gun homicide rate that was 25.2 times higher. For 15- to 24-year-olds, the gun homicide rate in the United States was 49.0 times higher. Unintentional firearm deaths were 6.2 times higher. The overall firearm death rate in the United States from all causes was 10.0 times higher. Ninety percent of women, 91% of children aged 0 to 14 years, 92% of youth aged 15 to 24 years, and 82% of all people killed by firearms were from the United States (Grinshteyn E, Hemenway D, 2010).

The USA context therefore reflects a bereavement experience which can, at times, be characterised by high levels of violence and trauma, and in this sense is a very different context from the United Kingdom. Potentially the level of violent death rates has also, to some extent led, to a facilitation of difficult discussions, and allows for more of an open dialogue on these issues than in other Western cultures.

Focusing on the context for children in care, there is a relatively small percentage of children out of the general population who are living in foster care in the USA, and this tends to be a shorter term arrangement. However due to the population of the USA, this still represents an extremely large group of children. Currently there are an estimated 422,000 children under the age of 18 living in foster care in the USA (Fostering Success Foundation, 2019). This equates to approximately 0.57% of the child population, an almost identical figure to that of the United Kingdom.

In 2017, 32% of children in foster care were living in kinship care arrangements, and in that year most children left foster care after one or two years in care (Child Trends, 2017). Therefore, significantly, in the USA long term ties to birth family are not usually severed. Added to this, in the USA there is a culture of open adoption, and therefore often a relationship with birth family members is maintained in somewhat of a meaningful way, through visits or periodic telephone calls (American Adoptions, 2019).

Despite the differences in cultural context, I was interested to visit the USA because of the recognition given to the loss and grief experience, and the resulting interventions that were being implemented to support grieving children.

Canada

Currently Canada has almost 7.5 million children under the age of 18 years old and 4-5% of children are estimated to lose a parent, equating to approximately 375,000 children. It is estimated that 203,000 of these children have lost a close family member (Child and Youth Grief Network, 2019).

In 2018, suicide was the ninth leading cause of death in Canada, with 3,811 deaths by suicide in 2018, and some 3,978 in 2016. Homicide rates were also relatively low, accounting for 373 deaths in 2018 (Statistics Canada, 2019). Therefore Canada has a very different cultural context when considering death to the USA, and is broadly more similar to the context of the United Kingdom.

In Canada in 2013, there were an estimated 62,428 children in out-of-home care across Canada (Jones, Sinha, & Trocmé, 2015), a comparable figure to the United Kingdom, although a slightly higher proportion of the population as a whole, constituting approximately 0.80% of the child population. I chose to visit Canada to examine the targeted work their hospice service was carrying out.

Australia

Statistics show that 1 in 20 children in Australia will experience the death of a parent before the age of 18 years old (Australian Bureau of Statistics cited in Australia Counseling, 2019).

Suicide remains the highest cause of death for Australians aged 15-44 years old, and in 2015 suicide accounted for 3,027 deaths. Added to this Australia continues to grapple with offering accessible and relevant support to its' indigenous population. The suicide rate amongst Aboriginal and Torres Strait Islander peoples is more than double the national rate. In 2015, suicide accounted for 5.2% of all Indigenous deaths compared to 1.8% for non-Indigenous people (Lifeline, 2019).

In 2016/17, 11,557 children aged 0-17 years old were in out of home care. 47.2% were in relative/kinship care, 37.8% were in foster care, 7% were in third-party parental care and 1.2% were in other forms of home-based care. The remaining 6.7 % of children were in alternative care such as residential care. The national rate of Aboriginal and Torres Strait Islander children in out-of-home care was almost 10 times the rate for non-Indigenous children.

Rehabilitation rates for children returning home were much lower than the USA; 41.2% of the children in out of home care were there for 5 years or more. There were also high levels of placement instability (Australian Government, 2018).

It is perhaps unsurprising therefore that Australia has widely adopted the Seasons for Growth programme to support young people adapting to loss and change, with a recent focus on this being extended to children in foster care. I chose to visit Australia to look at how Seasons for Growth was being applied to supporting grief and loss, and how it could be adapted to supported refugee children and children in care.

Finland

Statistical information from Finland is not widely available in English. However supporting children in care is becoming an increasing priority for the country. In 2017 a total of 17,956 children were placed in out of home care. This was a growth of 3% from 2016 primarily as a result of the growth of emergency placements (Pesapuu, 2019). I understand that children are placed in foster care for a variety of reasons, however, neglect due to parental alcoholism and poor mental health remains a significant factor. Rehabilitation to birth family is prioritized in Finland, with child welfare agencies regularly reviewing whether a child can return home. As a result family contact and birth family involvement is promoted, where safe to do so, when a child is in care.

Organizations Visited

Phoenix, Arizona

Stepping Stones of Hope- Camp Samantha and First Steps



The organisation runs groups and bereavement camps for grieving children, teenagers and the adults connected with them.

Stepping Stones of Hope write, *“Bereaved children and teens yearn for normalization of their emotions and experiences that follow a death of a loved one. Even though the grieving process is unique, they find peace in knowing they are not alone. We*

assist families in building a framework for healing through education and understanding. Campers have many opportunities to express their feelings and thoughts, as well as honor and celebrate their loved one. Experiences at camp help build a lifelong foundation for healthy mourning of the losses that inevitably come in life. Loss affects us all, but with special care, children especially can manage loss and move forward with healthy, happy lives.” (Stepping Stones of Hope, 2019)

Although Stepping Stones of Hope does not specifically focus on Children in Care they are amongst the group they support. The organisation supports young people who have experienced a death loss, as well as other types of loss, however offers this support separately.

I had the opportunity to spend time at the residential Camp Samantha, for those children and young people who had experienced a death loss, and an evening support group “First Steps” where the children had also suffered bereavement.

Resilient Parenting for Bereaved Families



The Reach Institute at Arizona State University developed an evidence based programme which supported bereaved families. Originally entitled, and adapted from, the rigorously evaluated Family Bereavement Programme, Resilient Parenting for Bereaved Families (RPBF) Program is a 10 meeting group program designed to promote resilience of bereaved parents and their children following the death of a parent.

The parenting adaptation was being piloted in community locations during my Fellowship. The RPBF's aim is to promote the parenting of the surviving parent by teaching practical parenting tools in the context of a supportive group environment. Tools taught in the program help build what is termed the Five Building Blocks of Resilient Parenting;

"FIVE BUILDING BLOCKS OF RESILIENT PARENTING

Self-care: Taking care of yourself is a critical part of taking care of your children.

Strengthening Family Bonds: Positive activities that parents and children share help strengthen their family bonds during times of stress.

Active Listening: Letting children know that you are listening and understanding is one way parents help them cope.

Effective Rules: Effective strategies for establishing family rules help avoid conflict and make family life more predictable during times of change.

Supporting children's coping: Parents learn to create a family environment in which children can cope effectively with their grief" (Reach Institute, 2019)

New Song Center, Hospice of the Valley



The New Song Center in Pheonix is part of Hospice of the Valley, Arizona's leading provider of end of life care. During my Fellowship it was one of the community locations piloting the Resilient Parenting for Bereaved Families programme described above. The centre run grief support groups for both children and adults following bereavement. Amongst the support offered was a group which could be accessed by children in residential children's homes, and the group catered for a variety of bereavement experiences as well as trauma.

Calgary, Canada

Children's Grief Centre: Hospice Calgary



The Children's Grief Centre in Calgary offers a variety of one to one and group therapeutic support for families, children and teenagers who had been affected by grief and loss. It is funded by local mental health services. The centre is staffed by a mixture of paid social workers and psychotherapists and the centre takes a more formally therapeutic approach to support offered. They also work with young people experiencing attachment difficulties and trauma but keep

a "lens of grief" during their work. As part of their therapeutic services the Centre works with young people who had been separated from their birth family and are in care.

Australia

Good Grief: Seasons for Growth, Sydney



Seasons for Growth is a nature based psycho-educational programme which supports children and young people in managing change, grief and loss. Seasons for Growth writes, *“At some point in our lives we are each affected by such events that are usually not of our own choosing and beyond our control.*

Sometimes we struggle to make sense of these events

and what is happening to us. Central to the work of Good Grief is providing knowledge and skills to help understand and attend to the pain of such experiences so individuals have the best opportunity possible to live a full and productive life” (Seasons for Growth, 2019).

The programme has recently been developed to make it more relevant for refugee children and children in foster care.

Very Special Kids, Melbourne



“Very Special Kids cares for children with life-threatening conditions by providing a children’s hospice and professional family support services. They help more than 900 families across

Victoria with ongoing support from diagnosis all

the way through to recovery or bereavement” (Very Special Kids, 2019). Their support includes bereavement groups and one to one support family support

provided by a family support worker.

Australian Centre for Grief and Bereavement, Melbourne



“The Australian Centre for Grief and Bereavement offers a wide range of services that include Counselling and Support Service provides a state wide specialist bereavement service for individuals, children and families who need assistance following the death of someone close to them. The service offers face-to-face bereavement counselling most of which is office-

based, as well as bereavement support programs such as support groups, information resources and remembrance events. In addition, the service provides advanced training for bereavement counsellors by providing a supervised internship for experienced practitioners. Counsellors at the service come from a variety of disciplines including social work, psychology and psychotherapy” (Australian Centre for Grief and Bereavement, 2019).

Finland

Pesäpuu Organisation



Pesäpuu ry is a national child welfare organization established in 1998, they are a non-profit organization supported by the Veikkaus.

Pesäpuu works to improve the situation of children who are clients of child welfare services and to strengthen the children's involvement. They write, *"Our vision is that every child placed in care is safe, participating and valuable. Pesäpuu's dream is that every child and young person who is a client of child welfare would take an active part in their own lives and in the decisions that concern them. Pesäpuu wants to make sure that each adult that is part of the life of a child or young person is prepared for*

their role as a person who supports, encourages and motivates the child. By involving children and young people in the development work, we can develop our own operating models, tools and methods that make child welfare better, more systematic and attentive to children. We train child welfare experts, foster families, support persons and other people who are important in the lives of the children and young people to meet and interact with them better" (Pesäpuu, 2019).

Theme 1- Worden's Four Tasks of Mourning



Many of the organizations I visited (Stepping Stones of Hope, New Song Center, Very Special Kids, the Australian Centre for Grief and Bereavement and Good Grief) based their work on Worden's Four Tasks of Mourning as an effective model for understanding grief and loss. It has been argued that this model can apply both to a death loss and as a model for helping children make sense of loss and separation where there has been no death. The model comprises the four "tasks" of mourning below;

- 1. Accepting the reality of the loss**
- 2. Working through the pain**
- 3. Adjusting to an environment where the deceased is missing**
- 4. To find an enduring connection with the deceased while embarking on a new life**

1. Accepting the reality of the loss

In the case of a death loss, Silverman and Kelly (2009) are of the view that children need clear, straight forward explanations regarding death and that euphemisms are not helpful in explaining death to children. The child needs to be helped to understand that the loved one is really gone, and, as far as possible, that the loss is a permanent one.

This becomes far more complex in the context of separation for children in care, primarily due to the fact that no "permanent" or lifelong loss has occurred. Fineran (2012) felt that this first stage could be achieved by supporting a fostered or adopted child to move through the stages of change (Prochaska and DiClemente, 1982 cited in Fineran, 2012) to first ascertain whether the child is accepting of the reality that their caregiver is unable to care for them. This should, in practice, help the child move from denial (the pre-contemplation stage) to considering that the loss is a possibility. Fineran (2012) was of the view that the termination of parental rights provides a finalization and ending of a relationship that is akin to a parental death and therefore the stage can be effectively mirrored onto the first of Worden's Four Tasks of Mourning.

However, this premise is slightly problematic, as, unlike with a death loss; the loss caused by separation cannot be guaranteed to be final. Death is unique in that regard, although religious belief can also alter

the perception regarding the finality of a loss. For children in care, the child is affected by change, and the loss of a relationship, but in both adoption and fostering professionals are unable to insist that the loss is final or “forever;” and it would not be ethical to do so as no one can ever predict what the future holds whilst the lost birth family members are alive in the world. Therefore children in care possess a very complex loss experience; it is both a deep and long lasting loss that simultaneously does not have the finality of a death, and can, at times, be at the choice of a parent in cases where children are relinquished for adoption.

2. Working through the pain

For those who are able to, during the grieving process it can be helpful for children to express a wide range of emotions from sadness to anger. I observed throughout all the organizations I visited that, as adults, we need to be able to recognize and tolerate these expressions of emotional pain in children. Bowlby (1980 cited in Fineran, 2012) drew attention to the fact that caring for a grieving child is “*difficult and unrewarding work*,” professionals need to be able to support foster carers and adopters to manage and contain a child’s grief without feeling that they are failing or without feeling overwhelmed by the child’s experience and therefore making it a “taboo” topic of conversation.

Various activities can assist children to work through the pain of the loss and these will be discussed in further details below. However one example can be found in the academic literature where Niemeyer, (1999 cited in Fineran, 2012) refers to the the benefit of completing “life imprints” where the child can consider the impact the parent had on their lives, both positively and negatively, to help explore their feelings in relation to the parent. This process acknowledges that some of these feelings are inevitably conflicted and the activity provides the child with a sense of control and choice over their heritage. The child may consider many aspects of the parent such as; their ways of speaking, mannerisms, beliefs, ideas, work, hobbies, and basic characteristics of their personality (Fineran, 2012).

3. Adjusting to an environment where the deceased [or lost one] is missing

In adjusting to an environment where the person is missing, professionals need to support the child with the changes that they have been through, for example a separation from birth siblings and parents, a new school, and the inevitable changes to self-identity that these experiences are likely to bring. Improving coping strategies is an evidence based method which can assist children in these tasks. Those supporting children can draw out the child’s strengths, identifying; how has the child changed and what internal strengths do they have which have enabled them to cope? It is helpful for children to be given some meaningful control in a landscape where they have been so out of control, for example having a helping hand in choosing hobbies and meals (Egle,...).

4. To find an enduring connection with the deceased while embarking on a new life

Worden revised his Tasks of Mourning in 2009 to update and clarify the fourth task as “*to find an enduring connection with the deceased in the midst of embarking on a new life*.” This encompasses a notion of “continuing bonds.” Worden places an increased focus on finding meaning in life after the death of a loved one, but with an acceptance that life has fundamentally changed.

Worden suggests that this “task” can be supported through rituals and remembrance, and in my view this is equally relevant for children in care who have been separated from parents or siblings. Types of activities that I observed during my Fellowship are discussed in greater detail below. Fineran (2012)

suggests activities such as creating a birth parent box (Eldridge, 2007, cited in Fineran, 2012) and placing symbolic or representative items of the parent [or sibling] inside the box. The child could also create a “sad” list which chronicles all the hurts and disappointments suffered with the birth parents and could choose small items to represent each. The child could then discuss the items and talk about ways in which they have grown from each of the “hurts,” thus assisting the child to identify their strengths and resilience helping the child to process their feelings. Carers could encourage the child to include items which are symbolic of the parent that they will miss, and this helps the child to maintain a connection to both the good and the sad aspects of their lives with their birth parents (Fineran, 2012).

It is important to remember that the loss of a close loved one can affect a person throughout their life cycle and therefore it can be assumed that a loss a fostered or adopted child has experienced, even in early infancy, will have to be revisited as they mature.

Silverman (2000) relates the experience of a woman who was a toddler when her mother died who states 40 years later that,

“When I had my first child, I really missed my mother, I visualized my mother, the same comfort of her hands as if they were right in front of me. I woke up crying, wanting her arms around me. It was interesting- I felt cheated, I felt sad, but thinking about her and talking about her made me feel good. I had to believe that she could see her first grandchild.”

In the case of the death of a parent, or separation from parents or siblings, the adults in the situation usually still have a sense of who they were before the loss occurred and before they met the person they lost. Children do not usually have this reference point as they are losing the only life they have ever known, and therefore there is potentially a fundamental shift in identity. At the moment a child is removed from their birth family they have no reference point of other ways there are to live and they are likely removed from the only life they have ever known. Whilst this is by no means a reason to keep a child in a neglectful or abusive situation, as professionals and caregivers we need to remind ourselves of the profound feelings of loss the child will be experiencing.

Bereaved children or children who have experienced different types of loss will constantly review and re-process the loss as they grow up and reach different stages of cognitive and emotional development. There will inevitably be a parallel process for children in care who will need to revisit their life story regularly to make sense of it at different stages of their understanding and development. Particularly in adolescence, children need to establish their identity and work out how this relates to their birth family. This is difficult when a close family member has died, but the loss of a family member through separation where contact has not been promoted or Life Story work discussed, would likely pose a similar set of challenges.

Recommendations for the UK

- **Ensure that social workers, foster carers and adoptive parents understand the role grief and loss has played in the lives of children who are separated from their birth families.**
- **To enable social workers, foster carers and adopters to have an understanding of Worden’s Four Tasks of Mourning as a model to understand and support grief and loss.**

Theme 2- The Role of Attachment and Trauma

As discussed in the introduction, the grief and loss experience for children in care is often compounded and complicated by their early adverse experiences. The Children's Grief Centre in Calgary recognized the overlap between attachment, trauma and mourning and therefore offered individual therapy that drew on all of these theories.

Worden explains how traumatic stress interferes with grief and grief with trauma mastery (Rando, 2003) therefore the two are presumably inextricably linked for children in foster care or who are placed for adoption. It is arguable that children who have experienced trauma need to have that trauma addressed before they are able to start to acknowledge and embark on the "tasks" of grief and loss.

Bowlby's view was that *"evolutionary thinking is that losses are retrievable and behavioral responses which make up part of the grieving process are geared towards re-establishing a relationship with the loss object"* (Bowlby, 1980 cited in Worden, 2009). Therefore in the context of a child who has been bereaved, or separated from an attachment figure, they are likely to exhibit attachment seeking behaviors as a way to try to re-establish a connection with the lost person. This would be particularly relevant for very young children who could not understand the permanent nature of such a loss, and it is likely the child will experience a period of mourning when they discover that their attachment seeking behavior is rendered ineffective. To put this into the context of an infant who has moved to an adoptive placement from foster care; initially the infant would escalate their attachment seeking behavior to try to recover the lost caregiver [in this case the foster carer], when discovering this did not result in the return of the caregiver, the infant would likely experience a period of grief, which could manifest itself in a multitude of ways such as withdrawal.

In addition, Bowlby (1980, cited in Worden, 2009) suggested that when an attachment figure is lost; a person will naturally seek out the previous attachment figure for comfort and if they are not available this will cause an increased amount of pain. Therefore it is not unlikely in the above scenario that when moving a child from foster care to adoption, this not only raises feelings of grief in the child due to their separation from their foster carer, but could also renew the potentially painful feelings of the child's previous separation from their birth family.

The potential mediators for mourning, the factors which impact on the intensity and duration of the grief experience, are highly relevant for both a death loss such and a separation. These include, for example, who the person was and the nature of the attachment (whereby a more ambivalent relationship is indicative of a more difficult grief response). Other factors for consideration are; the level of conflict with the deceased, the perception of whether there was "unfinished business" and the level of dependency of the relationship (Worden, 2009). When considering the relevance to children in care, they are more likely than the general population to have a highly ambivalent relationship with the person they have lost, and therefore I would argue potentially a more complex grief experience, whether through the experience of death or through a separation.

In the bereavement literature, a key task in managing the feeling of separation anxiety that a loss provokes, is to support a child to be able to learn to internalize the lost relationship so they are able to hold onto a psychological proximity as opposed to a physical one (Worden, 2009). Clearly this becomes a much more problematic concept when considering children who have experienced abusive relationships, as it is questionable whether it would be beneficial for the child to internalize the proximity of the abuser.

It would be useful for practitioners to consider how children with different attachment styles would tend to perceive and respond to loss.

We can draw conclusions from adult attachment styles to hypothesize how these could manifest for children in care in the context of separation. It possible the follow responses could occur;

- *“A securely attached child may not feel completely overwhelmed by the pain of grief and would be able to mourn with greater ease.*
- *An anxious/preoccupied attachment is often associated with problems with regulation, helplessness and clinging behavior following a loss. The goal here would be for the professional or the caregiver would be to help create some psychological proximity (Field, Gas and Paderna, 2005, cited in Worden, 2009).*
- *An anxious/ambivalent attachment may lead the individual to feel a lack of trust in others and subsequently to display angry responses in order to attempt to retain the proximity of a loved one. The goal here would be to help the [child] to integrate both positive and negative feelings regarding the lost person.*
- *A child with an avoidant/dismissive attachment style would be more prone to value self-sufficiency and therefore would be unlikely to feel the loss as acutely, whereas an avoidant/fearful attachment style may express feelings of anger and guilt.”*

(Worden, 2009)

These less healthy attachment styles have been the focus of what is termed “traumatic grief” (Jacobs, 1999).

Recommendations for the UK

- **Equip social workers, foster carers and adoptive parents to understand how attachment styles can impact on the child’s expression of their grief.**

Theme 3- Disenfranchised Grief

The concept of “disenfranchised grief” (Doka, 1989) is highly relevant when considering vulnerable separated children in care because it encompasses situations where a loss is not generally recognized by society. Worden similarly refers to disenfranchised loss as the concept of “socially unspeakable losses” (Lazare, 1979, cited in Worden, 2009). For adopted or fostered children their experience of disenfranchised grief can be marked. A child could be separated from their birth parents through a legal process, but their grief not acknowledged because those around them feel they have been “rescued” from an abusive situation. A child could leave their foster carer to be placed for adoption, and the feelings of loss they have experienced in being separated from their foster carer could go unrecognized by their adopters who wish to embrace the child into their new family. The adopters’ sensitivity to avoiding signs of grief and loss in their child could potentially be heightened due to their own experiences of disenfranchised grief regarding infertility. A court adoption celebration to commemorate the legalization of the adoption process is usually perceived as an event of happiness, but for the child it often encompasses a sense of loss (Fineran, 2012).

When considering disenfranchised grief in the context of providing grief support to fostered or adopted children a key factor therefore is to consider whether the children should be included in more general bereavement support groups, or be part of specialized groups which recognize their experience of being separated from birth family as unique.

During my Fellowship I found that opinion in this area is divided internationally, depending on whether the organization viewed this separation as a loss which is, or is not, comparable to bereavement. At the Australian Centre for Grief and Bereavement it was highlighted to me that the more traditional academics and researchers tend to be of the view that bereavement is a very unique experience and a niche area of work; an area in which a “death loss” is distinctive. However, newer opinion is starting to argue that separation and other forms of loss can have a similar impact (see for example Seasons for Growth).

The Children’s Grief Centre in Calgary suggested some key elements to support children in care with the disenfranchised element of their grief and loss which include; to recognize the isolation and loneliness of the experience, to help children work on their self-identity and how it changes significantly after a loss and the suggestion that children in foster care can be brought together to share the commonality of these experiences.

Case Study

Pesäpuu recognized the disenfranchised grief experience for the children and young people. The organization runs meetings, either weekly in small groups or a one day workshop, entitled “Detective Badger” which brings together children in foster care to explore child welfare issues. On the one day workshop the children can bring their chosen family member, foster carer and social worker to look at potential issues and questions which could be concerning “Badger” (a

puppet) who lives in foster care. The badger has a lot of questions regarding the child welfare system that he wants the children (the 6-8 year old “detectives”), to help him explore these. The children don’t address their experiences directly but are able to draw on their experiences to help the badger ask and answer the questions (Pesäpuu ry, 2019).

Questions can include;

“What is a good social worker like, what kind of things can help with longing and missing [for home] and how?”

Who are the people most important to oneself and why are they significant.”

Often the groups are based on certain themes identified collaboratively by Pesäpuu and child welfare services. For example, groups have been run on themes such as “safety” where questions such as; what safety means and how adults can help children feel safe (Pesäpuu, Principles of Caring for Families as part of Safe Child Protection, 2017) are explored.

Recommendations for the UK

- **To support social workers, foster carers and adoptive parents to recognize the child’s losses and feel well equipped to speak to the child about these losses through groups, forums and/or direct work.**
- **To ensure children in foster care have the opportunity to participate in groups where they can talk about and ask questions regarding being in care. To consider whether birth family members can effectively included in these groups.**

Theme 4- The Power of Writing

During my time at Camp Samantha I witnessed first-hand how journaling can be used to help both children and caregivers to record and start to process their feelings.

At Camp Samantha each child was given a journal which they could personalize and use to write down how they were feeling. Decorated memory books were also used so the children could record their memories of their loved ones. These activities allowed me to reflect on journaling and the power of recording feelings. Similar activities were also used for the bereaved parents at the Camp. There are a variety of journals available online some of which include prompts, others have lists and they all are aimed at assisting individuals to reflect on memories of their loved one.

Through the journaling activity, participants were supported to appreciate that it is normal to hold feelings simultaneously. For example, the memories that can cause pain can also cause joy; you can love someone but have feelings of anger towards a behavior they have exhibited. This is a tension inherent in humanity that feelings can be held in this way; that nothing is black or white, and this can provide a context for understanding grief and loss.

I thought about how this could relate to children in care; often it is thought that the child would likely possess a negative perception of their birth family but this naturally co-exists with the positive aspects of their identity, genetic heritage and the happy memories they may also hold. It is unsurprising that coming to terms with these mixed emotions is a difficult, complex and confusing task for most children.

Case Study

Sample Journal Activities (taken from the adult group)

- This time in my life is like.....
- Questions I wish I could have asked...
- I wish I/you had known...
- 5 Things that make me feel tired....
- 5 Things I am grateful for....

(Dr Sandi Howlett, 2019)

I observed at the Camp how letter writing is also very helpful. Academic literature has referred to children in care writing a letter to their biological parents or writing a letter to her or himself from the future including what they are doing and any advice they would give themselves. This assists the child to gain a different perspective on their present situation and set goals as he/she moves forward in life (Hoffman, Hinkle and Kress, 2010 cited in Fineran, 2012). A similar idea was used in Camp Samantha

through writing “Postcards to Heaven,” where the children wrote cards to the person who had died and then discussed them in small groups.

Alternatively the foster or adoptive family can write a letter welcoming the child into the family and ways in which they are looking forward to the child participating in family life. The entire family could be involved in helping the child write to their birth parents and their gratitude for the parent’s role in having the child in their lives. These letters could be “delivered” via a ceremony (Fineran, 2012).

Recommendations for the UK

- **To empower those working with and caring for children in foster care and those placed for adoption to use creative writing to help support the children’s expression of grief and loss.**

Theme 5- Therapeutic Activities

During my Fellowship I witnessed a wide variety of therapeutic activities that can support children (and adults) to process their grief. These could easily be adapted to working with children in foster care.

Case Study

At Camp Samantha the children were each given a small clay pot. They were allowed to decorate their pot however they liked, but did not realize their next task would be to go outside and drop the pot from a height so it shattered. The children embraced this, and however carefully they had decorated their pots did not seem to feel upset that they had dropped them. The children then were asked to write inside the pot the feelings they had after their loved one passed away [could equally be applied to separation] and were asked to glue the pot back together. The aim of this was twofold; to show the children that the pot could never be exactly the same as it was prior to the break but that it could become something just as beautiful but in a different way, and that how they were feeling on the inside could be different from the feelings they showed to the world around them.

Other ideas at Camp Samantha included;

- **Therapy Pets**
Therapy dogs came in with their handlers to engage with the children in small groups. Even very young children appeared to participate and enjoy their interaction with the pets.
- **Remembrance**
Throughout the weekend there were plentiful rituals and activities which symbolized remembrance. For example, at one point over the weekend everyone sat in a circle and a candle was lit for each person in the dark who chose a loved one[s] to remember, after each name was said a special bell was rung; the child gave a memory of their loved one and said they were ringing it for them. Volunteers also participated, and at the end everyone lay down on the floor and listened to a peaceful and moving song. This engendered a strong sense of connectedness amongst the group and they seemed able to draw on one another for support through their shared experience.
- **Flags**
The children and adults made flags to symbolize their grief journey. The “flags” were then displayed across the centre for everyone to appreciate.

- **Family Posters**

The camp closed with all of the children and families coming together with their families and each family group creating a poster of their loved one and experience at the Camp. They then came up to the front in turns and shared this with the group.

Activities from other Camps run by Stepping Stones of Hope which could be adapted for children in foster care include;

- **Rotten Fruit Smash**

The children were able to smash rotten fruit with a baseball bat to release the anger they were feeling from the loss.

- **Memory Boxes**

The children were able to assemble memory boxes from kits, decorate and fill them with items that commemorated the person they had lost.

- **Masks**

The children were able to make masks. These were then decorated with words and pictures of what they feel the outside world sees, and on the inside, how they really feel inside.

Although memory boxes and life story work are well established when working with children in care to help with their developing identity, through the activities I observed, I saw they are equally as relevant in supporting children who have experienced grief or loss. The boxes help the children to record treasured memories of the lost person and having the children design their own memory box, or memory book, assisted them to feel a real sense of ownership and feeling of participation.

Many of the activities I observed at Camp Samantha are highly transferrable to Adoption and Fostering settings. The power of commemorative activities such as ringing bells, lighting the candles and sharing memories could be repeated in groups designed especially for children in care whether they have experienced a death loss, or have experienced loss in the context of being separated from birth parents or birth siblings. It could also be incorporated into rituals within the foster or adoptive home, such as lighting a candle for an absent loved one on a special day.

What really stood out for me when discussing the activities throughout the organizations, was how being in a caring environment appeared to make a significant difference to the feeling of safety and nurture which the groups created. This included, for example; the inclusion of food so that everyone could eat together and the use of high quality materials which helped the children to feel very cared for. At Camp Samantha I saw how the activities were presented beautifully. In addition a T shirt was given to each camper, as well as a Teddy Bear. Each child in the camp felt special and valued which, in my view, also assisted the children's self-esteem.

Recommendations for the UK

- **To incorporate therapeutic activities that focus on supporting grief and loss into activity days for children in care.**
- **To consider whether it would be feasible to set up a residential weekend camp similar to Camp Samantha for children in care.**

Theme 6- Open Discussions about Grief and Loss

What was clear throughout every organization I visited was how important honest, age appropriate discussions are with children about the circumstances of the loss and/or separation.

Case Study

At Camp Samantha, based on feedback from previous years, the camp leaders had integrated an opportunity for the children to ask the director any questions they had about the loss he himself had experienced. The questions related to the death of the Director's own daughter, Samantha, who passed away in 2004, but were strongly linked to the questions the children had on their minds about the death of their family member.

What I witnessed was that even young children seemed able to comprehend honestly delivered facts about death and appeared to find comfort that these issues were safe to talk about. This was, for me, the most powerful part of the Camp, the children's insight and questions they had about their loved ones, how they were able to tolerate thinking about some potentially very upsetting facts but they were able to accept these perhaps in ways that an adult would not have been able to so easily.

Silverman, P (2000) highlighted that in the Western World there is a perception that hiding death from children will shield them from the effects. She felt we each have our own anxieties about talking about death because it *"does not fit in with our sense of control over the world."* I wondered whether this could link with the experience of foster carers and adopters finding it difficult at times to share or complete life story work with children, as it perhaps reinforces an acknowledgement that they are not in control of events and how it counters natural instincts to protect children from "adult" issues.

I witnessed firsthand how grief is an ongoing journey rather than a task that can be completed and then moved on from. In this busy world, I wondered how many people are able to give themselves the space and time to fully acknowledge their emotions, and the transformation this can bring. Whilst loss is something lived with each day, with the appropriate support individuals can go on to find happiness and live a different but meaningful and fulfilling life.

Case Study

Pesäpuu have developed a series of workshops which allow children in care the space to openly express their wishes and feelings [also in respect of the losses they have experienced] and directly influence and shape child welfare policy in Finland. This is achieved through a variety of

means; youth forums, focus groups, peer mentors, peer “assessors”, trained experts by experience and employees with experience.

These forms of participation are also widely recognized within the United Kingdom as being part of best practice for facilitating the child or young person’s voice to be heard in a wider child welfare context. However the opportunity to draw on these groups as a forum to assist the young person to speak about and process their previous losses has not, in my view, been as widely considered.

It is of fundamental importance that we acknowledge the presence of grief and loss in adopted and fostered children’s lives and that more open discussions are held about these issues. All the children have experienced loss; whether it be soon after birth if the child was removed from the hospital or removal from an abusive or neglectful situation within the home, they have still experienced a profound loss of the birth family, of their genetic identity and the place they would have had in the world. There remains a widely held concept that children in care have “been rescued” from dangerous, abusive or traumatic situations. Whilst the children’s separation from their birth family is usually absolutely necessary, this is a step which will fundamentally change their lives.

Grief could stem from a variety of causes; for what the child lost, for what their birth family could not provide them with, the loss of sibling relationships, the loss of routines and traditions and the subsequent potential losses of the foster family when some foster placements inevitably breakdown. We need to acknowledge that in addition to what the children are experiencing, be it trauma, attachment difficulties or developmental delay; the majority of children in care have experienced, or are experiencing an element of grief. In the case of transracial adoptive or foster placements, matters are further complicated as there is the additional loss to some extent of an element of the child’s ethnic identity however much their adoptive or foster parents try to compensate for this.

Observing such open discussions highlighted to me the importance of ensuring children understand what has happened, how children of all ages are able to comprehend and accept age appropriate clear facts about a situation and that this helps build trust with the caregiver. I reflected how euphemisms are more to help the adults’ insecurities about discussing difficult topics and does not actually help the child’s anxiety.

In the context of fostering and adoption, children have most often lived through the experiences which have led to their removal; either in utero or after their birth. These are their lived experiences and for a trusted adult to be able to put words to what has led to their separation from their birth family and give it an honest narrative, is vital.

Recommendations for the UK

- **To equip and support social workers, foster carers and adoptive parents to know how to speak to children about grief and loss in an age appropriate manner, particularly when the loss contains upsetting facts.**

Theme 7- The Role of Spirituality and Nature

In all of my discussions and observations within the different organisations regarding grief and loss there appeared consistently to be a recognized role for symbolism and spirituality in assisting with the grief process. This can be done in a non-denominational way and the focus is on how the children interpret these activities within their own belief systems.

Case Study

At Stepping Stones of Hope I queried how questions of religion were addressed within the group. Something I had been wondering was how professionals and caregivers should respond when a child asks them where someone goes after they die. It was suggested that professionals ask the child where they believe that person has gone, and that every child has an answer. The worker or caregiver can then agree with the child and validate what their beliefs, for example if they say “they are in heaven” we can say, “that’s right” “I believe that too.”

At the Centre for Grief in Calgary, the children’s groups had the “Other Place Wall” where the children could draw and physically place their loved one, on a dedicated wall. It was felt to be very comforting for children to be able to have a visual presentation in mind of where their loved one was, and that it was possible to achieve this within a non-religious context.

A Grief and Loss programme which draws heavily on the allegory of nature is the Seasons for Growth programme. The programme was originally created by the Southern Cross University in 1996 to support children and young people following a death, separation, divorce and other loss experiences (SfG High Impact Report, 2019). It has also been adapted to provide support for refugee children, children affected by natural disaster and children bereaved by suicide. More recently it has been tailored to the needs of children in foster care.

The programme is contained in a Primary and Secondary manual and can be facilitated by a trained member of staff/volunteer called a “companion” who guides the children through activities linked to each of the seasons. It is split into different age groups; Level 1 (ages 6-8, Level 2, ages 9-10, Level 3 ages 11-12, and level 4 ages 13-18 years old). It consists of 8 formal sessions, 1 celebration session and 2 optional reconnector sessions and varies in length from 40-50 minutes depending on the age group. Each child is also provided with a nature themed journal appropriate for their age group where they can record their work completed in the sessions.

Essentially the Seasons for Growth Programme is a psychoeducational change, loss and grief education program that builds the knowledge and skills necessary to strengthen social and emotional wellbeing following significant loss by:

- Exploring the impact of change and loss
- Learning about effective ways to respond and adapt

Participants learn that they are not alone in their experience of change, loss and grief, and are able to build their communication, decision making and problem solving skills within the context of a safe and supportive peer group learning environment (Seasons for Growth, 2019).

Case Study

In the “Seasons for Growth” approach, at Good Grief, Sydney, each season links to one of Worden’s four tasks of mourning as follows;

Autumn- Accept the reality of the loss

Winter- To process the pain of grief

Spring- To adjust to a changed world after the loss

Summer- To find an enduring connection with what has been lost while embarking on a new life

Evaluation

When reviewing the programme Seasons for Growth found that the programme has two key outcomes;

1. ***“Help children and young people experiencing change, loss and grief through building participants' understanding and skills***

Participants' self-ratings showed widespread, statistically significant improvements in their emotional literacy and their understanding of change improving emotional wellbeing. Parents and Companions felt that the program successfully supports participants' self-confidence, self-esteem and resilience, with 31% of participants also nominating ways it had helped their emotional wellbeing enabling participants to express their views, thoughts and feelings. Participants' self-ratings showed significant improvements in their capacity to express themselves, and parents also perceived and extremely significant improvement in their child's capacity to express their views strengthening participants' social and support networks. One third of Companions nominated network-related themes as the main learning for group participants. Both participants and parents also mentioned ways it had helped the child's social and support networks.

2. ***Is valued by parents, carers and young people***

Participants enjoy their experience and value it very highly. Participants particularly enjoyed being in a group having a Companion as a guide and being listened to. These high ratings were supported by very enthusiastic responses to an open question asking how participants felt about coming to the group. Parents value the program, almost all parents felt the program met their expectations, most often in relation to helping their child realise that other children have similar experiences, and allowing their child to express their feelings and/or thoughts.”

With funding from the Department of Health and Ageing, Dr Cecily Knight and Dr Delwyn Goodrick examined the impact the program had on participants and in what ways it assisted them to manage grief and loss.

Benefits that the participants reported included:

- *“feeling better equipped to prepare for and deal with grief*
- *increased self-awareness*
- *feeling empowered to go forward and move beyond a difficult past*
- *increased ability to manage difficult situations*
- *being aware and accepting of own needs*
- *learning a lot about themselves*
- *reducing their stress levels”*

University of Central Queensland (2008)

Recommendations for the UK

- **Seasons for Growth to be more widely used as a resource in Fostering and Adoption settings.**

Theme 8- The Role of Resilience and Positive Parenting

During my Fellowship, I had the wonderful opportunity to spend time with Dr Irwin Sandler at The Reach Institute based at Arizona State University. The Institute describe themselves as bridging the gap between University based research and practice in order to advance education, health and the wellbeing of children and families. The institute identifies that 90% of proven behavioural and mental health interventions have yet to be used by practitioners in public and private health sectors. The organisation describes itself as partnering *“with scientists, policy makers, and community stake holders locally and globally and across diverse sectors, including schools, community mental health agencies and child welfare. Scientists at the Reach Institute are leaders in prevention science who have led the way in the development and implementation of evidence based prevention and treatment world-wide”* (Reach Institute, 2019).

Case Study

The Reach Institute has developed several evidence based programmes including;

- **New Beginnings**; engages families dealing with issues of divorce and separation. This programme has been shown to have a long term positive impact on the mental health and social adaptation of children of divorced parents
- **Family Check-up**; is a brief parent centred intervention designed to reduce children’s problem behaviour by supporting positive parenting practices. The programme is used in public schools, community mental health, and primary care for children and families
- **Bridges to High School**; is a school based universal prevention program shown to promote school engagement and success and reduce high risk health behaviours such as early age substance misuse
- **Compass for Courage**; is a brief Tier 2 social emotional learning curriculum designed for K-8 schools to support their students struggling with anxiety, worries, fear or stress
- **Positive Family Support**; is an evidence based school intervention programme designed to enhance a school’s tiered system of supports by promoting family- school relationships to foster student academic and behavioural health
- **Authentic Connections Groups**; is a supportive, structured intervention, originally developed to reduce burnout and foster resilience among mothers contending with high, ongoing everyday stress
- **The Family Bereavement Programme (now called Resilient Parenting for Bereaved Families)**; is the focus on my research and addresses the complex needs of children and

families after the death of a parent. It has shown to have long term effects on mental health outcomes for parents and children

(The Reach Institute, 2019)

The focus of my Fellowship was the Resilient Parenting for Bereaved Families; a 10 week meeting group program designed to promote the resilience of bereaved parents and their children following the death of a parent. The program does this by teaching practical tools for parents in the context of a warm and supportive group environment. Tools taught in the programme help build the Five Building Blocks of Resilient parenting (self-care, strengthening family bonds, active listening, effective rules, supporting children's coping) (Resilient Parenting for Bereaved Families, 2019).

The programme was developed from 30 years of preventative research that examined what factors help increase children's resilience in times of stress.

The premise of Resilient Parenting for Bereaved Families started with research that found, in general, that bereaved children have more difficulties than non-bereaved children. These include having more depressive symptoms, and being more anxious and withdrawn. Some investigators have found that bereaved children have higher levels of aggressive and delinquent behaviour (Kranzler et al. 1990 cited in Ayers, Wolchik, Sandler, Weiss,).

However, the research also identified that certain resilience factors could be identified which are indicative of how a child could cope or readapt after bereavement. These resilience factors were termed the "contextual resilience model," a model which could be applied after parental death or divorce (Sandler, Wolchik and Ayers, 2006). Sandler, Wolchik and Ayers (2006, p.295) suggested that there is a, *'proposition that the effects of the adversities, such as parental death, on child's functioning can be accounted for by how well they adapt to the disruptions and restructuring of their environment after the disruption... Bereaved children who achieve high levels of competence and low levels of problems are considered to be resilient.'* Resilience is determined by multiple risk and protective factors that have a cumulative effect (Wyman, Sandler, Wolchik and Nelson, 2000).

The Family Bereavement Programme therefore was originally designed to influence the risk and protective factors that have been demonstrated to relate to the adaptation of parentally bereaved children. The programme drew on the factors that theoretically could mediate the negative effects of parental bereavement to see whether they would be beneficial in practice.

The putative mediators regarding parenting were;

- positive parenting
- caregiver child relationship quality and effective discipline
- caregiver mental health
- youth exposure to negative events

The putative mediators for the child/adolescent were;

- the quality of parental relationship
- positive coping strategies

- esteem and threat appraisals
- adaptive control beliefs
- adaptive emotional expression

Sandler et al (1996, p.298) hypothesised that assisting children to more effectively cope with their grief related emotions would also improve their outcomes and wrote, *“the existing literature provided little guidance on the most effective approach to help children deal with grief related emotions, we developed strategies consistent with our conceptualization of how emotions affect adaptation.”*

The original programme, which was piloted as a randomised controlled trial, comprised 12 two hour group sessions, with four sessions that included conjoint activities for caregivers and youth. There was an additional two, one hour individual sessions, to tailor the programme to the needs of each family. The groups were run by two Masters level counsellors and comprised 5-11 members. The programmes ran with the separate parent component and child component based on the mediators above.

The parenting component focussed on; improving the parent child relationship through activities such as increasing the parent’s listening skills, increasing family time to ensure there is a weekly family activity, helping the parent to learn effective discipline, assisting the parent to increase their self-care skills and combatting their own negative thought patterns using CBT techniques.

The child component (one programme for 8-12 years and one for 12-16 years) comprised a variety of elements. These included; the facilitation of feelings after the grief event such as guilt, anger and missing the deceased. The children were supported to process these emotions, peer support was offered, their feelings validated and normalised by the group leader and their self-esteem increased. Another key element was to assist the child to develop effective coping skills through being able to identify and challenge negative thought patterns, “hurtful thoughts,” replacing these with positive or “hopeful thoughts,” becoming more self-aware, increasing their problem solving abilities, effectively asking for help and expressing their emotions to their caregiver thereby also increasing the quality of the parent-child relationship. The program also supported children to identify what stressors they have an element of control or responsibility over and what they cannot fix, and they were taught coping strategies appropriate to the problems they could not be responsible for.

The program activities for each session and guidelines for group leader training and program implementation were provided in detailed manuals (Sandler et al. 1996). There was also homework for both parents and children to enable them to practice the tools after each session. These two groups together made up the Family Bereavement Program.

The Family Bereavement Program was extensively evaluated using a randomized experimental trial in which 156 families were randomly assigned to the programme or a self-study comparison. They were assessed prior to being randomly assigned, immediately after the program ended, 11 months after the post-test, 6 years after that and 15 years at the most recent follow up.

It was found that the programme led to improvements regarding a wide range of putative mediators for both boys and girls (positive parenting, caregiver distress, youth’s coping, inhibition of emotional expression and adaptive control beliefs). At 11 months there were effects on internalizing and externalizing mental health outcomes for girls (Ayers, T. et al, 2015, p.308).

At the 6 year follow up, the effects included a reduction in problems for both youth and their bereaved parents (Sandler, Ayers, Tein, Wolchik, Millsap, Khoo et al. 2010). These included;

- A reduction in youth meeting the diagnostic criteria for externalising disorders
- Higher self-esteem
- Increased academic performance for younger children
- Reduced intrusive, aversive grief thoughts and social detachment
- Reduced HPA axis indicators of dysregulation
- Decrease in grief thoughts, suicidal thoughts or attempts
- Decrease in externalizing problems, externalizing disorders and internalizing problems and a decrease in biological stress response
- Lower rates of complicated grief, depression and alcohol abuse in parents.

At the 15 year follow up positive effects were found including;

- Decrease in visits to doctor for mental health problems
- Decrease in use of psychiatric medication and lower mental health problems as reported by people who know them well
- Increased positive parenting, lower distressing grief, lower depression and mental health problems in parents.
- Lower rates of alcohol abuse and less attendance at support groups in parents.
- Beneficial effects of positive parenting through increasing parental warmth (assisting fear of abandonment, threat appraisal and self-esteem) which in turn benefited child's long term grief responses.
- Lower depressive symptoms were thought to be due to perception that the group is supportive in terms of leader support and peer support.

(reference)

The Family Bereavement Program was subsequently adapted for community use and is currently being run in community settings across America, including at the New Song Center which I visited as part of my Fellowship. The aim of the adapted programme was to retain the key principles but to modify it so it could be easily run in an agency setting. This led to development of 'Resilient Parenting for Bereaved Families' in 2018/2019 which comprises 10 meetings of 1 hour 15 minutes each held every other week. Teaching tools are demonstrated via pre-recorded video, the role of the leader is to teach, coach, model and support. Leaders are trained on a 3 day training course. The programme is PowerPoint driven rather than manual driven, and focusses on the parenting component of the original programme using a combination of pre-recorded videos (Resilient Parenting for Bereaved Families, 2019). The programme was recorded and reviewed after each meeting by The Reach Institute and feedback was provided.

Recommendations for the UK

- **Resilient Parenting for Bereaved Families to be adopted by universal bereavement services as an effective evidence based intervention that improves outcomes for grieving children.**

Theme 9- The Shared Experience

One of the prevailing themes throughout my research in all of the countries I visited was the emphasis on the value of the shared experience for children, young people and caregivers in the form of support groups in helping to support grief and loss.

For children and young people these tended to run in a similar way within each organization. Children were usually divided into groups according to their age. Most groups had 2 facilitators; some of whom were volunteers and, others were paid staff, depending on the organization.

Case Study

At Camp Samantha all of the volunteers had experienced loss in their own lives and many of them had attended the Camp themselves as either children or adults. This allowed them to have a unique insight into the experiences and feelings the children (and adults) were going through. The children were aware of the volunteers' own loss and earlier participation in the groups, and it appeared to help them relate and share their feelings. It also provided very positive role modelling and I witnessed the extent to which the children respected and looked to the volunteers for guidance on how to manage their grief. In this way "experts by experience," have a very significant role in grief support and there appears to be an irreplaceable quality when a child is working with an individual who has been through a relatable event, is further on in their journey and for the child to learn how they have coped. This was something I have never experienced to such a level before in the UK and found it had a profound impact on the value of the Camp.

At other settings, such as in the support groups at the Children's Grief Centre in Calgary, groups were led by a trained social worker or therapist. At the New Song Centre in Phoenix, volunteers underwent a formal two day training programme to help prepare them to lead the group, similarly to Camp Samantha; the volunteers usually had experienced loss themselves or had had previous formal therapeutic training such as in social work.

At the New Song Center, groups tended to run for between an hour and an hour and a half, depending on the age of the children. There were both bereavement support groups for children who had lost a caregiver, and a group for children who had lost a sibling or parents a child entitled "Enduring Ties." Membership of the groups was often in the region of 14 months.

Through careful facilitation in all the group settings, the children were helped to share their grief related feelings, their individual "stories," to commemorate their loved one and support one another through their grief. It was reported amongst all the organizations that this assisted the children to find a degree of solace in being amongst peers their own age who had also experienced significant loss. I observed emphasis on connectedness and mutual support, particularly in the USA groups.

At Camp Samantha, for example, physical touch was not discouraged, and the children could hug one another and staff if they felt the need. There was an atmosphere of warmth and nurture amongst the group and a feeling that it was a safe space. This may have reflected a culture of more open expression of feelings in the USA as discussed in further detail above. One activity was for children to lie on the floor with a hand or feet touching so that they comprised a network of human connection, together with staff and volunteers. This was likened to drawing on the support of family and community and felt a powerful statement of support.

It was important for the child to know the cause of death, if it were a death loss, prior to attending the group. Staff at the New Song Center will help talk a parent through how to discuss the death with their child (for example a suicide) if it has not already been done. The consensus throughout all the organizations I visited in the USA and Canada, was that it was felt that children can accept factual information regarding different types of death and do not become distressed, for example if another child is explaining how their parent died from a violent death. The perception of this was different in Australia however, where it was felt that group discussions on the cause of death could potentially traumatize the other children in the group and I wondered whether this reflected the differing cultural contexts of the countries.

Often groups were separated according to the type of loss the child had suffered, an exception being the Seasons for Growth Programme which felt one of its' strengths lay in offering the group to participants who had experienced different types of losses. Whilst completing the training for Seasons for Growth I had the opportunity to talk to the trainer, Trudi Hanson, Chief Executive Officer from the NALAG Centre for Loss and Grief. The NALAG Centre has been running Seasons for Growth within the community and they felt the psychoeducational approach had been effective in supporting people from a variety of backgrounds including children in foster care.

Across the different organizations (Stepping Stones of Hope, The New Song Center, the Australian Centre for Grief and Bereavement and Very Special Kids), the majority of groups followed a set and planned structure. For example the New Song Center, there was a sharing circle where the children shared their name and the person who died, the rules were gone through such as "it's okay to laugh and cry and that the group is confidential unless a safeguarding issue is raised." Then the activities were broken down into age appropriate activities taken from a resources manual based on Worden's 4 Tasks of Mourning. Each activity contained a task and goal, such as "to release intrusive and painful memories."

Case Study

The Children's Grief Centre in Calgary held two bereavement groups; one for children in grades 1-6, and one for children in secondary school. In the younger group, the parents stay onsite and simultaneously attend an adult group tailored for them. In the teen group, parents do not stay on site, as the teenagers' feedback was that they felt this would make them worried their families may overhear what they wished to say. The group of secondary school students for grades 7-12 had a focus on imagery, creative writing and, at the end of the group, the young people contribute to a brochure explaining to the adults what would support them in their grief.

There is a continued theme throughout all of the groups of a boat representing the grief journey. The bottom of the boat represents the children and young people's support network; the sail looking back holds the memories of the grief, and the sail looking forward represents their hopes for the future and who they want to be.

Opinion was mixed across the organizations as to whether the experiences of children in care should be included in the groups of children who had experienced a loss but were living with their birth parents. At the New Song Center, some foster children attended the groups, and it was felt this had mixed levels of success. As discussed in detail above, children in care often are impacted by multiple early adverse experiences, and therefore there are often multiple layers of grief. At the New Song Center it was felt, drawing on the approach of Maslow's Hierarchy of Need (Maslow, 1954), that when more basic needs are not being met, sometimes the young people are not in a position to start to process the grief and loss they have experienced. Some children who have experienced more complex trauma can present with more challenging behaviors which again can be difficult to manage in a group setting. At the Children's Grief Centre in Calgary, it was felt that including children in care in the universal bereavement groups could lead them to feel further disenfranchised and isolated in their grief experience.

Whilst all of the organizations I attended were open to supporting refugees, only a component of Seasons for Growth had been adapted to specifically target refugee support. It was generally felt that there were organizations that were more tailored for refugee support as this was a niche area of specialized work encompassing trauma and was thus separate from more universal bereavement work. Refugees were viewed as usually having high levels of trauma and at times very complex and different bereavement experiences to those of the general population. The organizations' bereavement support groups tended to offer peer to peer psycho-educational support as opposed to trauma therapy. It was also raised that when working with the refugee population, there can be issues around cultural sensitive responses to loss and grief and cultural subtleties in the appropriateness of sharing emotions. It was highlighted to me by the Children's Grief Centre, that it is very difficult to process trauma outside of one's native language. The Children's Grief Centre was in the process of co-creating a toolkit for the intercultural context of working with grief and bereavement with refugees. Initial findings were that being with others of the same ethnicity and language and recognizing yourself in another is very important in refugee support.

As briefly touched upon above, nurture in the form of food was also an important factor throughout the groups and featured within the organizations as a vital way of uniting and caring for the young people. Rituals were also important, for example, the New Song Center incorporated a short adult and child "closing ceremony" within each session and always lit candles on the anniversary of a loved one's death.

A variety of children's story books have been used to support children to think about the death and loss and to maintain a sense of positive connectedness. Books used included Grandpa's Hat (NALAG Centre) and the Rabbit Who Listened (Doerrfeld, 2018 used at Children's Centre for Grief, Calgary).

Case Study

Pesäpuu Organization use a series of book called “Giraffe,” aimed at children aged 3-5 years old, and which helps the children understand more about the child welfare system and being in foster care. When the children participate in a group featuring Giraffe “Wonderful,” the children build up a story about giraffe, his/her family and friends, how her life is changed in foster care and what support they may need.

Pesäpuu found it was important to;

- Listen to the child’s experiences in the here and now
- Maintain the children’s vocabulary and words to be able to listen to their distinctive voice
- Basic necessities are important to children such as food, safety, play and friends, but for children in foster care there are other intrusions on their private and family life such as restrictions of contact with birth parents, change of foster family placement and separation from siblings.

The Pesäpuu “Detective Badger” and “Giraffe Wonderful” participation groups draw on the Lundy Model of Participation (Lundy, 2007), which explains that to fully conceptualize Article 12 of the UN Convention on the Rights of the Child, there needs to be “*space, voice, audience and influence*,” (Lundy, 2007).

Recommendations for the UK

- **To ensure children in care have the opportunity for group activities which are focused on peer grief support**

Theme 10- Counselling Approaches

The organisation which appeared to place the largest focus on individual counselling was the Children's Grief Centre in Calgary, a centre which has been running in Canada for 25 years. The centre stemmed from a palliative care and support services for families when a loved one was receiving end of life care. I understand Calgary, Canada, has the highest number of palliative care beds per capita in the country, and as such appeared to be better funded than some other organisations specialising in this field. The centre (which is not physically attached to the Hospice), as described above, provides family counselling, one to one counselling to children but also to adults where this is identified as being beneficial to the child's needs.

Case Study

The process at the Children's Grief Centre starts with a referral intake meeting which was felt to help create a positive working atmosphere, and commitment from the family. The child does not attend this initial meeting which allows the adults to have an open discussion about all the circumstances. If the family progress to family therapy, the sessions usually are eco-systemic and are very child focussed. If the therapist feels the family have an unhealthy family script, they will not engage with family therapy and will instead try to undertake individual work with the adults and child to help to challenge this narrative. If working one to one with children the approach is humanistic but cognitive behavioural therapy is also used to help the child cope with specific issues such as anxiety or panic attacks. Other specialist services were referred to for particular psychological illnesses such as eating disorders. Whilst the centre worked with a range of presenting attachment and trauma symptoms, some of which have stemmed from prior abuse and neglect, counselling is always undertaken through a "grief lens." Children in Care were often brought to the centre by social workers, and it was found that the bereavement work undertaken in conjunction with both the child and birth parent could help rebuild, or at times, create an attachment and relationship.

Recommendations for the UK

- **Ensure Child and Adolescent Mental Health Services and other therapeutic services working with children in care; recognize the role and responses to grief and loss in children.**

Theme 11- Complicated Grief

Another concept highly relevant to Children in Care is that of “complicated grief;” the idea that certain individuals find their grief experiences much more problematic than others. In these cases grief symptoms would persist and limit the person’s ability to lead their life, as they become very preoccupied in the sadness of the grief experience. There is a tentative link that the more difficult the attachment/relationship with the deceased [or absent figure] the more problematic the grief experience is likely to be (Bowlby, cited in Worden 2009; Eagle, 1990).

Case Study

I understood from the Children’s Grief Centre in Calgary that there is the potential for a complicated grief reaction to be applied to any significant loss/separation where the parent is not deceased, as this is almost always likely to result in complicated feelings. This was explained to me via a see saw metaphor;

Imagine the experience of a child in care who has faced separation from their birth family as being part of a spectrum of colours, from blue to red. On the red side of the see saw there are negative factors pushing down; such as low self-esteem, previous losses, and conflicting relationships [and insecure attachments]. On the blue side of the see saw are factors pushing upwards; such as sense of self, support and feeling emotionally held. The balance will tip in favour of the strongest factors and contribute to whether the child’s experience becomes one of complicated grief or not.

This also draws parallels with the REACH Institute’s Contextual Resilience Model discussed above used in Resilient Parenting for Bereaved Families whereby children with specific resilience factors are likely to fare better in a bereavement situation (Wyman, Sandler, Wolchik and Nelson, 2000).

Recommendations for the UK

- **Policymakers to recognize the complexities of the grief and loss experience for children in care and ensure effective support and interventions are put in place to mitigate against the long term adverse effects of complicated grief.**

Conclusion

There are a wide range of well-established interventions that are implemented internationally which support children who have suffered experiences of bereavement, loss and separation. Evidence, both quantitative and qualitative has been gathered to support some of these interventions.

As discussed above, there is a lack of interventions which have been designed specifically for children in care as a group with unique needs, which takes into account possible histories of trauma, adverse experiences and insecure attachments. Additionally the loss experience is also likely to vary amongst children in care. Some children may have had a birth, foster or adoptive family member who has died, others where contact with their birth parents is restricted or terminated. The complexity of the historic issues that children in care have often faced also makes it difficult to apply an evaluation based method that isolates the sole impact of grief and loss and examines how an intervention has been beneficial in helping the child manage those feelings.

As discussed in detail within the introductory section, there is significant debate as to whether a separation experience can be likened to the experience of bereavement. On one hand it could be argued that the loss can never be “final” because there is always the chance of reunification with the birth family member in the future, even if it is restricted until the child reaches adulthood. Arguably therefore, the loss could therefore be a different kind of bereavement experience.

However, interventions such as Seasons for Growth argue that any significant loss can be linked to Worden’s 4 Tasks of Mourning, and they have found their programme to be beneficial for children in coping with a wide range of losses.

Theoretically all of the interventions have elements and principles which could be applied to the unique loss experience of children in care.

There are particular key themes from my Fellowship which are universally recognized in an international context as helping to support children following loss, whether this is due to a separation or a death;

- Support groups assist children and young people feel a sense of belonging and that there are others who understand and can relate to their experiences. Peer support appears helpful, as is facilitation by volunteers who have encountered similar loss experiences and found effective ways to cope. Access to trained specialists such as social workers and psychotherapists can provide a more formal therapeutic element to a group setting which also appears beneficial. It remains debatable whether membership of these groups should be restricted for children in care to include only others who have had a similar experience, or whether they could be comprised of young people who have had a broad mixture of different loss experiences.
- Worden’s Four Tasks of Mourning remains a popular foundation for therapeutic Grief and Loss work, and there is no obvious reason why activities based on this model cannot be applied to therapeutic work with children and young people in care who have suffered loss. Worden’s

Four Tasks of Mourning is a useful basis to assist social workers, foster carers and adopters to understand the ways and stages by which children grieve and how they can be supported.

- Helping children and young people to develop their resilience through increasing their coping skills in an effective approach to increasing positive outcomes for children in care, and theoretically should be a positive strategy to helping increase resilience following a loss.
- Attachment styles will impact on children in care's ability to cope with both a death loss and a separation.
- There is a role for individual specialist therapeutic counselling for children in care which supports them in their situation through a lens of grief and loss.
- Cultural contexts are highly relevant when considering the suitability of interventions; the USA appears more used to managing a very open expression of feelings, and sharing of the bereavement story, particularly in the context of violent death and suicide. More frank discussion about these topics and their emotional impact appears more accepted than in the UK. Such discussions may pose more difficulties in the UK as there could be concern amongst parents and care givers that the young people may be re-traumatised by discussing their experiences and those of other too openly. However it was universally agreed in all of the countries I visited that professionals should be able to create an environment whereby children in care feel comfortable to ask questions about their separation from their birth family, and that bereavement and loss conversations are both honest and transparent.
- In cases where there has been a death loss, it is universally important to recognize the need to support the surviving caregiver and the positive impact this will have on the child. Particularly in situations of bereavement, research has shown that the surviving caregiver needs to consider their own wellbeing to be able to effectively care for the child. Resilient Parenting for Bereaved families is based on the Family Bereavement Program which has been evaluated extensively to extremely good effect.

Recommendations

- Grief and Loss training to be offered to all social workers, foster carers and adopters; to enable them to better understand the symptoms of grief and loss in children who are in/are coming from care and to feel well equipped to offer effective support
- Seasons for Growth to be more widely implemented as a peer support resource to help children cope with loss and change in Fostering and Adoption settings
- Resilient Parenting for Bereaved Families to be adopted by universal bereavement services as an effective evidence based intervention that improves outcomes for grieving children
- Ensure Child and Adolescent Mental Health Services and other therapeutic services working with children in care recognize and respond to grief and loss in children.

Appendix

Contact List

Name of Project	Name of Contact	Address	Website
Stepping Stones of Hope	Diane Radden	Stepping Stones of Hope, 4000 North 7th Street, Suite 108, Phoenix 8501, USA	http://steppingstonesofhope.org/
Resilient Parenting for Bereaved Families	Dr Irwin Sandler	ASU Psychology North Building 900 S. McAllister Ave., Room 205 P.O. Box 876005 Tempe, AZ, USA	https://reachinstitute.asu.edu/
New Song Center		1510 E. Flower Street, Pheonix, AZ, USA 850145656	Thenewsongcenter.org
Children's Grief Centre	Nadine Gariepy-Fisk	1245 70 Ave SE, Calgary, AB T2H 2X8, Canada	https://www.hospicecalgary.ca/childrens-grief-centre
Very Special Kids	Meg Chin	321 Glenferrie Road, Malvern, Victoria, 3144 Australia	Vsk.org.au
Australian Centre for Grief and Bereavement	Christopher Hall	253 Wellington Road, Mulgrave, VIC, Australia, 3170	www.grief.org.au
Good Grief	Fiona McCallum	Good Grief, Level 3, 12 Mount Street, North Sydney, Australia 2060	www.goodgrief.org.au
NALAG Centre	Trudy Hanson	7 Welchman Street,	www.nalag.org.au

for Loss and Bereavement		Dubbo, NSW 2830, PO Box 379, Australia	
Pesäpuu Organisation	Jari Ketola	Pesäpuu ry, valtakunnallinen lastensuojelujärjestö, Ilmarisenkatu 17 A, 40100 Jyväskylä, Finland	www.pesapuu.fi
Purola Farm	Pipsa Wagner	Icelandic Horses - B&B Kekkosentie 491 FIN-43100 SAARIJÄRVI	http://www.purolafarm.fi/en/

References

- Ayers, T. (2019). The Family Bereavement Program: Description of a theory-based prevention program for parentally-bereaved children and adolescents. [online] PubMed Central (PMC). Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4581530>
- American Adoptions. (2019). American Adoptions - What is Open Adoption | Open Adoption vs. Closed Adoption. [online] Americanadoptions.com. Available at: https://www.americanadoptions.com/adopt/open_adoption
- Brown, A., Sandler, I., Tein, J., Liu, X. and Haine, R. (2007). Implications of Parental Suicide and Violent Death for Promotion of Resilience of Parentally-Bereaved Children. *Death Studies*, 31(4), pp.301-335
- Child Family Community Australia. (2019). Children in care. [online] Available at: <https://aifs.gov.au/cfca/publications/children-care#footnote-001>
- Children and Youth Grief Network | Education, Support and Resources. (2019). Children and Youth Grief Network CA | Education Support Resources. [online] Available at: <https://www.childrenandyouthgriefnetwork.com/>
- Child Trends. (2019). Home - Child Trends. [online] Available at: <https://www.childtrends.org/>
- Eagle, R. (1990). Denial of Access: Past, Present, and Future. *Canadian Psychology* 31:2 pp.121-130
- Eagle, R. (1993). "Airplanes Crash, Spaceships Stay in Orbit" The Separation Experience of a Child in Care. American Psychiatric Press, Inc, Vol 2 (4), pp. 318-334
- Eagle, R. (1994). The Separation Experience of Children in Long-term Care: Theory, research, and implications for practice. American Orthopsychiatric Association, Inc, Vol 64 (3), pp.421-435
- Fineran, K. (2012). Helping Foster and Adopted Children to Grieve the Loss of Birthparents. *The Family Journal*, 20(4), pp.369-375.
- Thefosteringnetwork.org.uk. (2019). Fostering statistics. [online] Available at: <https://www.thefosteringnetwork.org.uk/advice-information/all-about-fostering/fostering-statistics>
- Fostering Foundation. (2019). National and Texas Foster Care Statistics - Fostering Success Foundation. [online] Fostering Success Foundation. Available at: <https://fosteringuccessfoundation.org/resources/foster-care-statistics/>
- Grinshteyn E., Hemenway D., (2010) Violent Death Rates: The US Compared with Other High-income OECD Countries. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/26551975>
- Lundy, L (2007). "Voice is not enough"; Conceptualising Article 12 of the United Nations Convention on the Rights of the Child. *British Educational Research Journal* 33, 6, 927-942

McLaughlin, C., Lytje, M. and Holliday, C. (2019). Consequences of childhood bereavement in the context of the British school system 2019. [online] Winstonswish.org. Available at: <https://www.winstonswish.org/wp-content/uploads/2019/06/COCB.pdf>

Owens, D. "Recognizing the Needs of Bereaved Children in Palliative Care" *Journal of Hospice & Palliative Nursing*. 2008; 10:1

Samaritans. (2019). Suicide facts and figures. [online] Available at: <https://www.samaritans.org/about-samaritans/research-policy/suicide-facts-and-figures/>

Sandler, I., Ayers, T., Wolchik, S., Tein, J., Kwok, O., Haine, R., Twohey-Jacobs, J., Suter, J., Lin, K., Padgett-Jones, S., Weyer, J., Cole, E., Kriege, G. and Griffin, W. (2003). The Family Bereavement Program: Efficacy evaluation of a theory-based prevention program for parentally bereaved children and adolescents. *Journal of Consulting and Clinical Psychology*, 71(3), pp.587-600

Sandler, I., Ma, Y., Tein, J., Ayers, T., Wolchik, S., Kennedy, C. and Millsap, R. (2010). Long-term effects of the family bereavement program on multiple indicators of grief in parentally bereaved children and adolescents. *Journal of Consulting and Clinical Psychology*, 78(2), pp.131-143.

Sandler, I., Ingram, A., Wolchik, S., Tein, J. and Winslow, E. (2015). Long-Term Effects of Parenting-Focused Preventive Interventions to Promote Resilience of Children and Adolescents. *Child Development Perspectives*, 9(3), pp.164-171

Sandler, I., Wolchik, S., Ayers, T., Tein, J. and Luecken, L. (2019). Family Bereavement Program (FBP) Approach to Promoting Resilience following the Death of a Parent

Sandler, I., Gunn, H., Mazza, G., Tein, J., Wolchik, S., Kim, H., Ayers, T. and Porter, M. (2019). Three perspectives on mental health problems of young adults and their parents at a 15-year follow-up of the family bereavement program.

Statistics Canada. (2019). Leading causes of death, total population, by age group. [online] Available at: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310039401>

Silverman, P. (2000). *Never too young to know*. New York: Oxford Univ. Press.

Silverman, P. R., & Kelly, M. (2009). *A Parent's Guide to Raising Grieving Children: Rebuilding Your Family After the Death of a Loved One*

Torbic, H. "Children and Grief: But what about the children?" *Home Healthcare Nurse*. 2011;29(2):67-79. Available at: cited in <https://www.childrensgriefawarenessday.org/cgad2/pdf/griefstatistics.pdf>

Worden, J. (2009). *Grief Counselling and Grief Therapy. A Handbook for the Mental Health Practitioner*. Fourth Ed. London: Routledge.